

VRAN Newsletter

Summer/Fall 1998

Vaccination & the Erosion of Health Freedoms

By Edda West

The vaccine safety and informed choice movement is part of a larger health care revolution that is moving away from an exclusive reliance on the allopathic medical model. The growing interest in health care alternatives, better nutrition and more natural ways of maintaining health and well-being is a paradigm shift away from invasive medical practices such as drugs, vaccines and surgery.

At the heart of this shifting paradigm is an understanding that health is not a quick, chemical fix, but a creative process that requires our full participation.

Our collective planetary experience has shown us that the brave new world of chemistry and its relentless war on microbes has brought us to the brink of environmental disaster. We see this harshly reflected in the demise of the natural world around us, as well as the toxic stress on our internal micro-environment. We have created new drug resistant pathogens through our contamination of the soil and water with chemical residues, and our indiscriminate overuse of antibiotics and vaccines. And now our obsession with the eradication of infectious disease has led to an explosion of new diseases such as AIDS, complex neurological and immune system dysfunctions, a staggering increase in chronic degenerative diseases such as cancer and diabetes, severe respiratory problems like asthma, and new untreatable, antibiotic

resistant strains of pneumonia in the aftermath of Hib (haemophilus influenza B) vaccine.

In all corners of the world, human health has been eroded by the activities of global policy makers whose influence and power is exerted on all levels of public health policies. The delivery of vaccines is seen as the number one 'health' priority. At risk is the destruction of the basic essentials of primary health care whose heart centre has always been sound nutrition, a land base to grow food, access to clean air and water, the right not to be poisoned by chemical contamination, and the universal human right of access to herbal medicines and indigenous or alternative healers.

Dr. Guylaine Lanctot, MD, author of the Medical Mafia is sounding the alarm bells on the hidden agenda of these multinational players. *"Immunization policies are uniform throughout the world. These policy decisions are made and immunization campaigns are instigated by one global institution: The World Health Organization (WHO), to which all member countries (ours included) blindly apply. But who makes the decisions at WHO? The three principle players are the World Bank, the Rockefeller Foundation and UNICEF. UNICEF is mainly financed by one of the world's largest manufacturers of vaccines, Pasteur-Merieux-Connaught.*

We have to realize that it is the

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Editorial

by Meg Edwards

When practitioners in the alternative health scene speak about bringing health back to the individual and reclaiming 'responsibility' and 'common sense' it is an ironic twist of fate that we speak the same language as the ruling forces in our country. A parent that does not vaccinate and treats her child with homeopathy and herbs may not notice the dissolution of her public access to medical treatment. But this innocent attitude may blindfold the individual from seeing how the political restructuring of the health system will affect her family. We are losing ground in the arena of government legislation. Changes are being made in pharmaceutical legislation that will affect our lives substantially in the legality of herbs, genetically altered produce and of course, vaccination tracking and mandatory legislation.

The political forces that are trans-

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VRAN NEWSLETTER

VRAN BC

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for the newsletter layout.

Statement of Purpose

VRAN was formed in October of 1992 in response to growing parental concern regarding the safety of current vaccination programs in use in Canada 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 "watchdog" 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 in our communities.

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

Suggested annual membership fees, including quarterly newsletter and your on-going support to the Vaccination Risk Awareness Network:

\$25.00 Individual

\$50.00 Professional

We would like to share the personal stories of our membership.

If you would like to submit your story, please contact our editor, Meg Edwards:
dallas@the-wire.com

VRAN NEWS

New Policy and Reminder

A review of our membership list has brought to light that about two thirds of VRAN members have not paid their dues since 1995-96. The administrative task and expense of individually reminding people about their dues is unrealistic. To simplify membership payments and renewals:

ALL SUBSCRIPTIONS WILL BEGIN IN JANUARY and all membership renewals are due in January. If you subscribe after January, you will receive all of the issues published since January with your first mailing.

Because of this serious lapse in membership renewals over the last couple of years our modest resources are seriously depleted and this will be the last newsletter mailed to members who have not paid prior to 1997. To all our members, across Canada, we want to take this opportunity to thank you for your ongoing support and commitment to health and informed choice.

What's Happening

We'd like to apologize for the delay in this issue of VRAN newsletter. Our editor, Meg Edwards, has been incredibly busy with a new baby (Congratulations, Meg! —Catherine) and the demands of a freelance writing career.

Edda West has been very busy in the West—she has taken over the administration of VRAN, organized the mailing list, and directed the fundraising campaign. She has also written two articles on vaccination for ALIVE Magazine.

Julie Shams in Toronto has been working the phone line with sustained deter-

mination as well as giving and organizing public presentations on vaccination.

Carol Thompson has started a new branch of VRAN in Saskatoon, Saskatchewan. She has had two meetings and given a public presentation. Her members will be sharing the responsibility of giving monthly meetings which will possibly be held on the second Wednesday of each month. Please contact Carol Thompson at gord.thompson@sk.sympatico.ca or 306-668-5536.

Mary James of The Winnipeg Association for Vaccine Damaged Children has copies of Viera Scheibner's fabulous research book, VACCINATION—The Medical Assault on the Immune System. The book costs \$30.00 and the cheques can be made out to AVDC at 67 Shier Dr., Winnipeg, Manitoba, R3R 2H2, 204-895-9192.

News Flash News Flash News Flash

According to an Associated Press report (Oct. 4, 1998), France has suspended its mass hepatitis B immunization of school children following a Nanterre court ruling in June "that there was sufficient evidence to conclude there was a connection between a vaccine produced by British drug maker SmithKline Beecham and multiple sclerosis symptoms in two people." A ruling is also expected against Pasteur-Merieux which also produces a hepatitis B vaccine. The World Health Organization issued a statement expressing concern that the French decision would undermine its 100 country inoculation program and would "lead to a loss of public confidence in this vaccine, and decisions by other countries to suspend or delay the introduction of hepatitis B vaccine." ✓

DISCLAIMER

The contents of this publication reflect the opinion of the authors only. The authors are not licensed to practice medicine, nor are the opinions in any way 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 medical doctor prior to making any decision which may affect the health and welfare of that individual or anyone under his or her care.

Did You Know?

There is no law that requires you to vaccinate your infant children. The only law relating to vaccination governs school pupils, not infants. Doctors and administrators may tell you that you are legally required to vaccinate your baby, but they are wrong.

YOU HAVE A CHOICE

Ontario, New Brunswick and Manitoba have provincial acts which require the vaccination of school pupils, but any parent who does not wish to vaccinate their school aged children is entitled to an exemption due to conscientious or religious belief. If you choose not to vaccinate your child, you simply fill out this Exemption Form and present a notarized copy when you are registering your child at school.

Doctors in the province of Ontario are required by law to inform you of the risks associated with any vaccination. Furthermore, you have the right to read the adverse reaction information on the vaccine product packaging. This package lists the ingredients in the vaccine and the manufacturer's warnings about risks and reactions.

In Ontario, the Health Protection and Promotion Act of 1987 clearly defines adverse reactions to vaccines and states that all adverse reactions to vaccination must be reported by your doctor to the Medical Officer of Health. Adverse reactions are called "reportable events" and are defined as follows:

- A) Persistent crying or screaming, anaphylaxis or anaphylactic shock occurring within forty-eight hours after the administration of an immunizing agent,
- B) Shock-like collapse, high fever or convulsions occurring within three days after the administration of an immunizing agent,
- C) Arthritis occurring within forty two

- days after the administration of an immunizing agent,
- D) Generalized urticaria, residual disorder, encephalopathy, encephalitis or any other significant occurrence within fifteen days after the administration of an immunizing agent,
- E) Death occurring at any time and following upon a symptom described in clause A), B), C), or D).

(Reprinted verbatim from The Health Protection and Promotion Act, as amended by Bill 52, 1987).

According to the law, if any of the above symptoms occur within a short time after the vaccination, they are considered "reportable events" regardless of what your physician might speculate as the cause of the symptom.

If you have already or are planning to vaccinate your child or yourself, be informed!

Ask your doctor about the possible reactions and risks. Read the manufacturer's label which lists the ingredients, risks and possible reactions of the vaccine. Inform your doctor of any reactions and insist that he or she report the reaction, as required by law, to the Medical Officer of Health.

DID YOU KNOW?

- that nearly half of all children given DPT-polio shots experience side effects to some degree?
- that there may be a link between DPT and Sudden Infant Death Syndrome (SIDS or crib death)?
- that vaccines contain toxins, including thimerosal (mercury derivative), aluminum phosphate and viruses killed with formaldehyde (a known carcinogen)?
- that vaccinations do not offer complete protection, and can sometimes trigger the disease?
- that large scale clinical trials assessing safety have never been conducted on DPT vaccine?

- that 250 U.S. deaths were reportedly linked to DPT vaccine in the 20 months prior to July 31, 1992?
- that whooping cough and diphtheria have nearly been eradicated in North America?
- that these diseases (among others) had vastly declined before mass inoculation programs began, thanks to improved nutrition, housing, sanitation and hygiene?

VACCINATION: POSSIBLE SIDE EFFECTS

- high pitched screaming
- fever
- excessive sleepiness
- inconsolable crying
- convulsions/seizures
- swollen joints/arthritis
- rashes
- vomiting/diarrhea
- pain/redness/swelling/lump at needle site
- meningitis
- swollen testicles or glands
- unusual behaviour
- allergic reactions (hives, wheezing, trouble breathing)
- shock or respiratory collapse
- paralysis
- death

WARNING:

According to health officials, most adverse reactions are now no longer contraindicated to further immunization. Only anaphylaxis to a previous dose remains as a contraindication to pertussis immunization.

Parents should err on the side of caution and follow the original list of contraindications as listed by the vaccine manufacturer:

- fever over 40c,
- convulsions
- alterations of consciousness
- focal neurological signs,
- prolonged high pitched screaming
- shock
- collapse
- thrombocytopenia
- purpura (blood disorder).

The Eagle Foundation

by Gloria Dignazio

We have been asked to write a brief history of the events leading up to the creation and existence of the Eagle Foundation Incorporated.

In 1992, God blessed us with our first child, a beautiful healthy little angel, a little girl. We named her Sara and she was perfect. Thinking back to that year, 1992, it seemed that everything in our lives was perfect. We had a healthy child, a loving relationship, professional careers, money in the bank, cars, and material possessions that we had worked hard for and took pride in.

My pregnancy was great and we wanted to be the best parents we could be to our precious baby daughter. Of course, this meant taking our baby regularly to the pediatrician for check ups, which included vaccinations, which we believed to be mandatory. Being good responsible parents, we faithfully took Sara for her vaccinations literally to the day they were 'required' to be done. These vaccinations occurred at the age of 2, 4, 6, 15 and 18 months. The 2, 4, 6, and 18 month vaccinations were for DPT (diphtheria, pertussis and tetanus), Hib (Haemophilus Influenza type 'B') and OPV (Oral Polio). The 15 month needle was the MMR (Measles, Mumps and Rubella).

Surprisingly, we never questioned vaccinations. We had no reason to question it. I had read almost continuously while pregnant, a lot of pregnancy and baby book, as most mothers do, and I had never read anything negative about vaccinations except to expect a fever, some irritability and a slight rash at the site of the injection. These minor reactions seemed harmless enough and didn't warrant for us to do any further research in the matter.

To make a long story short, we submitted Sara for the appropriate check

ups, which included vaccinations. After each one of these vaccinations, within about two hours of receiving the needle, Sara would begin to cry inconsolably. This was not just regular crying, it was almost like screaming and nothing we could do would console her, except to take her for lengthy car rides, if all else failed. If we would try to hold her to comfort her, she would arch her back and scream even harder. She would also get a fever, and bad rashes on her bottom following each of her vaccinations.

Sara would always 'appear' to recover after each one of these episodes, and we would always tell our pediatrician about what Sara did following each needle. He never was concerned about her reactions, so we continued to vaccinate our daughter. Also, we never were made aware of any risks involving vaccination.

Little did we know that Sara's life and our lives were going to change forever when our daughter received her needle when she was exactly 18 months of age.

As usual, the day she received her 18 month booster for DPT, Hib and OPV, she reacted as she had the previous occasions with the crying, fever and rashes. However, this time, we noticed that Sara slept for an usually long time period of time. In the days following the vaccinations, we noticed that Sara did not seem to be herself, she became very quiet and seemed sad all the time.

Christmas is a very hard time for our family as that is when Sara had her most traumatic screaming episode. That Christmas Eve day in 1993, a few days following her needle, she became very ill-vomiting, lethargic, no appetite, very dark circles under her eyes which seemed lifeless and dark. She had a fever and a rash on her bottom. We could not take her out for the annual family Christmas celebration as Sara was too sick. On Boxing Day, 1993, she was

still sick and late in the afternoon that day, went behind our bar in the rec room and began to scream and scream over and over again, continuously. I cannot even begin to describe how the scream sounded, as it sends chills up my spine to this day-it was so terrible we will never forget it as long as we live. It was a high-pitched screaming that went on continuously. Sara was holding her head as if she was in indescribable pain and agony. I remember standing there and saying to my husband that it was like she was 'possessed'. She would not even let us come near her, which is very uncharacteristic.

Finally, we were able to get her dressed and in the car to take her to the Children's Hospital. She fell asleep en route to the hospital and upon arriving, she woke up and 'appeared' to be fine. We kept describing to the attending doctors what happened to Sara as we were very scared and wanted an explanation for what could cause her to behave like this. We were at the hospital for a long time, and finally they sent us home with antibiotics to treat an ear infection. We did not believe this as Sara had never had an ear infection before. It was like they felt they had to tell us something because we kept questioning why our daughter screamed like that. When we went to our pediatrician two days later, he checked her ears and said she did not have an ear infection. So what really happened?

Sara was never the same after her 18 month needle and the screaming episode on Boxing Day 1993. She immediately stopped talking and reverted back to babbling. Before that shot she had a vocabulary of about 25 words, was on the verge of 2-3 word sentences and could answer questions. We were told that this regression in her language was 'just a phase' and being first time parents,

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we believed it. In the days, weeks, and months that followed that 18 month needle we noticed that Sara would not make eye contact anymore. She was no longer the sociable, happy little girl that she once had been. Gradually, she started to engage in repetitive and stereotypical behaviours such as hand-flapping, tapping objects and toys against her mouth and staring at objects closely. She no longer played with her toys appropriately, she would not sit still and her sleep patterns were really off. Sara seemed like she was in her own little world.

Sara would later be diagnosed with having Pervasive Developmental Disorder (PDD), which is borderline autism.

We kept questioning our pediatrician and the 'experts' about how our once normal, social, happy and vocal toddler could change so dramatically after receiving her 18 month needle. We kept asking if there was a connection between Sara's vaccination and her autistic-like behaviour. We were reassured that there was absolutely no connection, but were never given any explanation why our daughter had suddenly become autistic-like. We were told that it was 'just a coincidence' that Sara changed so dramatically in the days following her 18 month booster shot. We naively thought that the doctors would admit what really happened to Sara and then would try to help her. This was not the case.

That was four years ago.

Since then we have discovered through extensive research what the real risks are regarding vaccines. We were able to obtain books and videos which were not then readily available at the local library or bookstore. We were astounded, saddened and angry when we read these books and watched these videos in which Sara's story was repeated over and over again, but with other parents and their children. We were especially shocked

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Dear Members of VRAN,

We are most aware about the dangers of vaccinations, with specific reference to the DPT inoculation. Cassandra is our granddaughter whom we raised from the age of two years to nine years.

Cassandra had her first DPT inoculation at the age of two months. Immediately afterwards, she developed several symptoms that unfortunately were not recognized by her doctor as the signs of imminent danger. Though her mother repeatedly told the doctor of her misgivings, he dismissed Cassandra's symptoms as temporary, and nothing about which to be concerned.

The symptoms were:

1. Her cry lost its lustiness and became thin, almost a wail.
2. She exhibited a persistent dry cough.
3. She became agitated and seemed unable to settle. Breast feeding, which had theretofore been a period of contentment, became a period of unrest and agitation. She would repeatedly pull off the nipple after only 15 to 30 seconds of feeding, wail as if very unhappy, then attempt to return to feeding, only to pull away again. Her mother, in order to have Cassandra get an adequate quantity, would have to walk around, constantly jiggling the child in an attempt to placate her enough to have her feed.
4. Her motor skills seemed to suffer a setback, and development progress was slowed.

The second DPT inoculation was given to Cassandra at her age of five months. It was administered around noon-time. She was put down for a nap around 4:30PM because she appeared listless and lacking in energy.

At 6:30PM, her mother entered Cassandra's room to check on her, and found her not breathing, and turn-

ing blue. Her temperature was registering 106 degrees F., and she was in a state of continuous seizures.

Cassandra's father immediately administered mouth-to-mouth resuscitation, while her mother drove them frantically to the hospital only five minutes from their home. From there she was dispatched, by ambulance, to a prominent pediatric hospital one-half hour's ride distant.

Cassandra spent four or five days on full life-support systems, at one point was pronounced brain-dead, then the pronouncement was recanted upon further examination; all of which was followed by one month in the pediatric ward before final discharge.

Cassandra is now 9½ years old. She is blind, unable to walk, talk, feed herself, sit up without support, hold her head erect. She has the motor skills of a one month old child, and is incontinent as any infant would be. She is essentially unable to learn even the most basic of skills. She can hear, and has a sense of fun, ready to giggle at the least provocation.

As a result of Cassandra's experience, her siblings and cousins have had no DPT inoculations. Their respective parents have signed objection declarations in order to allow their children to attend school. Also, the same parents make yes/no decisions on each other type of vaccination as they become available. Usually the decision is a negative one for reasons they perceive as the protection of their children.

We understand completely your fear for the health of your children. We sincerely hope you can convince the judicial authorities to show understanding of the potential danger your children could face. Statistics as to the effectiveness of these vaccinations have no impact when one knows that his/her child falls outside the statistical safety net.

Sincerely,

George and Audrey Hardy
Stoney Creek, ON, Canada
March 1998.

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financiers who control our health. The more we're ill, the greater their profits. Their goal is not our wellness but our illness. They have admitted behind closed doors that a laudable objective would be to reduce the world population by half. What better way than with vaccines which make people ill and destroy their immune systems?

Vaccines make targeted genocide possible and are used for biological weapons experimentation. Of course we physicians, much less the public at large, are never made aware of any of this."

CHILDREN'S VACCINE INITIATIVE

In Canada, medical authorities are intensifying their vaccination efforts in response to the CVI Strategic Plan. The Children's Vaccine Initiative is a detailed plan hatched by WHO, UNICEF, UNDP, World Bank, the Rockefeller Foundation, and the entire vaccine industry.

Launched in 1990, the CVI Strategic Plan is a global dragnet whose goal is to enforce the vaccination of every child on the planet with all vaccines currently in use and those coming down the vaccine development pipeline. The ninety two page CVI booklet, available free from the CVI Secretariat in Switzerland, lays out the mechanisms and infrastructures it employs and the organizations both public and private, who it considers to be 'members of the vaccine community'.

Research institutes and groups, international agencies, national immunization programmes and health care agencies at all levels, government agencies and regulatory bodies, foundations concerned with public health, non-governmental agencies, national and international donor agencies, the international print and broadcast media, and the entire vaccine industry have all been brought on board the 'vaccine continuum'.

Parents are feeling the heat of this aggressive plan as the universal hepatitis B program is thrust on all

pre-teens and teens through the Canadian public school system. Some provinces are targeting infants as well. Parents in New Brunswick are told that their babies will get the first shot six hours after birth. Prince Edward Island is vaccinating school age children, and all infants starting at two months, along with the rest of the shots currently given to babies. Infants born in the North West Territories are vaccinated at birth, and Vancouver area babies at age 2 months will be getting hep B shots starting this fall. In Manitoba, the health department plans to start vaccinating all grade 4 students this fall, and the 17,000 infants who will be born in 1999.

Provinces have the power to decide, whether to vaccinate infants or school children, or both.

The NACI (National Advisory Committee on Immunizations) recommends vaccinating infants starting at birth with hepatitis B vaccine, despite the fact that Health Canada's vital statistics indicate that there have been no deaths from the disease in Canadian children in the last 10 years, with only 61 cases reported in the country in 1996 in children under the age of 15. The majority of these children were infected from high risk situations. They were either born to mothers who were themselves infected or chronic carriers, or live in situations where the disease is highly endemic, such as in some Asian and Native communities.

The NACI is the same body who in 1993 dismantled the cautionary guidelines pertaining to adverse vaccine reactions in children. Whereas in previous decades there had generally been acknowledgement that children who exhibited local swelling and inflammation at the injection site, or who developed high fevers, screaming syndrome, collapse, or seizures, had suffered an adverse reaction. A common sense precaution was to not re-

vaccinate the child with the offending vaccine, pertussis being the most reactive. The NACI reversed the guidelines and declared that these reactions were no longer considered adverse, that there was no proof that these children were more vulnerable to serious injury if re-vaccinated, and that there is no proof that vaccines cause neurological or health injury.

When British pharmaceutical giant, Wellcome, launched a law suit challenging the findings of the National Childhood Encephalopathy Study it intended to disprove the findings of that study which had concluded that pertussis vaccine does indeed carry a risk of neurological injury and death. Wellcome succeeded in its campaign to trash the study by cleverly manipulating evidence, witnesses, and the court to conclude the opposite of the original findings. Its hidden agenda was to dismantle the very standards, ethics and precautions governing the administration of vaccines and to insure that the drug industry and all its associates bear no responsibility for health injuries caused by vaccines.

This maneuver has been expanded into a new concept now entrenched in medical circles, and described by Barbara Loe Fisher, vaccine safety activist, as a fundamental betrayal of public trust. *"Health officials now forward the idea that children who die or are brain damaged following vaccination have an underlying genetic disorder and that the vaccine simply triggered the inevitable, or that these children were predestined to die or become brain damaged that day, even if no vaccines had been given. Without empirical evidence and having conducted no studies to identify genetic markers, this seductive and dangerous mantra is repeated to pediatricians and parents alike when referring to children with vaccine associated health problems. 'UNDERLYING GENETIC DISORDER!' and everyone is precondi-*

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tioned to accept the idea that the vaccine is not responsible, the doctor is not responsible, the vaccine manufacturer is not responsible : the genetical-ly defective child is responsible."

There is no epidemiological rationale to justify the hepatitis B vaccine campaign that puts untold numbers of children at risk, and threatens the future health of an entire generation of people. Yet millions of children are being injected with a drug that can cause devastating neurological dysfunctions, and can trigger degenerative diseases like diabetes.

Dr. Byron Hyde MD of the Nightingale Research Foundation who is working with hep B. vaccine victims believes that many of these children will "develop the symptom picture of M.E./CFS (chronic fatigue syndrome), i.e., difficulty in creating new memories, failure to recall stored memory, discalculia (loss of mathematical abilities), sleep dysfunction, absence spells (petit mal seizures), visual defects, chronic pain and muscle weakness. The result of this chronic symptom picture could be severe difficulty or failure at school, and due to chronic brain and physical dysfunction, failure to obtain employment and simply failure to enjoy the benefits of good health throughout life."

Parents are finding the pressure to vaccinate their children overwhelming and intimidating. Parents who choose to defer from vaccinations in the name of protecting their children's health find themselves bearing the brunt of such labels as irresponsible, neglectful, or abusive. Parents are being threatened with removal of their children if they don't comply with vaccine agendas imposed by health officials. A Sudbury, Ontario family with a new baby decided against the shots and found themselves threatened by their doctor who reported them to the Children's Aid Society. Fortunately they were able to appeal to Brian

Taylor, whose Advocacy for Parents service successfully intervened and prevented the loss of custody of their baby. Another Toronto family, who sought emergency treatment for their 8 month old baby's severe allergic reaction were reported to Children's Aid when hospital officials discovered that the baby was not vaccinated. Several months later, they are still on file and being inspected and processed by Children's Aid

In British Columbia, the Infant's Act became law in January 1993, despite tremendous public opposition. An 'infant' is described as someone under the age of 19. The Act effectively removes the rights of parents to determine medical services given to children, and allows the health care provider to determine what is best for your child. Under this legislation, doctors or other health care providers will NOT have to seek parental consent or even notify parents of services given to children. "Health care" is defined as "anything done for a therapeutic, preventive, palliative, diagnostic, cosmetic or other health related purpose, and includes a course of health care." According to the Act, the health care provider has the duty to "explain the procedure to the infant, and should be satisfied that the infant understands the nature and consequences and the reasonably foreseeable benefits and risks of the health care." The health care worker is within the law if s/he has made a reasonable effort to determine and has concluded that the health care is in the infant's best interests.

Effectively, even if the infant disagrees and doesn't want the treatment, the health official can go ahead and give it anyway. And this is exactly what happened to a B.C. youngster recently. A nine year old girl was called to the office at school by the health nurse. The family had decided against the hepatitis B vaccine being offered

This case is particularly appalling because the nurse lied and

told the child that she had just spoken to her mother on the phone and that her mother had changed her mind and was giving permission to proceed with the vaccination. The girl was very upset and said this was impossible and that she knew she was not to receive any vaccines. She was not allowed to call home and was forcibly vaccinated. This story was relayed to VRAN by Susan Cameron Block, a radio broadcaster with CFUN in Vancouver whose weekly health show is widely heard in this province.

As parents, our mandate is to protect our children's health. It is the strongest and deepest impulse we have. Our protective intuition is nature's most primal mechanism to insure the survival of the species. Laws like the Infant's Act violate this most ancient trust given to parents and wrenches away from us the right to protect our children from an abusive and invasive technology that is demanding the sacrifice of our children to the altar of modern medicine. Laws such as this rob families of the fundamental right to protection from undue government interference and are a grim representation of the erosion of our health freedoms.

Infants and children have become fair game for a medical system that is experimenting on our children and violates the rights of totally helpless human beings at the start of life.

The ever increasing numbers of foreign proteins, viruses and DNA that are injected into children become permanent fixtures of their genetic makeup and wreak havoc in ways that we cannot even imagine. We can no longer remain complacent and trust that health authorities have our best interest at heart, or that they know what they are doing. We can no longer entrust the health and future of our children to a system that long ago abandoned it's own moral and guiding principle of "First Do No Harm". ✓

Dr. Bonnie Dunbar's report to the FDA on hepatitis B vaccine

Dr. Dunbar is a research scientist, and professor of medical students at Baylor College of Medicine in Houston, Texas. She has been working in the areas of autoimmunity and vaccine development for over twenty years. Recently, two of her laboratory assistants developed severe and permanent disabilities as a result of being forced to take the hepatitis B vaccine. One individual, has been diagnosed with POTS (an auto-immune cardiovascular neurological problem), the other, a medical student became partially blinded in one eye and completely blind in the other eye following the second shot.

Dr. Dunbar has been motivated to do extensive literature research on the vaccine and is planning studies to investigate the mechanisms involved causing injuries. She is also currently collecting case histories from people adversely affected by hepatitis B vaccine.

Says Dr. Dunbar, "It is apparent that the serious adverse side effects of this vaccine (which are clearly related to the nature of the virus itself) may be much more significant than generally known or admitted."

In discussions with European physicians, she relates that they also have expressed serious concerns about the large numbers of their patients who they believe have been injured by this vaccine. Dr. Dunbar says that in the U.S., informal

estimates of adverse reaction reports for the leading brands of hepatitis B vaccine in use is upward of 30,000 and represents the tip of the proverbial iceberg of suffering and disability caused by this vaccine. Says Dr. Dunbar, "Because the FDA reports that these adverse reactions constitute only 10% of adverse reactions, it can be assumed that there may be tens of thousands, if not hundreds of thousands of adverse reactions to these vaccines to date."

When mainstream "pro-vaccination" researchers are themselves affected with debilitating vaccine injuries, and experience the devastating aftermath of vaccine reactions, one wonders if there may be a glimmer of hope that we are on the brink of a much larger public awakening to the health destructive effects of mass vaccination programmes.

Dr. Bonnie Dunbar's extensive treatise can be accessed on the internet, and is published at the Immunisation Awareness Society's website: <http://www.netlink.co.nz/~ias/ias.htm> She can be contacted at: The Department of Cell Biology Baylor College of Medicine One Baylor Plaza Houston, Texas 77030 Fax 713-798-7341 E-mail: bonnie@neosoft.com ✓

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forming our society use individualism in a mercenary fashion. When it comes to health, the rich will be able to pick and choose, but the masses of poor will be treated 'for their own good'. The 'herd mentality' of vaccination is the best example of this philosophy. When vaccines work, and in some cases we see evidence of disease being conquered for a time, the success rate of the vaccine is defined by the amount of dollars it saves society. If the working poor are taken out of the workplace for long periods to care for children with chicken pox, measles or whooping cough, it is to society's advantage that we vaccinate their children to postpone the illnesses. The children that suffer painful disabilities and death because of the vaccine are sacrificed for the 'better good'. The rich will have the power and knowledge to choose vaccinations if they please. Public medicine will be for the working poor.

Through alternative medicine we may find ourselves encouraged by our independence from the mainstream medical system. But the forces that are changing the laws and restricting our ability to choose are very strong and powerful. In the battle of semantics that surrounds us it is important to identify the politics behind the terms. We should eschew the individualism that is so popular now and

remember that these terms can be used against us.

Certainly, the individual is responsible for her own health and her own choices. But, society as a whole is equally responsible for the health of all its citizens and for the freedom of choice for all its citizens. ✓

VIDEOTAPES AVAILABLE FROM VRAN:

"DPT: VACCINE ROULETTE"

A 60 Minute Documentary
CBC—The Journal
Discussion with Edda (Goldman) West on DPT vaccinations
Thorough, provoking, and powerful. Will answer many questions about immunization.
"DANGERS AND INEFFECTIVENESS OF VACCINATION"
Dr. Viera Scheibner
Maroochydore, Queensland, Australia
1/11/94

VACCINES: THE OTHER SIDE OF THE STORY

National Vaccination Information Centre
This video will give you information which doctors rarely discuss with parents before their children are vaccinated.
Cost \$ 25.00 each, \$20.00 refundable upon return of video
Please send cheque or money order payable to "VRAN Vaccine Info Videos":
VRAN: Vaccine Info Videos
c/o Laurie Murray
4 Purdy Place,
Kingston, Ont. K7M 1B3

AIDS and Vaccination

By Gary Krasner

This material has been taken from Gary Krasner's newsletter Well Beings (11/97) and has been edited to fit VRANewsletter. For further information please contact Gary Krasner.

This month we provide a synopsis of two books that were written by the same man and published in the last couple of years. Parts two and three of this series will follow in the coming months. As the readers will learn, AIDS is a critical, and will likely be a pivotal issue for anti-vaccinationists, anti-vivisectionists, and all who oppose the tyrannical, monopolistic medical establishment.

The challenge to the popular claim that HIV is the cause of AIDS got a big boost in 1987 when Cancer Research published a lengthy article by a prestigious retrovirologist who was a member of the National Academy of Sciences (an exclusive club of about a thousand of the elite scientists of the world who have made major contributions in their field). Peter Duesberg argued that an infectious agent cannot be the cause of AIDS. Rather, the cause is toxicological. Since that time those who wanted to follow the writings of Peter Duesberg and the "HIV Debate" had to view medical journals. But now we can refer to two fine books by him. While both books argue a solid scientific case, *Inventing The AIDS Virus* (pub. 1996) is more intended for the layperson and newcomer to the issue, while *Infectious AIDS — Have We Been Misled* (pub. 1995) is a compilation of some of Duesberg's published articles from peer reviewed journals from 1987 to 1995.

Infectious AIDS is an excellent resource: 582 pages containing thirteen lucid, logical, and rigorous articles. It eventually becomes apparent to the reader why the AIDS establish-

ment first tried to ignore Duesberg, and then later resorted to ridiculing him with ad homonym attacks, withdrawing his research grants, refusing to publish his letters in *Nature*, blackballing him from major media outlets, restricting his academic duties to undergraduate student teaching, and by responding to only a fraction of his arguments or else intentionally misstating them in his absence.

In retrospect, it also becomes apparent how Duesberg's arguments became so formidable as to precipitate the major retreats by the AIDS Establishment to date: <1> The call to search for cofactors; <2> The call to revise Koch's Postulates (after a century of utility); <3> The call for cohort controlled studies factoring in all types of risk behavior; <4> The use of less toxic treatment alternatives to AZT (like protease inhibitors).

In both books Duesberg demonstrates that AIDS cannot be caused by a microbe. At most, HIV may be a (harmless, non-causal) serological marker for risk behavior, like the toxic long-term use of drugs. Although he warns that correlation (i.e. presence of HIV antibody in those who get sick) alone doesn't prove causality, he uses epidemiology effectively to show very high correlation of AIDS risk groups and risk-group-specific AIDS defining diseases. The dominant risk behavior is long-term abuse of drugs.

Although our immune systems have been assaulted by increased food processing and chemicals, pesticide drift and runoff, topsoil erosion, increased background radiation, vaccination, fluoridation (the list is extensive) for the last 60 or so years, AIDS became noticeable in high enough numbers only after a new quality of drugging began around 1970. Duesberg believes that the highly immunosuppressive amyl and alkyl nitrite inhalants, amphetamines, quaaludes, cocaine, heroine, and others — with exponential increases in

usage every decade — are what tipped the scales.

In *Inventing The AIDS Virus* Duesberg provides a short history showing how the toxic effects of certain allopathic drugs became part of the case definition of the diseases they were supposed to remedy. One example was neurosyphilis ("third stage" of syphilis) following the use of mercury and arsenic based drugs used prior to 1950. He devotes other sections to describe the "fanatical germ hunters" since the turn of the century, who wasted time, resources, and human lives vainly seeking fame and fortune to find microbial causes for such diseases as scurvy, pellagra, beriberi, SMON, Legionnaire's disease, and of course, AIDS. Historically, these fortune hunters and the scientific establishment ignored the more obvious nutritional and toxicological clues.

President Clinton recently proposed a ten-year program to develop an AIDS vaccine. He likened its importance and magnitude to the space program that led to the manned-landing on the moon in 1969. Not intended as just another Clinton program, this is an effort by a second-term president to make his mark in the history books. Although there is no approved AIDS vaccine yet, this initiative, as well as the continuation of the HIV=AIDS dogma, represents the biggest threat to 'freedom of health' in our lifetime. The fear and hysteria created by AIDS and the other supposedly deadly infectious and contagious diseases (like ebola) will likely lead to mandatory vaccinations and the curtailment of many of our rights of choice and privacy.

Anti-vaccinationists must understand that vaccine failures and mishaps that have been uncovered and made public in the past have never forestalled the push for new vaccines for 'new diseases'. Each

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time the promise of safer vaccines has placated the general public.

Already, testing for HIV in newborn babies in the U.S. is universal, and informing the mother of the results is mandatory. If we wait until a vaccine is developed before we begin to focus on AIDS, we will not have the necessary lead-time to effectively challenge the presumptive cause of AIDS. By that time, talk shows and the mainstream news media will only be willing to entertain on the easier-to-digest issues of vaccine safety and the civil rights of people to refuse it — if it is made mandatory. Historically, those latter two resources had not always been a sufficient means for obtaining an exemption, particularly for groups like medical and military personnel, teachers and school-aged children, and for your pets.

Therefore, AIDS is an issue for vaccination opponents right now, and the necessity — not the safety — of an AIDS vaccine should be our issue. It has been dubbed, 'the plague of the 20th Century'. Demonstrating that AIDS is not caused by a virus and is not infectious is the only way to thwart drives for an AIDS vaccine. We can achieve this by learning about the many irrefutable paradoxes of the virus=AIDS hypothesis, and by promoting the Drugs=AIDS hypothesis. The leader of the scientific opposition to the AIDS juggernaut has been Peter Duesberg.

Gary Krasner is the Director of the Coalition For Informed Choice, whose mission is to assist those who choose to lead their communities to wellness. CFIC, PO Box 230426, Hollis, NY 11423, 718-479-239, e-mail: gk-cfic@juno.com

Free distribution of this information is encouraged. ✓

The Eagle Foundation cont. from page 5

at how many stories detailed how once normal children suddenly 'became autistic' at the age of 18 months following their vaccination. We discovered that vaccine damage is not as rare as the medical profession and pharmaceutical companies would like us to know.

Our daughter Sara has endured extensive tests. She has been subjected to MRI scans, spinal taps, EEG's and an enormous amount of blood work. We were able to verify our suspicions that Sara was brain damaged due to her repeated vaccinations. We had to take her out of Canada, at great expense, and were able to verify that Sara was suffering from post-vaccinal encephalitis (brain swelling) and demyelination. Later, one of the doctors told us that the swelling that Sara felt in her brain was similar to being hit over the head with a baseball bat. This would explain the crying and screaming episodes Sara had experienced.

Remember, our once perfect lives... well, now we were left holding the bag. We have a brain injured child, our once paid-for home had to be re-mortgaged, our relationship (though solid) has experienced ups and downs due to the realities of raising a 'special needs' child, and the heartache involving the nightmarish reality of this situation and the expenses related to it.

Ironically, it is through our tragedy, that we have been privileged to meet some very special people right here in Winnipeg and around the world, who have come together to help our family.

As a result of our research and the evidence we have accumulated from many sources verifying Sara's brain damage due to vaccination, we decided to pursue this matter legally and obtain some justice for Sara. However, in order to even file this type of lawsuit, we were told we would have to raise an enormous amount of money. We could not afford to do this by ourselves as we had pretty much

exhausted all of our funds trying to help Sara.

Fortunately for us, we became aware of a number of very special caring people right here in Winnipeg. The founders of the Winnipeg Chapter of the Association for Vaccine Damaged Children, Mary James and Leona Rew, have been extremely supportive and caring. It is through attending the Associations's monthly meetings that we met a wonderfully caring man, a chiropractor, Dr. Gerry Bohemier, who listened to our story and agreed to help. Dr. Bohemier was and is passionate about informing parents and the general public about the potentially serious consequences suffered by children and adults following vaccinations. Dr. Bohemier subsequently introduced us to a group of chiropractors who also questioned vaccination and felt we had a strong case and wanted to help us raise the necessary funds to pursue this case.

This special core of people, who were complete strangers to us previously, have been instrumental in the creation of the Eagle Foundation Inc. And it is due to their extraordinary dedication and tireless efforts that we were even able to file our lawsuit. These people have given of their own time and money to help us and we are still trying to find a way to adequately express our gratitude and appreciation. Due to their tireless efforts, the initial fundraising was a success and enabled us to file our lawsuit just prior to Christmas 1995, approximately two years after the vaccination occurred.

Our family is grateful for the support we have received, both financial and emotional, from the chiropractors here in Manitoba, and from families across Canada and indeed, world wide who have also experienced the tragic realities of vaccine damage and death.

We thank you for taking the time to read Sara's story and hope that you will tell others so that possibly another

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The Eagle Foundation cont. from page 10
er child or another family does not have to suffer like ours has. Yet, even through all of this, we believe Sara is a very special girl... a little girl who brought us the truth!

Gloria and Lawrence Dignazio
Parents of Sara

For more information, please contact The Association for Vaccine Damaged Children in Winnipeg, Mary James: 895-9192 or Leona Rew: 896-0971

The Association offers seminars in a 'living room' setting for small groups on interested parties to meet and discuss the issue of vaccination.

Donations to the Eagle Foundation can be sent care of:

Dr. Gerry Bohemier
154 Provence Blvd.
Winnipeg, Manitoba
R2H 0G3

The Dignazios have filed a lawsuit against their pediatrician, Dr. Sam Weizman of Portage Avenue in Winnipeg, and Merlieux Connaught Laboratories that manufactures the DPT vaccine. Their case is still pending. ✓

VRAN RESOURCES & INFORMATION LIST

Vaccination: 100 Years of Orthodox Research Shows That Vaccines Represent a Medical Assault on the Immune System

Viera Scheibner Ph.D.
Koran Publications 1-800-537-3001
fax: 215-567-5601

The Immunization Resource Guide

by Diane Rozario
also available from Koran Publications

Universal Immunization—Medical Miracle or Masterful Mirage?

Dr. Raymond Obomsawin
available from Health Action Network, 202-5262 Rumble St., Burnaby, BC, V5J 2B6

Immunization: The Reality Behind The Myth

Walene James

What Every Parent Should Know About Childhood Immunization

Jamie Murphy

Earth Healing Products, 120 Poplar St., Boston, MA, 02131.

Vaccinations: Are They Really Safe and Effective?

Neil Z. Miller

Every Second Child

Archie Kalokerinos, MD
Keats Publishing Inc., New Canaan, Connecticut, 1981

A compelling account of sudden infant death amongst Australian aboriginal infants following vaccinations.

Vaccinations and Immune Malfunction & The Dangers of Immunization

These excellent booklets describe immune system function & how vaccines impair immunity.

Philosophical Publishing Co. Box 220, Quakertown PA, 18951 (21)-536-5159.

How To Raise a Healthy Child In Spite of Your Doctor

Dr. Robert Mendelsohn

This book is a classic, a must for every parent who wishes to take back responsibility for the health of the family. It has a full chapter on childhood illness and vaccines.

The Immunization Decision: A Guide for Parents

Dr. Randall Neustaedter.

Vaccination, Social Violence and Criminality: The Medical Assault on the American Brain

Harris L. Coulter

A penetrating work by a renowned medical historian.

A Shot In The Dark

Harris L. Coulter & Barbara Loe Fisher
A thorough research of DPT Vaccine and adverse reactions.

Vaccinations and Immunization: Dangers, Delusions and Alternatives

Dr. Leon Chaitow.

This book examines the history of vaccination. It explores alternatives and enhancement of immune system function.

Vaccinations: The Rest of The Story

A selection of articles, letters and resources.
publ. by Mothering Magazine. P.O. Box 1690—Santa Fe, New Mexico—87504.

The Case Against Immunizations

Dr. Richard Moscovitch
available from American Institute of Homeopathy—1500 Massachusetts Ave. N.W. Washington D.C. 20005.

But Doctor, About That Shot

Dr. Robert Mendelsohn
available from the Doctor's People, 1578

Sherman Ave. S., 318 Evanston 11. 602201.

What About Immunizations? Exposing the Vaccine Philosophy

Cynthia Cournoyer
Nelson's Books P.O. Box 2302 Santa Cruz CA 95063.

NOTE: Many of these titles are also available from Parent Books in Toronto (416) 537-8334
fax (416) 537-9449

IMMUNIZATION INFORMATION ON THE INTERNET

The following is an updated list compiled by Peter Mancer, an executive member of the Immunization Awareness Society of New Zealand:

New Atlantean Immunisation Resources
<http://www.new-atlantean.com/global/vaccine.html>

A very good list of resources; global pro-choice vaccine groups; books, tapes and videos from around the world.

Vaccination Information and Awareness
<http://www.eden.com/~via>

A good site with many links to other sites including vaccine manufacturers.

Vaccination Information Paradigm

<http://www.cco.net/~trufax/vaccine/vacindex.html>

Very good information which seems to be updated regularly.

Dispelling Vaccination Myths

<http://www.livelinks.com/sumeria/health/myth2.html>

Well documented report that is revised periodically (last July 14th, 1996)

The Hidden Debate

<http://www.firehorse.com.au/feline/imm/imm.html>

Interesting report

National Vaccine Information Centre

<http://www.909shot.com>

Run by Dissatisfied Parents Together (DPT)

Global Vaccine Awareness League

<http://www.pages.prodigy.com/gval/>
Started by a mother whose 33 month child died just after a DPT shot—moving story.

How to Legally Avoid Immunisation

<http://medmarket.com/tenants/reidds/h>

Resources continued from page 11

erbplus/info/noshots.html

How to avoid immunisation in the USA

Natural Immunity Network

<http://www.i-wayco.com/niin/index.html>

<http://www.newagenet.com/lightparty/healthlvaccine.html>

<http://home.sprynet.com/sprynet/Gyrene/Home.htm>

Good information on SIDS from Concerned Parents for Vaccine Safety.

<http://www.unc.edu/~aphillip/www/vaccine/informed.html>

Includes testimonials from parents of Vaccine damaged children.

<http://www.ozemail.com.au/~theswami/vaccdanger.html>

Ramon's health page includes vaccine info.

<http://www.pnc.com/au/~cafmr/index.html>

Campaign Against Fraudulent Medical Research. Harris Coulter, PhD, co-writer of books about vaccines, is a member of this group.

see ~cafmr/online/vacc.html—vaccine report.

<http://www.smalpia.net/galleria/wallace/home.htm>

What Doctors Don't Tell You magazine web-site. Very good alternative medicine information as well as vaccine updates.

<http://www.healthy.net/clinic/familyhealth-center/children/vaccination>

Vaccination Information Resources includes information on books such as The

Vaccine Guide: Making an Informed Choice by Dr. Neustaedter, and other books.

[Http://www.panix.com/~iayork/immunology/index.shtml](http://www.panix.com/~iayork/immunology/index.shtml)

A PRO-vaccination site, but the arguments for are not very good in my opinion (are they ever?)

<http://www.genweb.com/Dnavax/main.html>

Leading edge research—what's new in DNA vaccines (the latest and greatest). What are they? Find out!

[Http://www.gn.apc.org/inquirer/jan.htm](http://www.gn.apc.org/inquirer/jan.htm)

The Web Inquirer—so called: the first international investigative magazine on the web—an interesting article on vaccination.

<http://www.holonet.net/homepage/1v.htm>

Vaccine Weekly magazine—the only weekly magazine that covers vaccination.

For the medical world—interesting new stuff. You can even get e-mailed every time a new vaccine is out if you would like to know!

<http://www.ozemail.com.au/~shotinfo/VAN>—a pro-choice group in Australia.

<http://home.earthlink.net/~emphtherapies/> Dr. Harris Coulter's own web site. He has written books about vaccination and medical research.

noshots@sprynet.com

Concerned Parents For Vaccine Safety

Medical Information:

<http://www.achoo.com>

<http://www.medscape.com>

<http://www.healthy.net/library>

Immunisation Awareness Society

<http://www.netlink.co.nz/~ias/ias.htm>

vaccines jeopardize the genetic and biological integrity of the human race.

She minces no words in her analysis of the vested interests and world financiers who manufacture and promote these drugs and the vast fortunes that are made at the expense of an unsuspecting public.

The court proceedings revolved entirely around the vaccination question. Dr. Lanctot organized an impressive lineup of expert witnesses in the field of vaccine research who presented volumes of evidence showing the destructive effect of vaccines on human health. The trial has been likened to the "Inquisition with the black vestments of the priests replaced by the white coats of physicians protecting their interests, refusing to listen"...and... "a spectacle of witnesses being constantly interrupted when all they wanted to do was tell the truth". The book publishes the testimonies of Dr. Lanctot's expert witnesses who present a chilling history of the tyranny of vaccines on human health. It is a fascinating read that reveals the pervasive climate of fear, denial and subversion imposed by medical authorities.

The Trial of the Medical Mafia is a lightning strike of truth revealing the dark regions of medical corruption and will help to turn the tide toward freedom of choice in health care.

P.O. Box 309

Waterloo, Que, JOE 2N0

The cost is \$18.00.

BOOK REVIEW: THE TRIAL OF THE MEDICAL MAFIA

By Edda West

When Dr. Guilaine Lanctot's first book, *The Medical Mafia* became a bestseller, it rocked the medical establishment so badly that in retaliation the Quebec College of Physicians decided to take action against her and demanded her resignation. She refused to resign despite being threatened with legal action. The College made good its threat to bring her up before its tribunal—the Disciplinary Committee, and a lengthy trial ensued with Dr. Lanctot defending herself against the College's accusations that she had contravened its Code of Ethics.

The Code disallows doctors to speak out publicly against the practices and views that are generally held in medicine, and Dr. Lanctot had committed the ultimate heresy of criticizing the establishment's most sacred cow—vaccination. The chapter on vaccinations in her first book dismantles the vaccination paradigm as a "preventive" health measure, and discloses the degree of human suffering and misery that is the legacy of vaccination. She forwards the position that

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(If ordering both the general & hepB information package, postage is discounted to \$3.00) _____

_____ **Set of 13 back issues of VRAN Newsletter.....**\$26.00 + \$3.00 _____

_____ **Vaccination-The Hidden Truth.....** \$40.00 + 5.00
(Powerful new video. 5 medical doctors discuss how vaccines harm health) _____

_____ **Immunization:History, Ethics, Law and Health.....**\$35.00 + 5.00
By Canadian author, Catherine Diodati M.A “ A must read for those who wish to be aware, responsible and informed – especially parents and physicians prior to injection.” Dr. E.S. Anderson-Peacock _____

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