VRANewsletter
Vaccination Risk Awareness Network Inc.
Spring 2014

Herd Immunity: CAN MASS VACCINATION ACHIEVE IT?

By Tetyana Obukhanych, Ph.D.

Even though endemic outbreaks of common childhood diseases, such as measles, have been eliminated in some regions after prolonged mass vaccination efforts, we are still being constantly reminded that reducing vaccination coverage of children in a community poses the risk of a reimported disease outbreak with potentially dire consequences to infants and immuno-compromised individuals. We are also being persuaded that implementing strict vaccination compliance will prevent an outbreak and protect vaccine-ineligible infants via the *herd immunity* effect.

There is no question that a disease outbreak can happen in a non-immune community, if a virus gets there. The real question is, how well can high vaccination compliance ensure herd immunity and protect a community from an outbreak?

Herd Immunity, in Theory and in Reality

Herd immunity is not an immunologic idea, but rather an epidemiologic construct, which theoretically predicts successful disease control or viral eradication when a certain pre-calculated percentage of people in the population become immune. A scholarly article on herd immunity states:

> *"Along with the growth of interest in herd immunity, there has been a proliferation of views of what it means or even of whether it exists at all. Several authors have written of data on measles, which "challenge" the principle of herd immunity and others cite widely divergent estimates (from 70 to 95 percent) of the magnitude of the herd immunity threshold required for measles eradication."*[1]

Early research performed by A.W. Hedrich has been deemed instrumental to the idea that herd immunity is readily attainable. Dr. Hedrich analyzed measles outbreaks occurring in Baltimore, MD every 2-3 years between 1900 and 1931. He found that just prior to a major outbreak in that city, the proportion of susceptible children under the age of 15 was about 45-50%. At the end of any outbreak, the proportion of still susceptible children never fell below 32%.[2] Nevertheless, 95-97% of children experienced measles before they reached the age of 15.[3] For this reason adults were immune from measles.

The finding that a rather large number of susceptible children routinely escaped measles during any particular outbreak gave optimism to the United States Public Health Service that herd immunity works at a threshold, which is considerably less than 100%. An official prediction was made that measles would be swiftly eradicated in the USA as early as 1967 by establishing and maintaining this readily attainable threshold via mass vaccination,[4] which already started in 1963. This prediction failed to materialize and measles epidemics did not stop in 1967. The concept that vaccine-based herd immunity is readily attainable for the purposes of rapid disease eradication appeared to be invalid.

The concept of herd immunity then evolved to justify the idea of vaccinating children against a very mild childhood disease, not for their own health benefit, but to protect a vulnerable but vaccine-ineligible segment of the population. For example, rubella is not dangerous for children. However, for pregnant women who have not become immune from rubella prior to pregnancy, a rubella virus poses a danger during the first trimester by increasing the risk of fetal developmental abnormalities (congenital rubella).

Perhaps with a good intention to immediately put an end to any risk of congenital rubella in their community,

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INSIDE THIS ISSUE

Vaccination— a ticking time bomb

By Edda West

Mass vaccination has drastically altered the natural epidemiology of measles making the disease more dangerous than in the pre-vaccine era. Prior to the introduction of measles vaccines in the mid 1960's, measles mortality had plummeted by 98-99.6%. MMR vaccine has created pools of susceptible people in whom temporary vaccine immunity wears off. Health officials are unable to predict who among the vaccinated are susceptible should they come in contact with the measles virus.

The lifelong protection from measles enjoyed by the vast majority of people in the pre-vaccine era has been sacrificed for a vast medical experiment that assumed vaccine immunity is the same as natural immunity. The theory that measles vaccine would eradicate the disease and that vaccine derived immunity is equivalent to the long lasting immunity gained from having had the disease, is false. This erroneous assumption is now being admitted by vaccine researchers

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VRAN NEWSLETTER
Vaccination Risk Awareness Network Inc.
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Statement of Purpose:

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

VRAN's Mandate is:

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

VRAN publishes a newsletter twice a year in the spring and fall as well as a monthly E-Bulletin as a means of distributing information to members and the community.

Suggested annual membership fees, including quarterly newsletter and your on-going support to the Vaccination Risk Awareness Network: $35.00—Individual $75.00—Professional

We would like to share the personal stories of our membership. If you would like to submit your story, please contact Edda West by phone or e-mail,as indicated above.

VRAN website: www.vran.org √

VRANews

Welcoming a new Board member

We're pleased to welcome Heather Fraser to the VRAN Board of Directors. Heather is a writer and historian and is also mother of a child who suffers from extreme food allergies which she traces to the vaccines he received in infancy. Heather's groundbreaking book, The Peanut Allergy Epidemic delves into the history of anaphylaxis, vaccination, adjuvants, the pharmaceutical industry, the use of vitamin K injections in newborns and much more. **Thank you Heather for joining the VRAN team and enhancing our efforts to educate the public about the multifaceted risks associated with vaccines.**

Canada Not-For-Profit Act

The new Canada Not-for-profit Corporations Act replaces the legislation currently governing VRAN and thousands of other non-profit societies. The new Act is designed to provide non-profits with a *"modern, flexible set of rules which are more suited to today's world."* In the next few months, VRAN will undergo a restructuring process in order to come into compliance with the new Act by the deadline date of October 17, 2014. We anticipate having more information on our progress towards this end by the time our annual general meeting convenes on August 26, 2014.

VRAN AGM

Our annual general meeting will be held on August 26, 2014 by telephone conference. Members in good standing are welcome to attend. Please contact Edda West by phone or email for details if you'd like to attend. 250-355-2525 or info@vran.org.

Ontario Ombudsman Initiative

Over many years, VRAN's Vice-president, Rita Hoffman has gathered evidence of the failure of Ontario health units and the Ministry of Health (MOH) to adequately inform students and their families of the availability of legal vaccine exemptions which all students and children in daycare are entitled to. Several years ago, Rita initiated a complaint to Ontario Ombudsman Andre Marin, accompanied by an extensive dossier of hundreds of pages of evidence demonstrating that health officials, school officials and the media routinely omit information about legal vaccine exemptions provided by Ontario's Immunization of School Pupils Act.

VRAN's complaint to the Ombudsman states; **VRAN (Vaccination Risk Awareness Network) complains that the Ministry of Health and Long-Term Care fails to ensure that Ontario citizens are adequately informed of their right to exemption from the vaccination requirements as set out in the Immunization of School Pupils Act (Ontario) and the Day Nurseries Act (Ontario).**

Today, 30 years after the Act was amended to include philosophical exemption from vaccines, the majority of parents in Ontario still don't know they have the legal right to refuse vaccines for their children, and that children can still go to school whether they are partially vaccinated, or unvaccinated.

The Ombudsman's investigator recommended we have a meeting with Ministry officials. On February 24, 2014, VRAN Board members attended a teleconference with an MOH official to discuss our complaint. We reiterated our concern that the public's right to informed consent to vaccination is being violated especially in view of the fact that vaccines carry a risk of injury and death. We believe it is MOH's responsibility to direct all provincial health units to provide clear vaccine exemption information to students and to the media about school based vaccine programs. Furthermore, simple searches on the MOH website do not produce vaccine exemption information or forms; additionally, MOH webpages on vaccine requirements for school do not provide access to the legal instrument (the Act) upon which vaccine requirements for school entry are based nor access to the legal exemption forms contained in the Act. Overall, we reiterated our concerns as articulated in our legal letter to Ontario's Chief Medical officer of Health in 1999 and our follow up letter to the Minister of Health in 2000 which are posted on the VRAN website at: http://vran.org/exemptions/letter-to-ontarios-chief-medical-health-officer/ We believe the Ministry of Health has a duty to the public to provide accurate, comprehensive, and unambiguous information about the availability of vaccine exemptions in its literature and website postings.

VRAN Fundraising & Bonus Items

For a donation of $150 or more, please select *one* of the four fundraising bonus items listed below. Please send your

donation to: VRAN Fundraising, P.O. Box 169, Winlaw, BC, V0G 2J0. Please note: *Donations that qualify for a bonus item are in addition to annual membership*

- ***Dissolving Illusions***—is a foundational new book about the forgotten history of diseases and vaccines, by Suzanne Humphries, MD and Roman Bystrianyk. The historical and scientific research presented by the authors takes us back to the roots of disease and the connection between living conditions, nutrition, and health. Dissolving Illusions is a powerful tool for everyone seeking to dispel the prevailing medical myth that vaccination is what saved us from the brutal cycles of epidemic diseases of the past.
- ***The History of the Peanut Allergy Epidemic***—by Heather Fraser is a "masterful piece of medical detective work" in which the author uncovers the cause of this iatrogenic phenomenon. The author provides compelling evidence that allergies, as a mass phenomenon, were ushered in with the introduction of vaccination and the use of injectable medicines. In her forword to the book, pediatrician and Board certified Instructor at Harvard Medical School, Janet Levatin, MD writes, *"it should be required reading for everyone who administers injections, who receives injections, and everyone who authorizes injections for children."*
- ***The Greater Good***—an excellent documentary (DVD) that increases awareness of the vaccine controversy. "There are severe consequences due to our current vaccine policy and schedule, many of which are simply dismissed as coincidence or diagnosed improperly." The film highlights personal stories of vaccine injuries and includes interviews with scientists and medical doctors on both sides of the issue. The film is a powerful educational tool for anyone wanting to spread the truth about the vaccine issue.
- ***Vaccine Epidemic***—The second recently expanded edition is now available. Over 20 authors expose the bitter truth about the impact of vaccines on individual lives and society as a whole. The contributing authors explore how corporate greed, biased science and coercive government threaten our human rights, our health, and our children. This book is an indictment of a reckless system that sacrifices its young on the altar of monopoly medicine. √

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elementary school children were vaccinated *en mass* against rubella in 1970 in Casper, Wyoming. Ironically, nine months after this local vaccination campaign took place, an outbreak of rubella hit Casper, Wyoming. The herd immunity effect did not materialize and the outbreak involved over one thousand cases and reached several pregnant women, whereas recently vaccinated children were spared from rubella. The perplexed authors of the study describing this outbreak wrote:

> *"The concept that a highly immune group of pre-pubertal children will prevent the spread of rubella in the rest of the community was shown by this epidemic not always to be valid."*[5]

Disregarding these realities of disease control and eradication, the unsubstantiated belief in herd immunity continues to influence vaccine-related legislation in many U.S. states and other countries. The notion of herd immunity is used as a trump card to justify any measures, often at odds with personal freedom of choice, aiming to increase vaccination compliance. An implicit assumption is that liberal vaccine exemption policies would somehow compromise this precious herd immunity, which the public health authorities strive to establish and maintain via mass vaccination.

Although the evidence for vaccination-based herd immunity is yet to materialize, there is plenty of evidence to the contrary. Just a single publication by Poland & Jacobson (1994)[6] reports on 18 different measles outbreaks throughout North America, occurring in school populations with very high vaccination coverage for measles (71% to 99.8%). In these outbreaks, vaccinated children constituted 30% to 100% of measles cases. Many more similar outbreaks occurring after 1994 are described in epidemiologic publications.

What to Blame?

The medical establishment was quick to blame Mother Nature on frequent occurrence of measles outbreaks in highly vaccinated communities. It has been noticed that if vaccinated too early, an infant might fail to respond to the measles vaccine due to the inhibitory (and at the same time protective) effect of maternal antibodies transferred via the placenta. Before the 1990s, a single dose of the measles vaccine was on the childhood schedule in North America. To compensate for the potential "interference" of maternal immunity transfer with the first round of measles vaccination in some children, a double MMR (measles-mumps-rubella) vaccination strategy was introduced in the United States and Canada in the early 1990s.

Endemic measles got subsequently eliminated in North America, but in 2011 an imported measles outbreak—the largest so far in the post-elimination era—hit a community in Quebec, Canada with 95-97% measles vaccination compliance in the era of double vaccination against measles. If double vaccination is not enough to patch those early-age vaccination failures and ensure the elusive herd immunity, should we then look forward to triple (or, might as well, quadruple) MMR vaccination strategy to see how that might work out with respect to herd immunity? Or, should we instead re-examine the herd immunity concept itself?

Faulty Assumption

The herd immunity theory is based on a faulty assumption that vaccination elicits in an individual a state equivalent to bona fide immunity (life-long resistance to viral re-infection). As with any *garbage in-garbage out* type of theory, the expectations of the herd immunity theory are bound to fail in the real world.

Some relevant information about anti-viral immunity can be gleaned from experiments in research animals. Ochsenbein et al. (2000)[7] conducted an experiment in mice, in which they compared the effect of injecting mice with two preparations of the vesicular stomatitis virus (VSV). They immunized mice with either unmodified VSV (live virus) or ultraviolet light-inactivated VSV incapable of replication (dead virus). Then they tested the capacity of the serum from the two groups of immunized animals to neutralize VSV (i.e., render VSV incapable of infecting cells) over the 300 day-span following immunization.

The injection of the live-virus preparation induced long-lasting capacity of the serum to neutralize the virus, which persisted for the whole duration of the study without any noticeable decline. In contrast, the injection of the dead-virus preparation induced much lower levels of virus-neutralizing serum antibody

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titers to start with. Virus-neutralizing serum titers reached a peak at 20 days post-immunization and then started to wane rapidly. They went below the level detectable by the neutralization test by the end of the study.

The conclusion of this experiment was that a procedure that attenuates or inactivates the virus also diminishes its ability to induce long-lasting virus-neutralizing serum titers upon immunization of animals.

It should be noted that vaccines against viral childhood diseases are similarly prepared by first isolating a wild virus from a sick person, then rendering it artificially attenuated or inactivated to make a vaccine-strain virus. The attenuation or inactivation of a wild virus to become a vaccine-strain virus is done to reduce the likelihood of it inducing viral disease symptoms, although this happens anyway in some cases. The process of attenuation, while making a vaccine-strain virus "safer" than the original wild virus, as far as the induction of viral disease symptoms are concerned, also impacts the durability of vaccine-based protection.

The protective threshold for measles-virus neutralizing serum titers in humans can be estimated from the Boston University Measles Study by Chen *et al*.[8] A subsequent study by LeBaron *et al*.[9] further estimates how long it takes, after the receipt of the second MMR shot, for measles-virus neutralizing serum titers to drop below the protective threshold level. Let us examine these two relevant studies side-by-side.

The Boston University Measles Outbreak Study

In 1990, a blood drive was conducted among students of Boston University a month before the campus happened to be hit with a measles outbreak. Due to these natural circumstances, researchers happened to have access to blood samples of many students who either got measles or were spared from the disease during the outbreak. The measles virus-neutralizing serum titers were measured a month prior to and two months after the exposure. Pre-exposure titers (due to prior vaccination of these students in their childhood) could then be correlated with the degree of their current protection from measles: (1) no detectable infection or disease; (2) a serologically confirmed measles virus infection with a modified clinical course of disease; or (3) full-blown clinical measles. By the way, seven out of eight students who ended up getting full-blown measles, had been vaccinated against measles in their childhood, some twice-vaccinated.

The outcome of the Boston University measles outbreak study was the following:

(a) In all previously vaccinated students who experienced full-blown measles, pre-exposure measles-neutralizing titers were below 120;

(b) Seventy percent of students whose pre-exposure titers were between 120 and 1052, ended up having a serologically confirmed measles infection, but since their altered disease symptoms did not conform to the clinical measles case definition, they were categorized as non-cases during the outbreak;

(c) Students with pre-exposure titers in excess of 1052 were for the most part protected both from the typical clinical disease as well as the measles virus infection.

Subsequent Measles Vaccine Observations

The other study, by LeBaron *et al.* (2007), sought to determine the duration of measles virus-neutralization serum titers after the receipt of the second MMR booster. The study enrolled several hundred healthy Caucasian children from rural U.S. areas free of measles outbreaks for the duration of the study.

The study revealed that about a quarter of these children generated relatively high serum titers in response to MMR vaccination. The rest responded modestly to the booster, but some did very poorly. Although this particular study could not compare measles-neutralizing titers between vaccinated and naturally immune, the study by Itoh *et al.* (2002) has previously demonstrated that measles-neutralizing titers induced by vaccination are about nine times lower than those induced by natural infection.[10] Therefore even those individuals, who respond relatively well to the measles vaccine, do not reach the levels of measles-neutralizing titers achieved after natural infection.

Serum titers in all vaccinated children, regardless of being relatively high, moderate, or low, reached a peak in a month after the MMR booster, then came down in six months to the pre-booster levels and continued to decline gradually over the next 5-10 years of observation. Only about a top quarter of children (called high-responders) were able to maintain serum titers in excess of 1000 units 10 years following their second MMR booster, received at the age of five. This fraction of children is likely to be protected from the measles virus infection by the time they are adolescents.

The least efficient vaccine responders (bottom 5%) had their serum titers fall below 120 units within 5-10 years after the second MMR shot. This percentage of vaccinated children is expected to have full-blown, clinically identifiable measles upon exposure when they get a bit older. This is the reason why vaccinated (and even twice-vaccinated) people show up as disease cases in numbers equal to or even exceeding the unvaccinated cases in communities with very high (>95%) vaccination coverage.

Rapid loss of vaccine protection in low-responders is the reason for the paradox of a "vaccine-preventable" disease becoming the disease of the vaccinated. Such disease cases are not early-age vaccine failures due to maternal antibody interference, they are anticipated vaccine failures due to waning vaccine protection.

For the majority of MMR-vaccinated children, measles-neutralizing titers fall between 120 and 1000 by the time they reach adolescence. These children can acquire the measles virus upon exposure and be potentially contagious during an outbreak, although they might experience a modified course of disease and not be labeled as measles cases for the purposes of reporting. In fact, during the Boston University measles outbreak, many students with pre-exposure titers between 120 and 1052, who were officially categorized as non-cases, had some of the viral disease (flu-like) symptoms, including runny nose, cough, photophobia, headache, fever, and diarrhea. These sick "non-cases" ended up with high post-exposure serum titers for measles, just as the typical disease cases did, which is indicative of viral replication and, hence, transmission.

High Vaccination Compliance Does Not Result in Herd Immunity

Cases of the measles virus re-importation into North America after the eradication of the endemic virus had typically resulted in small or no sustained outbreaks in the last decade, in part due

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to the vigilance of the public health authorities in quarantine implementation. However, the 2011 imported outbreak of measles in Quebec, Canada characterized by de Serres *et al*.[11] appeared to be ominously different. Strict quarantine measures were not implemented, possibly because of the assumption that the region was well under the herd immunity effect due to an exceptionally high and uniform vaccination compliance for measles (95-97%). The consequences of relying on non-existent herd immunity as opposed to quarantine in curbing an imported disease outbreak were very telling.

Imported by a high-school teacher during the spring break trip abroad (himself vaccinated against measles in his childhood), the outbreak happened to spread swiftly from this index case, involved more than 600 individuals including 21 infants, and lasted for half a year. Nearly half of the measles cases in this outbreak were twice-vaccinated individuals. This high contribution of twice-vaccinated individuals to disease cases was revealed only by active case finding, performed by de Serres *et al*. On the other hand, passive surveillance has resulted in significant underreporting of measles among twice-vaccinated, thus skewing the official statistics.

Indicative of the gradually waning nature of vaccine-based protection, the contribution of twice-vaccinated children to disease cases increased with age. Twice-vaccinated cases constituted only 4.1% of the 5-9 age group, but 18% of the 10-14 age group, and 22% of the 15-19 age group. The study did not assess how many previously vaccinated individuals ended up getting the measles virus infection with a modified clinical course of disease and thus were not counted as disease cases for the purposes of reporting, yet were spreading the virus around in the community.

Can the Vaccinated Transmit the Measles Virus?

The medical establishment assumes that vaccinated children, if they themselves get virally infected or even develop full-blown (called breakthrough) disease, cannot transmit it to others. Some cite a paper published in the prestigious *Journal of American Medical Association (JAMA)* in 1973 as providing evidence for this assumption. Indeed, the title of the article reads "Failure of Vaccinated Children to Transmit Measles."[12] However, careful examination of the study design reveals that the study did not properly address the question it should have addressed: whether vaccinated children who definitely got infected during an outbreak did or did not transmit the virus to others, who were still susceptible to the virus.

The results of the *JAMA* study show that during an outbreak of measles in an Iowa community in he 1970s, which involved both vaccinated and unvaccinated children, non-sick vaccinated children were unlikely to transmit measles to their younger pre-school siblings, many of whom could have been recently vaccinated themselves and therefore not susceptible to measles anyway during that particular outbreak. The vaccination status of those younger siblings was not determined (or disclosed) by the study. Curiously, the study data show that non-sick *unvaccinated* children also "fail" to transmit measles (which they obviously did not contract during that particular outbreak) to their younger pre-school siblings with undisclosed vaccination status. This makes it clear that vaccination status is not a predictor of viral transmission.

A recent study, based on the 2011 outbreak of measles in New York City, has clearly documented that a twice-vaccinated person (an adult) can transmit measles to others.[13]

Doing the Math

Let us now remind ourselves that the touted purpose of establishing herd immunity via a high degree of vaccination compliance is to be able to promptly cease any outbreak of a benign childhood disease so that a vulnerable but vaccine-ineligible population (i.e., infants or individuals taking immunosuppressive medications) could avoid contracting the disease that is dangerous *only* at their age or given their state of the immune system. To prevent an outbreak, 70-95% of the population, according to very broad theoretical estimates, has to be truly immune—that is, *resistant to viral infection*, not just protected from developing the full range of symptoms that conform to the accepted clinical definition of the disease. However, 100% vaccination compliance can at best make only a quarter of the population become resistant to viral infection for more than a decade. This makes it apparent that stable herd immunity cannot be achieved via childhood vaccination in the long term regardless of the degree of vaccination compliance.

Is Revaccination a Solution to Waning Vaccine Protection Against Measles?

Typical variations in the gene pool (i.e., personal immuno-genetic profile) affect how efficiently vaccines get processed and presented to the immune system for the purposes of antibody production. This might be one of the reasons why only a fraction of healthy children respond well to vaccination (i.e., can generate and maintain relatively high measles-neutralizing titers for many years), whereas other healthy children respond poorly to vaccination. Would re-vaccinating those whose personal immuno-genetic profile does not favor high antibody production in response to the measles vaccine, correct their inherently low degree of vaccine-responsiveness? The research that attests to the futility of such an endeavor is gleaned from observations summed up by Dr. Gregory Poland:

> *"In studies of measles, post-immunization measles antibody in the 'low positive' range did not protect against clinical measles when subjects were exposed to the wild measles virus, whereas high levels were protective. Furthermore, non-responders to a single dose of measles vaccine, who demonstrated an antibody response only after a second immunization, were still six times more likely than were responders to a single dose of measles vaccine to develop measles on exposure to wild virus. Others examined 'poor responders,' who were re-immunized and developed poor or low-level antibody responses only to lose detectable antibody and develop measles on exposure 2–5 years later."*[14]

The answer is clear: poor responders to the measles vaccine remain poor responders to further vaccination and cannot rescue herd immunity. Having these data, why does the medical establishment insist that *vaccine-based* herd immunity is even possible, if only stricter or more frequent vaccination measures could be implemented? Why, for the sake of an unattainable idea, do mainstream pediatricians and public health officials pester

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those families who choose to shield their children from potential vaccine injuries or ensure their children's health via natural vaccine-independent strategies?

Self-Defeating Public Health Venture

The biomedical belief that a vaccine-exempt child endangers the society by not contributing to herd immunity is preposterous, because vaccinating every single child by the required schedule cannot maintain the desired herd immunity anyway. It is time to let go of the bigotry against those seeking vaccination exemptions for their children. Instead, we should turn our attention to the outcome of mass vaccination campaigns that lies ahead.

Mass vaccination of children initially achieves rapid results in disease reduction through attempted viral eradication only because it hitch hikes on top of the permanently immune majority of adults who acquired their immunity naturally in the pre-vaccination era. The problem is, however, that the proportion of vaccinated but non-immune young adults is now growing, while the proportion of the older immune population is diminishing due to age. Thus, over time mass vaccination makes us lose rather than gain cumulative immunity in the adult population. At this stage the struggle to control imported outbreaks is going to become an uphill battle regardless of vaccination compliance, with the Quebec measles experience of 2011 being a harbinger for more of such out-of-control outbreaks to come.

Mass vaccination eventually ceases endemic disease outbreaks by removing viral circulation in the community, instead of inducing permanent immunity in the vaccinated. However, viral diseases, although reduced in incidence in many countries, are not fully eradicated from all parts of the world. A region-specific elimination of viral exposure at the time when the virus is present globally is hardly good news. Prolonged mass childhood vaccination is a measure of disease control that with time makes our entire adult population (but more importantly infants) more and more defenseless against the incompletely eradicated virus, which can be easily re-imported.

Why do the public health authorities choose to put so much effort into a self-defeating venture of non-uniform viral eradication?

Perhaps a bit belated, comes a theoretical recognition of the epidemiologic disaster we are heading towards:

"For infectious diseases where immunization can offer lifelong protection, a variety of simple models can be used to explain the utility of vaccination as a control method. However, for many diseases, immunity wanes over time…. Here we show how vaccination can have a range of unexpected consequences. We predict that, after a long disease-free period, the introduction of infection will lead to far larger epidemics than that predicted by standard models. These results have clear implications for the long-term success of any vaccination campaign and highlight the need for a sound understanding of the immunological mechanisms of immunity and vaccination."[15]

The medical establishment got it all in reverse; it is not vaccine-exempt children who endanger us all, it is the effects of prolonged mass-vaccination campaigns that have done so. When will the medical establishment (and the media) start paying attention to the long-term consequences of mass-vaccination measures instead of hastily and unjustifiably blaming every outbreak on the unvaccinated?

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Tetyana Obukhanych earned her Ph.D. in Immunology at the Rockefeller University in New York, NY with her research dissertation focused on understanding immunologic memory, perceived by the mainstream biomedical establishment to be crucial to vaccination and immunity.

During her subsequent involvement in laboratory research as a postdoctoral fellow within leading biomedical institutions, such as Harvard Medical School and Stanford University School of Medicine, Dr. Obukhanych realized the flaws and limitations of current immunologic paradigms. Key to her realization was taking a broader look at scientific findings from many related disciplines, rather than confining her search, as customary in her professional circles, strictly to typical immunologic literature.

In her e-book Vaccine Illusion, Dr. Obukhanych articulates a view on vaccination that radically challenges mainstream assumptions and theories. After parting with the mainstream biomedical establishment and dissolving her prior allegiance to its doctrines, Dr. Obukhanych continues her independent in-depth analysis of peer-reviewed scientific findings related to vaccination and natural mechanisms of immunity. Her aim is to bring a scientifically-substantiated and dogma-free perspective on vaccination and natural immuno-enhancing approaches to parents and health care practitioners involved in making vaccination decisions.

Vaccine Illusion is available on Kindle at Amazon or order the PDF version from the author at: tetyana.o@gmail.com

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themselves.

Recently, National Post columnist Lawrence Solomon broke through what he calls the *"strictly enforced mainstream media blackout of vaccine skepticism*" by writing a three part series on measles and its vaccines.[1,2,3] The statistical and historic facts he discusses are in stark contrast to the one-sided vaccine propaganda fed by health officials to the obedient media.

In part one, The Untold Story of Measles, he writes, *"Several decades following the vaccine's introduction, the measles death rate rose, largely because the vaccine made adults, expectant mothers and infants more vulnerable."* He documents the historically high burden of mortality among the disadvantaged and the fact that measles vaccination has pushed the disease into age groups previously protected by natural immunity. *"Measles during pregnancies have risen dangerously because expectant mothers no longer have lifetime immunity. Today's vaccinated expectant mothers are at risk because the measles vaccine wanes with time and because it often fails to protect against measles."* Infants born to vaccinated mothers are also at higher risk because they receive one quarter less antibodies than babies born to mothers who themselves had measles in childhood.

In part 2 of the series, ***Vaccines can't prevent measles outbreaks***, Lawrence Solomon discusses the published work of vaccine developer and leader of the Mayo Clinic's Vaccine Research Group, Gregory Poland, MD who acknowledges that measles in highly immunized societies occurs primarily among those previously immunized. As a vaccine defender and harsh critic of the *"irrationality of the antivaccinationists"*, he nevertheless admits in a 2012 paper[4] that the measles vaccine (MMR) has failed, is unlikely to ever live up to the job expected of it, and that it's time for a *"major rethink ... outbreaks are occurring even in highly developed countries where vaccine access, public health infrastructure, and health literacy are not significant issues. This is unexpected and a worrisome harbinger—measles outbreaks are occurring where they are least expected."*

Poland admits that, "even with two documented doses of measles vaccine, our laboratory demonstrated that 8.9% of 763 healthy children immunized a mean of 7.4 years earlier, lacked protective levels of circulating measles-specific neutralizing antibodies, suggesting that even two doses of the current vaccine may be insufficient at the population level… at the same time, measles vaccine has a failure rate measured in a variety of studies at 2–10%." In part 3, Solomon tackles the futuristic technology of personalized vaccines known as vaccinomics.

Media paralysis

As an investigative reporter, Lawrence Solomon treads where few are willing to go. In an interview for the Age of Autism blog 5 he was asked, *"Why are there not more people in the media giving us stories like the ones you've written? Why do most journalists seem more like stenographers for the CDC?"*. He pinpoints the reasons mainstream media are unwilling to challenge the medical status quo about vaccines. *"Most journalists are intimidated by science. In political issues, they are confident of understanding the issues, and in the validity of their opinions. Confidence in their own judgment disappears when the subject turns to a scientific discipline. Here they often become meek and helpless. Fearing that they would be unable to understand the science, they accept the official view, becoming the stenographers you liken them to. Getting it wrong in vaccines, and possibly being responsible for the death or disability of innocents, involves taking on more responsibility than many journalists can countenance. Even if the journalist doesn't get it wrong, in the absence of proof he will be blamed as if he did, making him a pariah. Again, this isn't the role that journalists want for themselves."*

The 95% or higher vaccination rates required to uphold artificial "herd immunity" is an artifact of an ineffectual technology, resulting in outbreaks in highly vaccinated populations. When measles vaccines were licensed in Canada, the public was told, "one shot will provide life-long immunity". This theory has been proven false as evidenced by many measles outbreaks over the years in fully vaccinated groups in North America and Europe. In a 2011 outbreak in Quebec, of the 98 students who contracted measles in one high school, over 50% had received two doses of MMR vaccine."[6]

Even with booster doses, measles vaccination can only provide temporary immunity with the result that both the vaccinated and unvaccinated will increasingly be at risk of the disease. Rather than admit this widespread problem, health officials prefer to blame the unvaccinated for ongoing measles outbreaks.

Occasionally, the truth slips out however, when one of their own admits that infections are occurring in fully vaccinated people whose immunity has waned and that there is no way of knowing who is susceptible. *"Adults vaccinated against measles decades ago aren't all immune"*, announced a recent Vancouver Sun headline. ***"There's sort of a ticking time bomb here: how many of these people exist, we don't know, and who they are, we can't identify them"***, says Dr. Brian Lichty, associate professor of molecular medicine at McMaster University.[7] Without doing blood tests on everyone, there's no way to determine who's at risk.

Despite the known failure of the current measles vaccine and the fact that it has made measles a more dangerous disease, health officials press the public unrelentingly to keep vaccinating. They panic when measles breaks out, terrified it will spread, yet ignore the positive health aspects bestowed on the few children who do get measles and gain the benefit of long term immunity to the disease.

Measles—remembering the benefits

In this issue of the VRAN newsletter, PhD researcher Viera Scheibner writes of the health protective benefits of contracting measles. Her decades long study of the medical literature reveals that *"well managed natural infectious diseases are beneficial for children…* [and]… *Having measles not only results in life-long specific immunity to measles, but also in life-long non-specific immunity to degenerative diseases of bone and cartilage, sebaceous skin diseases, immunoreactive diseases and certain tumours."*[8]

Isn't it ironic that at a time when media vilification of non-vaccinators is at its height, we read of a cancer breakthrough using a high dose of measles virus? News reports announced that Mayo Clinic researchers have wiped out a 49-year-old Minnesota woman's multiple myeloma, an incurable blood cancer with an engineered measles virus, making it selectively toxic to cancer cells. Ironic as well is the disclosure that the woman had no previous exposure to measles, and few antibodies to the virus.[9] According to Wikipedia[10], multiple myeloma is a cancer of the immune system, formed

Vaccination: ticking time bomb cont. on page 10

The Science Is Not Settled

By Sandy Reider. MD

As a practicing primary care physician for the last 43 years, and as a parent since 1981, I have followed the evolution of vaccination policy and science with interest, and not a little dismay.

The number of vaccines given to children has increased significantly over the last 70 years, from four antigens in about five or six injections in 1949 to as many as 71 vaccine antigens in 53 injections by age 18 today (the number varies slightly from state to state). This includes four vaccines given in two shots to pregnant women (and thus the developing fetus) and 48 vaccine antigens given in 34 injections from birth to age six.

Each vaccine preparation, in addition to the antigen or live virus, contains many other substances, including preservatives (mercury, formaldehyde), adjuvants to hyperstimulate the immune response (aluminum), gelatin, aborted fetal DNA, viral DNA, genetically modified DNA, antibiotics, and so on. We know that the young child's nervous and immune systems are actively developing and uniquely vulnerable, but I wonder how many thinking adults would themselves voluntarily submit to such an invasive drug regimen?

In 1986 the National Vaccine Injury Act was passed, prohibiting individuals who feel they have been harmed by a vaccine from taking vaccine manufacturers, health agencies, or health care workers to court. At the time, vaccine producers were threatening to curtail or discontinue production because of the mounting number of lawsuits claiming injury to children, mostly relating to immunization against diphtheria. Once relieved of all liability, pharmaceutical corporations began rapidly increasing the number of vaccinations brought to market.

Pharmaceutical companies are now actively targeting both adolescents and adults for cradle-to-grave vaccination against shingles, pneumonia, human papilloma virus, influenza, whooping cough, and meningitis. There are many more vaccines in the pipeline. Who wouldn't love a business model with a captive market, no liability concerns, free advertising and promotion by government agencies, and a free enforcement mechanism from local schools? It is, truly, a drug company's dream come true.

Judging from what one reads and hears in the popular media, it is easy to conclude that the science is settled, that the benefits of each vaccine clearly outweigh the risks, and that vaccinations have played the critical role in the decline of deaths due to infectious diseases such as measles, whooping cough, and diphtheria, all of which claimed many lives in the past.

However even a cursory look at the available data quickly reveals that the mortality from almost all infectious disease was in steep decline well before the introduction of vaccination or antibiotics. Diphtheria mortality had fallen 60 percent by the time vaccination was introduced in the 1920s, deaths from pertussis/whooping cough had declined by 98 percent before vaccination was introduced in the late 1940s, measles mortality had dropped 98 percent from its peak in the U.S. by the time measles inoculation was introduced in 1963- and by an impressive 99.96 percent in England when measles vaccination was introduced in 1968. In 1960 there were 380 deaths from measles among a U.S. population of 180,671,000, a rate of 0.24 deaths per 100,000.

The takeaway here is that vaccination played a very minor role in the steep decline in mortality due to infectious disease during the late 19th century and early to mid- 20th century. Improved living standards, better nutrition, sanitary sewage disposal, clean water, and less crowded living conditions all played crucial roles.

Current immunization policy relies on the oft-repeated assertion that vaccines are safe and effective. Yet the Centers for Disease Control and Prevention, the Institute of Medicine, and even the American Academy of Pediatrics have acknowledged that serious reactions, including seizures, progressive encephalopathy, and death, can and do occur. The federal vaccine injury court, which was established at the same time that vaccine manufacturers were exempted from liability, has to date paid $2.6 billion dollars in compensation for vaccine injuries. And there is ample reason to believe that the incidence of vaccine injury is strongly underreported.

Ronald Bailey has made the colorful assertion that an individual choosing not to vaccinate themself or their child is akin to a person walking down the street swinging their fists/microbes at others. Rather than indulging in broad generalizations about immunization, a close examination of data regarding the recent pertussis outbreaks may help illustrate the complexity inherent in immune function, individual susceptibility, and the spread of infectious illness.

In 2011, there were numerous outbreaks of pertussis around the United States, notably in California, Washington, and Vermont. The majority of whooping cough infections in each state were reported among well-vaccinated adolescents and young teens. There was also a slight increase in cases among infants younger than 1 year old.

In Vermont, 74 percent of individuals diagnosed with whooping cough had been "fully and appropriately vaccinated" against pertussis. Vermont Deputy Commissioner of Health Tracy Dolan stated: "We do not have any official explanation for the outbreak and have not linked it to the philosophical exemption." In a July 2012 interview, Ann Schuchat of the Centers for Disease Control's National Center for Immunization and Respiratory Disease stated that: "We know there are places around the country where large numbers of people are not vaccinated [against pertussis]. However, we do not think those exemptors are driving this current wave. We think it is a bad thing that people aren't getting vaccinated or exempting, but we cannot blame this wave on that phenomenon."

It's clear that the pertussis vaccine is not very protective against a disease that already has a very low mortality, likely because the pertussis bacterium has developed resistance, much like bacteria become resistant to antibiotics over time. In a September 2012 article,The New England Journal of Medicine concluded that "protection against pertussis waned during the 5 years after the 5th dose of DTaP [a type of combination vaccine]."

Recent studies suggest that immunized persons, once exposed to wild Bordetella pertussis bacteria, take longer to clear the pertussis bacterium from their respiratory tract than individuals who have had natural pertussis and thus gain natural immunity. These vaccinated individuals can then become asymptomatic carriers of the bacteria and vectors for transmission. So those who choose to opt in can also, as Bailey puts it, "swing their microbes."

Vaccine-induced immunity is not the

Science Not Setlled cont. on page 12

Mumps Protects Against Ovarian Cancer: Vaccine Steals the Protection

by Heidi Stevenson

Ovarian cancer is among the deadliest. It's long been known that having mumps provides protection against it. Now, we have a study showing how the mumps vaccine could be leading to women's deaths from ovarian cancer.

Mumps was never a terrifying disease. The best way for an adult to avoid sterility from getting mumps was by having had the mumps as a child. Now, though, mumps vaccinations are routine—and ovarian cancer rates are increasing.

Now, I can hear the naysayers out there screaming, "But that doesn't prove causality!" That's certainly true—but I'm not going to make the claim that the mumps vaccine causes ovarian cancer. What the mumps vaccine does is interfere with the natural preventive function of the mumps disease to prevent cancer, a point that has now been documented in science.

It has long been suspected that there's a connection between having the mumps vaccination and developing ovarian cancer. A new study published in *Cancer Causes and Control*[1] starts with the statement:

Epidemiologic studies found childhood mumps might protect against ovarian cancer. To explain this association, we investigated whether mumps might engender immunity to ovarian cancer through antibodies against the cancer-associated antigen MUC1 abnormally expressed in the inflamed parotid gland.

In other words, it's well accepted that having had mumps provides women with protection against developing ovarian cancer. This is not absolute protection, but the fact is that it's long been known through anecdotal evidence to be true.

Study Identifies Ovarian Cancer Protective Factor

This study investigated the glycoprotein MUC1, a constituent of humble mucus, which happens to be one of the most significant parts of the immune system. Here is the reasoning that led to this study:

- Strong inflammatory events associated with tubal ligation and mastitis protect against ovarian cancer. (The same researchers had demonstrated this in earlier study.)
- Tissues from tubal ligations and mastitis normally express MUC1.
- Strong inflammatory events of tubal ligation and mastitis cause overexpression of MUC1.
- Overexpression of MUC1—resulting in anti-MUC1 antibodies—might be a reason that tubal ligations and mastitis help protect against ovarian cancer.
- If overexpression of MUC1 also exists in mumps, then it must be the reason that mumps provides protection against ovarian cancer.

They took samples of sera (liquid from blood samples) from 161 people who'd had mumps and 194 who had not. All sample testing was done blinded. That is, the analyses of blood tests were done by people who did not know whether the samples had been pulled from people with or without mumps.

The Researchers' Conclusions

The study found that people with active mumps and people who've recently had mumps have a significantly higher level of anti-MUC1 antibodies than those who don't have, or haven't recently had, mumps. They concluded:

Clearly, mumps vaccination only creates anti-viral antibodies and would not lead to anti-MUC1 antibodies, which we show here require an active parotitis. If it is true that symptomatic mumps protected against ovarian cancer through an immune reaction, a logical consequence is that we might expect an increased incidence of ovarian cancer as symptomatic mumps parotitis infections have decreased through vaccination.

In other words, the researchers found that having the mumps results in antibodies to MUC1 and that these antibodies help protect against ovarian cancer. They also state that it is simply logical that vaccination against mumps would not protect against ovarian cancer, because the vaccination does not create anti-MUC1 antibodies.

The researchers use remarkably strong language in their conclusion about the effects of the mumps vaccine and relatively benign nature of the disease itself:

Prior to vaccination, mumps was generally a mild illness but could have serious sequelae including orchitis and sterility, meningitis and deafness, and pancreatitis. Nevertheless, our study suggests there could also have been unanticipated long-term anticancer benefits of a mumps infection, such as we have described in this paper.

We can summarize the results like this:

- Mumps is a mild illness.
- Mumps rarely produces lasting harm.
- Mumps provides long-term anti-cancer benefit.

We know that many cancers have been increasing. How much of that increase, besides ovarian cancer, could be due to the mumps vaccine?

Sadly, though, the researchers seemed to miss the real issue in the rest of their conclusion:

Understanding the scope of and basis for the potential benefits of childhood infections may allow immunologists to duplicate the beneficial effects at the same time that vaccination provides the means for avoiding a natural infection and its possible immediate consequences. Further study of individuals going through a mumps infection, especially with a focus on mucin immunity, may provide clues to mechanisms for duplicating the beneficial effects of mumps parotitis suggested by this study.

Instead of even considering that the mumps vaccine may be doing more harm than good, the authors take the double-down approach. They suggest trying to artificially provide the same benefit that the mumps does naturally. Instead of considering that yet another "unforeseeable" adverse effect might occur—probably will occur—they suggest following the same old approach of trying to circumvent nature.

Instead of questioning whether the mumps vaccination itself is a mistake, they suggest trying to circumvent the one flaw that they've figured out. They don't consider that, perhaps, it's just one of many flaws. They don't consider whether they might be headed down the wrong path, in spite of acknowledging that the vaccine they've just shown could be doing more harm than good, they don't question the vaccine itself.

Will the time ever come when they'll step back and realize that what they're discovering isn't an excuse to continue down the same benighted path, but is information showing that it's time to take a step back and question whether their basic assumptions might be wrong?

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Mumps Protects cont. on page 10

Remembering Heidi Stevenson of Gaia Health

The natural health movement has lost a devoted and courageous champion. It is with great sadness that we inform you of the passing on March 12, 2014 of a dedicated and tenacious warrior for freedom and truth. Heidi Stevenson's tireless research and astute analysis of a broad range of health issues endeared her to countless people around the world.

While she wrote at her own expense and time, her hundreds of articles were shared far and wide, benefiting other writers trying to piece the big puzzle together. She contributed to well-known natural health websites, most recently to Green Med Info. Many writers could refer back to her articles with confidence because they were solid and meticulously referenced.

Heidi was well known for exposing statistical manipulation in science research and medicine. She had a unique ability to translate complex scientific and medical jargon into everyday language, making this knowledge accessible to all. Heidi Stevenson's investigative articles uncovering the propaganda, lies and corruption in mainstream scientific research have been invaluable in revealing the endemic untrustworthiness of industry funded research. Heidi tackled the vaccine issue with scores of insightful articles that exposed the failing vaccine paradigm and its role in the explosion of chronic neuroimmune diseases.

In a recent article on MMR vaccine failure 1, Heidi wrote, *"And those who suggest that the unvaccinated are responsible for people with weak immune systems also ignore the fact that even the vaccinated succumb to the diseases. They ignore the fact that their vaunted herd immunity has never been shown to work. It's nothing but a theory, and the goal posts for it keep getting pushed farther out."*

"They presume to have the ethical right to force the risk of harm on some to protect others. But they never explain why those others are more deserving of protection than the innocent child who is sacrificed on the altar of herd immunity. Herd immunity is the clarion cry to press everyone into vaccination. It's trumpeted by every health agency, in spite of the abject failure of the MMR in both measles and mumps. Even the vaccine's failure is used to demand that everyone be vaccinated. There is no absurdity too great that it won't be used to press for forced vaccination." √

Heidi Stevenson

A Tribute to Heidi Stevenson of Gaia Health

By Marcella Piper-Terry

When a warrior passes on...
when she leaves this earth and her physical body is no longer visible...
What have we lost?
Today we lost a warrior.
No. We lost A WARRIOR.
Heidi was so much more than any physical body could contain.
Those things about her that were intangible: her intellect, her passion, her knowledge, her ability to educate and inspire; those are the things that continue. They had nothing to do with her physical presence; they were and they ARE manifestations of her soul.
She is with us now.
She will be with us. Always.

To read additional tributes from Heidi's friends and colleagues, please go to:
https://www.facebook.com/HonorHeidiStevenson

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A number of Heidi's outstanding articles are now archived at the Wayback Machine website: http://web.archive.org/web/20131225140446/http://gaia-health.com/gaia-blog/ √

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Vaccination: ticking time bomb cont. from page 7

by malignant plasma cells in the bone marrow and is increasing. It is affecting younger people than in the past, resulting in about 74,000 deaths in 2010, up from 49,000 in 1990.

Doesn't it stand to reason that a virus like measles, which in the past triggered powerful immune responses in most children, might also have served a broader biological purpose as a necessary foundational priming of the immune system in order to protect the organism from chronic degenerative diseases later in life?

Sounding the Alarm

In 1984, Robert Mendelsohn, MD pre-

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dicted that vaccination is a "medical time bomb". He wrote, *"While the myriad short-term hazards are known (but rarely explained), no one knows the long term consequences of injecting foreign proteins into the body of your child. Even more shocking is the fact that no one is making any structured effort to find out."* He asked, *"Have we traded mumps and measles for cancer and leukemia?"*[11]

In the 30 years since Mendelsohn raised the alarm, the vaccine schedule has tripled, neurodevelpmental disorders like autism have exploded and we are waking up to the fact that large numbers of children and young adults suffer from autoimmune and chronic diseases. Good health in childhood is no longer a given, but vaccinology continues to make the dangerous assumption that children can safely be injected with unlimited vaccine combinations without consequence or damage to the immune system as a whole.

The U.S. vaccine adverse events reporting system (VAERS) reports 6,058 serious reactions linked to measles vaccines since 1990. The 288 reported deaths associated with the MMR vaccine exceed the number of deaths from measles outbreaks. Since March 1, 2012, there have been 898 claims filed in the U.S. federal Vaccine Injury Compensation Program (VICP) for injuries and deaths following MMR vaccination, including 56 deaths and 842 serious injuries. Since it's estimated that only 1-10% of vaccine reactions and injuries are reported to VAERS, the real numbers may be much higher.[12]

Complexities of the immune system

How much is known about the complexity of the immune system? They've only just scratched the surface apparently. In a 2011 interview,[13] Stanford immunologists, Garry Fathman, MD, and Mark Davis, PhD, discuss the state of immunology today; *"…the immune system remains a black box… It's staggeringly complex, comprising at least 15 different interacting cell types that spew dozens of different molecules into the blood to communicate with one another and to do battle. Within each of those cells sit tens of thousands of genes whose activity can be altered by age, exercise, infection, vaccination status, diet, stress, you name it… That's an awful lot of moving parts. And we don't really know what the vast majority of them do, or should be doing."* And here's the kicker, *"We can't even be sure how to tell when the immune system's not working right, let alone why not, because we don't have good metrics of what a healthy human immune system looks like."*

A new paper authored by immunologist J. Bart Classen, MD in the February 19, 2014 issue of Molecular and Genetic Medicine[14] presents convincing evidence that the rapid increase in the number of vaccines given to US children has now created a state of immune overload in the majority, or close to the majority, of young US children and that this is being manifested by related health issues including epidemics of obesity, diabetes, and autism. *"The best data indicates that vaccine induced chronic disease is now of a magnitude that dwarfs almost all prior poisoning of humans including poisoning from agents like asbestos, low dose radiation, lead and even cigarette"*, says Dr. Classen.

It's only in the last 30 years that the division of the immune system into two major classes has been established. Cellular immunity (Th1) is the first responder to pathogens and is located in the mucous membranes of the respiratory and gastrointestinal tract while humoral immunity (Th2) is the memory line of defense and produces antibodies *"For eons of time the mucous membranes of the respiratory and gastrointestinal tracts have been the primary sites of microbe entry into the body so that,* ***of necessity, cellular immunity has evolved as the primary immune defense system of the body, with humoral immunity playing a secondary or back up role"***, write Harold Buttram, MD and Christina England in their book, ***Shaken Baby Syndrome or Vaccine-Induced Encephalitis***.[15]

In their chapter on 'Vaccine Combinations and Immune Paralysis', they write, *"Current vaccine programs are in effect attempting to groom the humoral system into the primary immune system of the body, a role it can never fully or effectively play. The cellular immune system, in contrast, lacking former challenges of the so-called "minor childhood diseases" of former times (measles, mumps, chicken pox, rubella) may be going through the process of atrophy of disuse, also being further compromised by the immunosuppressant effects of combination–viral-vaccines."* They are concerned that vaccine programs may be turning children's immune systems "inside-out."

Societal memory is short

Only 40 years ago, measles was seen as an ordinary childhood disease. It was not feared nor was the public terrorized when cases appeared at school or in the neighbourhood. There was NO mass hysteria over cyclical outbreaks of measles as everyone understood the benefit of getting the disease in childhood. Doctors and parents knew that the vast majority of healthy children who got measles recovered, and went on to develop long lasting immunity into adulthood, thus benefitting society as a whole. Adults exposed to the cyclical outbreaks of measles had their own immunity boosted naturally, thus maintaining strong resistance to the disease and the broad societal base of true "herd immunity".

Naturally acquired immunity is a precious health resource that has evolved over millennia. The dismantling of this highly protective natural immunity and it's replacement with temporary vaccine immunity is a tragic loss both to contemporary society and to future generations. When the present naturally immune adult population (those born pre-1970) dies off, and is replaced by a majority with temporary immunity, it is predicted that there will be a greater proportion of susceptibles than in the pre-vaccine era resulting in far larger epidemics across all age groups, with increased levels of risks.[16,17]

Given the current immature state of immunology, it is safe to assume that the full picture of how vaccines effect us on the cellular and metabolic level, or the impact on our DNA, genes and the immune system as a whole, is nowhere close to being fully understood. If the large numbers of vaccines injected into young children today are provoking profound alterations to the normal function of the immune system and turning it "inside-out", a serious re-evaluation of current vaccine practices seems long overdue. In the meantime, as parents discover how little is really known about vaccine alteration of normal immune function, many more will likely choose to protect their children from this manipulative medical ritual.

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same as naturally acquired immunity, and the much touted "herd immunity" resulting from mass vaccination is a far cry from natural herd immunity, the latter being much more protective, long-lasting, and transferrable to nursing infants who are then protected during their most vulnerable stage of development.

Understanding vaccine effects is complicated. The "fence" or "firewall" as Bailey puts it, is in fact a two-way street. Much has been said about all the "junk science" cited by anyone questioning vaccines (Jenny McCarthy, anyone?), but even a cursory peek over that fence will reveal some very good information and science-Mary Holland's Vaccine Epidemic and Suzanne Humphries' Dissolving Illusions, for example.

Lumping skeptical parents with the crazies is a way to avoid legitimate questions. Such as: Should tetanus vaccination be required for entrance to school, given that tetanus is not a communicable disease? Why should hepatitis B immunization be required for school entrance, when the disease is found primarily among adult drug users and sex workers? Do we need to keep immunizing against diseases, such as chickenpox, that are almost always mild?

There is a considerable difference between giving a seriously ill child a proven life-saving medicine versus subjecting a completely healthy child to a drug that is known to cause severe, or even potentially fatal, adverse effects, however small the chance. This is an ethical issue that goes to the heart of our basic human right to informed consent to any drug treatment or medical intervention.

Given the sheer volume of vaccine promotion and propaganda, coupled with the cozy relationship between government, industry, and media, there are sufficient grounds for a healthy skepticism. Individual parents have become the last line of defense (not offense, not a swinging fist), and their choices should be respected and preserved.

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Sandy Reider, MD is a primary care physician in Lyndonville, Vermont. We appreciate her kind permission to reprint this article which first appeared in Reason Magazine: http://reason.com/archives/2014/03/25/shouldvaccines-be-mandatory/3 √

Adverse Reaction to the Tdap Vaccine

By Yvonne Dahlem

My knowledge of the true risks and harm vaccinations can cause comes first hand. I had an adverse reaction to the Tdap vaccination 2 years ago given to protect against whooping cough. It was six months after my first child Wyle was born. I wouldn't wish my experience on anyone, especially a small child or baby. I can't imagine what it would have been like seeing Wyle experience blindness, vomiting, severe brain swelling, and spinal inflammation so intensely he's unable to walk.

Unable to urinate, or eat anything for days, or have a regular appetite for months, even worse, to forget who he was and to lose time and memory. To be in and out of consciousness for weeks because of brain lesions that developed, and then to be told it could be Brain cancer. This is what I experienced from a "safe" vaccine. My first diagnosis was Aseptic Meningitis but as new symptoms emerged the doctors did not have a clue as to what was going on with me, they seemed baffled, then came the possibility of a brain tumor.

It was 7 terrifying months of being in and out of the ER, 4 spinal taps, countless blood work, 6 MRIs, a brain biopsy, a lengthy stay in the hospital and 2 separate weeks of intravenous steroid treatments. My final diagnosis in May of 2012 was ADEM (acute disseminating encephalomyelitis) from the Tdap (Tetanus, Diphtheria, and Pertussis) vaccination I received on November 9, 2011. I was advised by my neurologist (who was also Head of Neurology) to never get another vaccination again.

I can get over the physical pain, it was excruciating but what I am still having trouble accepting is the time I lost with my son. It should have been a magical time, I should have been enjoying every moment, instead my body felt like it was breaking down and I was losing my mind. There were days that I was in so much pain I couldn't get out of bed, or days that I just lost, I have no recollection of, they are just gone, and I feel cheated.

I am not anti-vaccination. But given my experience and what I know now, I choose not to continue with Wyle's vaccinations and I will choose not to vaccinate

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A New Autoimmunity Syndrome Linked to Aluminum In Vaccines

Leading immunologists at International Congress on Autoimmunity link aluminum in vaccines to a new post-vaccine syndrome. What if the whole vaccine model is just the hubris of a failing one-drug-one-effect paradigm that has vastly underestimated the spectacular complexity of the human immune system?

By Celeste McGovern, March 31, 2014

While "anti-vaxxers" are being smeared in public campaigns as backward and unscientific fear-mongers, a growing body of cutting edge research is emerging from the top echelons of medical immunology to confirm what the cranks have been saying for years about the devastating effects of vaccine ingredients. The biggest names in the field of study of the human immune system are attached to current papers in the most prestigious immunology literature that link widely used vaccine ingredients such as aluminum to terrifying modern epidemics of immune-mediated diseases including autism and Alzheimer's. As well, they've identified an entirely new post-vaccine syndrome: **Autoimmune Inflammatory Syndrome Induced by Adjuvant**s (ASIA). And while the study of ASIA is shining light on the underlying mechanisms through which vaccine ingredients trigger disease, it is also exposing cracks in the foundation of a century of vaccine orthodoxy .

Nearly 3,000 doctors and scientists from around the world gathered last week at the 9th International Congress on Autoimmunity (ICA) in the Nice Acropolis Convention Center on the French Riviera. Dozens of seminars and panel discussions of causes and treatments for scores of autoimmune diseases were scheduled. But an entire day of the four day event held every two years was devoted to the 3rd International Vaccine Symposium held under the umbrella of the ICA.

Ignasi Rodriguez-Pinto, an autoimmunologist at the Barcelona Hospital Clinic and former fellow of the pre-eminent Zabludowicz Center for Autoimmune Diseases at Tel Aviv University's Sheba Medical Center was at the symposium to announce the creation of a world registry for ASIA.

ASIA was first identified in the *Journal of Autoimmunology* in 2011 by Dr. Yehuda Schoenfeld, founder of the Zabludowicz Center. It includes a broad spectrum of neurological and immune-mediated phenomena seen following vaccine injections which result from exposure to their ingredients, including aluminum. Among ASIA's diagnostic criteria: weakness, anxiety, rashes, chronic fatigue, sleep disorders and the onset of a range of autoimmune diseases from Systemic Lupus Erythematosis to Rheumatoid Arthritis—sometimes years after an initial reaction.

ASIA is also dubbed "Schoenfeld's Syndrome" for Schoenfeld who has published more than 1,700 articles in the medical literature and is widely regarded as the world's leading authority on autoimmunity—disease that results when certain proteins in the body lose their "immune privilege" or protected status, and the machinery of the human defence system mistakes them as foreign invaders and launches an assault on its own body.

"ASIA is a wide concept that includes any environmental factor which is demonstrated to trigger autoimmune conditions," said Rodriguez-Pinto. Cases of Gulf War Syndrome, which result from exposure to the chemical squalene—a component of vaccines used on military personnel during the Gulf War, and siliconosis—immune-mediated symptoms triggered by silicon exposure in prostheses and breast implants—are now being considered under ASIA's umbrella, he said.

The registry was established in January of this year as a tool to enable researchers to analyze cases of ASIA globally, to compare clinical manifestations after exposure, and to establish common instigators of autoimmunity and compare efficacy of treatments. In its first month of operation, 283 confirmed cases of the syndrome were registered—73% followed vaccination while the remainder were exposed to other known toxins.

Picture above: Adult sheep affected by ASIA: extreme catchexia, poor wool coat, redness of skin, atrophy of muscular masses and generalized weakness, followed by death.

Most currently registered cases of ASIA have followed vaccination for Hepatitis B (70.7 percent), said Rodriguz- Pinto. Forty percent of the cases developed defined autoimmune conditions including Multiple Sclerosis and a subgroup of 20 percent had more than one diagnosed autoimmune disease.

"Adjuvants have been used for decades to improve the immune response to vaccines, and among this large group, alumimum and silicone are most commonly described," explains a paper in the July 2013 *Immunologic Research*, penned by four leading immunologists including Schoenfeld. "Nonetheless, as supported by increasing reports, although rarely vaccines are able to trigger the development of [autoimmune diseases] ADs in genetically susceptible humans, this could be ascribed to the presence of containing adjuvants. The time relationship between the vaccine delivery and overt disease can last from a few weeks to even years."

The paper adds that a "now abundant literature shows that exposure of human and animals to aluminum from various sources can have deleterious consequences on the nervous system, especially in adults."

Among the authors of that abundant literature is Canada's Christopher Shaw, chairman of the Children's Medical Safety Research Institute and a researcher at the University of British Columbia who , at the IAC last week described aluminum as "insidiously unsafe."

"That the aluminum ion is very toxic is well known," said Shaw. "Its toxicity was recognized as long ago as 1911 and evidence of that has only been amplified since," he said, especially in a growing body of evidence of aluminum's role in Alzheimer's disease and autism.

Though found in some food and water sources, since the 1920s, aluminum has been used in many and a growing number of vaccines, Shaw said, and "the compartment in which you put it in and the route of administration makes all the difference."

"Aluminum is a demonstrated neurotoxin," he added. "From the molecular level between ions and molecules, to the genome, to the protein and cellular level to the circuit level, there is no level of the nervous system that aluminum does not negatively impact."

Shaw reported on his research on mice injected with aluminum doses equivalent to those in vaccine injections. They showed progressive loss of muscle strength and endurance, and at the cellular level, "profound loss of motor neurons."

He and other researchers also demonstrated "social interaction deficits" and elevated anxiety levels among the vac-

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ASIA Linked to Aluminum cont. from page 13

cinated mice, reflected by their obsessive stair climbing and reluctance to move between light and dark regions compared to controls, for example. Shaw's forthcoming research demonstrates the impact of aluminum on gene proteins and gene expression and how these relate to autism.

MIT senior research scientist Stephanie Seneff presented a roundup of studies outlining the effect of aluminum on the pineal gland and its possible explanation for the high prevalence of sleep disorders among ASIA sufferers.

French researcher Romain Gherardi explained his team's 2013 study describing a severe meningoencephalitis in mice after vaccination and tracing the path of nanoparticlized aluminum in doses equivalent to what a human would receive. The team found deposits of aluminum encapsulated in macrophages—large immune cells that engulf foreign particles—in lymph nodes, spleen and brain tissue just four days after injection and lasting up to one year after a single shot. **"Aluminum particles used in vaccines are biopersistant and neuromigratory,"** he concluded. "These properties have been previously underestimated," and he said, they could explain "neurobiological adverse events."

Another Canadian researcher, Lucija Tomljenovic, described the mechanisms she believes were operating in the deaths of two girls: a 19-year-old who died in her sleep six months following HPV vaccination, and a 14-year-old girl who died in her bathtub 15 days after a second HPV shot. Tomljenovic stained tissue samples from each of the girls' brains and found evidence that aluminum was acting as a "Trojan Horse" into the brain, carrying along with it vaccine components which induced a "cross-reactive" autoimmune attack causing cerebral hemorrhage.

Though not a human study, perhaps Spanish veterinary researcher Lluis Lujan's experiment with sheep exposed to aluminium-containing vaccines is even more significant. Lujan outlined the "devastating consequences" of a compulsory multiple vaccine campaign against bluetongue in Spain in 2008 in which masses of animals died—now recognized as the ovine version of ASIA.

His 2013 study to investigate the underlying causes of the epidemic found that only 0.5% of sheep inoculated with aluminum vaccines showed an acute reaction within the first two to six days, marked by an array of nervous signs including lethargy, transient blindness, stupor, prostration and seizures.

However, as following the lethal bluetongue vaccines, the delayed onset "chronic" phase of the disease varied widely, manifesting in 50-70% of flocks and sometimes affecting nearly 100% of animals within a given flock. The reaction was frequently triggered by exposure to cold and began with abnormal behaviour, restlessness and compulsive wool-biting, then progressed to acute redness of the skin, generalized weakness, weight loss and muscle tremors, and finally, entered the terminal phase where the animals went down on their front quarters and could not get up. They became unresponsive, comatose and eventually died. Post-mortem examinations revealed "severe neuron necrosis" and aluminum in the nerve tissue.

"We are supposed to balance the benefits of vaccines against the adverse events," said Lujan. "What is sold is [the message] that vaccines have only beneficial effects, and the rest is forgotten or ignored, or nobody wants to hear about it."

Certainly there are many people who don't want to hear about the latest research linking vaccines to incurable and debilitating diseases. The enormity of the implications of ASIA and the toxicity of the aluminum adjuvant in current use throughout the world seems not yet to have penetrated medical consciousness.

Public health policy was barely mentioned, though it was noted that new and more vaccines are continuing to be added to pediatric schedules without taking account of the toxic load of aluminum. And just what is a tolerable dose of a neurotoxin in a healthy newborn's vaccine?

There is an unaddressed issue of a staggering lack of informed consent. How many parents, for example, considering the distant risk of a hepatitis-B infection in their healthy newborn infant, versus the risk of their child developing perhaps multiple irreversible and poorly understood neuroimmunological diseases, would choose the shot?

"First do no harm," expressed an apparently frustrated scientist linked to the US FDA. "When we know something is a toxin, it should not be given to people, particularly healthy people. We have heard enough evidence today that it is a toxin. We can debate it, but based on my experience it is not even a good adjuvant."

No one even mentioned challenging pharmaceutical giants and demanding aluminum's retraction from vaccine manufacture, though such scientists at the ICA are perhaps the best candidates to do so.

ASIA victims are still in a system that is wholly ignorant of the adjuvant problem. Their symptoms, even if they occur immediately in the wake of vaccination, are unrecognized by physicians who have been steeped in a century of vaccine dogma. They are shuttled from one specialist to another and frequently wind up treated by psychiatrists.

Sarah Jensen, a board member of the Vaccination Forum of Denmark intends to send the ASIA registry details of about 200 cases from Denmark, collected from families of girls, mostly aged 14 to 25, who have experienced severe health complications following injection with the Gardasil vaccine against cervical cancer. But Jensen supposes that most of Gardasil's victims—like those who say vaccine damage is a myth—have never heard of the syndrome.

While many doctors and researchers at the IAC see the problem as simply one of replacing aluminum with something "safer," there are more fundamental questions provoked by the study of ASIA. Aluminum's toxicity was previously underestimated and denied for nearly a century, so what of other ingredients like the viral DNA contaminants (discussed at the congress), and the infectious agents themselves?

What if the whole vaccine model is just the hubris of a failing one-drug-one-effect paradigm that has vastly underestimated the spectacular complexity of the human immune system?

Most of Lujan's sheep showed no acute phase of immediate post-vaccine trauma. How long is this latency in humans? Lujan's sheep suffered from an apparent dose-dependent aluminum toxicity. What if even a single aluminum injection sets the immune system up for a fall into neurological or immunological disease that is triggered years, perhaps decades, later? In that case, ASIA is the tip of a very big iceberg.

Note: We are grateful to GreenMedInfo for their kind permission to reprint Celeste McGovern's powerful article illuminating the link between aluminum contain vaccines and autoimmune diseases. The article contains many links to supportive references and can be accessed online at: http://www.greenmedinfo.com/blog/new-autoimmunity-syndrome-linked-aluminum-vaccines √

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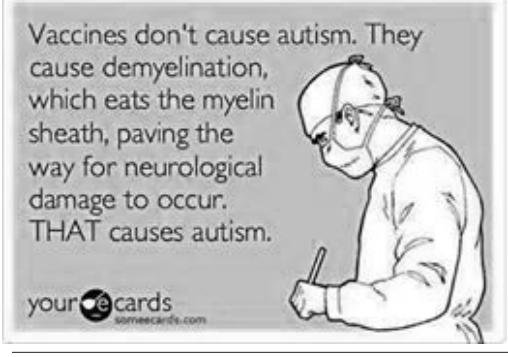
any other child I may have in the future. I would rather have my child treated for what use to be routine childhood illnesses like the measles or chickenpox than experience what I did from an adverse reaction to a vaccine. Vaccines have never made any intuitive sense to me and I regret allowing myself to be pressured and shamed by a nurse into something I was not okay with.

I don't judge individuals or parents who make the decision to vaccinate similarly I don't judge those who choose not to vaccinate because the dangers are very real. I never imagined anything like that could have happened to me, but it did, I have now had an awakening. I am no longer ignorant when it comes to vaccine safety. I do not trust any health care worker who says there's nothing to worry about, they are either ignorant themselves or telling a blatant lie.

There is no way to determine how an individual will react to a vaccination, who is susceptible to having an adverse reaction or how serious it can be. I'm not going to apologize for not willing to sacrifice my child for the greater good.

There is a ton of medical literature on the safety and effectiveness of vaccines, peer reviewed, by doctors for and against vaccines. There are also countless testimonies from families who have experienced vaccine damage; their stories can not be denied and should not be ignored. I urge people, especially parents to take the time to do some research. Read the package inserts and learn about the ingredients in vaccines, listen to your intuition and don't allow anyone to pressure or bully you into doing something you don't feel comfortable with or that doesn't feel right. There is no vaccine compensation program in Canada, no pharmaceutical company will be held accountable for you or your loved ones' injuries, in the end you are the one that is going to have to live with the consequences. I say no thank you. √



Pertussis Vaccine Failure

Why is the CDC and FDA Still Recommending the Failed Whooping Cough Vaccine?

By Health Impact News

2013 was the year the CDC and FDA finally admitted there were problems with the pertussis (whooping cough) vaccine.

When cases of whooping cough spiked in 2012, the media and medical community was quick to rush in and blame unvaccinated children. The data, however, could not support that claim.

In 2013, there were two major research papers published documenting the failure of the pertussis vaccine. I don't believe the first one, published in early 2013, received any mainstream media exposure at all, while the second one, later in the year, was back-page news. However, both of these studies should have been headline stories.

The first study reported in early 2013 that researchers had found the first U.S. evidence of vaccine-resistant pertussis. The same phenomenon had been observed in other countries, and research showing that pertussis was developing immunity against the current pertussis vaccine being given to children should have made headline news. But of course, it did not.

Lisa Schnirring from the Center for Infectious Disease Research & Policy at the University of Minnesota summarized the research.

> "Researchers in other countries have found evidence that circulating strains of Bordetella pertussis have adapted to the acellular vaccine, and researchers today reported similar findings for the first time in US kids, based on genetic analysis of isolates from hospitalized children.
>
> Infectious disease experts have been eyeing waning immunity from acellular pertussis vaccines as a contributor to increasing numbers of cases of pertussis (whooping cough) in several countries, and evidence is mounting that another factor fueling the outbreaks could be that the bacteria are adapting to the vaccine.
>
> The US researchers, including a scientist from the US Centers for Disease Control and Prevention (CDC), described their findings in a letter in the New England Journal of Medicine." 1

Note that one of the scientists in this study was from the CDC.

Then, later in 2013, the FDA published a study they had conducted on the pertussis vaccine, admitting that cases of whopping cough were increasing among a highly vaccinated public. They studied the effect of the vaccine on baboons, and found out that vaccinated baboons still carried around whooping cough in their throats, spreading it to others. The N.Y. Times actually reported on this in their "Health Section". [2,3]

So both the CDC and the FDA were aware in 2013 that the whooping cough vaccine was not effective, and yet it is still part of the vaccine schedule. Why?

Could it be because the vaccine is part of a combo vaccine, along with diphtheria and tetanus, and that it therefore represents too great of a financial loss for the drug manufacturers to stop using it?

A report last in January 2014 from Europe revealed that new whooping cough vaccines are in development, as the World Health Organization has also admitted that the pertussis vaccine no longer works. In the U.S., however, unvaccinated children are still being blamed in the mainstream media for the increase in whooping cough cases. (Just do an internet search for "whooping cough unvaccinated" to see this currently happening.) [4]

Since the U.S. Congress has given vaccine manufacturers total legal immunity from being sued for faulty vaccines or injuries and deaths caused by them, a law upheld by the Supreme Court in 2011, there is no legal basis to stop the ineffective whooping cough vaccine from being injected into children. To stop it would cost billions of dollars in vaccine revenues for the next couple of years as they try to develop a new vaccine to replace the current ineffective pertussis vaccine.

And if one is tempted to think that those who manufacture these vaccines would never keep a defective product on the market knowingly, think again. Twenty percent of all white collar corporate crime is now committed in the pharmaceutical industry, with every major vaccine manufacturer now a convicted criminal. A recent editorial written in the British Medical Journal chronicled how the fines levied against this criminal activity is not sufficient enough to prohibit the companies from continuing to

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act like criminals. [5]

As for the government stepping in to protect the public from a failed vaccine? The story of how Julie Gerberding, the head of the CDC from 2002 through 2009, left government to become the president of Merck's Vaccine division, a $5 billion dollar a year operation, and the supplier of the largest number of vaccines the CDC recommends, pretty much says it all. [6]

Reprinted with appreciation from Health Impact News: http://healthimpactnews.com/2014/why-is-the-cdc-and-fda-still-recommending-the-failed-whopping-cough-vaccine/

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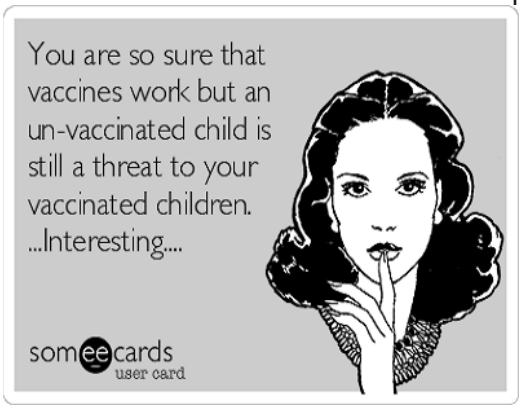

Medicating Our Kids: A New Perspective on ADHD

By Kelly Brogan, MD

"She has a remarkable ability to engage in a task. We use her as a model for the other kids, to show them what we want out of the journaling project," said my daughter's nursery school teachers as we sat together on diminutive, paint-splotched furniture. Rather than feeling self-satisfaction at her stellar "performance," my mind wandered to the greater issue at hand here: what is happening to children, how are we being manipulated by industry to interpret it, and how can awareness be raised around better solutions other than ADHD medications for kids?

A candid and uncharacteristically provocative piece entitled the *Selling of Attention Deficit Disorder* ran in the NY Times, as part of an effort to raise this awareness. The article discusses the making of an epidemic, much as Robert Whitaker, author of Anatomy of an Epidemic and host of *Mad in America*, has in his efforts to expose the manufacturing of a profit-driven machine into which our children are being fed. The Times article begins with a bird's eye view of the alarming statistics: "*Centers for Disease Control and Prevention show that the diagnosis had been made in 15 percent of high school-age children, and that the number of children on medication for the disorder had soared to 3.5 million from 600,000 in 1990."*

And goes on to state that, "*Behind that growth has been drug company marketing that has stretched the image of classic A.D.H.D. to include relatively normal behavior like carelessness and impatience, and has often overstated the pills' benefits."*

This post will focus on ADHD, but Psychiatry is like a blob consuming as much of our population as it can. From 1994 to 2003, for instance, there was an *8,000% increase in children 0-19* treated for Bipolar Disorder. Critics have implicated direct to consumer advertising (only legal in the US and New Zealand) including comics for kids, financial courtship of doctors who claim to be beyond influence, ghost-written, and pharmaceutically funded research, and paid key opinion leaders positioned to dismiss safety concerns. Psychiatric studies funded by pharma are *4x more likely to be published if they are positive, and only 18%* of psychiatrists disclose their conflicts of interests when they publish data.

Psychiatry is particularly susceptible to industry corruption because of the highly subjective, non-biological, impressionistic nature of diagnostic criteria. With our "governing body" the American Psychiatric Association heavily funded by pharmaceutical companies, the temptation is all too great to open the diagnostic umbrella to encompass behavioral criteria like "makes careless mistakes" or "often has difficulty waiting his or her turn."

Perhaps we are all susceptible, as a society, to Pharma's courtship; however, because the notion of a popping a pill, and a hyper-simplified diagnostic label of illness allows us to reduce an incredibly complex and multi-etiologic syndrome into the linear "*A* medication for *B* disease" model we have come to love in America.

The trouble with psychiatry is that we are using open-label, short-term studies to justify life-long treatments. We have lost all ability to appreciate the natural course of an illness, if we want to call it that, and the realities of long-term efficacy and cumulative burden of side effects. A longitudinal NIMH study, the only one of its kind, demonstrated that after an initial decrease in ADHD symptoms, at three years, there was deterioration in the medicated group, and by six,*worse attentional and behavioral symptoms than unmedicated controls, and increased functional impairment*. Despite claims that stimulant side effects are "generally mild," data accumulated by psychiatrist Dr. Peter Breggin *has demonstrated quite the opposite.* He cites studies that demonstrate concerning risks for:

- Motor and vocal tics
- Addiction, withdrawal and rebound
- Growth suppression
- Adverse cardiovascular effects
- Mania, suicidality, psychosis

and explores the premise of creating brain pathology, that Whitaker and others have also expressed grave concern about. He cites a study by Nasrallah et al in which more than *50% of treated young adults experienced PET confirmed brain atrophy*, concluding "cortical atrophy may be a long-term adverse effect of this treatment." In rhesus monkeys, Wagner et al *demonstrated long-term changes to dopamine levels* and receptor density, related to compensatory changes the brain undergoes in the setting of chronic intoxica-

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tion. Subjects abstinent from stimulants for three years *were found to have persistent dopamine-related brain changes on PET scans*, related to Parkinsonian pathology.

When we interfere with behavior and brain growth, when we force children to conform to our needs as busy, distracted, and often chronically ill adults, we may be fundamentally compromising their expression of self, as Breggin cites Greenough et al:

> *Spontaneous or self-generated activities–play, mastery, exploration, novelty seeking, curiosity, and zestful socialization-are central to the growth and development of animals and humans and necessary for the full elaboration of CNS synaptic connections.*

I treat many women on the other end of this negligent spectrum of reckless prescribing, when I try to help them taper off of stimulants before pregnancy, and in some cases, am unable to do so because of the dependency and subsequent withdrawal that emerges.

I would like to peel back the layers of this complexity so that we can take a collective glimpse into what may actually be going on with our children (and adults!) and discover what tools parents have at their disposal before they pick up the phone to that psychiatrist.

Here's what I want to tell parents to think about when it comes to underlying drivers of symptoms, drivers that a stimulant—in no way—addresses. This list will focus on toxic exposures, most derived from diet. Amazingly, this review of dietary treatment for ADHD encompasses data *establishing efficacy of diets ranging from ketogenic to Feingold, to low sugar*, but still claims that, "In practice, additive-free and oligoantigenic/ elimination diets are time-consuming and disruptive to the household; they are indicated only in selected patients."

I disagree and would state that dietary modification towards a whole food, high natural fat, no grain diet represents first-line intervention.

1. **Sugar**—Pick up a food product marketed to a child population and you will inevitably see one to four types of sugar listed in the ingredients. From infant formula to endless processed snacks, to sodas and juices, our children are pushed into reactive hypoglycemia and insulin resistance by this onslaught. The behavioral effects of high and low blood sugar, cortisol, and insulin account for energy levels, agitation, and hyperactivity, but there is a more insidious process at work: sugar causes inflammation and suppresses a growth factor in the brain called BDNF. *Soda and processed food have been linked to academic errors, inappropriate behavior and violence* according to research by David Hemenway. Cumulative, long-term effects of sugar on the brain are *fast becoming a leading model for Alzheimer's*, confirmation of the brain-based starvation that occurs in the setting of chronic exposure.
2. **Gluten**—Not only an inducer of inflammation and autoimmunity including brain-based autoantibodies, it also contains opiate-like compounds called *gliadorphins*. Gluten-containing foods are almost always processed for increased insulin provocation and made with genetically-modified vegetable oils. Read more about its brain effects here. Consider eliminating all grains (corn, wheat, rye, millet, barley, oats, etc.) and dairy (a cross-reactant) for one month.
3. **Genetically modified/ Glyphosate-sprayed foods**—We now know that *the herbicide genetically modified foods are designed to withstand is wreaking havoc on our guts*. Our children are vulnerable to this chemical that decimates beneficial bacteria, produces ammonia, binds minerals, interferes with hormone-managing enzymes, and metabolism of other environmental toxins. *Responsible Technology* has guides to GMO-free shopping; also consider including fermented foods like sauerkraut (even just the juice) and lacto-fermented pickles in your child's diet.
4. **Food dyes and additives**—Banned in Europe, these food additives may be exacerbating cognitive function: Blue #1 and #2 food coloring; Green #3; Orange B; Red #3 and #40; Yellow #5 and #6; and sodium benzoate, a preservative. Relatedly, *monosodium glutamate* and *aspartame* are excitotoxins that drive neurochemical changes and behavioral symptoms consistent with attentional impairment and hyperactivity.
5. **Ultrasound in pregnancy**—There is an accumulating body of evidence that implicates ultrasound technology, in its current unstudied application (in frequency and intensity), in the development of abnormal brain structure. I discuss recent data supportive of this concern in a recent blog post entitled *Perils of Peaking Into the Womb: Ultrasound Risk*.
6. **Vaccination**—Neurobehavioral abnormalities stemming acutely or subacutely from vaccine-exposure have been *compensated and reported*. Putative mechanisms include brain-penetrant additives such as *polysorbate 80*, and adjuvants such as aluminum and mercury.A primate study done with an unvaccinated control group, concerningly *demonstrated delayed acquisition of neurodevelopmental reflexes* in the thimerosol (ethylmercury-forming preservative) Hep B vaccinated group (particularly in those with low birth weight and gestational age) relative to the unexposed group, and another rhesus placebo-control (saline) study found that *the vaccinated experienced changes in amygdala growth* and opiate binding. Studies such as this, along with another one that determined a *9x greater risk for receipt of special educational services in boys receiving the pre-2001 Hep B vaccine series*, raise questions about a connection. We are now learning that there may be no "safe dose" of these metals and that a synergy between environmental chemical exposures and multiply administered vaccines may be more dangerous than previously expected. By no means a gold-standard study, but a much needed vaccinated vs unvaccinated comparison California survey commissioned by Generation Rescue found that: Among more than 9,000 boys age 4-17, the survey found *vaccinated boys were two and a half times (155%) more likely to have neurological disorders compared to their unvaccinated peers*. Vaccinated boys were 224% more likely to have Attention Deficit Hyperactivity Disorder (ADHD), and 61% more likely to have autism.For older vaccinated boys in the 11-17 age bracket, the results were even more pronounced. Vaccinated boys were 158% more likely to have a neurological disorder, 317% more likely to have ADHD, and 112% more likely to have autism.
7. **Deficiencies and nutrient stress** B **vitamins**—Deficiencies of B vitamins can arise from dietary restriction—for example, lack of B12 in the setting of animal-protein limited diets and from compromised utilization related to genetic variants such as the *MTHFR gene* and associated methylation defects. Methylation appears to play a highly relevant role in pro-

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duction of neurotransmitters, pruning, myelination, and DNA expression. Iron: A real Goldilocks mineral, iron is a mineral that is a critical cofactor for neurotransmitter production, vital for brain oxygenation and thyroid hormone utilization. *Studies linking iron stores* to ADHD have been equivocal, but researchers argue for brain-based assessments such as *this MRI study* which identified critical deficiencies in the thalamus of those diagnosed with ADHD. *Low serum ferritin has been linked to symptoms of ADHD* and also to increased dosing of stimulants for effect.

8. **Thyroid**—Functional thyroid deficiency can result from autoimmune attack of the gland, iodine/nutritional deficiency, or peripheral resistance. *Poor access to active thyroid hormone in utero may result from iodine deficiency*. Exposure to endocrine disrupting chemicals such as pthalates and bisphenol A *may also serve to impair thyroid hormone trafficking* resulting in a diagnosis of ADHD in the child. Others recommend *looking beyond a standard TSH screening* to assess for peripheral resistance and low free hormone levels in these children.

Control for these exposures (try it for a month!), consider benign functional-medicine based interventions, homeopathy, and even *neurofeedback*, but please consider sparing your child from the relentless cycle of medications begetting medications, long-term inefficacy, and potentially irreversible side effects. Apologies, fines (*57.5 million levied against NJ-based pharmaceutical company Shire*, maker of blockbuster ADHD drug Adderall), and *acknowledgement of pharmaceutical corruption* of pediatric health is too little too late. We are going to look back on this era of child drugging with shame and humility, I predict, so I encourage you to begin that discovery process now.

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Dr. Brogan is allopathically and holistically trained in the care of women at all stages of the reproductive cycle experiencing mood and anxiety symptoms, including premenstrual dysphoria (PMDD), pregnancy and postpartum symptomatology, as well as menopause-related illness.

You can learn more about Dr. Brogan at **www.kellybroganmd.com**, and connect with her on Facebook.

Note: With appreciation to Dr. Kelly Brogan for permission to reprint this article and many thanks to GreenMedInfo for posting it on their website. GreenMedInfo is a leading source of informative articles on natural health and vaccine risks. To access the many embedded references in this article, go to the GreenMedInfo website: http://www.greenmedinfo.com/blog/medicating-our-kids-new-perspective-adhd?page=1 √

Toxic Levels of Aluminum Causing Neurological Damage and Autism

By Christina England—January 28, 2014

http://vactruth.com/2014/01/28/toxic-levels-of-aluminum/

A recent study conducted by Canadian scientists Professor Christopher Shaw and Dr. Lucija Tomljenovic revealed that the more vaccines that children receive containing the adjuvant aluminum, the greater their chance is of developing autism spectrum disorders (ASD), autoimmune diseases and neurological problems in the future.

In 2013, in their paper, published by Springer Science+Business Media, titled *Aluminum in the Central Nervous System: Toxicity in Humans and Animals, Vaccine Adjuvants, and Autoimmunity*, they revealed that during a 17-year period, the rates of autism had increased significantly in countries that had the most vaccinations containing the adjuvant aluminum. [1]

A Highly Significant Correlation

The researchers compared the number of vaccines recommend by the Centers for Disease Control and Prevention (CDC) during the period from 1991—2008 and the changes in the autism rates during the same period. They wrote:

"The data sets, graphed against each other, show a pronounced and statistically highly significant correlation between the number vaccines with aluminum and the changes in autism rates. Further data showed that a significant correlation exists between the amounts of aluminum given to preschool children and the current rates of autism in seven Western countries. ***Those countries with the highest level of aluminum-adjuvanted vaccines had the highest autism rates****." [1] [own emphasis]*

They revealed that:*"The observed correlation between the number of aluminum-adjuvanted vaccines and ASD was further tested using Hill's criteria and met eight of nine of these, indicating that vaccines containing aluminum are highly likely to be at least partially causal for autism."*

For those who are not familiar with 'Hill's criteria,' it is a technique used to determine a causal link between a specific factor and a disease. For example, does excess smoking cause lung cancer? Scientists seeking 'to establish a valid causal connection between a potential disease agent' now frequently use the technique, which was first developed by British medical statistician Austin Bradford Hill. [2]

Professor Shaw and Dr. Tomljenovic continued their paper by adding that:

"There are other links between aluminum exposure/toxicity and ASD. These include the following: A pilot study showed higher than normal aluminum levels in the hair, blood and/or urine of autistic children; children are regularly exposed to higher levels of aluminum in vaccines per body weight than adults; practically, nothing is known about the pharmacokinetics and toxicodynamics of aluminum in vaccines in children; and aluminum in vaccines has been linked to serious neurological impairments, chronic fatigue and autoimmunity."

If Professor Shaw and Dr. Tomljenovic are correct, then their results are extremely worrying, especially as autism is not the only condition to which their paper linked the adjuvant aluminum.

In fact, their paper also linked aluminum to the rise in the incidence of Alzheimer's, Gulf War syndrome and a relatively new syndrome, ASIA (autoimmune/inflammatory syndrome induced by adjuvants) that was identified by scientists last year.

Toxic Aluminum Levels in Vaccines

In 2012, a paper written by Stephanie Seneff, Robert M. Davidson and Jingjing Liu, titled *Empirical Data Confirm Autism Symptoms Related to Aluminum*

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and Acetaminophen Exposure, also confirmed that exposure to a large number of vaccinations containing the adjuvant aluminum at a young age was the most likely cause for the increase in autism and other adverse reactions to vaccines.

They wrote: ***"In this paper, we have presented some analyses of the VAERS database which strongly suggest that the aluminum in vaccines is toxic to vulnerable children. While we have not shown that aluminum is directly causative in autism, the compelling evidence available from the literature on the toxicity of aluminum, combined with the evidence we present for severe adverse reactions occurring much more frequently following administration of aluminum-containing vaccines as compared to non-aluminum containing vaccines, suggests that neuronal damage due to aluminum penetration into the nervous system may be a significant factor in autism. The fact that mentions of autism rose steadily concomitant with significant increases in the aluminum burden in vaccines, is highly suggestive."*** [3]

This is particularly bad news to any parent considering having their children vaccinated, as a growing number of the childhood vaccinations now contain the adjuvant aluminum as an ingredient.

This was explained in depth by pediatrician Robert Sears, in his excellent article published in the magazine Mothering in 2008.

Dr. Sears is another medical professional exceptionally worried about the effects of aluminum on children's health. In an article warning mothers about the dangers of vaccinations containing the adjuvant, titled *Is Aluminum The New Thimerosal?* Dr. Sears explained that aluminum is added to vaccinations to help them work more efficiently. He stated that although this would not normally be a problem because aluminum is a naturally occurring element found everywhere in our environment, including our food, water, air and soil, he had become worried about the effects that aluminum was having on children's health. He began to wonder if anyone had ever actually tested the safe level of injected aluminum.

During his research, he came across a number of extremely worrying documents. However, few were as worrying as the one written by the American Society for Parenteral and Enteral Nutrition (ASPEN). Describing the document in depth, Sears wrote:

"The source of the daily limit of 4 to 5 mcg of aluminum per kilogram of body weight quoted by the ASPEN statement seems to be a study that compared the neurologic development of about 100 premature babies who were fed a standard IV solution that contained aluminum, with the development of 100 premature babies who were fed the same solution with almost all aluminum filtered out. The study was prompted by a number of established facts: that injected aluminum can build up to toxic levels in the bloodstream, bones, and brain; that preemies have decreased kidney function and thus a higher risk of toxicity; that an autopsy performed on one preemie whose sudden death was otherwise unexplained revealed high aluminum concentrations in the brain; and that aluminum toxicity can cause progressive dementia."

He continued by giving some extremely alarming facts, of which few parents are aware:

"However, none of these documents or studies mentions vaccines; they look only at IV solutions and injectable medications. Nor does the FDA require labels on vaccines warning about the dangers of aluminum toxicity, although such labels are required for all other injectable medications. All of these studies and label warnings seem to apply mainly to premature babies and kidney patients. What about larger, full-term babies with healthy kidneys?"

He explained:

"However, these documents don't tell us what the maximum safe dose would be for a healthy baby or child, and I can't find such information anywhere. This is probably why the ASPEN group suggests, and the FDA requires, that all injectable solutions be limited to 25 mcg; we at least know that that level is safe."

If this is so, then why do childhood vaccinations include far above the recommended amounts of aluminum? Since the first edition of this article, more aluminum containing vaccines used in childhood have come to my attention. They are as follows:

- DTaP (diphtheria, tetanus, and pertussis): **170–1500 mcg**, depending on manufacturer
- Adacel: TDaP (Tetanus, diphtheria, acellular pertussis): 1500 mcg
- Hepatitis A: **250 mcg**
- Hepatitis B: **250 mcg**
- Hib: (for meningitis; PedVaxHib brand only): **225 mcg**
- HPV Vaccines: Gardasil: **225 mcg , Cervarix: 500mcg**
- Pediacel: (DTaP-Polio-Hib combination) 1500 mcg
- Pediarix: (DTaP–hepatitis B–polio combination): **850 mcg**
- Pentacel: (DTaP–Hib–polio combination): **1500 mcg**
- Pneumococcus (Prevnar*13): **125 mcg** (emphasis added)
- Quadracel: (DTaP-polio combination): 1500 mcg

You do not have to be medically qualified to understand that these levels far exceed the safe levels recommended by ASPEN, especially when you consider that a newborn baby is vaccinated with the hepatitis B vaccine, containing 250 mcg of aluminum, at birth!

In fact, according to Dr. Sears, the FDA stated that:

"Although aluminum toxicity is not commonly detected clinically, it can be serious in selected patient populations, such as neonates (newborns), and may be more common than is recognized." [4] [emphasis added]

If this is true, then why are all newborn infants, including those born prematurely, vaccinated at birth with the vaccine against hepatitis B, which is loaded with more than the recommend safe levels of aluminum?

Additional Concerns for Preemies

It is a recognized fact that many babies are born prematurely. A baby can now survive outside of their mother's womb as young as 24 weeks gestation. This means that many extremely premature babies are being vaccinated with massive amounts of aluminum on the day they are born.

If this is not bad enough, at the tender age of eight weeks, in line with the CDC recommended childhood vaccination schedules, these tiny, immature babies are vaccinated with as many as nine vaccinations in one day. [5]

For a baby born at 24 weeks, this means that they are still playing a game of catch-up when they are vaccinated because they are "minus eight weeks" and not "plus eight weeks" at the time of vaccination. In fact, many of them will be taken out of their incubator to be legally vaccinated by medical professionals with vaccinations

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that could potentially kill them!

Conclusion

Aluminum, as these papers have demonstrated, is extremely toxic, especially when children are repeatedly vaccinated with vaccines containing aluminum over the recommended limits. The FDA and ASPEN recommend 25 mcg to be a safe limit and yet, as Dr. Sears has shown in his article, many of the childhood vaccinations contain aluminum far in excess of this amount.

The papers that I have studied make it abundantly clear that the more vaccines that children receive containing aluminum, the greater chance they have of developing autism, autoimmune diseases, Alzheimer's disease and neurological deficits in the future.

As parents, it is our duty to protect our children at all costs, and yet how many of us know what the recommended vaccinations contain? Parents need to research more thoroughly the ingredients included in the vaccinations with which they are planning to have their child vaccinated and the possible effects that these ingredients may have on their child's health.

Autism, for the majority of children, is for life and it can affect every aspect of their development. Surely, we owe it to our children to at least be fully aware of the possible dangers of vaccinations, before subjecting our children to as many as 39 vaccines between the ages of zero to six which are known to be loaded with aluminum, mercury, formaldehyde and many other potentially lethal ingredients.

Please read the papers referenced below before vaccinating your child and download a free list of vaccine ingredients at the VacTruth website: http://vactruth.com/

Note: We are grateful to the author for her kind permission to reprint this article which can also b e accessed at the VacTruth website: http://vactruth.com/2014/01/28/toxic-levels-of-aluminum/ .

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How to Cause a Peanut Allergy Epidemic in Four Easy Steps

By Robyn Charron

At some point in 2010 I saw a simple website, where the margins of the text were too narrow, causing the sentences to run too wide, that claimed that the peanut allergy epidemic we are now experiencing is due to peanut oil being used in vaccines. I am a peanut allergy mom. I am angry and disappointed on a near-daily basis about the hand we've been dealt with our son, and I want answers. I knew my child was vaccine injured; I saw the downward spiral happen before my very eyes when he was two months old. However, I didn't believe the text in front of me. I didn't think it was true that there was peanut oil in today's vaccines. I searched for information about peanut oil and vaccines, but everything I read contained the exact words of the outdated site I'd already seen, as if everyone else got their information from the same place, and none of it cited a source. I let it die and moved on.

The next year a new book was published by Heather Fraser of Ontario, Canada called *The Peanut Allergy Epidemic*. I read reviews here and there, and people mentioned the peanut oil in vaccines again. I dismissed the book, assuming the entire theory behind it was the peanut oil in our vaccines rumor.

Fast forward to 2014: I was reading about how widely accepted it is in research that injected aluminum was responsible for some major afflictions—IgE production, increased allergenicity, and neurotoxicity. Rogue IgE antibodies are the cornerstone of asthma and anaphylactic food allergies. Aluminum neurotoxicity is the suspected cause of Alzheimer's and, many believe, autism. If vaccines are point "A" and food allergies are point "D," studies published in peer-reviewed journals don't directly connect A to D. Instead, they connect point B, aluminum, to point C, IgE antibodies, and leave it to the reader to connect the outside dots—lest they be subjected to the Andrew Wakefield treatment. I spent days researching these terms and the studies that supported them, and time and time again Google was giving me Ms. Fraser's book in the search results.

Another startling discovery came from the realization that if you want to know what's causing an affliction in a large group of human beings, look to how researchers recreate those characteristics in the mice models they study. Peanut-allergic mice are created in the lab by feeding the mice, or forcing them to inhale, peanut protein fused to a bacterial toxin like diphtheria or cholera. It is truly that simple. The more I read, the more links to that book appeared on my screen.

Then I moved on to the relatively new Hib vaccine that has been part of the CDC vaccination schedule for two-month old babies only since 1990. I'd heard that there was something about the molecular structure and weight of the Hib bacterium that was so similar to peanut protein that the body confused the two. Again, all Google signs were pointing to The Peanut Allergy Epidemic. Finally, I stopped reinventing the wheel, went straight to Amazon, and ordered the book.

In short, what follows is what I learned, but I want to emphasize the need to read the book in its entirety. The note section at the back reads like a primer on "All You Ever Needed to Know about Peer-Reviewed Journal Vaccine Ingredient Studies that No One Talks About."

A lot of people might be surprised to know that there are food oils in injectable vaccines. In the 1930s there was cottonseed oil in vaccines, followed by a short-lived spate of cottonseed oil allergies of about a decade that quietly went away with a change in formula. In the 1960s and 1970s a flu vaccine used peanut oil as an adjuvant to make a smaller amount of influenza antigen elicit a bigger antibody response from the immune system. From 1950-1980 an injectable penicillin was suspended in peanut oil to allow for a slow release of penicillin while the body metabolized the oil. The occasional anaphylactic death from subsequently eating peanuts made headlines.

Unfortunately, highly refined peanut oil does not have to be listed on the labels of foodstuffs or injectable medicines in the United States because it has been granted GRAS status—Generally Recognized as Safe—despite the fact that oil refiners know that it is not possible to remove all allergenic proteins from the oil. A sensitized child might be prescribed a medicine that contains peanut oil, and neither the parent nor doctor would know it, leading to a dangerous situation. How-

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ever, all of that information is merely an interesting distraction in Heather Fraser's book; a tangential history of the efficacy of America's beloved peanut oil that is news to most of us.

One hundred pages into the book, the mind-boggling bureaucratic roller coaster begins. Four events happened all at once leading up to 1990 so that in 1995 a wave of peanut-allergic kindergarteners was sent to school for the first time.

The events of that perfect storm are:

1. The vitamin K1 shot became part of the general consent for treatment in hospital births in the mid-1980s. The injection was linked to leukemia in 1998, and the formula was changed in 2006. In both the new and the old versions, the popular brands of vitamin K1 contained a hefty dose of aluminum adjuvant to make a "depot" under the skin to slowly release the K1 over at least the next 2 months. The original formula contained castor oil, which is known to cross-sensitize immune systems to peanut oil. The 2006 reformulation of K1 replaced the castor oil with lecithin derived from soybean and egg. Due to the cross-reactivity molecular weights of soybean and peanut, soybean is sensitizing some babies to peanut and tree nut. That depot of aluminum is still in the infant body, churning out an IgE antibody response, at the time the baby receives the two-month vaccines. It is estimated that 4% of injected aluminum remains in the body for an indefinite period of years.
2. The invention of the bacterial Hib vaccine and its subsequent licensing for use in two-month old babies arrived in 1990. Children under the age of two years were not responding to the Hib vaccine's carbohydrate antigen, which led manufacturers to create the CDC schedule's first "conjugate vaccine" which covalently bonded the bacterium to a toxic carrier protein that the infants' bodies would recognize: either tetanus or diphtheria toxin. This new carrier toxin acted as an adjuvant, stimulating an immune response. Two vaccines hit the market in 1988-89 for 15–18-month-old babies. By 1990 the age of use had been dropped to two-month-old babies, and an additional two more vaccines were on the market, being administered at the same time as the DTP and polio vaccines. It is now known that the structure and weight of the Hib bacteria proteins are very similar to the structure and weight of the peanut protein, which leads to cross reactivity to peanuts and tree nuts. We are, essentially, creating anaphylactic babies in the same manner researchers create anaphylactic mice: administering a peanut-like protein fused to adjuvant bacterial toxin.
3. By 1995 the countries of the western world were giving five vaccines in one needle for the first time. In the next three years there were 5,000 adverse reports filed in Canada, which is assumed to be only 10% of the actual adverse reactions. The effects of combining five viruses with multiple adjuvants and preservatives in one needle are essentially unstudied, though the Canadian Department of Pediatrics' sheet on a five-in-one vaccine listed brain inflammation, convulsion, anorexia, infections, anaphylaxis, inconsolable screaming, and death as side effects.
4. In 1992 the already-crowded CDC vaccination schedule added additional doses of combination vaccines, resulting in load upon load of aluminum and antigens being delivered to the bodies of two-month old babies. Prior to this time the vaccination rates for children four years old and under in the western world were between 55% and 65%. The 1994 National Vaccine Plan aimed for 90% compliance for all infants and spent $500M to achieve it. Vaccinations became a requirement for preschools and daycares for the first time. Canada, Australia, and the U.K. made the same changes at the same time as the United States. Vaccination rates were suddenly at a record high—all well over 90%—on a jam-packed schedule of aluminum-loaded combination vaccines.

In the United States, emergency room records showed that from 1992–1994, 467 people per 100,000 were discharged from the ER after having experienced anaphylaxis. By 1995 that number had almost doubled to 876 per 100,000. By 2008 there were 1,000,000 peanut allergic children under 18 in the US and 2,000,000 adults.

We are overwhelming the immature newborn immune system with this toxic soup. It is not difficult to take Ms. Fraser's collection of data and extrapolate the effect those reckless changes had on the similar epidemics of autism spectrum disorder, ADHD, asthma, epilepsy, childhood diabetes, and more. This country needs to take a step back and learn from the gigantic elephant in the room, even at the expense of loosening the reins of public health policy and admitting the cost that the vaccination schedule has had in collateral damage.

The most infuriating part of Ms. Fraser's book is the light she shines into the dark corners of the "search for the cause" of the peanut allergy epidemic. She exposes the game of The Emperor Has No Clothes that has been played between pharmaceutical companies and the governments of the western world for at least the last 85 years. It is only acceptable—and, in fact, of utmost importance—to research a source of any epidemic as long as it is not vaccines, because the fact that vaccines are proven to be safe is unquestionable.

I know from my own research that the non-stop pressure to shout about vaccine safety from the rooftops is levied on the media by the pharmaceutical companies who pay advertising revenue for top-selling drugs, like those for erectile dysfunction or to chemically lower cholesterol. That pressure has birthed the media trend of promoting "blame the mother" research—blame her not only for what she ate while pregnant that caused an anaphylactic child, but for taking a dose of Tylenol while pregnant and causing ADHD in her child, or for catching the flu while pregnant and causing autism in her child.

As Ms. Fraser points out time and time again, no publicly promoted theory can explain the tidal wave of peanut-allergic kindergarteners in 1995 except for the ingredients of vaccines and the schedule they are administered on. Throughout her book she presents a painstakingly

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researched timeline and builds a convincing case of circumstantial evidence—the kind of facts that juries use to convict criminals every day of the week.

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Prior to attending law school, Robyn earned a Bachelor of Science in Biology and worked for two years in laboratories researching genetic disease. When her first child suffered an injury from vaccines at two months old, her conventional parenting went out the window, and she ushered in a world of organic food, supplements, and non-toxic living. She currently lives in Denver where she advocates for allergy awareness and parents' rights to make medical decisions for their children without government intervention.

Note: We appreciate Robyn Charron's kind permission to reprint her article which originally appeared Feb. 27/14 on the Thinking Moms Revolution blog at: http://thinkingmomsrevolution.com/whats-really-behind-peanut-allergy-epidemic/

Heather Fraser's book, ***The Peanut Allergy Epidemic: What's Causing It and How to Stop It*** can be ordered from VRAN's online bookstore at: http://astore.amazon.com/v0fef-20?node=1&page=2 √

The Ongoing Story of the PENTA Vaccine (1994–97)

By Heather Fraser

There were more than 11,000 documented adverse reactions over three years to the pediatric vaccine known as PENTA. Despite this astonishing number, Health Canada did not follow up on the affected children. How much and what kind of long-term damage followed PENTA? There was neither the political will nor seemingly the resources for such an inquiry by government.

PENTA was unlicensed, high risk. Health officials gambled on PENTA with tragic and life altering results for children and families.

PART I

Working for the Public Health Agency of Canada is a man whose job it is to redact documents. His work is accomplished by hand with strips of white tape and a keen eye. The redactor reads with deliberation then stretches thick or thin strips over numbers, names, dates, drug reactions and outcomes covering up anything he feels may be indiscrete.

And it would have taken him days to complete the pages I requested. Under the Canadian Freedom of Information Act I had asked for reports of "adverse events following immunization" (AEFI) from doctors who had injected children with a short-lived 1990s vaccine known as PENTA. But I received only a fraction of what I thought would arrive. Perhaps my request was just too big or too vague. As it was, a swath of 1,274 photocopied reports for one year and for children ages 6 months to 2 years arrived a few months later.

The batch was about 3 inches thick and wrapped in a light brown insulated envelope. The envelope had been damaged in transport and repaired by Canada Post. I cut through fat strips of tape with sober thoughts about what lay inside.

It was a frustrating and upsetting read. Pages yawned with large white spaces where outcomes and descriptions had been removed. The words 'fully recovered' were frequent but as there had been no follow up on these children their recoveries had to be qualified. What had life been like for them the next day, month or year following their shots of PENTA?

And anyone reading the doctor-reported reactions would surely have wondered the same thing. Reactions to PENTA, the first mass administered combination of 5 vaccines in a single needle included: ear infections, furious blinking, anorexia, head banging, asthma attacks, lethargy, shaking, rapid eye movements, vomiting, somnolence, pallor, 'ice cold hands and feet while with fever', hypokinesia, inconsolable screaming and an 'abnormal gait following vaccination' where the 'child hobbled with valgus deformity of the left leg'.

Yet another child experienced 'myoclinc seizures with a recommendation to defer immunization'. One child "looked doped up" and many had swellings of limbs or full body. There were raised rashes, involuntary muscle contractions, an 'oculogyric crisis', tremors, 'abnormal crying' 'periods of limpness' and seizures.

Treatments for the children involved a lot of Tylenol, benedryl, 'amox' and other antibiotics. Several kids were hospitalized and in this small batch there were two deaths: following immunization with PENTA one child died from cerebral infarction and the other following autopsy was found to have suffered meningoencephalomyelitis, brain and spinal cord inflammation. (reports below)

Since these 1,274 documents represented a fraction of what had been reported over the 3 years PENTA had been used, I made a second request in January 2014 for the balance of the AEFI reports. In February I received a letter from the PHAC explaining that there would be a three month delay in fulfilling my request. The reason: there were 11,000 pages of adverse reactions.

The request: all adverse event reports for all children in Canada who received two vaccines between 1994 and 1997 that comprised PENTA: Act-HIB (DIN 01959034) a powder and DPT Polio Adsorbed (DIN 00605050) a liquid. These two licensed vaccines were mixed to create a third vaccine known as PENTA.

The first vaccine, Act-HIB was originally a liquid containing thimerosal. This infamous mercury-based preservative would have killed the pertussis component of DPT-polio of PENTA and so it had to be changed: the Act-HIB was dried or lypholized.

Picture it: to make PENTA the doctor or nurse used a syringe to suck up and then squirt the liquid DPT- polio vaccine into the vial of powdered HIB. This vial was then shaken by hand. Shake-shake. Did they hold the vial up to the light, eyeballing the particles as they dissolved? This mixture now known as PENTA was drawn back up into the needle and injected promptly into the child. And yet…

PENTA did not have a license.

The government gave the nod to PENTA by amending the Act-HIB package insert to state that the two licensed vaccines could be mixed. Again, still not licensed but who would know or care?

The manufacturer was in a terrible hurry to get PENTA to a vaccine market that had just opened up wide, really wide.

In a crazy confluence of factors, the US Vaccine Injury Act of 1986 paved the way for new vaccines of greater potency with virtually no liability for manufacturers. It was an Ayn Randian type de-regulation that set the stage for immediate profits for vaccine makers while deferring and downloading all costs of damage. This Act with its compensation program rules all but fully barred vaccine injury lawsuits at the same time as the IOM came out with a list of 'diseases of priority' for

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which they wanted vaccines. HIB was at the top of this list despite the fact that prevalence of the disease had been dropping by 8% over the 10 years previous to the vaccine's introduction…

There has never been a successful suit brought in Canada against a vaccine maker. And the Canadian pediatric schedule did and does run parallel to that of the US. So, I ask: were Canadian children guinea pigs for this product to be released into the much larger market south of the border?

PENTA was a disaster.

After three years on the market PENTA was removed from use in 1997 for 'significant side effects'. This was something Health Canada strongly suspected before the vaccine was introduced.

In 1994 Health Canada knew that, "there is insufficient information regarding the lot-to-lot variability in immunogenicity or reactogenicity of PRP-T when given in combination with either DPT or DPT-IPV."[1]

Later health officials acknowledged that "Significant side effects were observed after PENTA vaccination, commonly blamed on the whole cell pertussis component. PENTA was also only about 60–80% effective against pertussis."[2]

For the manufacturer of PENTA it wasn't even back to the drawing board—they had used the three years that PENTA was still in circulation to create a replacement vaccine. This was smart, seamless business.

For the doctors it was always business as usual.

For a growing minority of families, the strategy of increasing the potency and number of vaccines starting at birth for all infants that began at this time launched the childhood epidemics of autism, allergy, anaphylaxis and more. And for those who suggest that anecdote is not data—aside from thousands of severely redacted AEFI reports, there is no access to data nor science. This information is shielded from consumers by corporate law.

In Canada there is no meaningful mechanism for complaint, investigation, acknowledgement or even legal recourse never mind justice for vaccine injury. If I'd bought a pack of gum I'd have had more consumer protection. As it was, in accepting the vaccine for my son I unwittingly accepted the risks that included death. If I had known this, I would have fled the doctor's office.

My son was first injected with PENTA in Nov. 1994. He reacted badly and the vaccination created allergies to foods including dairy. The dairy allergy was undiagnosed and contributed to ear infections. The doctor prescribed antibiotics for the infections followed by creams for the eczema. His allergies were mounting. The second dose of PENTA to which he again reacted was given in January 1995. More ear infections and more antibiotics followed. His respiratory system became reactive. He was diagnosed with rhinitis and asthma and given scripts for puffers and benedryl. In March 1995, he reacted violently to his third dose of PENTA at 6 months of age. After this shot he screamed inconsolably for hours, writhing in severe pain. I later learned that nurses refer to this reaction as a neuroscream. It is caused by inflammation within the central nervous system, the brain and spinal cord.

Supported by pharmaceuticals and frequent trips to the ER, my son 'recovered' as the redacted PHAC documents might suggest until age one when he had a severe allergic reaction to peanut. We were handed a lifetime script for epipens.

In our progress from healthy patient to dependent medical consumer my son joined a fast growing horde of ill children that emerged as the 1990s unfolded. Society was unaware of the creeping epidemic of anaphylaxis until the kids reached the age of 5 and turned up for kindergarten. Schools across Canada, AU, the UK, the US scrambled to manage this sudden and mysterious development.

With the help of the PHAC redactor I am still piecing together the short term impact of PENTA. Long term is another matter. PentaProject.net is an information gathering initiative where parents of these children can share their stories.

…but I do wonder if it is too late. Should I leave the PENTA tragedy untold, give the redactor a break? No. And for the simple reason that the conditions that gave rise to PENTA still exist.

There is still no legal recourse for vaccine injury in Canada, no accountability much less acknowledgement that vaccines are inherently unsafe. In 20 years, nothing has changed for Canadian vaccine consumers except that there are more injuries according to parents—1 in 68 children are on the autism spectrum, 1 in 33 children under 18 have life threatening allergies.

There were more than 11,000 documented adverse reactions to PENTA with no follow-up by Health Canada.

PENTA was unlicensed and high risk. Did they know how dangerous it was?

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1. "Supplementary statement on newly licensed Haemophilus influenzae type B (Hib) conjugate vaccines in combination with other vaccines recommended for infants", Canadian Medical Association Journal, 1995 (152) 527-529.
2. "Acellular pertussis combined with diphtheria and tetanus toxoids for adolescents and adults," Dept. of Pediatrics, University of Saskatchewan, SK (Feb. 5, 2004

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The whole story of Penta vaccine can be accessed at: http://pentaproject.net √

Benefits of Contracting Measles

By Viera Scheibner, PhD

Summary

Despite their long history of failures and tragedies arising from their observed derailing effects on the immune system, outdated procedures for both disease prevention, i.e. vaccination, and disease management, i.e. treatment hostile to the body's defences, such as antibiotics and anti-pyretics, remain standard practice to this day. The damage already done will continue to affect future generations for some time to come.

The unscientific standard procedures should be abandoned and the natural processes and the innate intelligence of the immune system respected. Medicine should adopt a common sense attitude to natural infectious diseases and their vital role in priming and maturing the immune system, for children's long-term benefit.

Well-managed natural infectious diseases are beneficial for children.

When infectious diseases of childhood are not mismanaged by the administration of antibiotics, or by suppressing fever, the diseases prime and mature the immune system and also represent developmental milestones.

Having measles not only results in life-long specific immunity to measles, but also in life-long non-specific immunity to degenerative diseases of bone and cartilage, sebaceous skin diseases, immunoreactive diseases and certain tu-

Benefits of Measles cont. on page 24

Benefits of Measles cont. from page 23
mours as demonstrated by Ronne (1985).

Having mumps protects against ovarian cancer (West 1969).

This is the area that should be researched and the results heeded instead of trying the impossible: to eradicate infectious diseases.

Approaching childhood diseases with common sense and wisdom.

The already quoted large group of Swiss doctors that formed a working committee questioning the Swiss' Health Department's policy of mass vaccination with the MMR (measles, mumps and rubella) vaccine, wrote that up to 1969, at the Basel University Paediatric Clinic, artificial infection with measles was used to treat successfully the nephrotic syndrome (Albonico et al. 1990).

Asthma and allergies prevented by natural measles disease.

As shown by Shaheen et al. (1996), even in a developing country having measles is beneficial: it prevents atopy: "After adjustment for breastfeeding and other variables, measles infection was associated with a large reduction in the risk of skin-prick test positivity to household dustmite . . . 17 (12.8%) of 133 participants who had had measles infection were atopic compared with 33 (25.6%) of 129 of those who had been vaccinated and not had had measles".

Alm et al. (1999) wrote that increased prevalence of atopic disorders in children may be associated with changes in types of childhood infections, vaccination programmes, and intestinal microflora.

They found that at the Steiner schools in Sweden, "52% of the children had had antibiotics in the past, compared with 90% in the control schools…18% and 93% of children respectively, had had combined immunisation against measles, mumps, and rubella, and 61% of the children at the Steiner schools had had measles".

"Fermented vegetables, containing live lactobacilli, consumed by 63% of the children at Steiner schools, were compared with 4.5% at the control schools… Skin-prick tests and blood tests showed that the children from Steiner schools had lower prevalence of atopy than controls".

Engineered measles virus used in anti-cancer therapy.

Carmona Mota (1973) described a remission of infantile Hodgkin's disease after natural measles. They wrote, "A 23-months-old Caucasian male was seen for the first time in April 1970 with a large mass in the neck due to hypertrophy of the left cervical lymph nodes. Before radiotherapy could be started the child developed measles. Much to our surprise the large cervical mass vanished without further therapy."

Many others started researching and writing about the oncolytic (cancer-destroying) effect of measles virus.

Msaouel et al. (2009) conducted clinical testing of engineered oncolytic measles virus strains in the treatment of cancer. Even though the virus they used was a vaccine-type virus, the research was done in vitro with a virus directly injected into the tumour. They wrote, "It is of note that a number of viral strains, including certain derivatives of the attenuated live measles virus Edmonston (MV-Edm) vaccine strain, demonstrate a propensity to preferentially infect, propagate in, and destroy cancerous tissue.

The reason for using modified viruses was given as "concerns regarding the potential of wild-type-viruses to cause serious side effects, technical limitations in manufacturing viral lots of high purity for clinical use, as well as the overwhelming excitement and fervent support for the, at the time, newly emerging chemotherapy approaches that slowed down research on alternative strategies".

One can reasonably speculate that there were also political reasons for using a vaccine measles virus (an engineered measles virus), and not the wild measles virus, because the next question to answer would be why not simply let children have the natural measles and thus achieve the long-term non-specific immunity to a number of cancers.

The dangers of medical interference in disease management.

It is disconcerting that as in the past, even today's doctors still relentlessly suppress fever and administer antibiotics as part of the standard practice ignoring well-documented published research which demonstrated that suppressing fever at the same time as administering antibiotics (and other medications) encourages the growth and general viability of the pathogens and their ability to develop resistance to such medications and may lead to their increased virulence (Mackowiak (1981)).

I end with an important message from history, which unfortunately fell on deaf ears and which has not lost its relevance to modern medical practice.

In a letter to the Duchess Sophia, mother of the future George I of England, Princess Elizabeth Charlotte (Liselotte) von der Pfalz, Duchess of Orleans and widow of the younger brother of Louis XIV, wrote:

> Our misfortune continues. The doctors have made the same mistake treating the little Dauphin as they did ministering to his mother, the Dauphiness. When the child was quite red from the rash and perspired profusely, they [the doctors] performed phlebotomy and administered strong emetics; the child died during these operations. Everybody knows that the doctors caused the death of the Dauphin, since his little brother who had the same sickness, was hidden away from the 9 physicians who were busy with his older brother, by the young maids, who have given him a little wine with biscuits. Yesterday, when the child had high fever, they wanted also to perform phlebotomy but his two governessess were firmly opposed to the idea and instead kept the child warm. This one also would have certainly died if the doctors had had their way.
>
> I do not understand why they don't learn by experience. Had they no heart, when they saw the Dauphiness die after phlebotomy and emetics, not to dispose of her child?

Koprowski (1962) summarised the still relevant historic message, "Avoid physicians and thou will be cured."

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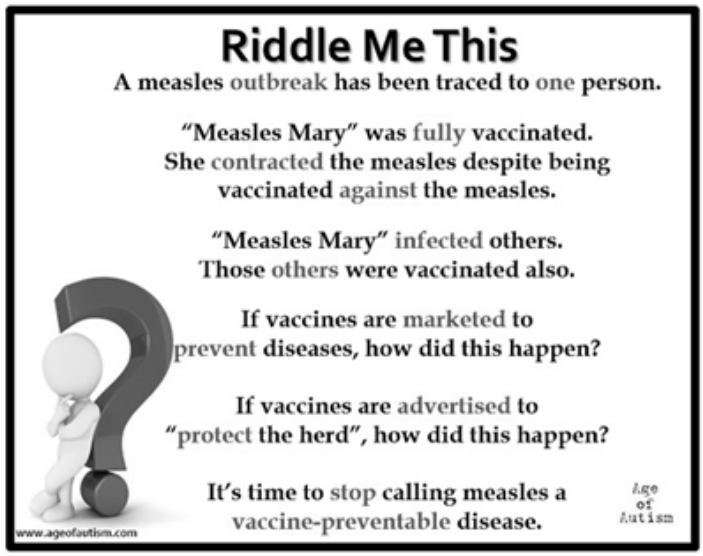
Benefits of Measles cont. on page 26

Choosing Autism Over Measles

By Cathy Jameson



I'd rather my child have autism than the measles!

Really? Really?! I wanted to shout to the mother who left that comment. ***Because autism is so much easier to manage? Because autism runs its course and things can go back to the way they were before? Because autism lends itself to better health, development and lifelong skill development? You have no clue, NO clue.***

I read that mom's comment a few weeks ago on a thread about vaccines and measles when the measles "outbreak" first made the news. At the time less than two dozen cases of the measles had been reported. Now we're hearing that over 100 people have contracted the disease. They've even pinpointed a "Measles Mary"— the first person who of the "outbreak".[1] I'm curious if officials will make her wear a big letter M somewhere on her clothing to warn others of her measles-riddled body.

Measles is a contagious disease that can spread in the wild (naturally) and is proving to spread rather quickly post-MMR vaccination as well and though vaccinated populations. Measles, which is one of the components of the three-in-one vaccine, is recommended twice on the current vaccine schedule in the United States.

The adult vaccination schedule also includes a recommended two doses of the MMR vaccine.

Before the media fear mongering to vaccinate as many as possible in the hopes that herd immunity would work, measles was called a childhood disease, childhood meaning that it's typically caught by and transmitted through kids. With the recent measles "outbreaks" being reported, two things are clear: measles can be caught beyond the childhood years, and the vaccine isn't doing what it's been created, marketed and sold to do.

What's interesting, and begs to be investigated and more openly discussed with the public, is that Measles Mary, and many of those people who've also come down with the measles, have been vaccinated for, you guessed it, the measles!

What should happen then? First, we change how the measles, and now the mumps, are talked about.[2] Second, we stop classifying those diseases as vaccine-preventable because, clearly, those diseases are being spread from vaccinations. Third, more people should be made to realize that vaccines come with flaws.

Should all of that happen maybe we'd see more people question why they're being told they need to be vaccinated. With more people questioning, I'd expect that a new wave of concerned parents and citizens rise up demanding honest answers. As they demand answers, I bet we'd see a push to truly investigate the vaccine program and the many problems it has.

Vaccines haven't prevented all diseases. Vaccines haven't saved every life that has come into contact with them either. The mom who wished for her child to get autism instead of contracting the measles should walk a mile in my shoes before she begins to think that autism is a cake walk. It most certainly isn't.

I've thought more than a few times that I'd rather my son dealt with a short-term disease than autism. It carries fewer side effects than those his vaccines introduced to his health and would be merely a blip on the radar of Ronan's childhood. It also would've greatly paled in comparison to all that regressive autism his vaccines gave him too. Some may balk at me making that sort of statement, and I'd guess that they'd be the ones who believe fully in "the system", but it shows that their trust in "preventative medicine" has blinded them of what can and has happened to many children as a result of their vaccinations.

I, too, was once blinded. What I wouldn't give to take back my trust in a broken, over-used and under-guaranteed vaccine program. I believed in those vaccines. I trusted those people who told me that my child needed them. Life was easier not knowing the truth. But once I knew to question what I had been told, it was too late. It was too late to trust and also too late for my son.

The vaccines I opted for didn't give Ronan any immunity but instead created a disorder and worry so great that I am now forced to take one day at a time. Because of the autism disorder that grips his development, I cannot plan too far in advance for Ronan's future. The severe reaction he had robs Ronan of his childhood and has potentially stolen his dependence as an adult. As tough as it's been, I will never stop hoping for better for Ronan, for him to be more able, and, of course, closer to independence.

Autism hasn't been just a blip, nor has it eradicated any diseases or other disorders for Ronan. In fact, he got sicker and weaker post vaccination exacerbating issues no child should ever have to deal with. I've experienced days in which my son is so sick that I can only hope he makes it to the next. I would never wish that feeling on any parent, educated about autism or otherwise. Here's hoping more people wake up to reality, to the causes of the "outbreaks" and to questioning why they are still trusting a system that doesn't seem to be serving any of us very well at all.

Editor's note: We appreciate the author's kind permission to reprint this article which was first posted at the Age of Autism site on April 25, 2014: http://www.ageofautism.com/2014/04/choosing-autism-over-the-measles.html#more

Measles Mary article is at this link: http://news.sciencemag.org/health/2014/04/measles-outbreak-traced-fully-vaccinated-patient-first-time

Mumps in fully vaccinated college students: http://www.myfoxny.com/story/25281606/8-confirmed-mumps-cases-at-stevens-institute-of-technology √

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Editor's note: This is the second part of a two part article reprinted with appreciation from the International Medical Council on Vaccination. Please visit their website to read part one in which the author offers an in depth review of the medical literature on the "Ineffectiveness and unintended consequences of vaccination." http://www.vaccinationcouncil.org/2013/01/18/the-ineffectiveness-of-measles-vaccines-and-other-unintended-consequences-by-dr-viera-scheibner-phd/ √

On the benefits of natural immunity

By Cia Parker

I agree that it is ideal for children between five and ten to get both the red or English measles (10-day) and German measles or rubella (3-day). I had it when I was six, the way virtually all children did then. That solves two problems: it prevents adults from getting English measles, when it can be more serious (but is still not usually dangerous) and rubella for pregnant women. And it prevents babies from getting them when the diseases can be dangerous for them, since a mother who has had natural measles protects her babies with placental immunity and breast feeding.

It would be a problem for a relatively short time that many adults would just have to get measles and deal with it, or get measles booster shots and deal with the consequences. Then we could go back to the ideal, pre-vaccine situation of 95% of children getting measles by the age of 15, 4% getting immunity through subclinical infection, and only 1% still vulnerable by adulthood. But, as you say, the benefits of natural measles are so many, permanent immunity, a stronger, more competent immune system, developmental strides, the ability to protect infants, and protection from several cancers and degenerative diseases in later life (natural measles has even cured cancer! I have data on a study published in The Lancet in 1970).

We are in the grip of a huge fear-mongering campaign waged by Big Pharma. Although malnourished children, either here or in the Third World, are at much greater risk of complications and mortality, Abdulkadir Khalif believes that it is even better that they die of measles, if such were God's will, than to be crippled for life with autism. As Dr. Jay Gordon said a few weeks ago, measles is not dangerous for healthy children. Parents of immunocompromised children should take them to a naturopath and a homeopath to learn ways to improve their immune functioning.

Parents should know they should not give Tylenol or other fever reducers and just let the high fever ride: it is self-limiting, and if caused by natural measles rather than a complication, will not last more than two and a half or three days. I just talked to a girl at the health food store the other day who said that fevers of 105 cause brain damage: this is not true, fevers caused by natural illnesses do not cause brain damage, and the immune system knows how high to make the fever and how long to leave it there to do its job of killing the virus and saving the patient's life.

Tylenol prolongs the illness and increases mortality and the encephalitis rate. Vitamin A prevents eye damage and complications. Stay in bed throughout the illness, well-hydrated. Patients with fever usually don't want to eat, and that is fine: the body needs to direct its attention to the illness rather than digestion. Fruit and drinks, soup and crackers if he wants them, would usually be all that is necessary. Give homeopathic bryonia 30C if the rash is taking a long time to appear: measles follows a very predictable course in normal situations, see Aviva Jill Romm's book, "Vaccinations" for details. Take appropriate remedies if complications seem to be developing (coughing might become pneumonia, ear and eye infections). Stay at home until three weeks after the rash appears, as measles depresses the immune system much more than most illnesses, and does not go back to normal for that length of time. And then the patient will be on the mend in ten days, and enjoy the lifelong benefits of a natural case of measles, and is 100% guaranteed to not be adversely affected by the MMR vaccine.

Note: Cia's wise insight was posted in commentaries on Age of Autism: http://www.ageofautism.com/2014/04/choosing-autism-over-the-measles.html#more √

LETTERS

Re: Refusing Vaccinations – why do people reject good science? CBC British Columbia, March 27, 2014

People don't reject good science. We reject bad science—i.e. science based on studies funded by the same pharmaceutical companies that will benefit from a particular outcome. We've all heard about the incredible pressure placed on federal government scientists who have had concerns about the safety of products or medications that they were testing.

I have a son who had a severe adverse reaction to the MMR vaccine which included internal bleeding. As a result of a recent news story on CTV, I have been in correspondence about my son with Dr. Scheifele who heads up IMPACTS at BC Children's Hospital. I have now learned that they have investigated 107 similar cases in the last 20 years. He tells me that internal bleeding occurs at a rate of 1 in 25,000—however, given that the emergency room doctors insisted my son's reaction had nothing to do with the MMR vaccine administered 9 days earlier—my son never made it into Dr. Scheifele's data pool. Good science requires good data and methodology. How many others are out there like my son.

Because I was stonewalled by the system at every turn—despite the fact that my son's reaction occured within the 1-6 week timeframe specified by Public Health—and he had all three of the major symptoms of an adverse reaction to MMR as outlined in the CDC Handbook—I started doing my own research.

I learned that hundreds of doctors in the UK had signed a petition to stop MMR from being released on the grounds that it had not been adequately tested and that it was too dangerous to inject three live vaccines in one shot into the body of a 12 month old baby.

A concerned Mother, BC

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Re: Eliminate Vaccine Exemptions—Doctor promotes forced vaccination, NY Times, March 23, 2014

You breathe air, and your respiratory system performs an incredible, essential function: it biochemically removes oxygen from the air and provides it to the blood—no air enters the bloodstream. The mucosal linings of your respiratory and digestive tracts perform a similar function after exposure to

potentially pathogenic organisms and toxic chemicals; they either directly eliminate them, or biochemically alter them before any of their components are allowed entry into the bloodstream. The digestive process performs another essential function, in the breakdown of food proteins into their constituent amino acids before they're allowed entry into the bloodstream. If that process falters, and whole proteins make their way into the bloodstream, the first consequence is food allergy, and it can get much worse from there, into chronic, systemic disorders. Vaccination deposits disease antigens, known neurotoxins, food proteins and an unknown list of contaminants directly into the capillary beds of the muscles, completely bypassing the unreproducible, essential cascade of mucosal and digestive reactions. It makes no more sense to expect a good outcome from vaccination than it would to expect a good outcome from injecting air directly into the bloodstream.

Shawn Segal
http://www.nytimes.com/roomfordebate/2014/03/23/making-vaccination-mandatory-for-all-children/eliminate-vaccine-exemptions

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Re: Anti-vaccination rhetoric is stupid and contagious – Linked from Toronto Star, April 24, 2014

Sadly I was not surprised to see The Grid TO article "Anti-vaccination rhetoric is stupid and contagious" linked from your website. And this, "Parents who refuse to vaccinate their children claim they are exercising their personal choice. Yet, like drunk driving, it's a choice that unwittingly puts others in harm's way." The article didn't stop there, and continued to demonize anyone who dare decline or question vaccination, including a Manitoba mom, where the author stated, "No, you're not being bullied; you're being stupid and contagious." And then, this, "No more exemptions—if you don't get the needle, you can't go. I also think unvaccinated kids also should be kept out of parks-and-rec activities, pediatrician offices, walk-in clinics, and daycare."

Really? Are you advocating forcing my children to be vaccinated? To undergo a medical procedure that carries with it the possibility of severe injury and death? Even though our constitution guarantees security of the person, freedom of religion and conscience?

Parents who decline or refuse vaccines usually have very good reasons for doing so. The PENTA vaccine combination that my child received in Ontario in 1995 was not licensed. It had no DIN # or Notice of Compliance from the Bureau of Biologics, making it illegal. The DPT-Polio portion of that combination that my son received racked up 664 adverse reactions, many severe including convulsions and seizures. Information forthcoming in the days ahead will show reactions in the 10s of thousands to this vaccine combination.

Prior to the introduction of giving five injections at once to infants in 1992 (diphtheria, pertussis, polio, tetanus, haemophilus influenza type B) anaphylaxis to foods including peanut allergy was very rare. Your paper reported in 2005 that there were 40,000 children in this province who could be killed by foods or insect stings. The book by Torontonian Heather Fraser, *The Peanut Allergy Epidemic, What's causing it and how to stop it* gives a fully referenced account of how the anaphylaxis epidemic came about.

Again, Parents who decline or refuse vaccines usually have very good reasons for doing so, and no amount of bullying in the media will change their minds.

Rita Hoffman, Stirling, Ontario
http://www.thegridto.com/life/parenting/anti-vaccination-rhetoric-is-stupid-and-contagious/

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Re: Globe & Mail—"Do anti-vaxxers need a "nudge"? More like a kick in the pants," March 17, 2014

Any honest scientist would admit that adverse effects from vaccines are real. The question is which risk you choose. Some parents choose to risk a childhood disease like measles, which, while unpleasant, causes mortality and morbidity only in poorly nourished populations, and confers lifelong immunity afterwards. Others choose to risk injecting toxins into the bloodstream, which can impair and destroy important parts of the immune system, also for life. Because of what the independently-funded Cochrane group in 2012 called "inadequate design and reporting of safety outcomes" in MMR vaccine studies, we really can't know who is right. Until everyone is handed a form where they can report adverse reactions whenever their child receives a vaccine, vaccination is still a large-scale experiment. With that in mind, Elizabeth Renzetti's suggestion that parents be forced to comply with what is basically experimental treatment is the one that seems like "misplaced hysteria".

R. Lockshin, Ontario
http://www.theglobeandmail.com/globe-debate/do-anti-vaxxers-need-a-nudge-more-like-a-kick-in-the-pants/article17499526/)

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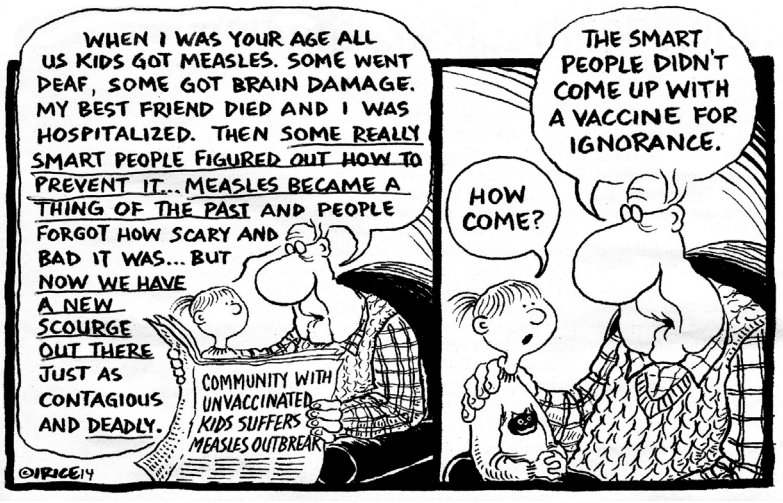
Re: Shameful cartoon

A few weeks ago the Local promoted 'anti-bullying' day. Ironically, the Mar 13 issue featured a cartoon which could foster bullying by parents who choose to vaccinate their children against measles. Not only that, it misled and gave false information. Current online comments re non-vaccinating parents have turned extremely ugly, but I'm surprised that a community weekly, not part of a media chain would stoop so low. It didn't take "some really smart people" to figure out how to prevent measles; in the pre-vaccine era, prevention came from natural immunity. In fact, parents deliberately exposed their school-age children at a convenient time by attending 'measles parties'. Those parents weren't "ignorant", nor are present-day parents who've researched the science themselves. They learned that natural immunity lasts a lifetime, periodic outbreaks of the infection acting as boosters. Studies have shown that poor nutrition, Vitamin A deficiency (traditionally avoided by taking cod liver oil), and fever reducers make "deadly" measles more likely. The cartoon vilified diligent parents, promoted hatred and, in effect, mocked those who've suffered measles vaccine injuries.

Susan Fletcher, Sechelt √



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