VRANewsletter

Vaccination Risk Awareness Network Inc.

Autumn 2011

Measles Scare 2011

Dr Jayne L.M. Donegan, MBBS DRCOG DCH DFFP MRCGP MFHom GP & Homeopath

- Measles outbreak in the UK deadlier this year
- Measles outbreak prompts plea to vaccinate children
- European outbreak threat to children

... Scream the headlines.

Unvaccinated children are being excluded from Swiss schools; private clinics are running out of single measles jabs… What are they panicking about? Heart attacks, strokes, paralysis? No, they are talking about measles—a regular childhood illness that most children sail through.

Yes, there are about 170 000 measles deaths per years world wide (2008 figures), but, as the World Health Organisation (WHO) states:

"The overwhelming majority (more than 95%)of measles deaths occur in countries with low per capita incomes and weak health infrastructures... Most measles deaths are caused by complications associated with the diseases" and

"Severe measles is more likely among poorly nourished young children, especially those with insufficient vitamin A, or whose immune systems have been weakened by HIV/AIDS or other diseases… As high as 10% of measles cases result in death among populations with high levels of malnutrition and lack of adequate health care".

Are children in Europe and the United States suffering from malnutrition? Does your child have HIV/AIDS?

If not, why all the fuss?

In the UK, measles used to occur in epidemics about every two years starting in the autumn with the peak being in April and then waning for another two years. In the nineteenth century when social conditions—malnutrition, poor housing, drinking water contaminated with sewage—were similar to those in poorer countries today, it used to be a feared killer here also. But all that changed long ago. In England & Wales the death rate declined from over 1100 per million cases in the mid nineteenth century to a level of virtually zero by the mid 1960s.

What are they panicking about? Heart attacks, strokes, paralysis? No, they are talking about measles—a regular childhood illness that most children sail through.

Was this due to vaccination? No.

99% of the reduction in deaths due to measles in England & Wales occurred before the introduction of the measles vaccine in 1968 and has continued to fall since then. *Fig on Page 4.*

Dr David Miller, Deputy Director of the Epidemiological Research Laboratory in Colindale, Middlesex, stated in 1964, "In this country at least, measles is now usually regarded as a minor childhood illness through which we all must pass rather than as a public health problem."

In fact measles and other childhood infections were so much regarded as part of normal childhood development in the 1960s that mothers sent their children off to measles, mumps, chicken pox and rubella 'parties' so that they would get them at the best time—in childhood. They are

Measles Scare 2011 cont. on page 4

INSIDE THIS ISSUE

When Vaccine Theology Clashes with Nature's Blueprint

by Edda West

When you manipulate nature in a way you don't completely understand, the consequences can be unpredictable and absolutely disastrous"—Dr. Jacques Pepin [1]

The World Health Organization (WHO) has estimated that every year unsafe injections result in 80,000-160,000 new HIV-1 infections, 8-16 million hepatitis B infections, and 2.3—4.7 million hepatitis C infections worldwide (this figure does not include transfusions). [2]

Together, these illnesses account for 1·3 million deaths and 23 million years of lost life.

"Even under the auspices of WHO regional immunization programmes, which constitute 10% of all mass vac-

Editorial cont. on page 3

VRAN NEWSLETTER
Vaccination Risk Awareness Network Inc.
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Thanks to Catherine Orfald for the newsletter layout.

Statement of Purpose:

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

VRAN's Mandate is:

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

VRAN publishes a newsletter 2 to 3 times a year as a means of distributing information to members and the community. Suggested annual membership fees, including quarterly newsletter and your ongoing support to the Vaccination Risk Awareness Network: $35.00—Individual $75.00—Professional
We would like to share the personal stories of our membership. If you would like to submit your story, please contact Edda West by phone or e-mail,as indicated above.

VRAN website: www.vran.org √

VRANEWS

Annual General Meeting

The VRAN Annual General Meeting was held by telephone conference on August 25, 2011and was attended by VRAN Board members & Directors, Mary James, Edda West, Rita Hoffman and Susan Fletcher. We discussed the future of the VRAN Newsletter, and possibly moving to one print issue annually to be mailed to members at the end of each calendar year. The print newsletter would be a synopsis of the year's key vaccine awareness news.

We also discussed launching a bi-monthly E-Bulletin newsletter which would bring Members a more timely report of current vaccine news. An E-Bulletin newsletter would also help us save on printing and mailing costs which increase every year. Edda gave the annual financial report. The financial report is available to Members in good standing on request.

Revenues have declined and VRAN's existence is on a precipice. We urgently need fundraising ideas, Members to help with fundraising, and Members to renew their annual donations in a timely way. **Please remember that your membership renewal is due at the beginning of each calendar year.**

The Board discussed the potential advantages of a Facebook and Twitter page. Rita Hoffman volunteered to look into this, and has launched a Twitter page for VRAN.

Rita Hoffman is VRAN's new webmaster. We welcome her help and are so grateful that she has taken on the challenges of running the VRAN website. Rita has just completed an upgrade of our site initiated by Susan Fletcher, who worked tirelessly to review our website content and has updated and rewritten many of the pages on our site. Our heartfelt thanks go to Susan and Rita for their ongoing dedication to this work.

The Board discussed a possible ad campaign using artwork & copy sent to us by a concerned mother in Ontario who felt that catchy posters made available through our website could be used by people to disseminate our message about vaccine risks. We also discussed creating a webpage where families who have chosen NOT to vaccinate can tell their stories and bear witness to the good health of their unvaccinated children and grandchildren. If you'd like to share your "unvaccinated" story, please considering submitting it to us.

Fundraising

VRAN fundraising is an ongoing effort. VRAN is solely supported by the generosity of our Members and receives no corporate or government funding. We are privileged with the intellectual freedom to speak the truth about the effects of vaccine policies on human health and to publish news of cutting edge research precisely because our support base is YOU, OUR MEMBERS, and not corporate or government ideology.

For a donation of $150, please select one of the four fundraising bonuses listed below. Please send your donations to: VRAN Fundraising—P.O. Box 169, Winlaw, BC, V0G 2J0

Please note: Donations are in addition to annual membership.

Bonus Items:

1. ***Vaccine Epidemic,*** edited by Louise Kuo Habakus & Mary Holland is a powerful new book I consider a 'must read', exposes the bitter truth about vaccination mandates. The more than 20 contributing authors explore how corporate greed, biased science and coercive government threaten our human rights, our health, and our children.

2. ***The History of the Peanut Allergy Epidemic*** by Canadian author Heather Fraser, documents how highly allergenic peanut oil came to be used in vaccinations without being listed on the package insert. This has resulted in an epidemic of life threatening allergies and anaphylaxis.

3. ***Vaccine Safety Manual*****,** by Neil Miller takes you through the A to Z of vaccine risk information. Dr. Russell Blaylock MD in his forward to the book writes, "This book will go a long way toward helping people make critical vaccine decisions….absolutely fantastic.!"

4. **A set of two booklets—*A Commentary on Current Childhood Vaccine Programs*** by Harold E. Buttram, MD is a 124 page booklet intended to serve as a teaching aid for families questioning vaccine safety. It offers insight into the health impact of vaccines from the perspective of neurology, immunology, toxicology and physiology. Also the companion booklet (77 pages + references) ***Shaken Baby Syndrome or Vaccine –Induced Encephalitis***, by Dr. Buttram and health journalist Christina England disproves the false theory that babies presenting with symptoms like brain bleeds have been shaken by their parents. The

VRANews cont. on page 3

VRANews cont. from page 2

research presented in this booklet shows current childhood vaccination programs as the true source of many brain and retinal hemorrhages being misdiagnosed as SBS or "Inflicted Child Abuse". Shaken Baby Syndrome is emblematic of the extent medical science will go to deny the reality of vaccine induced brain injuries.

Dr. Buttram's insightful research and wise commentary over many decades has enabled families to make fully informed vaccine decisions. Dr. Buttram is one of the first medical doctors in North America, along with Dr. Robert Mendelsohn to question the safety of mass vaccination policies. I consider him an honoured mentor who has inspired the work we do at VRAN. √

Editorial cont. from page 1

cination campaigns, an estimated 30% of injections are done with unclean syringes that are commonly reused. And, for other medicinal injections, over 50% are deemed unsafe, with rates as high as 90% in some campaigns." (2)

Dr. Jacques Pépin MD, a Sherbrooke Quebec infectious disease specialist worked in Africa in the early '80s. His new book on ***The Origins of AIDS*** documents that some Africans received as many as 300 vaccines over their lifetime. Syringes and needles were recycled and re-used to inject hundreds of patients a day against diseases such as sleeping sickness, leprosy and tuberculosis. This practice, he believes, turned an obscure virus infecting a lone ape hunter decades earlier, into a global epidemic. **"If there hadn't been those medical campaigns, in my opinion, there probably wouldn't have been an AIDS epidemic", writes Dr. Pepin.** (1)

Today's epidemic of chronic illness affecting large numbers of children in western industrialized nations is emblematic of what happens when nature is manipulated in ways not understood. The "unpredictable and absolutely disastrous" consequences of vaccine manipulation of the immature infant immune system is a failed experiment driving the collapse of children's health today. It is an iatrogenic disaster without precedent in human history.

Mass vaccination programs were launched without even a rudimentary understanding of how the neonate immune system works. Reckless assumptions were made that infants could tolerate unlimited injections of antigens, foreign proteins, foreign DNA and neurotoxic chemicals without consequence. Today these assumptions still dominate the belief system of vaccinologists who cling to an obsolete vaccine paradigm that undermines the natural ecology of the infant immune system. Rather than protect health, it spawns chronic disease, immune dysfunction and brain injury.

The vaccine disaster has been precipitated by medical ignorance of how and why a baby's immune system is so different from the adult. Compounding the ignorance has been the arrogant assumption that the neonate immune system is "defective" because it does not respond to bacterial challenges the way an adult does. Medical science has assumed it can improve on nature by forcing the infant to respond inappropriately to multiple lab altered viral and bacterial stimuli. Vaccination is a biological/chemical weapon that manipulates, alters and **overrides the immunological blueprint** evolved by nature over millennia to enhance optimal survival of our species.

In contrast to nature's blueprint, the pseudoscience of vaccinology has only been around for a couple of hundred years. By its own admission in the medical literature, knowledge of the complexity of the neonate immune system is still in its infancy.

Defining what is normal

The neonate immune system is very different from that of the adult. The brain and the immune system are the two key fundamentals of successful, appropriate adaptation to the environment we live in. To achieve this, the baby's immune system needs to learn what to react to and what not to react to. The baby learns appropriate immune responses through the highly protective external immune system provided by the mother's breastmilk.

The baby's inability to respond immunologically to certain bacterial infections like H. influenzae and S. pneumoniae is reflective of the neonate's normal default position **evolved by nature to favour early brain development over the need to protect from bacterial infections**. Until its own immune system matures, nature has provided the child with abundant immunological protection from pathogens via its mother's breastmilk. As well, by maintaining a NON-INFLAMMATORY immune state, the infant is protected from autoimmune diseases.

When the human infant is adequately nourished with breastmilk during the first two years of life, he/she is protected from bacterial infections and from hazardous **inflammatory** episodes. A normal ecology of immune system integrity and brain growth is able to unfold, resulting in vigorous health and optimal brain development.

Until recently, the brain and the immune system were considered as two separate entities. We now know that the brain and immune system are intricately connected and engage in significant "crosstalk" to maintain homeostasis, i.e. normal balance. What affects one, affects the other. Specific immune cells are also key components in remodeling neuronal pathways in the brain of babies. If these immune cells are triggered into an **inflammatory mode** during critical windows of pre-programmed brain growth, serious damage to the "wiring" process of the brain can result.

Hilary Butler's new series of articles inspire a renewed respect for nature's evolutionary immune programming. She offers insight into what is known about the neonate immune system and contrasts this with the current climate of disconnect in medicine as applies to vaccine policies: 1. *Vaccines & Neonatal Immune Development,* 2. *How a Baby Fights Infection & Develops its Immune System*, and 3. *Can vaccines become cranial and immunological cluster bombs?* These articles with embedded links to key medical research serve to enlighten the reader. I've attempted to offer some key points from the articles posted on her blog, Beyond Conformity.(3)

If we are ever to reverse the declining state of children's health, here is a starting point.

We learn from Butler's research that the evolutionary blueprint intends for the human neonate and other mammalian species to remain in a **NON-INFLAMMATORY** state for a period of time after birth, that inflammation (vaccines and some infections) can negatively impact brain development and damage the immune system. We learn that **OPTIMAL** immune protection from pathogens is provided to the baby through its mother's breastmilk.

Hilary Butler writes:

- **Breast milk's mission** ***for at least two years,*** *is to prevent as much inflammation in the body*, as possible, ***to reduce the possibility of serious infection, allergies and chronic disorders throughout life.***

Editorial cont. on page 7

Measles Scare cont. from page 1

now described as so likely to cause death or disability that the only sensible choice is to vaccinate.

The incidence of measles cases also declined. Great credit was given to the introduction of measles vaccine in 1968 for the lowering of measles notifications in the UK, however, the uptake was only 33% in that year. The level that did not get above 55% until 1980 when incidence was already well down.

What happens, then, when unvaccinated children get measles?

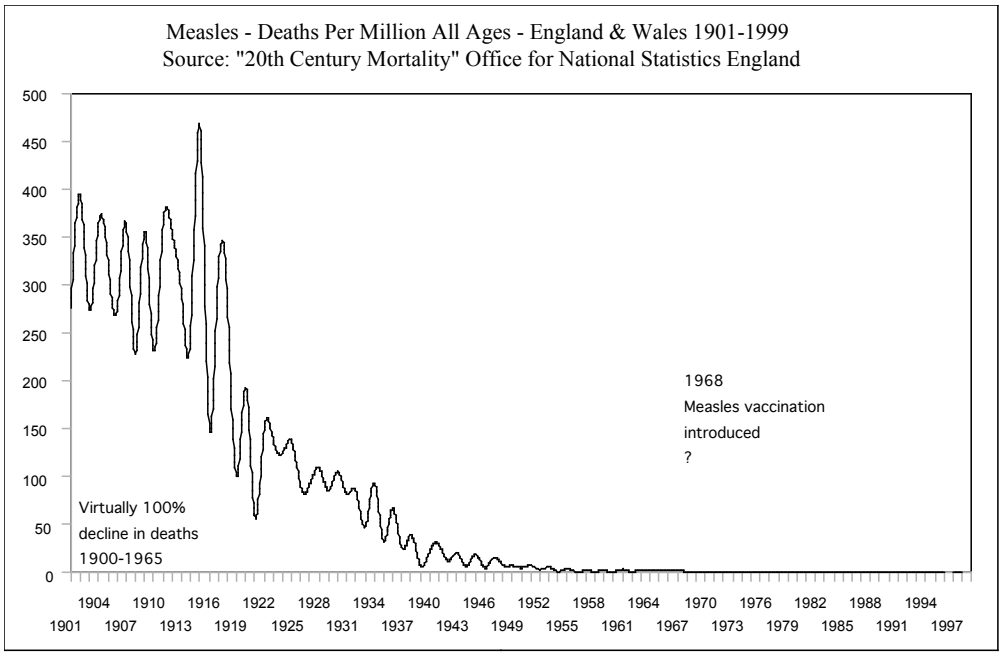
Measles outbreaks in unimmunised people tend to be mild in those who do not have underlying medical conditions. In communities which generally do not immunise, the attack rate in infants less than one year of age is low because of protection by the superior maternal antibodies derived from natural infection compared to those derived from vaccination. Almost without exception, deaths occur in those with underlying medical conditions or poor nutrition or in those religious groups who refuse timely medical care when complications occur. Those most at risk of complications from the disease are also those least likely to produce a good antibody response from being given the vaccine.

What is happening now?

MMR vaccination started in the UK in 1988 with a second dose added in 1996. Nevertheless, in the first five months of 2011 almost 500 cases of measles have been notified.

In France, from having less than 50 reported cases of measles per year, there was an increase to 600 in 2008; 1500 in 2009; 5000 in 2010 and 10 000 cases up to the end of April 2011. Having measles is not a problem in itself. The problem is the cases of pneumonia and encephalitis with two deaths in 2010 (1 death/2500 notified cases) and six deaths so far in 2011 (1 death/1666 notified cases). There haven't been case fatality levels like this in the UK since the 1950s! In terms of health outcomes, we seem to be going backwards!

The measles cases are not coming from abroad. The European Centre for Disease Prevention and Control states that less than 10% of European Union (EU) cases are imported and more than 60% of those come from another EU country. So we are talking about generally well fed and housed people with a clean water supply.



Then why are they suffering complications or dying?

When you meet a virus, whether you get infected at all, or have a mild, disabling or deadly episode depends on:

- The state of your immune system when you meet it and
- How you treat the illness.

Whatever the state of your immune system, you get complications from not treating infectious diseases correctly.

The first step in this process is to recognise that the infection is not your enemy but your friend. From an holistic point of view, diseases causing fever and rashes are regarded as detoxifying processes, enabling the body to clean itself out and go up a developmental step. Suppression of such processes is thought to lead eventually to long term, chronic illness.

Fever represents a universal, ancient, and usually beneficial response to infection, and its suppression under most circumstances has few, if any demonstrable benefits. On the other hand, some harmful effects have been shown to occur as a result of suppressing fever.

The most important part in this process is fever. There is a substantial body of evidence indicating that fever is a beneficial response to infection which improves the ability of the immune system to carry out its function and that reducing fevers can increase morbidity (complications) and mortality (death) in severe infection. Heinz Eichenwald, Professor of Paediatrics at the South Western Medical School, University of Texas, states in the Bulletin of the WHO:

"Fever represents a universal, ancient, and usually beneficial response to infection, and its suppression under most circumstances has few, if any demonstrable benefits. On the other hand, some harmful effects have been shown to occur as a result of suppressing fever. It is clear, therefore, that the widespread use of antipyretics should not be encouraged either in developing countries or in industrial society." (Eichenwald, 2003)

How are people with measles generally treated?

The World Health Organisation has some pretty good advice:

"Severe complications from measles can be avoided though supportive care that ensures good nutrition (beforehand?), adequate fluid intake and treatment of dehydration (through diarrhoea or vomiting) with WHO-recommended oral rehydration solution."

"Antibiotics should be prescribed to treat eye and ear infections, and pneumonia."

Is this what happens? No.

The first thing that children are given is paracetamol or ibuprofen to reduce their fever—despite the fact that the WHO don't recommend it and the NHS NICE Guidelines 2007 state:

"Antipyretic agents should not routine-

Measles Scare cont. on page 5

Measles Scare cont. from page 4

ly be used with the sole aim of reducing body temperature in children with fever who are otherwise well". They should only be considered, "in children with fever who appear distressed or unwell."

They also stress: "Antipyretic agents do not prevent febrile convulsions and should not be used specifically for this purpose."

However the NHS Website NHS Choices recommends them as first line:

"If your child has measles, you may find the following advice useful: Use liquid baby paracetamol or ibuprofen to relieve fever, aches and pains."

GPs recommend it six hourly, in hospital it is given four hourly, alone or in combination (even though NICE advise against using paracetamol and ibuprofen together). Antihistamines are given for itches and coughs; antibiotics are given when there is no bacterial infection—just in case; children are fed, over heated and kept in stuffy rooms—is it any wonder that they get complications?

And this is just what is happening in France.

France has had the Measles Mumps Rubella (MMR) vaccine since 1986 with coverage of over 90% for the first doses and 40-70% for the second dose. So instead of children being able to get measles, mumps and rubella at a beneficial age there is now an epidemic of measles sweeping across the country where 8% of cases are under one year old and 34% are over 20 years, when complications are more common. This is compared to 1963 (England & Wales) when less than 4% of cases were under one and 0.4% of cases over 20 years old.

Worse, it seems that no-one knows how to nurse a case of measles any more. In 2010, 30% of cases were hospitalised (38 % under one year, 47% over 20 years). In 1963, 1% of cases in the UK were sent to hospital and 13% of those were for 'social' reasons. Even more incredible, of the cases admitted to French hospitals, only 30% had complications! If they don't have complications (and even if they do) why one earth would anyone in their right mind send someone with measles to hospital?

When you have measles (the disease or the vaccine) it lowers a part of your immune system, known as 'cell-mediated'. This makes you susceptible to infection by other organisms—so the very last place you should be if you have measles is in a hospital, full of sick people, infectious diseases and MRSA. Six out of ten deaths from measles are from pneumonia. The main complications of measles are infections. Is it any wonder that there have been six deaths already this year?

There is also the vitamin A factor.

Measles virus grows in the cells that line the back of the throat and lungs. Vitamin A is essential for the maintenance of this lining and others throughout the body. Vitamin A deficiency is a recognized risk factor for severe measles and since 1987 the WHO and UNICEF have recommended vitamin A treatment of children with measles; two doses of 200 000 IU for children over one year and 100 000 IU for infants, was found to reduce measles mortality by 62% in poorer countries. Measles can also lower serum concentrations of vitamin A in well nourished children to less than those observed in non-infected malnourished children. When a child with marginal vitamin A stores gets measles, available vitamin A is quickly used up… reducing the ability to resist secondary infections or their consequences, or both.

How can you make sure your child has enough Vitamin A?

Vitamin A is found abundantly in dairy products: butterfat, cream and cheeses from cows eating green grass; eggs from free range hens; liver; fish, shellfish, cod liver oil. The best plant sources of beta-carotene are yellow/orange vegetables and fruits like carrots, sweet potatoes, pumpkins, apricots, nectarines, peaches cantaloupes, papayas, mangoes, sour cherries, prunes, plums; and dark green leafy vegetables: spinach, broccoli, endive, kale, chicory, watercress and beet leaves, turnips, mustard, dandelion, asparagus and peas. In order to be absorbed, vegetable sources requires fat, so serve them with butter, coconut or olive oil. Chopping and pûréeing also enhance their bioavailability.

How contagious is measles?

Measles is transmitted by coughing and sneezing. The virus containing particles can remain in the air for several hours and remain infective on surfaces for up to two hours. People are contagious for five days before the rash appears to four days after. It is estimated that 90% of non-immune people exposed to an infective individual will contract the disease.

I was contacted in May 2011 by an indignant parent living in Switzerland whose healthy child had been excluded from school as he a) was not vaccinated and b) had been in contact with a measles case at school. She received a letter from the Assistant Director of Health Services for Youth telling her:

"Taking into account the incubation period of measles, the risk of being contagious is from day 6-21 following contact with a case. As your son is not vaccinated against measles, we ask you to keep him at home for the period when he could be contagious."

So what about the single measles vaccine? Everyone seems to think that this is the safe option. Well, it depends what you mean by safe. In my opinion it is safer than the MMR but I wouldn't go so far as to call it safe.

So the child was made to stay away from school for two and a half weeks. As a home educator I can only think what a lovely opportunity it was to have your child away from school without being hounded by the authorities for non-attendance, as well, hopefully, as the chance to contract measles and develop good quality, long lasting antibodies. Alas, it was not to be; despite measles being one of the most contagious of the childhood exanthems (red spotty rashes) he did not get it. Instead, as his Mum said:

"We passed a nice couple of weeks together, he was very tired at the end of the school year anyway. Sadly he did not get measles but I will try to find someone with it."

So what about the single measles vaccine?

Everyone seems to think that this is the safe option. Well, it depends what you mean by safe. In my opinion it is safer than the MMR but I wouldn't go so far as to call it safe

I was called in June 2011 by a distraught mother in the UK whose son had had a single measles shot. He had a history of milk protein intolerance from birth, reflux and inflammatory bowel problems.

"He was OK with the first set of baby vaccines but had a bad fever with the

Measles Scare cont. on page 6

Measles Scare cont. from page 5

second and was worse with the third. He had settled down by the time he was due his 12 month vaccines (at that time, Hib and meningococcal C) so he had them, and he got really ill the next day. He had an encephalitic cry (high pitched screaming) and fever. It took seven days to settle and lots of paracetamol for the fever. After loads of research we decided not to give him the MMR.

He's now two and a bit and is OK, apart from the medications for reflux and diarrhoea,but because of the measles epidemic that is happening around here, I got so scared that I decided to give him the single measles vaccine.

He was fine for the first week, then, on the eighth day he was playing on the floor when he looked up at me strangely, and then he started screaming and screaming with that high pitched cry—like before. He was beside himself. He felt really hot. I took him to the A&E Department where they gave him paracetamol. He had fever on and off for the next three days with screaming. We gave him lots of paracetamol. On the third night the fever stopped. We're now many days after that and he's still very different. Can you help?"

Was it caused by the vaccine?

The onset of the symptoms is within the incubation period for measles, the vaccine is a live one. If a child has a vaccine and becomes unconscious or has a high fever with inconsolable crying, bowel changes, permanent disability or death, there will be one of two explanations given:

1. A certain number of these cases happen every day/ year, it would have happened anyway but as it occurred near the time that the vaccine was given, the vaccine is unfairly blamed or
2. Your child has an underlying condition and the vaccine just revealed the predisposition that was already there—it would have happened anyway.

However, if a child with an underlying condition suffers severe complications or dies during an episode of measles, it is always the measles that is blamed.

3. In addition, there is no reliable systematic monitoring of vaccine adverse reactions in Europe. "Implementation of vaccine registers and monitoring systems for adverse events following immunisation are a priority for EU member states", meaning they aren't implemented yet, nevertheless MMR is still said to be "the safest way to protect your child against measles", though this is hard to believe when adverse reactions are not appropriately recorded.

Are there any benefits to having the measles?

- A study conducted by the Danish epidemiologist Tove Rønne and published in the Lancet in 1985, found that having measles with a typical rash was associated with a lower incidence of developing immunoreactive diseases, sebaceous skin diseases, diseases of bone, cartilage and certain tumours in adult life, unlike the 'atypical' variety with suppressed rash that occurs in people with immune disorders and after vaccination.
- Having measles was associated with a reduction in risk of skin testing positive to housedust mite at age 14-21 years.
- Early exposure to measles and family size may be associated with a lower risk of adult onset doctor diagnosed asthma.
- Sensitivity to housedust mite was less frequent in children with a history of measles than in those without. A history of nebulized salbutamol use in A&E in the previous 12 months was less frequent in the measles group. Inhaled corticosteroid use was more common in the group without measles (these all indicate lower incidence of asthma in the measles group).

A statistically significant inverse association between measles vaccination and atopic (allergic) sensitization was found in relation to allergen-specific serum IgE level of 3.5 kU/L. (meaning those with measles had less allergy).

There were 1131 deaths from asthma in the UK in 2009 (12 were children aged 14 years or under). There haven't been that many deaths from measles since 1941.

Paracetamol use is also associated with increased wheeze and diagnosed asthma in the countries with the highest sales.

Are we trading a generally benign childhood illness for a chronic disease with a higher death rate when we try to eradicate measles and suppress fevers?

What should you do if your child develops measles?

Put them to bed, open the window (preferably nurse them in the garden), give then plenty of clear fluids and NO FOOD unless STARVING. You might want to give them some homeopathic remedies or keep them in a darkened room. I remember lying in a boiling hot room in the dark, many years ago when I had measles as a child in Bahrain. It was horrible. But at the end of it I had good quality antibodies which have kept me immune from measles ever since, I was able to pass them on to my children when they were babies—and I don't have asthma either!

A study of a measles outbreak in 1997–8 in a Steiner community in Gloucester, England, reported that there were no severe cases. Moreover, 62% of the respondents to a questionnaire reported a strengthening and maturing of their child both mentally and physically after the measles infection. Dr Duffell from Gloucestershire Health Authority remarked,

"The findings of low levels of morbidity (complications) associated with measles are similar to previous studies in the United Kingdom,and support the notion that measles is not a severe illness in most children. These cases were, however, in fit, well nourished children from a community that advocates a healthy lifestyle and there were insufficient numbers of cases to observe many of the rarer sequelae."

However, advocating a heathy lifestyle is not an option that the Department of Health or GPs offer to parents who ask what they can use as a viable alternative to measles vaccination.

Which will you choose?

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Dr. Jayne Donegan is a medical doctor & homeopath with a busy wholistic health practice in London, England. She can be contacted through her website at: www.jayne-donegan.co.uk

We appreciate Dr. Donegan's kind permission to reprint this article, first published in the Informed Parent Newsletter. Please note that almost every reference referring to measles quoted in this paper recommends that children are vaccinated against measles. All references for which there is a link were last accessed in June 2011.

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Measles Scare cont. on page 7

Measles Scare cont. from page 6

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Editorial cont. from page 3

- The breastfed baby is still an extension of the mother in terms of immune programming and brain development. The breast fed baby is dependant on the mother's breastmilk to switch on and off specific genes—which will optimize that baby's future development programming, immune protection and appropriate recognition of ***"pathogen associated molecular patterns"*** (PAMPS)".
- Breastmilk programming also appears to confer a degree of protection against Type 2 diabetes and obesity later in life. Breast milk also takes food antigens, inhaled pollens etc... from a mother's lungs and digestive tract, partners them with macrophages in the breastmilk, and directly presents them to a baby as a message saying, "These are safe".
- Breast milk correctly teaches recognition of self and definition of what is dangerous—**the right way**. (3)

Our brain is what sets us apart from the rest of the animal kingdom. *"A great deal of the brain is formed in humans during the first two years after birth and continues until age 25-27. Excess vaccination disrupts this critical process and can result in a malformed brain, which manifests as either subtle impairment in thinking, concentration, attention, behavior or language, or serious problems with these processes."* writes Russell Blaylock, MD. Blaylock teaches that **excess immune stimulation by vaccination can trigger brain inflammation which greatly "magnifies the damage"** which can go on for decades. (4)

Today's system of pharmaceutically driven medicine seems to operate in a vacuum of misinformation and denial. Rather than wholeheartedly promote nature's most effective immune protection for the young infant—its mother's breastmilk for the first two years of life, it coerces new parents to submit their infant to every vaccine in the schedule. All new parents deserve to fulfill their most primal protective impulse toward their new

Editorial cont. on page 8

Editorial cont. from page 7

baby and understand that they already have the tools with which to achieve optimal health for their child.

How things have gone wrong

For decades, vaccinologists have operated under the assumption that more vaccines is better—that the ever increasing doses of complex biological/chemical formulas engineered to elicit atypical immune responses will be tolerated by infants without ill effect. It is an arrogant and reckless assumption without any basis in an elementary understanding of how and why the infant immune system is so very different from the adult.

Vaccinology seems content to ignore the cutting edge research in immunology and neuroscience which is beginning to reveal that the artificial manipulation of the infant immune system jeopardizes the delicate balance held in early life between the developing brain and the immune system. When the infant immune system is forced into a **pro-inflammatory** response by vaccines, normal brain development may be derailed as well as normal immune function, setting the stage for chronic disease.

Hilary Butler's detailed scrutiny of the medical literature on the impact of vaccines on human health, emerging research on the immune system, neuroscience, and the intimate relationship between the immune system and the brain uniquely positions her to offer the most insightful and intelligent commentary on the effects of the environmental assault posed by today's overloaded vaccine schedule on children's health.

- Butler writes, "Because vaccines are given at a time when **the immune system is normally being orchestrated in an "anti-inflammatory"** mode to repeatedly force it into a pro-inflammatory mode, is a recipe for disaster which aluminium will augment in spades, in those babies who are susceptible ***for whatever reason***."
- "Vaccines during babyhood have the potential to be both immunological and cranial cluster bombs, AND do serious mitochondrial damage. **The most common "evidence" of immune system irregularities after vaccines are allergy, atopy, and asthma**, but most people are also told that they are "coincidental".
- "No, vaccines aren't the one-stop-damage-shop—they are the bullet in the loaded gun—but many parents with autistic children, have discovered that cleaning up their own diet, and doing things differently—including NOT vaccinating subsequent children, results in children with no autistic spectrum disorders." [3]

Conjugate Vaccines Shock the Immune System

From the medical literature, we learn that until around 2007, the infant immune system was considered **"defective"** because a baby's immune system "persistently and defiantly" refused to produce antibodies against "capsule containing bacteria" such as Hib (haemophilus influenza B), pneumococcal and meningococcal organisms.

When the first Hib (haemophilus influenza B) polysaccharide vaccine was developed in 1985, it was ineffective in children younger than 18 months and in many older children, actually increased their susceptibility to Hib infection. **Something about the immune system of younger babies blocked an antibody response to the vaccine.**

Within a few years, the old polysaccharide Hib vaccine fell by the wayside and the new generation of conjugated Hib and pneumococcal vaccines was developed, eliciting a robust immune response in previously, **normally** unresponsive infants. At age 2, 4, 6 and 18 months, tens of millions of babies were now injected with the new conjugate vaccines. Vaccine engineering had reached a new threshold. The new conjugate vaccines had successfully overcome the infant's "defective" immune system by forcing it to mount an antibody response that could not previously be elicited. The conjugate Hib vaccine is engineered by chemically bonding the capsular polysaccharide of the haemophilus influenzae type b organism to tetanus protein. The recalcitrant neonate immune system was finally tricked into accepting the Hib particle tucked in alongside the tetanus protein carrier.

I've stated before that conjugate vaccines like Hib (haemophilus influenza B) are akin to a "Trojan Horse" that invades the infant immune system by stealth, forcing it to respond in atypical ways that damage the immature immune system and put normal brain development at risk. The explosion of life threatening food allergies that started in the early 90's is directly traceable to the launch of Hib, the first "Trojan Horse" conjugate vaccine.

By 2007, researchers were beginning to concede that the "defective" unresponsiveness of the neonate immune system to inflammation, was in fact an important "developmental program" and that **"This anti-inflammatory phenotype may be beneficial to the neonate at a time when *tissue growth and remodeling events are taking place at a rapid pace*… thus the inability of the neonate to respond to infection with encapsulated bacteria may be the risk the organism takes for successful development."** [5] (emphasis ours)

And even more explicitly, an October 10, 2011 article in Medical Hypotheses cautions that, "the potential effects of conjugate vaccines on neural development merit close examination. Conjugate vaccines fundamentally change the manner in which the immune system of infants and young children functions by deviating their immune responses to the targeted carbohydrate antigens from a state of hypo-responsiveness to a robust B2 B cell mediated response. **This period of hypo-responsiveness to carbohydrate antigens coincides with *the intense myelination process in infants and young children, and conjugate vaccines may have disrupted evolutionary forces that favored early brain development over the need to protect infants and young children from capsular bacteria.*"** [6] (emphasis ours)

The Risks of Provoking Inflammation

A complex system of signaling molecules called cytokines orchestrate a balanced immune system response to infection. There are both pro-inflammatory cytokines and anti-inflammatory cytokines. The major pro-inflammatory cytokines called up by the mature immune system as a first line of defense are ***IL-1B or TNFa***. However, **nature has designed the neonate immune system to refuse to produce these pro-inflammatory cytokines for a good reason…**

"Up until recently, the brain and the immune system were considered to be two separate entities", writes Butler. "While ***Il-1B and TNFa*** are part of the active immune system process in adults, what was NOT considered in this equation, is that they are also key components in remodeling neuronal pathways in the brain in babies, so **if you trigger them at a crucial time when neuronal connections are being built faster than the speed of**

Editorial cont. on page 9

Editorial cont. from page 8

light, you are seriously compromising the baby." (3)

Butler writes,

"So, the "risk" you take in ***upregulating*** **inflammation provokers**, just might be that a baby's brain won't work as smoothly. And it's no fluke that breastmilk also has in it unique compounds which help to programme a baby's brain correctly." (3)

"Why "protect" tissue growth and remodelling? What is being remodelled? From what—to what? If a baby's prime directive is NON-INFLAMMATION, what could inflammation do to tissue growth and remodelling that would be so bad?"

"Everything in a baby is growing so fast. The body, the gut, the immune system, the brain—cognitive function. Your baby learns the fundamentals of language at an astonishing speed and can be speaking single nouns within 7 months of you doing nothing but talk to your baby."

"If it is important for successful development of a baby to allow the RISK of infection by NOT allowing two key parts of the primary infection defense to "fire", what's the OTHER risk you might take, if you ***force*** an immune system to do something it's not supposed to do… by causing repeated, chronic inflammation at the end of a needle?"

"Peripheral inflammation and vaccine adjuvants can cause brain inflammation; create allergies, autoimmunity—constant inflammation all around the body—not just at the site of the injection... and... cause mitochondria to stop working properly."

"The brain and the immune system, are the two key fundamentals of successful, appropriate adaptation to the environment you live in. Your baby's immune system needs to recognize what to react to, and what NOT to react to. Your baby's brain needs to accurately, mentally respond to everything around it." (3)

And the key to this is a non-inflammatory phenotype

"If a baby's default position is NOT to respond to toxin-mediated bacterial diseases, what chance does a baby have to survive potentially serious infections?"

"At and after birth, neonates are in a period of transition where they are exposed to a barrage of antigens in the mouth, and lungs. Injecting (vaccine) antigens at this critical time, and claiming that they, "do nothing to the immune system compared with the numbers of natural antigens…" makes no sense whatsoever, and is certainly not supported by their own medical literature." writes Butler. (3)

"In order to adjust to the world appropriately, not only is a "non-inflammatory phenotype" critical, but **breast milk is essential to protect the baby from toxin-mediated and other diseases while the immune system develops appropriately."**

The main and unique intermediary step between a NON-INFLAMMATORY phenotype, which is the default setting in pregnancy and for all baby mammals—and a more individually competent educated immune system

Editorial cont. on page 10

Denying Evidence of Vaccine Risks

"It seems to me that the ethical background to vaccination—giving potentially harmful medications to healthy individuals in the hope of keeping them that way—has never been clearly addressed… Who gave us the right (a) to invade the bodies of healthy people who never asked us to, and (b) to do it not only without explanation of the possible risks, but in some countries even applying coercive pressures, denying the existence of the risks, and suppressing relevant information"?—*Dr. David Freed, British Society for Ecological Medicine* (8)

Haemophilus influenzae type b (Hib) is a bacteria that can cause upper respiratory and ear infections, pneumonia, epiglottis, septic arthritis and meningitis. Incidence of the disease peaks in babies between 6-11 months after 3 doses of DPT vaccine has been given most babies. Known and identified sero groups of **H influenzae bacteria range from serotype a to f.**

Viera Scheibner, PhD writes, "All vaccines, including DPT cause infections of increased severity". Scheibner's tabulation of statistics from the medical literature shows that **"A 399% increase in the incidence of invasive Hib infections was recorded** from 1942-50 through 1951-59 to 1960-68. The best demonstrable common factor in this period is a documented push for mass vaccination. This explanation is especially plausible since the number of cases of Hib has not increased in babies below three months of age since 1942!"

Provocation disease is a well known phenomenon in which a vaccine or other injection increases the susceptibility to other diseases. A 1992 paper examined the effect of prior injections with DPT vaccine on the pattern and severity of paralytic polio in India. "Of 262 children with acute polio, 176 had received unnecessary injections less than 48 hours before paralysis". Often paralysis would be localized in the injected limb.

Neil Miller in his Vaccine Safety manual cites further research from Sweden and Japan to support the case of provocation disease. "Sharp increases of insulin-dependent diabetes mellitus have been recorded in the United States, England, and other European countries following mass immunization campaigns with the Hib vaccine." Citing experts who analyzed the data, we are told that "the potential risk of the vaccine exceeds the potential benefit."

Just as the overuse of antibiotics has forced pathogenic bacteria to mutate into resistant forms, so we see evidence that the suppression of one serotype of bacteria with mass vaccination can result in other potentially more virulent serotypes of the organism gaining prominence.

This is confirmed by a multi-centred Canadian study published Nov 2007 in *Pediatric Infectious Disease Journal* which states: **"Haemophilus influenzae type b (Hib) immunization has changed the epidemiology of pediatric bacterial invasive disease." and concludes "In 1996-2001, *two-thirds of H. influenzae invasive disease in the 12 IMPACT centers was caused by non-b serotypes*, which were associated with significant morbidity and mortality."** *Note: There are no vaccines for the non-b serotypes of H.influenzae disease. (emphasis ours)*

http://www.pidj.org/pt/re/pidj/abstract.00006454-200711000-00011.htm;jsessionid=L4RQG1jZ6vLh3pQfQqMHrkHdTvHhqp2wTRZDmrGLyct3c4v39gGN!1270838445!181195628!8091!-1

Editorial cont. from page 9

better able to handle the world's dangers and challenges… **is breast milk.**

We learn from Butler's research that, **"The prime directives programmed into breast milk in the first two years**—apart from "food"... ARE:

1. "To reinforce and control a good balance of gut flora which help block out disease causing pathogens, whether bacterial like Hib and Penumococcus or viruses like Measles and Rotavirus.
2. "To maintain, teach and regulate the immune system and to MAKE SURE that the prime directive is REDUCTION OF ALL INFLAMMATORY processes, and ASTHMA or ALLERGY producing markers. The reason for this is to learn to distinguish "self" from an "outside" pathogenic antigen.
3. "To control the body for cancer and nuke anything multiplying incorrectly, with a molecule called HAMLET or Human Alpha-lactalbumin Made LEthal to Tumor cells.
4. "To optimize bone density, and other hormone or enzyme pathways.
5. "To supply stem cells, so that in the event of something going seriously wrong, those stem cells help the body to self-heal.
6. "To provide the baby with ready made immediate and long term T-cells for the baby to use, which the baby immune system isn't yet "primed" to make for itself.
7. "To prevent the development of future disease chronicity." (3)

To reiterate: ***"Human milk is the richest known source of such immunomodulation and protection."***

"So it's no surprise that Il-1B and TNFa along with other inflammatory cytokines are not going to be produced in a baby whose ***core prime directive*** is to PREVENT AND REDUCE INFLAMMATION AT ALL COSTS. Babies are **NOT** supposed to **RESPOND to any bacterial diseases** because the baby gets protection from toxin mediated disease by neutralizing toxins with gangliosides ***from the mother's breast milk***."

"The reinforcement patterning from breast milk, is... to continue suppressing inflammation, preventing celiac disease, creating good neuronal development, which determines a child's future—not just in terms of babies being brighter, but also in terms of children not having future behavioural problems and adolescent depression. Breast milk has a key impact on the pituitary gland, which in turn enhances the ability to handle stress, long term.", says Butler. (7)

Hilary Butler lists eight key things which will affect a developing baby's immune system, and their mitochondrial function: (Mitochondria are the tiny power generators within cells that power the cell's metabolic activities) (3)

1. the mother's diet before pregnancy.
2. the mother's diet during pregnancy.
3. the mother's diet during breastfeeding
4. whether or not a mother has enough macro and micronutrients to keep her own mitochondria functioning as they should.
5. manner of delivery—a vaginal delivery primes the baby's inate immune system in an optimal fashion, something caesarian babies don't get.
6. immediate clamping of the cord deprives a baby of significant amounts of blood AND stem cells.
7. For however long a mother breastfeeds, her baby receives constant infusions of pluripotent stem cells capable of rectifying damage anywhere in a baby's body. Formula feeding does not contain stem cells.
8. Vaccines, given at the time when a baby's body is programmed to suppress as much inflammation as possible. How long is that for? **The medical system doesn't really know, because the study of that is "in its infancy"—meaning "Um, we don't know very much". But what they do know is already sending out warning signals.**

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An Interview with Judy Converse on GMO and Vaccine Damage

By Anne Dachel

Anne Dachel is Media Editor at the Age of Autism blog. Here she interviews dietician & nutritionist Judy Converse about what parents can do to improve their children's health. They discuss Judy's new book, *Special Needs Kids Go Pharm-Free*. "I carried this book around everywhere in my purse, taking spare minutes to read it. I learned so much about how our bodies respond to the things we eat and what we need to do to make our children healthy", says Anne.

AD: Your book gives dire statistics right at the beginning about the state of the health of American children. What has happened to children in this country during the last 25 years? (Canadian children suffer a similar plight to those in the U.S.)

Judy: Two major changes happened in the 1990s in the US, making American children born since then extremely vulnerable: One, the FDA permitted, with no safety review, the introduction of genetically modified (GMO) foods—including soy and corn, which both go into infant formulas and most processed foods. Two, we upped the vaccine schedule dramatically for infants and children. Both have shown potential to injure the human immune system, brain, gut or other organs' development and function, from birth onward. We're just beginning to understand how detrimental this is for triggering asthma, allergies, inflammation, seizure disorders, autism, or gut/brain injuries that may mean poor outcomes like Crohn's disease, eosinophilic esophagitis, learning disabilities and conduct disorders—all of which have risen dramatically in children since 1990.

Synergistic effects of GMO foods in pregnancy, in utero, in infancy—plus all the vaccines now recommended—are entirely unknown. For example: The gene inserted into GMO soy makes soy pro-

GMO and Vaccine Damage cont. on page 11

GMO and Vaccine Damage cont. from page 10

duce its own insecticide. It was found in gut bacteria of human volunteers eating GMO soy—meaning, the gene transcribed to the bacteria in the gut, and "taught" the volunteers' gut bacteria to make insecticide. I believe this may be why some children with autism and GI problems are so treatment resistant, when it comes to correcting their bowel microflora. Do they have genes operating in there that make antibiotics and probiotics less effective? Nobody knows.

GMO crops are banned in most European countries. The approach there in the '90s was that no data existed to show these foods were safe, so it was an unacceptable risk. The US approach was the opposite: The FDA said there is no proof this is unsafe, so they allowed these highly profitable crops into the food supply. These can trigger allergies more often than their naturally occurring counterparts; other findings of detrimental effects on animals eating GMO feed crops are very disconcerting, from increased miscarriages and organ failures to death. Consumers are just beginning to understand this issue. Eating food that's genetically modified to produce its own pesticide is something we wouldn't want to do if given the choice, but Americans were not given the choice. Interestingly, the UK is also a GMO friendly nation, and has an even a higher rate of autism than the US.

AD: Why aren't doctors expressing alarm over what they're seeing?

Judy: Doctors are at a disadvantage for two reasons. One, they don't study nutrition to a meaningful degree, and have a limited exposure to it. They are inundated with pharmaceutical information during their education and in practice, at the expense of valid information about nutrition or special diets. So, they don't know how to assess kids for nutrition problems beyond the most obvious, and they don't know how to provide nutrition care. This leaves children unscreened and untreated; doctors may not even know there is potential for treatment here.

Two, they have no accountability for the injuries that may be caused by vaccines, due to the Vaccine Injury Compensation Program set up in the 1980s and the recent Supreme Court ruling that vaccines are "unavoidably unsafe". Doctors have zero liability and zero accountability for vaccine injuries. If a child is injured by a vaccine, the doctor never gets sued; they suffer no penalty whatsoever. If a nurse goofs and gives a baby the wrong vaccine at the wrong time, and an injury occurs, there is no recourse at all other than to file a government claim and wait. My own family waited nine years for my son's case to reach the docket, only to have it thrown out. I think this—along with how lucrative it is to vaccinate children in a pediatric practice—has kept doctors easy for industry to manipulate. This also leaves physicians free of any accountability to treatments for the injured—if they are brainwashed that these injuries aren't happening, then there is nothing to treat. This leaves families scurrying for help elsewhere.

AD: Your book is about nutritional needs… What's wrong with what we're feeding our children?

Judy: Lots can go wrong with how we feed our kids, even with all our best intentions. But the book is not about what parents are doing wrong, or even what is wrong with food. It's about strategies that restore a child's normal appetite, normal curiosity for a variety of foods that are healthful, normal bowel habits, and specific tools to replenish and support brain function with food and nutrients, instead of drugs, where ever possible.

AD: Aren't agencies like the Food and Drug Administration supposed to be making sure all our food is good for us? What do you mean when you say the FDA is "overwhelmed"?

Judy: The FDA's focus has historically been about bacterial contaminants in food, not chemical toxins. There is less of a focus on agricultural chemicals, dyes, preservatives, additives, heavy metals, toxins, or colorings in food. There is no focus at all for monitoring the healthfulness of food, and certainly none at all for monitoring what GMO food does to human beings—the FDA has made it clear it doesn't care about this with recent industry-friendly steps. It's an overwhelming task to chase whether the food supply is safe, even in the FDA's simplest terms; when you have beef in a single hamburger coming from dozens of cows raised in different countries, or juice in one carton from oranges in four countries, that's a lot of processing over many locations to monitor. That's just two foods. Parents can be a lot more proactive than waiting to hear what's okay to eat from the FDA. Buy organic foods if you can afford them; support your local farmer's market it you have one; or even grow a few things yourself. This year I am working with an outfit called PersonalFamilyFarmers.com to help us grow more of our own food this year.

AD: What are sources we can trust for information on safe and beneficial foods and supplements?

Judy: The organic label is one help. It's not perfect, but hopefully your grocer is honest and sourcing with integrity. I encourage buying organic, and that includes meat and eggs as well as produce. Organic foods are non-GMO foods at least in intent; pollen from GMO crops can drift into organic crops, but there is no knowing for sure right now if this is happening. Knowing your growers and grocers is another step, and this is catching on more and more around the US. Use this map to find what's in your area in this regard. As for supplements, *Special Needs Kids Go Pharm-Free* devotes a chapter to picking reputable supplements. These can be just as fraught with contaminants, unwanted metals or chemicals, and toxins as food can be.

AD: What do you consider that most critical changes that need to be made?

Judy: The biggest need I see is waking up the medical community on this. I would love to train pediatricians on the role of nutrition in conditions like ADHD, autism, learning disabilities, conduct disorders, and depression/anxiety in children, and the potential for helping these children, without prescription drugs. Right now the pediatric community seems to be asleep at the wheel. A generation of children has slipped through their fingers, fallen victim to chronic disabilities and diseases, and they aren't doing anything about it. I include a chapter in the book on working with other providers, if you've become too frustrated with your pediatrician.

AD: How can nutritional changes reduce the need for prescription drugs?

Judy: Nutrition impacts learning, sleep, cognition, mood, behavior, and development in children. Most children I encounter are not eating diets that support those in a normal fashion, and/or, they have problems absorbing their diets that no one has ever assessed or treated. You can't fix nutrition problems with psychotropic medications, reflux meds, inhalers, or steroids…You have to identify, sort and prioritize the nutrition puzzle pieces. It's not unusual for parents to tell me after we've had a few months with nutrition care process that their child no longer needs a medication, is using less of it, or has found a totally different one that works much better. We remove the confounding of nutrition problems from

GMO and Vaccine Damage cont. on page 12

GMO and Vaccine Damage cont. from page 11

the whole picture.

AD: What is "Splash"?

Judy: This is a medical food made for children with intestinal inflammation, Crohn's disease, or multiple food protein allergy. The protein source in it is ready to absorb, that is, it is made up of individual amino acids, rather than whole or partial protein molecules that require some digestion. I first used it for children with autism in my practice about 12 years ago. It was clear that in some cases, it made a dramatic difference. I wanted to know if replenishing the brain with the amino acids would help them progress. The formula is not made for this purpose; it is made to avoid allergic reaction, and to help the gut wall heal. But children with autism may not digest proteins very well; besides causing allergy for some of them, I wondered if this could leave their brains bereft of neurotransmitter ingredients, which we get from proteins in our diets. I noticed that kids in my caseload whom I placed on special diets and who added this formula progressed more for language and reduction of autism features than kids who didn't add the Splash formula. There is great potential here. Caveats too; the formula has some ingredients that I don't like; but I do think a subset of kids can do well with this tool or a similar approach, no matter what the developmental diagnosis is, if there are certain deficits in their diets or GI function.

AD: Can you describe some examples of improvements you've personally witnessed in children that you've worked with?

Judy: First, kudos to these parents, because they were the boots on the ground. I do the work teasing out the problems and crafting the care plans, but the most success happens when the parents roll up their sleeves and work it. I have seen children move far away from an autism diagnosis; from needing an aide to not needing one; from facing a feeding tube and missing school due to physical weakness, to gaining weight and playing, learning, living again. I've seen kids leave behind debilitating eczema or asthma symptoms, and reverse poor growth and gain, after being told they were going to be stunted for life and need growth hormone injections. I have witnessed a teen who was suicidal, nearly non-verbal, constantly bullied, and disengaged while on SSRIs turn into a happy, talkative, engaged, and successful youngster without medications—by successful I mean getting a varsity letter on a sports team when engaging in sports prior to nutrition care was out of the question; getting a job; and making friends.

AD: What do our children need that they're not getting from doctors?

Judy: We need our doctors to stop regarding children with diarrhea, constipation, shiners, bloated bellies, chronic illness, frequent infections, anxiety, insomnia, and developmental disabilities as healthy enough. I would like to see doctors recover their curiosity: Why did they become doctors in the first place? Hopefully it was to do more than hand out prescriptions for Prevacid, Adderall, Amoxicillin, Miralax, and Albuterol, after jabbing a young patient with multiple vaccines at once. This isn't health care; this is drug-pushing. It may be common now, but it isn't normal for children to live on polypharmacy. And, though I have a masters degree in public health, I do not believe children need all the vaccines they now get. We have forgotten the role of nutrition in infection. It needs to be re-engaged. I do think we are over-vaccinating infants and children, and that it is causing more harm than good in the US at this point. The polypharmacy-and-hypervaccination approach hasn't helped our kids, who are more chronically ill and disabled than ever before. We can't slip into this as a New Normal. In fact, in the book, Vaccine Epidemic, that is the dilemma I wrote about in my chapter.

AD: Are your protocols strictly for "special needs" kids?

Judy: Nope! I tried to convince my publisher to title the book differently to reflect that, but they felt parents weren't ready to hear that this affects everybody's kids. I don't agree. I sense every week how frustrated parents are with what is happening to their children, and how they feel so unheard and unhelped by the medical community. Maybe in my next book!

Judy Converse, MPH, RD, LD *has been a registered dietitian since 1989. She has a master's degree in public health nutrition, and a bachelor's degree in food science and human nutrition. She has undergone biomedical treatment trainings since 1999 and is well versed in Defeat Autism Now(DAN) treatment protocols. A pioneer in her field, Judy is a sought-after speaker on infant and child nutrition, growth and feeding concerns, and the potential of nutrition tools for children with autism.*

Excerpted from Age of Autism for complete interview go to: http://www.ageofautism.com/2011/05/judy-converse-on-gmo-and-vaccine-damage-and-how-to-fix-it.html#more √

What is Happening to Our Children? A Compromised Generation

By Beth Lambert

The Epidemic

Thirty years ago, very few people had heard of diagnoses like ADHD or autism. Today, these are household words. These illnesses, and others like them, are just the earliest signs of an epidemic of historic proportions that is affecting our children. [North] American children are being diagnosed with chronic illnesses (such as autism, asthma, allergies, diabetes, ADHD and many others) at a breathtaking rate, and even more undiagnosed children suffer silently.

This crisis stems from very specific and insidious environmental factors (beyond "pollution") that have been introduced slowly into our lives over the course of the past few decades. Our children are experiencing a "perfect storm" of environmental factors that are, quite simply, destroying their immune systems, affecting their growth and development, and handicapping and debilitating hundreds of thousands.

The Perfect Storm

The rates of chronic illnesses like autism, ADHD, allergies and asthma in North American children are skyrocketing. What's more, seemingly "healthy" children are showing subtle signs of chronic illness marked by symptoms such as food intolerances, eczema, constipation, diarrhea, reflux, and behavioral or learning disorders.

The epidemic of chronic childhood illness is the product of "a perfect storm" of environmental factors including:

- the overuse of medications (especially antibiotics)
- poor diet and nutrition
- lifestyle factors such as excessive hygiene, indoor sedentary lifestyles, modern birthing and infant feeding practices, i.e. lack of breastfeeding greatly increases disease risk.
- excessive or improperly administered vaccinations
- continuous exposure to a panoply of environmental toxins

Together (or in varied combinations), these environmental factors can initiate a vicious cycle of biological dysfunctions

A Compromised Generation cont. on page 13

A Compromised Generation cont. from page 12

in our children's bodies. These underlying biological dysfunctions are what cause the symptoms that we then classify as "chronic illnesses," such as *autism, ADHD, allergies, asthma, diabetes,* and many others.

To be sure, genetics and genetic history play a role in the development of illness for particular children, but does not explain the widespread prevalence of biological dysfunctions among children today. There are simply too many sick children to substantiate the theory that genetics cause their illnesses. Epidemics are not genetic.

To understand how the body begins to break down under these environmental stressors, we must first look at two systems in the body that are critical to health, the **immune system and the gastrointestinal system.**

When you look at the bodies of children that are suffering from chronic symptoms, you will find that their immune systems are essentially dysfunctional, and their gastrointestinal systems (their "gut" or GI) are in a state of disrepair. Children in this condition are said to have "**Immune Dysregulation**" and **"Gut Dysbiosis."**

Facts & Statistics

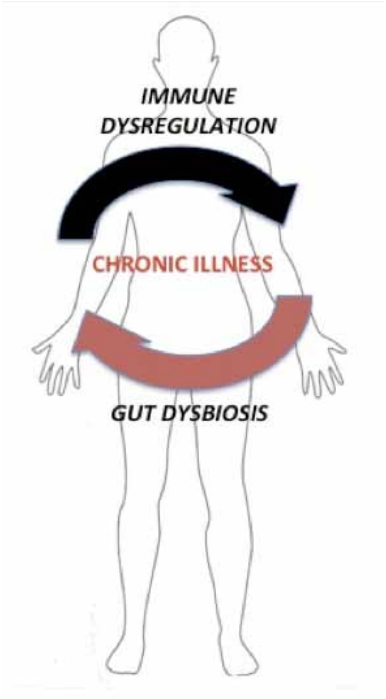
Millions of children live with **diagnosed** chronic illnesses. Below are the prevalence rates of some of the most common illnesses affecting our children (U.S. stats):

- **Asthma:** At least 1 in 8 children, and approximately 1 in 6 African American children
- **Allergic Eczema:** 1 in 5 children
- **Hay Fever** (seasonal allergies): 2 to 3 out of every 5 children
- **Food Allergies:** 1 in 12 children under 4 years of age have a "true" food allergy (IgE mediated). It is estimated that 1 in 3 children (or more) have food intolerances (are sensitive to particular foods)
- **Celiac Disease:** 1 in 80 children
- **Obesity:** 1 in 7 children

Millions of children struggle with "psychiatric" disorders, developmental delays and learning disabilities:

- **Autism:** 1 in 57 boys (1 in 91 children)
- **ADHD:** 1 in 10 children
- **Learning Disability:** 1 in 6 children
- **Severe Mood Dysregulation** (e.g., bipolar disorder): 1 in 30 children
- **Dyspraxia** (Impaired coordination and motor skills): 1 in 10 children
- **Pediatric Depression:** 1 in 30 children
- **Obsessive Compulsive Disorder:** 1 in 100 children

For every child diagnosed with a chronic illness, there are many more **undiagnosed** children. There are **millions** of children with **undiagnosed** chronic illness.



Here are just a few signs that a child might be chronically ill:

- Chronic ear infections (more than 2 a year)
- Chronic sinus infections (more than 2 a year)
- Chronic diarrhea or loose stools
- Chronic constipation (does not have a bowel movement everyday or at least every other day; passes hard "pellet" stools, difficulty or straining with a bowel movement)
- Constant runny nose
- Reflux, abdominal pains, or other signs of gastrointestinal distress
- Sensory disorders (i.e., aversions to sights, sounds, smells)
- Recurrent urinary tract infections
- Obsessive or compulsive type behaviors
- Persistent skin rashes (eczema, psoriasis, cradle cap, rashes after eating)
- And many, many more . . .

The most stunning part of this epidemic is that all these seemingly disparate illnesses and disorders may all have the same underlying causes. ***Immune dysregulation*** and ***gut dysbiosis*** are central biological dysfunctions that occur in children with symptoms of chronic illness.

Central Biological Dysfunctions & Immune Dysregulation

To understand what causes chronic illness in our children, we must first understand that the *symptoms* that appear in our children (wheezing, constipation, behavior issues, etc.) are the result of much more complex underlying biological dysfunctions in their bodies.

The wheezing that accompanies asthma, for instance, does not simply mean that something is wrong with the lungs, rather, it is a symptom that tells us that other systems and functions in the body are breaking down. Two very important systems in the body, *the immune system and the gastrointestinal system*, appear to be most affected in children showing signs of chronic illness. When the immune system and the gastrointestinal system are not functioning properly, you begin to see signs and symptoms of illness–all sorts of illness (everything from eczema to depression). Very few people would think that the symptoms of asthma have anything to do with the gastrointestinal system or that the symptoms of autism have anything to do with the immune system, but they are all exquisitely involved.

To understand how the symptoms of illness appear, we must first understand what happens when the immune system and the gastrointestinal system begin to breakdown. When the immune system is not functioning properly, we call this condition *immune dysregulation.* When the gastrointestinal system is not able to do its varied and complex jobs, it is often because there is a state of *gut dysbiosis*.

Although there are many environmental factors that contribute to chronic illness in children, one of the most important outcomes of all these environmental influences is a *dysregulated immune system*. A dysregulated immune system simply means that an individual's immune system is not working properly. Here are some examples of what happens when an immune system malfunctions:

- It can over-react to innocuous stimulus (like cat dander) and cause symptoms like sneezing or itching.
- It can attack its host's own cells and tissues (like what happens in an arthritic joint). This is called autoimmunity.
- It does not have the ability to detoxify and eliminate harmful substances that enter the body.
- It cannot effectively combat pathogenic (disease-causing) microbes

A Compromised Generation cont. on page 14

A Compromised Generation cont. from page 13

(germs!) that invade the body.

- It can keep the body in a heightened state of "attack" causing inflammation and oxidative stress which can lead to disruptions in cellular functions and operations.

The immune system is how the body defends itself from harmful substances in the environment. A dysregulated (or dysfunctional) immune system is unable to protect a body from harmful environmental influences and it can unleash a cascade of harmful effects upon the body.

Many of our children live with chronic infections in their ears, sinuses, and gastrointestinal systems, yet because their immune systems are dysregulated, they are unable to effectively "kick out" these infections.

More often than not, we do not even know that they have these infections because they do not show up on any conventional medical tests, and the early signs associated with these infections can be subtle and easily confused for some other medical or mental health problem.

When a body lives in a state of chronic infection, a whole cascade of physiological problems can unfold.

For example, immune dysregulation can lead to chronic inflammation which can destroy cells and tissues in all parts of the body (including the brain, liver, pancreas, lungs, and kidneys). Chronic immune stimulation can lead to mitochondrial dysfunction.

Gut Dysbiosis: Did you know?

That the gastrointestinal system is the "headquarters" of our immune systems? Over 70% of our immune function is housed in the gastrointestinal tract.

One of the physical conditions in a body that can lead to immune dysregulation is something known as "gut dysbiosis." The "gut," or gastrointestinal system, simply refers to the long hollow tube that stretches from the tip of your tongue right down to your rectum. "Dysbiosis" refers to a state of imbalance among the colonies of microorganisms (bacteria, yeast, viruses, parasites, etc.) within your body.

There are many ways that gut dysbiosis and immune dysregulation can cause symptoms of illness or disease. Following is a brief explanation of how gut dysbiosis and immune dysregulation cause the symptoms of food allergies, just one of the many illnesses affecting our children.

When colonies of friendly bacteria (and yeasts) are unable to populate the gut (due to gut dysbiosis), a whole host of physiological problems can arise. One of the more common consequences of gut dysbiosis is a phenomenon known as "leaky gut syndrome," or intestinal hyperpermeability. Intestinal hyperpermeability simply means that the normal barrier function of the intestinal mucosa (the "living" lining of the intestines) is compromised by the presence of microscopic "holes" (caused by the "bad germs"). The holes permit substances normally contained within the intestines to "leak" into the circulatory system. Consequently, under-digested food particles and microbes leak into the immune cells and circulatory system. The immune system views these food particles as foreign invaders rather than molecules of nourishment. The immune system then launches an attack on everyday food and you get the symptoms of food allergies—everything from bright red cheeks and eczema to anaphylaxis.

Living in your gut are trillions of bacteria and other microorganisms that are essential to the most basic biological mechanisms required for human life such as digestion, energy production, and detoxification.

"Gut dysbiosis" means that there is an upset in the natural balance of microorganisms in your gut. Normally, your gut is inhabited by trillions of good bacteria, the ones that help you digest your food, produce energy, and produce important biological chemicals like serotonin and dopamine (needed for brain function).

When your gut is dysbiotic, this means that the "bad germs" (disease causing bacteria, for instance) begin to edge out the "good germs." When the bad germs edge out the good germs, basic biological functions (such as digestion) begin to breakdown, and symptoms (like diarrhea or constipation) begin to appear. Not all symptoms of gut dysbiosis are obvious. Because gut dysbiosis can lead to any number of physiological problems throughout the body, it can be responsible for symptoms as varied as depression and asthmatic wheezing.

When a body is unable to effectively combat the bad germs in the gut (or elsewhere in the body) a state of immune dysregulation can occur. Thus, immune dysregulation and gut dysbiosis often occur simultaneously, and each can occur as a result of the other. Additionally, gut dysbiosis and immune dysregulation can both lead to mitochondrial dysfunction, a condition where the body's energy production is affected on a cellular level. Gut dysbiosis can therefore result in symptoms associated with mitochondrial dysfunction such as fatigue, low muscle tone, failure to thrive, motor delays and other complex health problems.

Immune dysregulation can be caused by a number of factors including gut dysbiosis, exposure to environmental toxins and heavy metals, high levels of exposure to electromagentic radiation, or excessive or improperly administered vaccinations.

Immunizations and the Immunocompromised

The subject of childhood immunizations is extremely controversial, but it may be an important piece of the puzzle concerning the epidemic of chronic childhood illness. Dr. Bernadine Healy, former head of both the National Institutes of Health agrees with many vaccine safety advocacy groups that a study needs to be conducted that compares the health and wellness (including mental health and cognitive function) of vaccinated to unvaccinated children.

American children are the most highly vaccinated children in the world. In 1979, children were immunized against seven infectious diseases before 6 years of age; today, they are immunized against fifteen, most by the age of 2, and more vaccines are slotted to be added to the existing schedule. Some parents are concerned about the number of vaccines required of children today and are asking that more research be done to establish safety and efficacy.

New research is beginning to bear out the fact that vaccines may cause immune dysregulation (sometimes severe) in certain children, with or without mercury. In particular, vaccines have been shown to stimulate immune system irregularities such as autoimmunity and excessive "T-cell skewing," (causing repeated imbalanced immune responses that could precipitate chronic disease).

In the short history of modern vaccination, there is quite a bit of evidence demonstrating that vaccines can cause autoimmunity, autoimmune diseases (such as Guillain Barré Syndrome), "T-cell skewing," and other dysfunctions related to the immune system. Recent studies show that certain vaccines (containing certain components, such as live attenuated viruses or aluminum adjuvants) may indeed be responsible for causing immune dysregulation.

A Compromised Generation cont. on page 15

A Compromised Generation cont. from page 14

The hypothesis (that has yet to be proven) is that vaccines cause immune dysregulation through a variety of physiological mechanisms, and this immune dysregulation (in conjunction with other environmental factors such as heavy antibiotic use) may in fact lead to chronic illnesses such as autism, ADHD, or asthma.

Vaccines may be contributing to the epidemic of chronic childhood illnesses because they are being administered to children who could be considered "immunocompromised."

One of the main concerns with today's childhood immunization schedule is that a full load of vaccines is being given to children who have severe gut dysbiosis, nutritional deficiency, and toxic overloads because of their particular environmental exposures. Yet, no doctor is trained to look for this type of immunodeficiency. An infant or toddler who has received four or five courses of antibiotics, eats a nutrient-poor diet, and is exposed to a variety of toxic substances (like lead, mercury, BPA, and others) in their environment may actually have a compromised immune system. This toddler is not atypical; many American children have these sort of environmental exposures—they are truly a compromised generation.

A child with compromised immunity may not be able to "kick out" infectious agents injected into their bodies via vaccination. Studies have shown that some autistic children have chronic infections in their guts with certain viruses such as the measles virus or the varicella (chickenpox) virus. The inflammation that can be found in these children is off the charts. It is as if they are in a perpetual battle against some unrelenting infectious agent.The impact that vaccines have on babies' bodies is complex and poorly understood, especially in light of the fact that babies receive so many vaccines so early in their lives. More research is certainly warranted.

Note: Article is reprinted with permission from the Epidemic Answers website: http://www.epidemicanswers.org/ The website material is based on Beth Lambert's book, *A Compromised Generation: The Epidemic of Chronic Illness in America's Children*

"Until I read this book I never understood how food sensitivities and allergies can affect a child's behavior and brain. I didn't even realize how connected our brain is to what is going on in our gut. By reading this book, I understood the underlying factors compounding the problem and was better able to advocate for my child", wrote one reviewer. √

Are Vaccines a Gift from God?

Suzanne Humphries, MD

It's fall in the northern hemisphere and more than one type of darkness has set in. Vaccines are being injected at lightning speed. New vaccines, untested vaccines, double-strength flu vaccines for the over 65 group; none of which have been shown to be effective at keeping anyone healthy. The naïve are lining up at clinics, shopping malls, and retail stores. They don't know which kind of vaccine they will receive. Which manufacturer is it? Does it have mercury? What chemicals does it contain? Why should they care? Why would they not trust their doctor (or their local pharmacist)?

These healthcare professionals say it is a good idea to get a flu vaccine to stay healthy this winter, so they allow disease to be injected into their muscles. The people have been mesmerized, duped and frightened by a bogeyman illness called the flu. Ironically, the real bogeyman—the silent monster that can wreak unrecognized havoc—just slipped beneath their skin, completely unnoticed, and masquerading as something healthy, called a vaccine. Despite the lack of any logic or science behind the mass marketing of the flu and pneumonia jabs, these vaccines remain the most recommended solution to preventing disease by the uninformed, propaganda-parroting practitioners.

The people who are getting vaccinated and the practitioners who are pushing vaccines are parishioners of the largest church on earth. They can be very devout and unreasonable. They believe this medical religion, vaccination, has saved millions of lives. They've read the holy bible of Merck and believe the mantras of the CDC that vaccines have eradicated disease from the Earth. They must be a gift from some god, right? But what else have these indoctrinated persons in white coats read about vaccines? With few exceptions, precious little. Most who administer these slurries don't even know what ingredients are in them.

No matter how obvious the true cause of so much human misery becomes—that people are actually being sickened and immunosuppressed by vaccines and drugs—the pharma-faithful can't see the cause. Here's why: Doctors are the modern day priests and priestesses, anointing their followers with prescriptions. The priests are infatuated with and addicted to the power endowed to them. They strut about, cock-sure that they were rightly taught the one and only true form of medicine, and they are fulfilling their service to humanity. They have been successfully ordained into the Brotherhood. They have no intentions of doubting or abandoning their programming, even when they witness someone healing without drugs, or being healthy without vaccines. Where would they be if they realized that the earth would be better off without their temples and holy water? They are unintentionally dependent on their devotees' illnesses and on the system that taught them to spar with disease rather than heal it. The temple of mirrors is filled with smoke, and creates illusions that will keep the sick coming back for more.

Vaccine reactions can look to those who do not consider a vaccine to be a potentially toxic drug, like bad luck or like a new problem that randomly materialized out of nowhere. No matter that the new symptom or illness arrived a few hours, days or weeks after a vaccine; the new problem is considered a random event. People with heart attacks, strokes, infections(namely pneumonia),organ failure, cancer, autoimmune diseases, arthritis, allergies, blood disorders, seizures, exacerbation of chronic diseases almost always have a past history of allopathic "treatment" and vaccinations that could have led up to today's medical conditions rather than prevented them. Scientific safety studies and long term follow-up studies demonstrating the lack of association between vaccines and the above listed conditions do not exist. Whoever doubts this, please produce some evidence to the contrary since the burden of proof is not on me. I am just a doctor, bearing witness from the bedside.

To the average practitioner, if vaccine reactions don't occur within hours of the injection and if they are not on a list of likely vaccine reactions, then the vaccines are removed from the suspect list by the medical priests. And those who question, or point out the connections, are summarily dismissed. The pharma-faithful priests will say, "This correlation cannot be proven; this is anecdotal. It could have been anything." Anything… like what? A bad hamburger, bad luck, bad genes, cold air, too much cholesterol? Anything. Anything, that is, except their most beloved potion, the vaccine. Not the solution of lore. Not the great-

Vaccines a Gift from God? cont. on page 17

Flu Shot Unchanged, Program Expanded—October 2011

By Susan Fletcher

The World Health Organization has recommended that, in the Northern Hemisphere, the 2011-12 influenza vaccine contain the same three viral strains as those used in 2010-11. If their prediction of circulating strains is reliable, many Canadians, through previous exposure to the infection or the vaccine, will already be immune. If the prediction is faulty, the new vaccine will have little or no efficacy.

The National Advisory Committee on Immunization (NACI) contends that, "Even when the vaccine strains have not changed, as in 2011-2012, annual immunization reinforces optimal protection." However, knowing the dismal efficacy of the flu shot and the fact that influenza comprises only about 10% of all flu-like illness experienced by Canadians, one wonders how "optimal" the reinforcement would be.

An interesting question to ask is why has there been little change in the circulating viruses since last influenza season? Viral populations generally survive either by a great ability to multiply in their hosts or by having many easily-infected hosts available. Could it be that, despite continually expanding vaccine programs, the immunity of Canadians has been waning? If so, have these programs actually helped degrade overall good health and associated strong immunity?

Eight influenza vaccines are licensed for use in Canada. Six will be taxpayer-funded for "free" vaccinations: GlaxoSmithKline's Fluviral®, Sanofi's Vaxigrip® and Intanza®, Novartis' Agriflu® and Fluad® and AstraZeneca's Flumist®. The latter is the only one containing live viruses and sprayed into the nostrils rather than injected. Fluviral® contains the mercury compound thimerosal as do the multi-dose vials of Vaxigrip®. Fluad®, which is the only one restricted for use in those 65 yrs and older, contains a powerful squalene-containing adjuvant, MF59. It's similar to the controversial adjuvant which was used in the 2009-10 'pandemic' H1N1 vaccine, but that vaccine contained only one viral strain. Intanza® is the only one of the six restricted to those 18 yrs and older and the only one injected into the skin rather than into muscle tissue. It is recommended for immune compromised adults and injected in lower-than-usual doses with higher-than-usual concentrations of immune stimulating antigen. All the Canadian licensed influenza vaccines contain egg protein, most contain formaldehyde and antibiotics and all contain other undesirables.

A new recommendation for 2011-12 is injection of influenza vaccines into egg-allergic Canadians despite the risk of severe reactions and even death. (This recommendation does not include the live virus nasal vaccine which is acknowledged to be risky for any immune-compromised people, egg-allergic or not.) The protocol for injection will be a full dose for those "at lower risk for severe allergic reaction" followed by 30 minutes observation; "higher risk" people will first be injected with 10% of a full dose, observed for 30 minutes and, if there's no lasting reaction, injected with the remaining 90% and observed for 30 minutes, 60 minutes or more. Meanwhile, "Appropriate resuscitative equipment should be immediately available".

Carrying their recommendation to the extreme, the NACI continues, "Children who are to get a second influenza vaccination [note that they don't say 'immunization'] during the same season can, if the first dose is tolerated well, be given a single dose of the same product used for the initial administration, which need not be from the same vaccine lot. A graded process is not needed for this second dose."

And those childhood doses?… the new recommendation for the egg-allergic is coupled with a recommended increase from half to full doses of influenza vaccine for children 6-35 months old "whether the child is being given one dose of TIV [trivalent inactivated vaccine] or a two dose series." The NACI's excuse for this is that, "it will simplify the administration schedule" and, "Infants and toddlers have a high burden of illness and their response to TIV is not as robust as older children….NACI has reviewed published and unpublished evidence for use of full dose in infants that suggests moderate improvement in antibody response without increase in reactogenicity with use of full doses."

These new recommendations raise several questions. Why does it apparently not matter that, as well as being inherently risky, the new protocol for egg-allergic people will be complex, inefficient and quite possibly unpredictable and confusing enough to result in administration errors? Why is it so important to "simplify administration schedules" and possibly gain "moderate improvement in antibody response" [which doesn't necessarily indicate improved efficacy] by doubling doses for those in the vulnerable early stages of life? And, finally, WHY do "infants and toddlers have a high burden of illness"? The NACI informs us that, according to IMPACT data on 533 patients at Canadian children's hospitals, "Among the 151 paediatric cases between 6-23 months of age, 41 (27.1%) had an underlying condition…Among the 157 cases between 2-4 years of age, 65 (41.4%) had an underlying health condition". The steep increase in severe disease between 6 months and 4 years suggests that the 46-47 recommended doses of the 14 vaccines (including influenza vaccine) recommended for infants/children 2 months to 4-6 yrs old is a possible factor.

Considering the predicted repeat of last year's circulating influenza viruses and consequent likelihood that even fewer Canadians than usual will be infected by them, it's ironic and curious that everyone is being urged to have a flu shot and extraordinarily risky measures have been recommended.

One of the two influenza vaccines which will not be used in the "free" clinics is Sanofi Pasteur's Fluzone®. In Canada this vaccine is recommended for people 6 months and older and contains a total of 45 micrograms of haemagglutinin (HA) per 0.5 ml dose (HA is an influenza virus surface protein which can stimulate the immune system to produce antibodies). In USA, another version, Fluzone High-Dose® is available for use in those 65 yrs and older. It contains 180 micrograms of HA per 0.5 ml dose, an amount four times greater than that in Canada's Fluzone®. The excuse for this excessive amount of stimulant is that, without it, seniors' immune systems are usually too weak to produce enough antibodies for vaccine efficacy. (Recall that the immune systems of Canada's seniors will be hyper-stimulated by the squalene-based adjuvant, MF-59 contained in Fluad®.) But the Fluzone High-Dose® monograph admits, "There have been no controlled clinical studies demonstrating a decrease in influenza disease after vaccination with Fluzone High-Dose®." And it's not surprising that, compared to Fluzone®, Fluzone High-Dose® produces more adverse reactions, especially serious ones.

References:
1. Statement on Seasonal Influenza Vaccine

Flu Shot Unchanged cont. on page 17

Flu Shot Unchanged cont. from page 16

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Vaccines a Gift from God? cont. from page 16

est discovery of the past 200 years. Not the holy grail of pharma. No, no. It simply cannot be the vaccine for which they hold so much blind trust.

In the days and weeks that have passed since this fall's vaccines, the sick and wounded have stumbled into emergency rooms and clinics. Or they have been wheeled in, obtunded, disoriented, dyspneic, coughing up blood, seizing. I have seen this first hand, from the emergency room to the intensive care units, and if they are lucky, to the wards. And if they were not lucky, they were noted in the obituaries. The hospital was mysteriously filled to capacity in mid-October. The search for the cause of so much illness was hunted down with millions of dollars of tests. The cause of this big wave of sick patients just might be right beneath the priests' noses, yet they continue looking for something that makes sense to them within the bounds of their programming. You know what "they" say, "If you want to hide something, put it right out in the open". In the case of vaccines, that tactic has been surprisingly successful.

Here's the plan by the vaccine enthusiasts: Vaccinate everyone. Tell them it is necessary to prevent death and disease. Make it easy for them, and if necessary, make it free. Tell them it is irresponsible to refuse the shot. Threaten them and coerce them. Tell them they could lose their livelihood if they do not comply. If too many refuse, declare states of emergency, ramp up production, make the shot mandatory. If enough people are vaccinated, it will soon become impossible to discern regular illness from vaccine-induced disease. Everyone will simply appear to be sick and every human will become desperate enough to swallow at least two or three of pharma's widgets (pills) every day for life. Disease will become the expectation from birth to death, and the time will shorten between the two.

Once in a while, a patient, doctor or nurse sees some truth through a half open eyelid. When that happens, s/he gets a glimpse of the unbelievable, the unimaginable. To everyone else, the fable of the germ theory lives on, as the shareholders bank their dividends. Few of us were born enlightened, and waking up is painful. The truth almost always sneaks in, unannounced. It startles the best of us, jogs our souls, riles our egos. And if righteous indignation doesn't keep us imprisoned, the truth will liberate and cause the observer to seek a new path, a true vocation (translated literally to "calling"). In the world of conventional medicine, those who are comfortable need to be shaken, and the few who are shaken often need comforting.

The walls of deception—that vaccines are necessary, safe or effective—are cracking . Each week, fewer people are figuratively deaf, blind and less are simple-mindedly naïve. The masses are not lining up these days the way they did just a few years ago. Public trust is declining despite the propaganda of the media machine. Truth is indestructible and the web of lies around the value of vaccines is unraveling. The day will soon come when the weight of the lies will collapse on the heads of the priests, who have been recruited to maintain the distorted truths about vaccines.

In the meantime, many will be maimed and many will die. Sadly this will happen without anyone in the temple making the association between the vaccine and the death. German physician, Samuel Hahnemann MD, the founder of Homeopathy once said that if an allopathic doctor deepens an illness with their suppressive drugs long enough, the patient would become incurable. He knew the truth: when the damage is deep enough, short of a miracle, there is no returning to health. Vaccines shorten the time between mild illness and incurable disease, especially when they are given to persons who already have compromised health. When injuries are piled on top of illness, the only thing left to do is damage control—and pray for that miracle.

There is credible information readily available on each and every vaccine's risk . There is a mountain of evidence that speaks differently than the vaccine mantras told by doctors and seen on television. The chanting of vaccination necessity and safety is dissonant with logic and reason…and science. Maybe you shouldn't trust your doctor-priest because s/he's been fooled too. Many will profit on your disease, but only you will profit from your health. If a vaccine causes damage, there will be no man behind the curtain to give you a new life and no one to help you get back home. There will just be you, your sad family, and a doctor with a prescription pad. It's time to wake up, while the choice is still yours.

Suzanne Humphries, MD is a medical doctor who is board certified in Nephrology, formerly board certified in Internal Medicine. After 18 years in conventional medicine, she has left to build her own practice using homeopathy, cleansing and natural medicine to help people get off of their prescription drugs. Dr. Humphries serves on the board of directors of International Medical Council on Vaccination. ***Article date—December 6, 2010 http://www.vaccinationcouncil.org/2010/12/05/are-vaccines-a-gift-from-god/*** √

Why Children May React to Milk Proteins in DPT Shot

By Lawrence B Palevsky, MD

Editor's note: In March 2011, Medpage Today reported that a number of children highly allergic to milk products should be watched with caution when receiving the diphtheria, pertussis, and tetanus (DPT) vaccine because trace milk proteins in the vaccine could trigger reactions. What they don't discuss is WHY children become allergic to milk products and other every day foods.

It has been scientifically understood since the early 1900s that injection of foreign proteins can trigger allergies and anaphylaxis. Yet doctors pretend that today's explosion of allergies, asthma and increasingly, fatal anaphylactic reactions, is a mystery in our highly vaccinated population. They don't tell you that **injections have been used to create allergies in test animals. Any food protein remaining in the vaccine from the culture medium or diluent oils when injected along with an adjuvant can cause a food allergy.**(3)

In his 1913 acceptance speech of the Nobel Prize in Medicine for his work with anaphylaxis, Charles Robert Richet said, "We are so constituted that **we can never receive other proteins into the blood than those that have been modified by digestive juices. Every time**

Reactions to Milk Proteins cont. on page 18

Reactions to Milk Proteins cont. from page 17

alien protein penetrates by effraction, the organism suffers and becomes resistant."[1,2]

In plain language, you can't inject proteins into the body without risking allergy and anaphylaxis.

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Dr. Palevsky explains how foreign proteins injected via vaccines sensitize the infant immune system to reject the protein(s) via allergic reactions:

The potential for people to develop allergies and sensitivities to milk proteins goes way beyond what is adequately and correctly described in this report. One scientific fact is clear—the injection of a foreign protein into the body, past the body's primary immune defense system (skin, lining of the intestines and airway), in the presence of an adjuvant like aluminum, causes the internal immune system to see that injected protein as foreign. As a result, this immune response against the foreign protein causes the body to reject the protein. The rejection of the protein by the immune system leads to the development of many types of inflammatory responses, regardless of whether or not it leads to the expression of clinical symptoms.

With the injection of a foreign protein into the body, the memory of seeing this protein as an enemy is forever embedded into a person's immune system.

With the injection of a foreign protein into the body, the memory of seeing this protein as an enemy is forever embedded into a person's immune system. Thus, with any subsequent ingestion of the protein that has been previously injected into the body, the immune system is going to reject it, leading to the development of an inflammatory response anywhere in the body that the ingested protein is transported and imbedded into the cellular material.

A second scientific fact is also clear—despite what this report will have the public believe, a person's inflammatory, allergic immune response to an injected cow milk protein is not solely limited to the identification of a skin or blood IgE response, or by the presence of an anaphylactic reaction. There are more than a dozen other bio-immune markers in our bodies that can react to the presence of injected cow milk proteins, many of which cannot and are not measurable, and do lead to the development of inflammatory, allergic responses in the body once the cow milk proteins are ingested. These other bio-immune markers can cause many different types of allergic/inflammatory reactions in the body that are far less serious than that of an anaphylactic, or IgE response.

For many, the symptoms developed due to these inflammatory reactions to injected, and then ingested, cow milk proteins, are subtle, and are often missed by clinicians. Therefore, the potential for, and the existence of, cow milk protein sensitivity is much greater than the conventional medical community attributes to the injection of milk protein in the DaPT.

The problem with reactivity and sensitivity to the cow milk protein in the DaPT is much greater than this report lets on.

According to how medicine is conventionally practiced today, milk protein is consistently injected into the bodies of children and adults on a regular basis. It is clearly stated in all of the DaPT vaccine package inserts that, "Tetanus toxin is produced by growing Clostridium tetani in a modified Latham medium derived from bovine casein." (Here is a sample package insert—http://us.gsk.com/products/assets/us_infanrix.pdf). The potential for milk proteins to remain in the final vaccine products is very high, as is the degree of difficulty in removing all of them from the final vaccine product.

Children receive the tetanus vaccine as part of the DaPT vaccine 6 times by the time they are 11 years old—2, 4, 6 and 21 months, 4-6 years, and 11 years old. All 6 of these vaccines are potential introductions of bovine casein into their bodies via injection. Subsequently, adults are routinely given the tetanus vaccine every 10 years. In addition, for those children who receive the ActHIB vaccine, as a separate vaccine against the bacterium Haemophilus influenzae B (HIB), they are also receiving a potential injection of a greater load of milk proteins 4 additional times—2, 4, 6 and 15 months. The HIB bacteria in the ActHIB vaccine are conjugated with the tetanus toxoid, which is grown on a modified Mueller-Miller casamino acid medium. Casamino acid medium means a medium grown with bovine casein amino acids and proteins. [4]

The potential for injection of bovine casein continues throughout a person's life, as long as he/she is given a DaPT, TdaP, tetanus vaccine, or any vaccine conjugated to a tetanus toxoid. And, milk, and milk products are the number one food products recommended by the US government and the medical community for regular consumption by the American people. The authors of this report got it right—Kids May React to Milk Proteins in the DaPT Shot. What they are not addressing are the many other clinical reactions kids may demonstrate in response to the milk proteins in this vaccine, and how much more widespread the injection of milk protein may be in childhood vaccines. [5]

If we were to fully address 1) the amount of milk protein being injected into our children; 2) the extent of immune reactions that happen in children and adults when they are injected with milk proteins, and; 3) the ramifications of their injection beyond the myopia of viewing the IgE response as the only response accepted as a legitimate indicator of allergy once the milk proteins are ingested, we might see that the injection of milk protein, or any type of foreign protein, is wreaking more havoc on our immune systems than we could ever imagine.

If children do not show blood or skin IgE responses to any of the proteins they eat, it doesn't mean they are not allergic to these foods. It just means they are not IgE allergic. They could still be allergic, just in a more subtle way. The smartest thing is not to inject the foreign food proteins into their bodies in the first place.

Dr. Palevsky's comments reprinted from The Refusers website: http://therefusers.com/refusers-newsroom/kids-may-react-to-milk-proteins-in-dpt-shot/

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Duty to Warn

Flu Shots, Fosamax and Pharmaceutical Fakery: The Common Use of Misleading Statistics in the Medical Literature

By Gary G. Kohls, MD

Nov. 4, 2011—Last week there was a media buzz generated by a recent article in The Lancet (a pro-vaccine, pro-pharmaceutical industry medical journal that is published in Britain) that showed that flu vaccinations are far less effective than had been previously believed. In fact, the study suggests that the trivalent flu vaccines currently being pushed may approach worthlessness.

The article's principle author was Michael Osternolm, PhD, MPH, a widely published infectious disease researcher who, prior to his current faculty position at the University of Minnesota, had served in various capacities with the CDC and the Minnesota Department of Health (MDH), including a high profile role as the MDH's Chief of the Acute Disease Epidemiology Section. 15 years of that association with the MDH was served as Minnesota state epidemiologist. Osterholm has published over 300 articles and is highly respected in his field.

The disconnect between the science and the propaganda

The Lancet study, in the reports that I listened to on NPR and read about in various print media, was deceptively reported as showing that the trivalent flu vaccines should still be regarded as "moderately effective" for flu prevention rather than being brought into question as the minimally effective vaccine that the article suggested. What could explain the disconnect between the science and the propaganda?

Seeing no sign of a public retraction from Osterholm or his co-authors about the glaring misperceptions, I began to wonder if they were even aware that they had stooped to the depths that so many other medical, psychiatric and pharmaceutical industry researchers have gone to when their articles are published in mainstream medical journals. Misleading statistics that have appeared in medical journals are also used in drug commercials and by drug sales representatives when they try to convince us physicians to prescribe their company's synthetic drugs.

What I am talking about is the common statistical trick of the trade called the Relative Risk Reduction [RRR] statistic, which intentionally inflates embarrassingly low or even statistically insignificant results that have been obtained from research studies.

What the public deserves to be informed about but usually doesn't get is the far more meaningful Absolute/Actual Risk Reduction [ARR] figure, which are often too small to call attention to. Hence, the invention of the misleading RRR. I will deal with the important mathematical differences further below.

The deceptive relative risk reduction statistic

A lot of medical research these days is done by academic scientists that may not be clinicians. The vast majority of these researchers (estimated to be over 80%) are in the employ of the for-profit drug and medical device industries. The research articles that list them as authors are frequently written by ghost-writers who are salaried by the corporations that designed and funded the study and have, by contract, exclusive control of how the research is utilized.

The researchers involved in such studies are naturally highly motivated to help sell the products they are working on, with the hope that positive results will increase the value of any stock holdings that may be part of their compensation package. I hasten to add that there is nothing wrong with making money in an ethical and honest manner, but a lot of medical research intentionally overstates the benefits of the products that are being marketed and minimizes or even hides the negatives of their newly discovered drugs, vaccines or medical devices.

One of the problems alluded to above is the widespread use of the grossly misleading statistic called the Relative Risk Reduction (RRR). It is important for consumers of new drugs or medical devices to understand the differences between it and the ARR. Usually, if the differences are mentioned at all, they are only mentioned in the fine print.

The Lancet article that revealed the lack of efficacy of flu shots did indeed report a "60% efficacy rate", and that phrase was prominently reported in the media, which pointed out the commonly-accepted past estimates of 90% efficacy. The problem was that both were misleading RRR figures. But what wasn't reported in the media coverage was the fact that the actual risk reduction (ARR) with the flu shots was a miniscule 1.5%. If that figure had been used, people would have balked at consenting to the shot. And, as any honest, non-co-opted, thinking person can see, the difference between the misleading figure of 60% and the real figure of 1.5% is huge—and represents just another cunning statistical trick that is used to promote highly profitable products, that, incidentally, can also be toxic.

Blowing the whistle on deceptive advertising in medicine

Seeing the truth of the matter and hearing the misleading media interpretation, I knew that some somebody needed to blow the whistle. Hence this article.

One of the reasons to be truthful about flu vaccine efficacy is the fact that the benefits for the elderly have been consistently exaggerated over the years, both in the medical literature and in the advertisements by medical clinics, trade associations, departments of health and the CDC. Many studies have failed to show any reduction in mortality for elderly recipients, despite an increased vaccination rates in that group (from 15% to 65% over the past 30 years). (Ref: *The Lancet Infectious Diseases*, October 2007)

And here is the math

To make my point about the deceptiveness of the RRR statistic to those who are non-scientists or non-mathematicians, here is the essential math that needs to be pointed out:

In the Lancet study, there were only 357 victims of influenza among the non-vaccinated pooled sample of 13,195 that were studied. That means that only 2.7 persons out of every 100 non-vaccinated person (2.7%) got symptoms compatible with the flu, meaning that 97.3% of unvaccinated people did not get the flu despite not getting the shot. Good odds that many people would accept if we had known the actual risks of forgoing the shot.

The study also states that 1.2% of the

Duty to Warn cont. on page 20

Duty to Warn cont. from page 19

vaccinated population still got flu symptoms even after having received the shot. So 98.8% of people who were vaccinated did not get the flu (virtually the same as the 97.3% of non-vaccinated people that did not get the flu).

Simple subtraction tells us that a tiny 1.5% (98.8—97.3 = 1.5) of people benefited and that approximately 98% would not have become sick with the flu whether or not they were vaccinated. Again, a risk many people would be willing to take if they were told the truth!

Here is more about how the RRR statistical trick is calculated, using the flu vaccine study results:

Relative risk reduction is calculated by dividing the 1.5% number above by 2.7%, which equals a seemingly large number of 55%, (which was rounded up to get the talking point figure of 60%). To get the more meaningful ARR of 1.2%, one subtracts 1.5% from 2.7%. Therefore the calculated benefit (the "absolute/actual risk reduction") for getting the flu shot is a miniscule figure.

Knowing that there are a number of studies that show that taking extra doses of the far cheaper and safer vitamin D3 during the winter months can give definite protection from the flu, one realizes that there are alternatives to being vaccinated.

An important point that needs to be reiterated is the fact that the 98 % of the vaccinated population who weren't going to get the flu anyway were unnecessarily exposed to the toxic ingredients of the intra-muscular trivalent viral influenza shot. Included among these potentially dangerous substances that are acknowledged to be in the flu shots are the mercury preservative Thimerosal, formaldehyde, aluminum, immune system-stimulating adjuvants like squalene, viral contaminants, and who knows what else?).

Fosamax prospered because of the same statistical trickery

Fosamax was the first popular and highly profitable "osteoporosis prevention" drug that, among many other unknown and unappreciated effects (at least at the time of marketing approval), interfered with a patient's fragile, complex and incompletely understood bone metabolism. The drug had been proven to increase bone density in many patients (but did not necessarily increase bone strength), but the claim that it reduced hip fractures by 50% was based on the misleading "relative" hip fracture reduction (a RRR) calculation. What was not prominently advertised was the ARR of only 1%, a minuscule rate for elderly women who continuously took the drug over a 4-year period.

The Fosamax hip fracture study for older women at high risk for future fractures (that was funded and controlled by the British pharmaceutical giant Glaxo) revealed that hip fractures occurred in only 2 out of every 100 untreated (placebo) patients, a 2% incidence.

In the drug-treated patients there were only 1 out of 100 patients who suffered hip fractures, a 1% incidence. So the RRR (1% divided by 2% = 50%) had to be used to convince patients to take the drug, but the calculated ARR was well hidden because it was a miniscule 1% (2% minus 1% = 1%).

Being fully informed about all the pros and cons of any treatment, medical device usage or surgical procedure used to be solely the obligation of the involved health care provider. Nowadays it seems that such health information is being taken over by the propaganda techniques of cunning megacorporations...

That also means that 98% of non-treated patients did not get a hip fracture after 4 years of observation and 99% of Fosamax-treated patients did not get a hip fracture, thus receiving no benefit from taking the drug. 80% of media ads deceptively claimed that "Fosamax cut the risk (of hip fracture in elderly women) by 50%" And not many of us physicians saw through the clever subterfuge!!

Again it must be emphasized that 98—99% of elderly patients who were regarded as being at high risk of having a hip fracture had no hip fractures, whether they were drugged or not. But the treated group risked experiencing the often serious side effects including esophageal ulcerations and the disfiguring and incurable osteonecrosis of the jawbone, among dozens of other potentially serious adverse reactions that the untreated group were not at risk for.

Fully informed consent: Is it a thing of the past?

Being fully informed about all the pros and cons of any treatment, medical device usage or surgical procedure used to be solely the obligation of the involved health care provider. Nowadays it seems that such health information is being taken over by the propaganda techniques of cunning megacorporations who can afford to pay the billions of dollars for propagandizing patients and their physicians, for lobbying Congresspersons and presidents to enact favorable legislation and to pay the costs of the inevitable and expected lawsuits for damages done when the injured patient hadn't been given fully informed consent.

Only in America (and New Zealand) would this be expected to happen for they are the only two nations in the developed world where direct-to-consumer advertising for synthetic pharmaceutical drugs is not against the law.

There is some slim good news I suppose and that is that the spirit of Hippocrates, he of the "First Do No Harm" code of medical ethics, may still be alive, and that spirit could save us, if there is any justice left in this crashing nation. Hippocrates has been spinning in his grave ever since the pharmaceutical industry and big corporations took control of and spoiled the honorable practice of medicine.

Our patients, who have already been losing respect for what, in its current incarnation as a hard-hearted, highly efficient Big Business, would forgive us if we admitted that our profession is flawed and compromised.

Dr. Kohls is a retired Duluth-area physician who, prior to his retirement, practiced holistic, non-drug, mental health care. He writes about issues of peace, justice, nonviolence, theology, war and health. He recommends to readers that they discuss their personal healthcare concerns with a trusted, open-minded practitioner.

Article is reprinted with kind permission of the author and is also posted at: www.PreventDisease.com/news/11/110411_Flu-Shots-Fosamax-Pharmaceutical-Fakery-Misleading-Statistics-in-the-Medical-Literature.shtml

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Potential bio-hazard found in Gardasil vaccine

Compiled by VRAN, Sept. 2011

SANE Vax Inc, a consumer group advocating for vaccine safety, has notified the US FDA that thirteen vials of the Gardasil HPV4 vaccine currently on the market worldwide have been found contaminated with recombinant HPV (human papilloma virus) DNA. Of concern is that this hitherto unknown contaminant may have triggered some of the autoimmune disorders, malignant tumors, and joint and central nervous system inflammation which have arisen in children and young women following their Gardasil™ vaccinations.

The vials tested all came from different lot numbers of the vaccine and were sourced from New Zealand, Australia, Spain, Poland, France and three states in the U.S. All the vials tested positive for the presence of the genetically modified HPV DNA.

SANE Vax contracted Dr. Sin Hang Lee to analyze the vaccine samples after a request for help by the mother of a young girl who'd developed the autoimmune disease, acute onset Juvenile Rheumatoid Arthritis, within 24 hours of her third injection of Gardasil™. Toxicity tests had found HPV DNA in the girl's blood two years after that injection—a highly significant finding as it's unusual to find HPV DNA in the blood. HPV (human papilloma virus) normally exists on the skin and mucous membranes and does not survive for any length of time in the bloodstream.

Dr. Lee, a pathologist at Milford Hospital pathology laboratory, a lab which uses the most advanced DNA sequencing techniques for molecular diagnoses, had this to say: "Natural HPV DNA does not remain in the bloodstream for very long. However, the HPV DNA in Gardasil™ is not 'natural' DNA. It is a recombinant HPV DNA (rDNA)—genetically engineered—to be inserted into yeast cells for VLP (virus-like-particle) protein production. rDNA is known to behave differently from natural DNA. It may enter a human cell, especially in an inflammatory lesion caused by the effects of the aluminum adjuvant, via poorly understood mechanisms….Once a segment of recombinant DNA is inserted into a human cell, the consequences are hard to predict. It may be in the cell temporarily or stay there forever, with or without causing a mutation. Now the host cell contains human DNA as well as genetically engineered viral DNA." SANE Vax emphasizes that, "**All recombinant or genetically engineered DNAs are considered potential biohazards if injected intramuscularly into the body.** Merck's Gardasil™ HPV4 vaccine is administered intramuscularly—as are many other vaccines." (emphasis ours)

Since its US launch in 2006, Canadian in 2007, children have suffered catastrophic injuries including death following vaccination with Merck's Gardasil vaccine, and GlaxoSmithKline's Cervarix HPV vaccine. Some of their parents have launched websites to warn other families that the risks may far outweigh any potential benefit claimed by the manufacturers and health agencies who promote them. A Google search with the words "Gardasil dangers" brings up hundreds of articles discussing side effects and injuries linked to these vaccines. In the September 2008 FDA Closing Statement on Gardasil™ it was noted that 73.3% of girls in the clinical trials developed "new medical conditions" post vaccination and 17 girls died during them. Despite this, in February 2010 Health Canada approved use of Gardasil® for boys and men aged 9-26 years for prevention of infection caused by HPV types 6, 11, 16, and 18. And, again—despite the April 2011 US FDA's rejection of Merck's fourth application to extend its Gardasil™ licence for use in US women ages 27-45—that same month, a Merck press release announced Health Canada had approved Gardasil® for use in Canadian women up to age 45.

According to Sane Vax Inc, the FDA's rejection coincided with the removal of a statement in the Gardasil™ Patient Product Insert that the vaccine contained "no viral DNA". But Medpage Today only reported that, "The decision was based on a trial in 3,253 women ages 27 to 45. Although the vaccine appeared to prevent persistent HPV infection, no significant benefit was found for more important outcomes such as high-grade neoplastic lesions or cervical cancer when all participants were included irrespective of baseline HPV status."

On October 25, 2011, an advisory panel to the CDC, who actually receives a 'kick-back' on Gardasil sales recommended that the vaccine be administered to boys ages 9 to 26—creating a whole new market for sales and profits. The vaccine could be added to vaccination schedules in pediatricians' offices across the country.

In a November 11 update, Sanevax Vice-President of Public Relations Carol Botha wrote, "In the past month global government health agencies went from demanding that the vaccine contamination be investigated—to accepting a universal statement possibly written by Merck—that the agencies were well aware that the 'presence of DNA fragments was to be expected and did not pose a safety risk. And life went on as usual.

Meanwhile—a well-known doctor from Peru, concerned about the safety and efficacy of Gardasil, was scheduled to debate a doctor from Merck at a conference. Just prior to the scheduled debate, the conference moderator told the audience that the doctor from Merck was in a hurry so he could not stay for the debate regarding the vaccine and instead he would be the first one to address the conferees.

When it was the Peruvian doctor's turn to speak she shared the data and research regarding the contamination of Gardasil with HPV rDNA attached to the aluminum adjuvant. The conference attendees were shocked.

Following the conference, the Peruvian doctor and her gynecologist husband attended a party for medical professionals. To her great surprise the doctor from Merck was at the gathering. When approached by the Peruvian doctor, he told her that the findings on Gardasil contamination were indeed correct—and the fragments of HPV rDNA did not belong in the vaccine. Perhaps this admission of guilt is the reason he could not or would not debate the vaccination contamination issue?

The Gardasil vaccine controversy reads like a well-scripted science fiction novel since medical professionals and researchers have not yet developed a test to conduct studies on the short-term or long term medical effects of a run-way genetically engineered virus bound to aluminum being injected into the body."

Unanswered questions & concerns:

- *Since viral DNA cannot replicate by itself (it needs a host cell) what happens if genetically engineered viral DNA enters a human host cell?*
- *How will this now "genetically-engineered cell" replicate? Will it mutate the host cell leading towards cancer?*

Potential Biohazard in Vaccine cont. on page 22

Potential Biohazard in Vaccine cont. from page 21

- *How will genetically engineered cells affect the reproductive health of future generations?*
- *How does the immune system react to the detection of a combination viral DNA and human DNA in what was once a 'normal' cell? Will the immune system fight the now genetically engineered human cell?*

We are left wondering what will happen to the millions of girls and young women who have been injected with genetically engineered viral DNA and the possibility of it infecting more and more host cells in the body. Carol Botha asks, "Will they fall victim to a multitude of autoimmune disorders caused by the marauding viral contaminants eroding their immune system? Will their bodies become riddled with 'cancerous' cells? How will the presence of rDNA affect their fertility or the health of future generations?"

"At this point, no one knows the answers to these questions—and the innocent have truly become human medical experiments."

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The Canadian Gardasil Awareness Network is a new website dedicated to Annabelle Morin, age 15, who died 15 days after her second Gardasil injection. http://www.canadiangardasilawarenessnetwork.com/

Annabelle Morin—Quebec—December 1993—December 2008

From the day Annabelle was born, she was an exceptional child. Early on, Annabelle was determined to make the world a kinder, gentler place. The first sign was her great love for animals. It was not unusual for her to rescue any stray animal she found. At only 12 years old, she worked as a volunteer for the SPCA. Annabelle's life had one guiding principle, "All that is necessary to achieve, is to believe." Annabelle believed she would become a veterinary surgeon.

Her family had heard the advertisements for Gardasil for two years prior to when she actually received the first shot. They had discussed it and agreed that based on the advertisements, the vaccination would be a good idea. Annabelle decided to get the vaccine without mentioning it to her parents.

In school settings across Canada, students are being proselytized with incomplete and unbalanced information about vaccines. Vaccine risks are played down while benefits are inflated. They are told they don't need their parents' consent to make a vaccine decision—they can decide for themselves. Under the "Mature Minor Ruling" incorporated into various provincial Health Acts across Canada, minor children under the age of 19 have the right to make "health care decisions" such as obtain birth control services, abortions and vaccines without parental knowledge or consent.

16 days after Annabelle's first shot, she suffered from aphasia (the inability to understand spoken or written language), weakness, amnesia, inability to speak and difficulty standing. Annabelle made the decision to get the Gardasil shot.

Not knowing she had received a Gardasil shot, her parents took her to the hospital to find answers. No one at the hospital asked if she had recently received a vaccination. Even though many of her symptoms were neurological, her brain scan came back normal. All they could say was that it was not normal for such a previously healthy girl to suffer these symptoms. There were no answers.

9 December 2008, 15 days after her second shot of Gardasil, Annabelle went to take a bath less than 10 feet from where her family was sitting. 30 minutes later, she was found dead. No cry, no unusual sound, she left the world in silence. Almost two years later, Annabelle's family still has no answer from the coroner as to her cause of death. Other than drowning, the coroner could find no reason.

In the name of Annabelle, and all of the girls across Canada, her family fights for a public investigation into the circumstances surrounding Annabelle's death. They want disclosure of fatality reports after HPV vaccinations.

Annabelle died without making a sound. Now her mother, Linda Morin finds herself fighting the silence every day. She fights the silence of the manufacturer about the true side effects of HPV vaccines. She fights the silence of the medical community, who should have asked if Annabelle had been recently vaccinated. She fights the silence of the press, who should be reporting the adverse events and fatalities associated with Gardasil.

In Linda's words, "The Health System in Canada let my daughter down by not listening to her. As a consequence, my lovely girl has paid with her life.

"Her father and I cannot come to terms with the fact that her autopsy report cannot find a cause of death. This is not normal in one so healthy, and yet, now I know more and have researched Gardasil. I find that there are **75 deaths on VAERS reports**, and all of these deaths have one thing in common: **each of these girls was vaccinated with Gardasil.**

"How significant is that? How revealing that our authorities appear to have turned their backs on the young, vulnerable girls and women who have died following vaccination with Gardasil. They will be held accountable for this one day."

Note: Annabelle Morin's story is excerpted from Norma Erickson's tribute at: http://www.canadiangardasilawarenessnetwork.com/annabelles-story.html √

Why is the CDC Ignoring Life & Death Studies on Vaccine Safety?

By Dr. Joseph Mercola—May 26, 2011

Dr. Peter Aaby has spent more than 30 years studying the causes of excessively high child mortality in Guinea-Bissau, and has published his research in dozens of professional journals. He was awarded the Novo Nordisk Prize for distinguished research on measles and measles vaccination in 2000. His research lead to WHO (World Health Organization) withdrawing high-titre measles vaccine which was associated with increased female mortality in 1992.

He also has vaccinated thousands of children during his career, and it's this part of his research that is causing a global controversy. With archives of more than 1 million research files to back him up, Dr. Aaby has published several papers questioning the safety of the DTP vaccine (diphtheria-tetanus-pertussis). His first article appeared 10 years ago. **Since then he has published 34 other papers, all questioning the safety of the DTP.**

Offering unequivocal scientific evidence going far and beyond what any other vaccine researcher has done, Aaby and his team give compelling reasons for changing the schedules for DTP vaccination, and for possibly modifying other vaccination protocols.

Information that Could Change Public Healthcare Forever

Clearly, Dr. Aaby has science-based information that could change public healthcare forever—and perhaps even change the vaccine schedule for infants in the U.S. His work is highlighted in the BBC broadcast, *The Vaccine Detectives*—see link at the end of this article.

Some of Dr. Aaby's studies showed that:

- A single dose of DTP vaccine not only doubled the mortality rate in infants, but more than quadruped the rate after the second and third DTP doses.
- Vaccines and vitamin supplements have unexpected, long-term effects—good and bad—on the immune systems of children.
- There is a definite increased mortality risk to girls of combining DTP and measles vaccines.
- Girls were 41 percent more likely to die if they were given vitamin A at birth, while boys seemed to slightly benefit from the supplement.

I think it's criminal that the CDC and the WHO are possibly risking thousands of children's lives by embarking on new studies that duplicate the decades of research that Dr. Aaby has already done, while they do nothing to address the issues his studies raise.

What's outrageous is that they are ignoring DOZENS of studies, not just one or two. For example, in a study published in 2007, Aaby reported that fatality was increased for children ages 6 months to 17 months old, if they received the DTP with or after measles vaccination. The increase was significant enough for Aaby to suggest that the DTP reduces the benefits of the measles vaccine.

Dr. Aaby also found that a girl's vaccination status is critical in determining her chances of surviving pneumonia: if she's had the measles vaccine as the last vaccination before she comes down with pneumonia, she's more likely to survive than if her last vaccination was DTP. And the studies go on, 34 of them, all questioning the safety and/or timing of the DTP.

The evidence from Dr. Aaby's research is so compelling that the WHO actually sent an investigator, Dr. Kim Mulholland, to Guinea-Bissau to scrutinize Dr. Aaby's records. But when Mulholland reported that he couldn't find a single thing wrong with the records, WHO officials seemed disappointed, Mulholland said.

Ten years later, the WHO still has neither confirmed nor refuted Dr. Aaby's studies, leading Mulholland to question, "Why is it that the international community is sitting back on their hands and ignoring this?"

According to Peter Smith, chair of the WHO's Global Advisory Committee on Vaccine Safety (GACVS), it's because the evidence isn't "sufficiently strong enough" to accept the "hypothesis" that the DTP has a negative effect on children.

I suppose that's why the WHO and CDC are stalling making any changes to the DTP schedule while they do their own studies. But the new studies will take years to complete—if ever. Why would they do this? Why would they ignore data that obviously show that children are dying from possible problems with the DTP, the vaccine schedule, and vitamins given to newborns?

Dr. Aaby has the answer:

"If the DTP was to be found to have a negative effect, it would be devastating to the vaccination program," he said. "You can understand why they don't like it. But I don't think that's a good reason for not examining the logic."

Explosive Data on Other Vaccine Safety Issues also Ignored

It's puzzling why world health officials are so hesitant to trust Aaby's logic, when his tenacious record-keeping already saved lives in 1990, when a new vaccine for measles was withdrawn by the WHO after Aaby alerted investigators that it was possibly harming girls.

Later, Aaby and the investigators learned that it wasn't the new measles vaccine causing the problems—it was the way it interacted with the DTP vaccine. The implications of these findings are huge and go far beyond the borders of Guinea-Bissau:

"If I'm right about DTP, you're probably increasing the mortality rate at least 50 percent in this age group," Aaby told the BBC.

Aaby's records, published over a 10-year period in those 34 studies I mentioned earlier, indicated that it was possible that the DTP vaccine was making the immune system of girls more susceptible to other infections. It also showed that vitamin A may amplify the negative effects of the DTP vaccine on girls!

Again, why are they risking children's lives—particularly girls'—while they wait on more studies? As the BBC pointed out, the vitamin A connection is terribly important because there is a strong push by the WHO to give it to all newborns in low-income countries. Hoping to reduce infant mortality in Guinea-Bissau by as much as 30 percent, Dr. Aaby and his wife and research partner, Christine Benn, gave this supplement to thousands of Guinea-Bissau newborns.

They found that boys had a slight benefit by getting the vitamin. But girls who received the supplement had a 41 percent higher chance of dying—indicating that there may be a non-specific, gender-based effect of the vaccine and vitamin A on girls that health officials need to address.

On this issue, Benn is so sure that the risks to girls so clearly outweigh the benefits to boys that she doesn't believe any other further studies need to be done on giving vitamin A at birth.

The gender issue is a new concept in vaccine safety because, previously, vaccine trials have only been carried out on men, so as to avoid ill effects on women were they to become pregnant, said Dr.

CDC Ignoring Studies cont. on page 24

CDC Ignoring Studies cont. from page 23

Katie Flanagan, an immunologist who works for the British Medical Research Council. And now that Dr. Aaby's research shows that girls appear to have different responses to both vaccines and vitamins than boys, Flanagan thinks it's a safety aspect that should be studied:

"It makes perfect sense," Flanagan said. "Now that Peter (Aaby) has brought this issue up … I think it's time to get on and investigate it and understand it."

Similar trials in Zimbabwe, where 14,000 children received vitamin A, came up with similar results. But, still, the WHO is ignoring this life-and-death information, and forging ahead with three new major studies in India, all giving vitamin A to newborns. This worries Benn, who believes that at least 30 girls died in her own trial, before she and Aaby determined that the vitamin was triggering their deaths.

"This must be explained before we give vitamin A to all girls in Southeast Asia," Benn said." I would personally not ever again conduct another vitamin A trial in an area with high mortality."

The Politics Behind 'Vaccine Safety'

Dr. Aaby is not against vaccines. His life's work involves giving children vaccines, so he's not being "anti-vaccine" by questioning vaccine safety paradigms. He is merely suggesting that from his observations, some vaccines have certain serious adverse events—life and death safety issues—connected to them that warrant slight changes to global health policy and vaccination protocols.

It seems simple. But in reality, it appears that vaccines are too tied to industry politics to allow for things like paying attention to data that show increased infant mortality for girls.

So what excuses did health officials give the BBC for ignoring Dr. Aaby's work? Here's a sampling of what they said:

- Immunization in general is a field plagued by "woolly thinking" with rational argument suppressed by the need to counter "anti-vaccine" propaganda. (Mulholland).
- Working out all the possible adverse effects of vaccines poses a dilemma for pharmaceutical companies that have invested billions in vaccines, and for funders like Bill Gates, who have put their faith in vaccines, vitamin supplements and other interventions (Paul Fine, professor, London School of Medicine).
- Denying vaccines to children while officials test for possible long-term adverse effects from the vaccines—even deaths—may not be "ethical," (Smith)

Woolly thinking? A dilemma for Bill Gates? "Ethical" questions about waiting to make sure vaccines are safe? If that's not all politics, I don't know what is. Personally, I think the non-politically-correct reason that Benn gave for the WHO's and CDC's stalling tactics hits the nail on the head:

"It goes for vaccines and vitamin A, that there is such a fear that the public will get any kind of feeling that there could be anything problematic about the public health interventions."

Sadly, the history of vaccines is riddled with stories like Dr. Aaby's, of adverse events that are largely dismissed by world health officials who fear that acknowledging problems might make the public aware of the truth about vaccine safety.

Is what Peter Smith said on behalf of the WHO really true—that world health leaders don't believe Dr. Aaby has enough evidence to warrant an alarm call on the DTP? Or would it be closer to the truth that what health officials are really afraid of is that Dr. Aaby's right, and that people will hear about it and refuse vaccines for their children in record numbers in both developed and Third World countries, and thus "endanger" world health officials' global plan for vaccines?

The good news is that a growing number of scientists around the world are concerned enough about this issue that they're demanding that world health officials pay attention.

In the meantime, I urge you to stand up for healthcare freedom, for the right to choose what is best for you and your children when it comes to vaccines.

Article excerpted from Dr. Mercola's website—to read the complete article with references go to: http://articles.mercola.com/sites/articles/archive/2011/05/26/why-is-the-cdc-ignoring-life-and-death-vaccine-studies.aspx
To listen to the BBC Podcast on Dr. Peter Aaby's work in Guinea-Bissau entitled The Vaccine Detectives—Part 1 & 2: http://www.bbc.co.uk/podcasts/series/discovery/all#playepisode27

Editor's note: When vitamin A is given in high doses to mitigate the severity of measles cases during a disease outbreak it has been shown to reduce morbidity and mortality from the disease—a very different story than giving unnaturally high doses at birth when the immature newborn immune system is unable to handle it. √

LETTERS

Vaccine Reaction

October 23, 2011—Before telling my story I just wanted to say thank you for your website. My story is not as bad as many that are posted there, but I was looking for vaccine reactions and I've not come across anything similar to my children's reactions.

In May 2006 we went to the doctor to get my daughter's 4-6 yr old booster shot done. She was fine for the next couple of weeks although she complained her arm was sore from the needle. The soreness persisted, then on June 8th, after a day of fun at the amusement park and later trying to settle her down at bedtime, she started to cry and said she couldn't sleep. We thought she was trying to delay bedtime, but after 15 minutes of crying, her father decided to check her arm which was red and sore with a lump the size of a toonie just below her shoulder.

The next day I took her to a nearby walk-in clinic, where the first doctor thought it was odd and wanted to rule out a blood disorder so he sent us for blood work. The next morning when we checked her arm, the lump was racquet ball size. Back we went to the walk-in clinic where the second doctor said he wasn't sure what it was and ordered an ultrasound.

I was getting worried as the swelling had increased and it looked as if she had grown another shoulder. The next day we went for the ultrasound and waited 2 weeks while the lump remained the same size. Where the needle had gone in, there was a black dot surrounded by a small area of yellow skin that was starting to peel.

Our family doctor (3rd doc to look at my daughter) told me he highly doubted it was from the vaccine and if it did not resolved in 3 weeks to bring her back. I did not agree with him so we then went back to the walk-in clinic on the way home. The 4th doctor looked at her and agreed it should be looked at but couldn't help us because we had already seen another doctor that day and he wouldn't be able to bill OHIP(health insurance) for the visit.

I went home angry and frustrated. I even called public health who had no idea what could be wrong with her arm. The next day I receive a phone call saying that her ultrasound was normal.

Next I took my daughter to the "prompt care" center where we saw a 5th

Letters cont. on page 25

Letters cont. from page 24

doctor, who prescribed antibiotics and said it would be gone in 2 weeks. Over the next two weeks, while the swelling went down, the area was still red with the black dot and yellow peeling skin. I took her back to "prompt care" and saw the 6th and 7th doctors who told me she would be fine and it should be gone in 2 weeks.

Frustrated and upset, we then decided to try the walk-in clinic again. The doctor on call that day was from Toronto. After explaining the events of the past 2 months, he seemed to know what was wrong with her arm. He said her flesh was rotting and that she would need surgery. The next morning I drove 45 minutes to the children's hospital where they put numbing cream on her arm thinking it was just below the skin.

As they sliced her arm, they found the infection was almost to the bone. They held down my 4 year old daughter and dug out all the rotting tissue with her feeling all of it. They could not close the hole as they wanted to make sure that any remaining infection drained out. She now has an ugly scar on her arm that really bothers her.

After her surgery, my only comfort was being told it was a good thing I had her looked at when I did because if the infection had gone into the bone, she would have lost her arm. Because plastic surgery is considered cosmetic, unless we're willing to pay 3500 dollars, she will have this scar forever. We're not able to get plastic surgery covered by health insurance because none of the doctors who saw her will say it is from the vaccine.

This past Thursday October 20 2011 my son went for his 18 month booster which I believe is the same as the one my daughter had. His arm is now red with a large lump and 2 doctors have told me he is fine even though I have told them of my daughter's reaction.

Thank you for your website and allowing me to share my story with you. I am now going to be getting vaccine exemption paperwork as my children are never going through this again.

N. Boyd—Ontario

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Vaccination Concerns—August 10, 2011

Reply re: "Anti-vaccination trend 'flabbergasts,'" opinion column by Bob Groeneveld, Friday, Aug. 5.

I am sorry you find my decision not to vaccinate my children so appalling. You are flabbergasted, you say? Flabbergasted that today's parents are actually asking questions like "Why are you assaulting my newborn baby's perfect immune system with so many toxins, animal/ human tissue and diseases?" Flabbergasted that some parents may not trust the pharmaceutical companies that are making billions of dollars off these vaccines?

What might surprise you is that the majority of people who choose not to vaccinate their children are usually very educated and have actually taken the time to research vaccines—and sorry, it has absolutely nothing to do with a fear of needles. Please.

I had the measles as a child. So did all my friends and siblings. You see, when I was a child, measles was just another harmless childhood illness that kept you out of school for a week. No one I knew of ever died or ended up in the hospital. I also had chicken pox, mumps, rubella, the now "fearsome and deadly" flu a few times—yep I'm still here. I'm sorry you got sick and almost died. That does happen to some children, and it's sad. Some children also die from complications of a bad cold. Heartbreaking, but I know it happens.

Let's be clear. I don't want my children getting sick. Quite the opposite. I want the perfect immune systems that they were born with intact. Without dangerous neurotoxins swimming around in their little bodies. We're trading measles and chicken pox for ADD, autism, diabetes, leukemia—our children are getting sicker in many ways. And I know, the medical establishment wants us to believe that vaccines have wiped dangerous diseases like small pox and polio out of our existence, but truth be told, they were already on the decline due to clean water and improved sanitation before vaccines were introduced. Just another little embellishment by the almighty establishment.

Other serious diseases like rheumatic fever and scarlet fever also pretty much disappeared—without a vaccine. Hmm ...

By all means, Mr. Groeneveld, do what you feel you need to do to protect your children, but please, don't criticize those who choose to do it differently. I am happy to be one of those parents who have chosen to become educated on the subject instead of one of the sheep who just line up for "shots" because I'm told to.

I think vaccines started off as a good thing, but have since turned into something we should not blindly trust. Ask yourself a few questions: Who has your child's best interest at heart? The pharmaceutical industries that make billions of dollars from vaccines? The government?

Did you not follow the recent H1N1 deception? Anyone who has to resort to using fear and propaganda to peddle their snake oil is not someone I'll be trusting for my family's well being, but you go right ahead.

Sandra Jones, Coquitlam
Letter reprinted from The Now: http://www.thenownews.com/health/Vaccination+concerns/5231932/story.html

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The Environment of Medical Intervention
July 13, 2011

As we learned last week, a new study released by the NIH (National Institutes of Health) has determined that the environment plays a larger role than genetics in Autism than previously thought. Combined with a study released the same day that shows a correlation between anti-depressant usage among pregnant women and Autism diagnoses in their children, it's been a breath of fresh air.

The most obvious place to begin environmental research are the places that have the most immediate and relevant impact on a child: where they are nourished, how they are nourished, and what they are directly exposed to that could logically and likely affect them in ways that result in the developmental delays and chronic illnesses we see in our kids. In other words, their womb, their food, and the medicine they are given that could affect them both. The antidepressant study exhibits this very thought process nicely.

On Facebook I recently spouted off in jest I could save the NIH millions by focusing on the real environment that caused my daughter's problems. I made a simple equation out of my daughter's health history that went something like this:

Take one healthy, susceptible child with a familial history of metal allergies and homocysteine problems (MTHFR positive) + a strep B positive/ mercury toxic mother (1 in 6 of us are) + intravenous antibiotics + a spinal block + meconium + more antibiotics + a mercury/aluminum laden vaccine + a metal allergy + more vaccines + Tyle-

Letters cont. on page 26

Letters cont. from page 25

nol + more antibiotics + mercury toxic breast milk (tuna, very bad idea) + antibiotic laden breast milk (breast infection) + more vaccines + more Tylenol + more antibiotics (repeat 5 times with 4 different antibiotics and numerous vaccines) + anesthesia and surgery = one very sick child by age 2 who can't speak, poop, sleep, and has seizures.

Multiple people chimed in that our stories were identical, take or leave a few ingredients or results. This is significant. This is what happened to my child medically in the first two years of her life, and apparently many others. THIS is what needs to be studied. (ALL of it, not just one or two of the shots and one of their ingredients in theoretical exposures.) Was she in flame retardant pajamas? Yes, probably. Do we live near a coal burning plant? Yes, we do. But those things in and of themselves did not cause my daughter's health and brain development to deteriorate. The combination of what we did to her did. It is now our responsibility to figure out how so that we may prevent it from happening to others. THIS is the environment, despite its intent to do otherwise, that actually made her very, very sick. **THIS is the environment we need to study: the environment of medical intervention.**

Likewise, we also need to examine the environment of the lack of appropriate medical intervention. I should have been screened for toxicity. All pregnant women should be. My breast milk, and all nursing mothers', should have been tested. A warning, like on alcohol and cigarettes, should have been plastered across the tuna can and other fish products. My daughter, as she started to deteriorate, should have been tested for toxicity. Just as exposing her to all of these chemicals proved irresponsible and catastrophic, the failure to assess what they had done to her is equally as heinous.

The tragic fact remains, we ruined her gut flora with antibiotics right out of the womb; Fed her toxic breast milk; Injected her with heavy metals, foreign DNA and viruses; Artificially and repeatedly provoked her immune system to do so; Medicated her with a substance that inhibited her ability to detoxify; Left years of yeast overgrowth unchecked and untreated; and never bothered to test her for any issues this protocol could have caused.

And the tragic results remain. She experienced a loss of speech; Brain swelling; Yeast infections; Seizures; Constipation; Loss of IQ; Inability to sleep; Self stimulatory behaviors; Loss of imaginary play; Loss of language reception; Night terrors; Eczema; Night sweats; and repeated ear and bronchial infections.

The explanation for these results until last week? She didn't have the right genes. Is this our only logical explanation moving forward? The poor thing is lucky to be alive and must have some damn good genes to have helped her survive and recover as well as she did.

The bottom line is this: The time has come to take an honest look at the difference between medical intention and medical results for our children. Now that we can put the elusive genetic theory to rest, we must demand our environmental research first go for an independent and exhaustive study of the environment of perinatal and pediatric medical intervention, the most logical and promising place to begin.

Excerpted from Julie Obradovic's column at the Age of Autism http://www.ageofautism.com/2011/07/the-environment-of-medical-intervention.html#more √

In the News

by Susan Fletcher

Vaccination dogma appears to be fraying at the edges. An October 2011 press release by the Coalition for Mercury-Free Drugs informs us of likely deception in a much vaunted study which concluded: "The discontinuation of thimerosal-containing vaccines in Denmark in 1992 was followed by an increase in the incidence of autism." Quite the contrary, documents obtained via the US Freedom of Information Act show that CDC officials were aware of unpublished study data which showed a decline in autism rates after removal of thimerosal (49.55% mercury). An email to the CDC from a study coauthor states: "I need to tell you that the figures do not include the latest data from 2001…but the incidence and prevalence are still decreasing in 2001." Nevertheless, the CDC didn't protest the 2003 Pediatrics publication of the study which excluded this information, misrepresented the decline as an increase, and led to the uncorroborated conclusion that thimerosal in vaccines does not cause autism. In fact, in Dec 2002 the CDC recommended that review and publication of the study be expedited.[1]

So what could possibly be the reason that officials would risk their own reputations and that of the US CDC, de facto centre of 'Vaccine World'? Could the answer possibly be found in the latest projections for vaccine sales? A Jan 2010 business report by businesswire.com reveals a predicted Compounded Annual Growth Rate of 11.5% for the global vaccines industry between 2009 and 2016. According to the Center for Vaccine Ethics and Policy/U Penn, "These dynamics clearly affect vaccine ethics and policy."[2,3]

One wonders if CDC officials have children or grandchildren and, if so, those children receive the benefit of their elders' inside knowledge about vaccine dangers. Such wasn't the case for a Houston couple's 15 months old daughter who suffered brain inflammation and permanent brain dysfunction after a reaction to DTaP injected together with six other vaccines. For any child this would have been risky but this little girl's family has a 3-generation history of vaccine reactions.[4]

But will her DTaP shot at least prevent the girl from becoming seriously ill or dying from pertussis? Not likely, unless she comes into contact with someone infected with it not long after receiving the shot. A new study re efficacy of pertussis vaccine in babies and toddlers has found it fades seriously within three years. Lead researcher, David Witt, chief of infectious disease at Kaiser Permanente Medical Center/San Rafael has admitted, "I was disturbed to find maybe we had a little more confidence in the vaccine than it might deserve." Of course, this raises the possibility of yet another booster to sustain efficacy, Pharma profits and Pharma-related earnings.[5]

Similarly, health authorities have been shocked by their discovery that, at one Quebec high school, 52 of 98 teens who've contracted measles were fully vaccinated. Dr Gaston De Serres, an infectious disease expert with Quebec's public health agency remarked, "There may be more vulnerability than we know and were planning for." He wonders if natural immunity (conferred to infants via the placenta at birth and breastfeeding afterwards) has remained active in some up to, and possibly beyond, the time of their 12 months injection of the live measles viruses in MMR.[6]

But would the risk of re-scheduling the first dose of MMR or adding another DTaP booster be determined prior to making those changes to vaccine schedules? In researching all pertinent science for their 2011 statement, 'Adverse Effects of Vaccines: Evidence and Causality', an

In the News cont. on page 27

In the News cont. from page 26

IOM review committee was hampered by the same gaps of knowledge as they'd encountered when producing similar statements in 1991 and 1994. Therefore, it's not surprising the IOM once again was unable to conclude definitively that vaccines cause or don't cause adverse effects. NVIC summarizes: "The Committee's clear acknowledgement that there is a lack of adequate scientific understanding about the way that vaccines act in the human body, including how, when, why and for whom they are harmful, is confirmation that more and higher quality vaccine safety science is urgently needed." Of course, a major problem is that rarely if ever do mainstream institutions like the IOM—and certainly not drug companies which make vaccines—fund such studies.[7]

A documentary, 'The Greater Good', recently posted on mercola.com includes discussions by Chris Shaw PhD and Diane Harper MD, PhD re the gaps in vaccine safety science. The film also includes the perspectives of prominent pro-mandatory vaccination proponents associated with vaccine manufacturers, the American Academy of Pediatrics and federal health agencies. To counter their noise, it features the perspectives of families with children who've been injured or died from vaccinations along with pro-informed-consent advocates. The latter include Barbara Loe Fisher; pediatricians Lawrence Palevsky MD and Bob Sears MD; Stephanie Christner DO (whose infant daughter died after a series of vaccinations in Oklahoma), Gabi Swank (who suffered a severe reaction to a series of Gardasil shots in Kansas), and the King family of Oregon (whose now-teenage son suffered regressive autism after childhood vaccinations).[8]

But it's business as usual for the Canadian Paediatric Society (CPA). Marina Salvadori, principal author of the Society's latest statement re chickenpox explained to media: "It's becoming obvious that one dose is unlikely to give lifetime protection, and is unlikely to prevent all outbreaks of chickenpox." (Oh, really? Who would ever have guessed?) The recommendation is for an extra dose at 4-6 yrs; two doses "at least four weeks apart" for teens who've never received the benefit of natural immunity and a shot (or two?) for women post partum if prenatal assessment showed no chickenpox immunity.[9,10]

Ontario launched a two-dose chickenpox vaccine schedule in August but Salvadori's position statement urges that taxpayers in all provinces and territories pay for the extra "free" shots. However, according to a September CBC report, "The pediatricians called for more research such as on how long the immunity lasts and what is the best spacing of the two doses." Globe and Mail reported: "Adults who get chickenpox have a higher death rate from the disease than kids, and are more likely to get pneumonia, the society noted." and, "The painful disease shingles is a reactivation of the varicella virus in adults who have previously had chickenpox." Regarding the latter, recall that shingles can also be a reactivation of live chickenpox virus from the vaccine. Undoubtedly, that was the reason for the invention of the related money maker, shingles vaccine.[9,10]

But we must give the CPA credit for omitting pregnant women from their new recommendations for chickenpox vaccine. Perhaps they'd heard of conclusions of a study which was published online September 22nd in Vaccine. Using the flu shot, the study examined the possibility that vaccines injected into pregnant women cause inflammation. It noted that, "*As adverse perinatal health outcomes including preeclampsia and preterm birth have an inflammatory component, a tendency toward greater inflammatory responding to immune triggers may predict risk of adverse outcomes" and, "data on the maternal inflammatory response to vaccination is lacking and would better delineate the safety and clinical utility of immunization. In addition, for research purposes, vaccination has been used as a mild immune trigger to examine in vivo inflammatory responses in nonpregnant adults." The study concluded, "The inflammatory response elicited by vaccination is substantially milder and more transient than seen in infectious illness… However, further research is needed to confirm that the mild inflammatory response elicited by vaccination is benign in pregnancy."* We hope that if further research finds it's not benign, that research will be published.[11]

The flu shot is the subject of a film posted on the NVIC website during Vaccine Awareness Week, Oct 30-Nov 5. It tells the heartbreaking story of a flu shot complication which led to strokes and ended in complete paralysis from Guillain Barré Syndrome (GBS). The injured person was once a professor of nursing at a Connecticut university and an active, vibrant, mother and grandmother.[12]

Apparently, despite the fact that GBS has been acknowledged as a possible vaccine adverse event; despite the fact that early vaccination with live virus chickenpox vaccine can result in later onset of shingles and increased chickenpox complications such as pneumonia and death; despite the adverse events documented on the 'Greater Good'; despite the permanent brain damage in a 15 month old girl post-DTaP plus six other vaccines; and despite all the other well-documented adverse events—there's still not enough proof that vaccines cause harm. The IOM must have absolute proof delivered to them in replicated studies reviewed by peers who adhere to conventional vaccine dogma. It seems it matters not to them that these studies are filtered to eliminate non-conforming 'bias' or data that could pose problems or that many have not even been done.

Never mind, problems are mounting: possible lawsuits on the horizon re cover-up of more autism when mercury's in vaccines; vaccine refusal; failing efficacy; mounting costs for more vaccines and more pricey high-tech vaccines; more people speaking out. Vaccine dogma is showing its age.

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8. http://articles.mercola.com/sites/articles/archive/2011/10/30/the-greater-good.aspx
9. http://cbc.ca/news/health/story/2011/09/06/chickenpox-vaccine-two-doses.html
10. http://www.theglobeandmail.com/life/health/new-health/health-news/two-shots-now-recommended-to-prevent-chickenpox/article2154206/
11. http://www.ncbi.nlm.nih.gov/pubmed/21945263
12. http://www.nvic.org/NVIC-Vaccine-News/October-2011-%281%29/Video---Flu-Vaccine-Reaction-Leaves-Former-Nurse-a.aspx

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VRAN Membership and Order Form

Suggested Annual Membership—$35 or $75 professional
Includes Newsletter 3X a year & ongoing support of vaccination risk education
P.O. Box 169, Winlaw, BC, V0G 2J0—phone: 250-355-2525, E-mail: info@vran.org
VRAN website: www.vran.org

Name/Organization:_____

Address: _____

Telephone: _____Fax: _____E-mail: _____

Reason for Interest:

_____

_____

Your Questions, Personal Stories:

_____

_____

_____

Please photocopy this form from back cover of newsletter and use the back side of the sheet to write your own vaccine story.

**** New Members receive a comprehensive information package totaling over 100 pages. ****

Please note: Annual membership is renewed in January of each year.
People joining VRAN at any point in the year will receive all newsletters published during that calendar year.

INFORMATION PACKAGES, & RESOURCES (Please allow 3-4 weeks for delivery)

____**VRAN Membership**—suggested donation—$35.00 (family) or $75.00 (Professional) _____
(membership discounted if newsletter is sent via email rather than by post)

____**New Parent information package**—(over 50 pages of articles)…… $10.00 + $3.00 (postage) _____
(If ordering both packages, cost is $25.00—postage included)

____**"Vaccination: What You Need to Know"**—Excellent intro to the vaccine issue _____
$1.50 each + $1.50 postage. Bulk orders of 12 or more—$1.00 each +$5 (postage each dozen)

____**"Five Vaccines in One: Your Baby's first Shot"**– Overview of the vaccines & diseases _____
$1.50 each & $1.50 postage. Bulk orders of 12 or more—$1.00 each + $5 (postage each dozen)

____**Back Issues of the VRAN Newsletter**– Members can obtain a password from the VRAN _____
administrator to access all previous issues online at our website. Printed copies can be
purchased for $8.00 each - postage included. Issues Available from 1994-2011

____Video/DVD—**"What The CDC's Own Documents Reveal"**…….$30.00 + 6.00 (postage) _____
Dr. Sherri Tenpenny exposes the deceptions of vaccine policies

____**Vaccinations: Science or Dogma**—audio CD…….. (postage incl.$20.00) _____
Dr. Jason Whittaker's highly informative vaccine lecture

____**Immunization: History, Ethics, Law and Health**…….. $35.00 + 9.00 (postage) _____
By Canadian author, Catherine Diodati M.A "A must read for those who wish
to be aware, responsible and informed" Dr. E.S. Anderson-Peacock

TOTAL: _____