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Vaccines, Depression and Neurodegeneration After Age 50: Another Reason to Avoid the Recommended Vaccines

By Russell L. Blaylock, M.D., CCN

It has been estimated that 14.8 million Americans suffer from major depressive disorder and of this number 6 million are elderly. If we include anxiety disorders, which commonly accompany depression, the number jumps to 40 million adults. At a cost of $44 billon dollars a year just for care of the seniors, this impacts the national budget as well. Depression later in life tends to last longer and be more severe than at younger ages. It is also associated with a high rate of suicide.

Previously, it was thought that major depression was secondary to a deficiency in certain neurotransmitters in the brain, particularly the monoamines, which include serotonin, norepinephrine and dopamine. While alterations in these important mood-related neurotransmitters is found with major depression, growing evidence indicates that the primary culprit is low-grade, chronic brain inflammation. In addition, we now know that inflammatory cytokines can lower serotonin significantly and for long periods by a number of different mechanisms.

Researchers have also discovered that most people with major depressive disease (MDD) have higher levels of the neurotransmitter glutamate in their spinal fluid (CSF) and blood plasma. This is the same glutamate found as a food additive-for example, MSG (monosodium glutamate), hydrolyzed proteins, calcium or sodium casienate, soy protein isolate, vegetable protein concentrate or isolate, etc. Much of the free glutamate in the brain of depressed people comes from within, that is it escapes from special cells within the brain itself (microglia and astrocytes). Free glutamate, that is, existing outside the neurons, is very toxic to brain connections and brain cells themselves—mainly by a process called excitotoxicity.

This connection between high brain glutamate levels and major depression was discovered quite by accident, when researchers observed that the anesthetic drug ketamine could relieve depression for a prolonged period. Ketamine is a powerful blocking drug for a class of glutamate receptors (NMDA receptors).

For quite some time it was known that depression could cause a loss of neurons in the hippocampus of the brain-the area most important for recent memory (declarative memory or working memory), the form of memory most affected in Alzheimer's disease. This shrinkage of the brain usually occurred with long-term depression, yet it was shown, using sophisticated testing, that even without brain shrinkage, memory could be adversely affected. Some antidepressants could not only reverse the memory loss but could reverse the shrinkage as well.

The implication was that the elevated brain glutamate, via excitotoxicity, was destroying brain connections and later killing brain cells in the hippocampus and that the antidepressants were lowering brain glutamate levels. Subsequent studies have confirmed that drugs that block excitotoxicity also reduce depression and that some antidepressants reduce brain glutamate levels.

The Link Between Elevated Brain Glutamate and Inflammation

A tremendous amount of research has now demonstrated the link between chronic low-level brain inflammation, elevated brain glutamate levels and major depression. We know that as we age, the level of inflammatory immune cytokines increase (such as interleukin-1ß (IL-1), IL-6 and TNF-a). That is, the level of inflammation in our body increases, with high levels being seen at the extremes of life—the 80s and 90s.

This progressive elevation in the body's inflammation increases our risk of a number of inflammation-linked dis-

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Editorial

Awakening to Vaccine Truth

By Edda West

"The explosion of autism in this country is a national health crisis. Our children are profoundly ill and suffering. Human lives, our babies' lives, have been irreparably changed and those responsible must be held accountable." —Theresa Cedillo (1)

Theresa Cedillo's voice reflects one mother's agony now widely expressed in a growing chorus of outrage pouring out of the United States and Canada in response to governments' denial that vaccines are implicated in the autism epidemic which now engulfs one in 150 children. Dr. Edward Yazbak MD says those stats were relevant five years ago. He estimates the incidence of autism spectrum disorders is now 1 in 67 children with no sign of abat-

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Statement of Purpose:

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

VRAN's Mandate is:

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

VRAN publishes a newsletter 3 to 4 times a year as a means of distributing information to members and the community. Suggested annual membership fees, including quarterly newsletter and your on-going support to the Vaccination Risk Awareness Network: **$35.00—Individual $75.00—Professional**

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

VRAN website: www.vran.org √

VRANews

Dear VRAN Members,

Annual General Meeting

If you've ever wanted to get more involved with our work and possibly offer some volunteer time, please consider joining us at the VRAN annual general meeting, held by telephone conference. All members in good standing are welcome!

Our meeting this year will be held on Saturday, April 26. If you plan to attend the AGM, we need to hear from you at least a week in advance of the meeting in order to book your place with the conference monitor.

Please contact Mary James at: (204) 895-9192 or by email tjames4@shaw.ca or Edda West at 250-355-2525 or by email: info@vran.org

In This Newsletter

Increasingly people are awakening to the disastrous effects of mass vaccination on human health. In this issue, we feature neurosurgeon, Dr. Russell Blaylock's enlightening article on the effect of vaccines on health after age 50.

We also include, as a supplement with this issue, Dr. Blaylock's powerful article, *Vaccines, Neurodevelopment and Autism Spectrum Disorders*. It is a long and highly instructive article that you may want to study carefully and also share with others. We feel it will be highly educational to many people, especially those in the medical profession, still steeped in ignorance and unaware of the impact of vaccines on the immune system and the brain.

On March 12. 2008, Dr. Blaylock was interviewed by Allart on Vancouver's CFRO co-op radio. For nearly an hour, Dr. Blaylock discussed the damage vaccines cause to the brain and health. His research of the scientific literature reveals the excessive and damaging immune stimulation of the brain caused by vaccines. He says medical people are 'light years behind the research'.

In the interview, Dr. Blaylock states, "The more you vaccinate, the sicker the population becomes. The main problem is over-vaccination and the massive doses. We have compelling evidence that repetitive mass vaccination destroys the brain and is going to increase the numbers of degenerative brain disorders astronomically, and already is".

He continues, "If you want to destroy the health of tens of millions of people and guarantee an unending form of pharmaceutical necessity, what better way than to use vaccines and make everyone sick?".

Listen to the broadcast, go to: www.animalvoices.org/dynamichealth

Then click on "Past Shows". The March 12 interview comes up in a column at the right.

Fundraising and This Year's Book Bonus

We want to thank all our members for their continuing generous support of VRAN's work. Please know how important your help has been this year and past years. Because of your help, the continuity of our work is assured and parents have a place they can turn to for an alternative view of vaccination. With your support, we are able to inform parents in this country of the REAL toll mass vaccination agendas are taking on children's health. Thanks to your support, parents do have options, and can refuse the arbitrary vaccine agendas set by government policy makers.

Fundraising is an ongoing, year round effort. Every year we offer a bonus book to members who donate $150 or more to VRAN.

This year we are offering two book selections for you to choose from. ***Just a Little Prick*** by Hilary Butler documents her 20 years of work as a vaccine awareness activist. The book analyses the "Big Lie" which props up vaccine agendas around the world.

Additionally, we are offering you Dr. Tim O'Shea's well known book, ***The Sanctity of Human Blood***, now in its eleventh edition. Dr. O'Shea's book has been popular in vaccine awareness circles for many years, and this new updated edition has received good reviews.

When sending us your donation, please choose one of these two books, and let us know which one you are selecting.

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

We still don't have email addresses of many members. Please send us your email to info@vran.org Once you're on our E-Bulletin list, you will receive interesting and timely news items between newsletters. √

Justice for Parents Falsely Accused of Killing Their Children

A recent public inquiry in Ontario has revealed that a pediatric pathologist's sloppy work and personal biases resulted in the conviction and imprisonment of many innocent people falsely accused of having killed their children. A careful review of the cases uncovered a monumental tragedy which resulted in the imprisonment of parents and caregivers for crimes they did not commit.

The inquiry was called after an expert panel raised serious doubts about 'expert' opinions given by discredited pathologist Dr. Charles Smith. His errors caused innocent parents, accused of murdering their children, to spend years behind bars,.

The investigation has revealed that Dr. Charles Smith had not only made serious errors in judgment, but was grossly incompetent to asses child death cases.

The inquiry also revealed the dearth of pediatric pathology experts in the province with the result that one man was given too much power over the lives of innocent people.

While these first cases were not referred to as 'Shaken Baby Syndrome' (SBS), the opposition leader said the Ontario government needs to review all cases where Shaken Baby Syndrome was listed as the cause of death of a child.

A review of 142 such cases in Ontario has been urged because of an 'evolution in the debate' over Shaken Baby Syndrome. The Joint Statement on Shaken Baby Syndrome, ratified by a number of child health groups, which also includes the Canadian Association of Chiefs of Police, erroneously forwards the assumption that a child presenting with symptoms that include bleeding in and around the brain and bleeding in the retina of the eyes raises an immediate suspicion of trauma inflicted by a parent or caregiver. Health Canada is a signatory to this Joint Statement. It can be found on their website.

Michael Pollanen, the province's top forensic pathologist told Judge Stephen Goudge that skepticism about SBS is so great that he should consider urging a review of the cases when he produces his report next spring.

Dr. Pollanen said he did not know how many of the 142 cases were investigated as suspicious deaths, resulting in criminal charges, convictions or the seizure of siblings from the parents of the pediatric victims. "To be very straightforward, this would generate a lot of controversy in the community because it is very polarized," he said.

British authorities have reversed the convictions of a number of mothers accused and convicted of shaking their babies to death. They say new research may reveal that the children were not abused after all.

A review of the children's medical histories and expert medical testimony revealed that the science behind Shaken Baby Syndrome was not solidly established, and that other events, including adverse vaccine reactions could indeed have caused the brain bleeds and retinal hemorrhages thought to be irrefutable proof of SBS.

> "I have proved that immunization within this period is a cause, repeat a cause, of these haemorrhages (with or without fractures) in susceptible children... They will have successfully demolished my explanation if they can document a SINGLE case of Shaken Baby Syndrome... which occurred outside the 21 day period and in which a disorder of Haemostasis, Nutrition, or Liver disease was convincingly excluded."
> —Pathologist-Hematologist and Shaken Baby Syndrome expert Michael Innis

Many researchers have now identified the role vaccines play in SBS. In a majority of these cases, the baby had recently been injected with the usual schedule of five to eight vaccines at one time.

We now know that multiple vaccines injected into vulnerable infants can result in precisely the symptoms ascribed to SBS. Without any basis in fact, Shaken Baby Syndrome was entrenched in the medical liturgy as a new syndrome in which a loving care-giver would "lose it" and shake an infant so hard it would result in brain damage and death

Until recently, medical officials have refused to consider the possibility that Shaken Baby Syndrome is a figment of medical hysteria without basis in science. Or that the brain injuries are more likely vaccine triggered, than loving parents going berserk and violently shaking their baby to death.

Shaken Baby Syndrome has come to signify the extreme to which "experts" will go to deflect blame from themselves when something bad happens to a baby following vaccination.

"What cannot be, must not be" is the impenetrable shield of denial they hold up. Certainly they are not to blame, so it must be the parent or caregiver.

In 2004, pathologist-hematologist and Shaken Baby Syndrome expert Michael Innis summarized the findings of many when he wrote:

"I have proved that immunization within this period is a cause, repeat a cause, of these haemorrhages (with or without fractures) in susceptible children …"

"They will have successfully demolished my explanation if they can document a SINGLE case of Shaken Baby Syndrome or "inflicted shaking/impact injury" (as they prefer to call it) which occurred outside the 21 day period and in which a disorder of Haemostasis, Nutrition, or Liver disease was convincingly excluded."

"I repeat, the diagnosis of Shaken Baby Syndrome or Inflicted Shaking/Impact Injury is a proven figment of the imagination of some in the Medical Profession and should be relegated to scrap heap of history before it causes any more shame to the profession and disaster to innocent families."

http://bmj.bmjjournals.com/cgi/eletters/328/7442/719#57790

Please also refer to the following excellent articles:

- Dr. Edward Yazbak's recent analysis of Shaken Baby Syndrome on the NVIC website is excellent: http://www.nvic.org/doctors_corner/ed_yazbak_shaken_baby_syndrome.htm
- C. Alan B. Clemetson, MD, Caffey Revisited: A Commentary on the Origin of "Shaken Baby Syndrome" http://www.jpands.org/jpands1101.htm
- Dr. Alan Clemetson, MD, Shaken Baby or Barlow's Disease Variant? http://www.bmj.com/cgi/eletters/328/7442/719#63802 √

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eases, such as cancer, arthritis, muscle weakness, fatigue, sleep disturbances, memory loss and confusion. People with Alzheimer's and Parkinson's disease have even higher levels of these inflammatory cytokines—much higher.

When inflammatory chemicals are elevated in the brain it makes brain cells more vulnerable to a number of toxins, many of which are in the environment. One study demonstrated, using a series of sophisticated techniques, that if brain cells were exposed to low levels of a pesticide there was little toxicity seen and that if you exposed these same brain cells to an immune stimulant alone, little damage occurred. But if you first exposed the brain cells to the immune stimulant, the same low dose of pesticide could destroy a great number of brain cells.

The importance of this observation was that the vaccine made the brain cells hypersensitive to the toxin so that even in concentrations that normally would not cause harm, could wiped out most of the neurons. One of the strongest connections between an environmental toxin (pesticides) and a neurological disorder is with Parkinson's disease. The reason it is more common in the elderly is that they have the highest levels of inflammatory cytokines. This also explains the high incidence of Alzheimer's disease, which reaches incidences of 50% after age 80.

The link depression was also by accident. Doctors using immune cytokines to treat patients with cancer or hepatitis found that one third of the patients developed major depressive illness within days of the treatment and that it resolved only when the treatment was terminated. Other studies, in which inflammatory cytokine levels were measured in people with major depressive illness, also found most had high levels of these inflammatory chemicals.

To their surprise, they found that many of the antidepressant medications commonly used lowered inflammatory cytokines levels and that patients who failed to respond had the highest level of the cytokines.

So, how is this linked to excitotoxicity? Neuroscientists have known for some time that inflammatory cytokines cause the brain to release higher levels of glutamate—the more intense the inflammation, the higher the brain glutamate level. The highest levels are found in the prefrontal lobes and limbic system, the areas most related to mood control. MSG also increases brain inflammation.

Vaccination and Brain Inflammation

A great number of studies have shown that when you vaccinate an animal, the body's inflammatory cytokines not only increase dramatically, but so do the brain's inflammatory chemicals. The brain has its own immune system that is intimately connected to the body's immune system. The main immune cell in the brain is called a microglia. Normally, these brain cells are lying throughout the brain in a resting state (called ramified). Once activated, they can move around, traveling between brain cells like amoeba (called amoeboid microglia).

In the resting state, they release chemicals that support the growth and protection of brain cells and their connections (dendrites and synapses). But when activated, they secrete a number of very harmful chemicals, including inflammatory cytokines, chemokines, complement, free radicals, lipid peroxidation products, and two excitotoxins—glutamate and quinolinic acid.

In essence, these brain immune cells are out to kill invaders, since the body's immune system sent an emergency message that an invasion had occurred. With most infections, this phase of activation last no more than a few days to two weeks, during which time the immune system successfully kills off the invaders. Once that is accomplished, the immune system shuts down to allow things to cool off and the brain to repair what damage was done by its own immune system.

What researchers knew was that during this period of activation, people generally feel bad and that what they experience closely resembles depression—a condition called "sickness behavior". Most of us have experience this when suffering from a viral illness—such things as restlessness, irritability, a need to get away from people, trouble sleeping, fatigue and difficulty thinking.

Studies have shown that there are two phases to this "sickness behavior"; one in which we have the flu-like symptoms and a later onset of depression-like symptoms that can last awhile. They have also shown that all of these symptoms are due to high levels of inflammatory cytokines in the brain, which come from activated microglia.

A number of studies have also shown that after age 50, people have exaggerated and prolonged "sickness behavior", much more so than younger people. This is one of the reasons why many elderly hang onto flu symptoms for months after exposure.

There is also another immune phenomenon that plays a major role in vaccine-related brain injury. Researchers discovered that when you vaccinate an animal, the brain microglia immune cells turn on partially (called priming), that is, they are in a state of high readiness. If the immune system is activated again soon after (days, weeks to months), these microglia explode into action secreting levels of their destructive chemicals far higher than normal. This overreaction can be very destructive and make you feel very depressed.

Stimulating the immune system with a vaccine is far different than contracting an infectious illness naturally. Vaccines are made of two components—the agent you wish to vaccinate against—for example, the measles virus; and an immune system booster called an immune adjuvant. These adjuvants are composed of such things as aluminum compounds, MSG, lipid compounds and even mercury. Their job is to make the immune system react as intensely as possible and for as long as possible.

Studies have shown that these adjuvants, from a single vaccine, can cause immune overactivation for as long as two years. This means that the brain microglia remain active as well, continuously pouring out destructive chemicals. In fact, one study found that a single injection of an immune activating substance could cause brain immune overactivation for over a year. This is very destructive.

Flu Vaccines and An Expanding Vaccine Schedule for the Elderly

Public health authorities and physician societies are in an all out campaign to have every elderly person vaccinated every year with the flu vaccine as well as a growing number of newer vaccines. When I was practicing neurosurgery, the hospitals had an automatic written order on all older patients' charts mandating a flu vaccine, unless it was countermanded by the physician, which I always did. Now, they are giving the shots in malls, tents and every available site they can muster. And worse still, using lies and scare tactics to frighten the elderly onto getting the shots (such as

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the bold lie of 36,000 elderly dying of the flu every year).

As you age your immune system, including that special immune system in your brain, releases significantly more inflammatory immune cytokines than when you were younger. This serves to prime the microglia, as discussed. So, when you get your first flu shot your microglia overreact and does so for a very long period—perhaps years. Many elderly report that the flu shot gave them the flu. Proponents of vaccines, retort with a condescending laugh, that it is impossible because the flu vaccine contains killed flu viruses. In truth, what these people are reporting is a prolonged, intense "sickness behavior" response to the vaccine. To the body, it is worse than getting the flu. Remember, no one is recording the number of elderly who die after getting the flu shot, especially if they die months later, which can happen with sickness behavior, especially if they have a preexisting chronic illness or are infirm.

Here is the shocking truth. With the elderly already having increased inflammatory cytokine levels both systemically and in their brain, stimulating these primed microglia so that a chronic overstimulation of the brain's immune system is triggered, will not only increase their risk of developing one of the neurodegenerative diseases, but will also substantially increase their risk of developing major depression. Remember, this also increases their risk of suicide and even homicide dramatically.

Anxiety is a major problem with depression, and vaccinations will greatly worsen the condition. In fact, vaccination, especially multiple vaccinations, will maintain the brain in a state of inflammation that will be self-perpetuating, because the excess release of glutamate in the brain, as well as glutamate in the diet, will further enhance microglial activation and excitotoxicity.

Those who are prone to developing one of the neurodegenerative diseases, such as Alzheimer's disease or Parkinson's disease will be at a drastically increased risk as we have seen experimentally when even animals exposed to subtoxic concentrations of environmental toxins and vaccinated develop neurologic worsening.

Most people use pesticides in their home and studies have shown that the concentrations in homes are sufficient to trigger Parkinson's disease in susceptible people. Vaccinations, as these studies have shown, will greatly increase risk. Most doctors are completely unaware of this important research.

You must keep in mind that "health authorities" urge the elderly to get the flu vaccine each and every year. This will keep the microglia in a primed and even activated state continuously. Recently, neurologists announced that the incidence of neurodegenerative disease had been grossly underestimated and that neurological diseases of aging were increasing at a frightening rate. They have no explanation. Over the last three decades the number of elderly receiving yearly flu vaccines has risen from 20% before 1980 to over 60% today.

If this were not depressing enough, now the public health authorities and medical specialty societies are adding a whole new set of vaccines for those above 50 years of age, including the pneumococcal and meningiococcal vaccines. What is being completely ignored by the promoters of these vaccines is the effect of multiple doses of immune adjuvant that accompany each of these vaccines.

Lets, say you see your doctor and he talks you into getting the flu vaccine, the pneumococcal and meningiococcal vaccine all during the same office visit. That way, he can save you extra office visits. What your doctor ignores is that he is giving you three doses of powerful immune adjuvant all in one sitting, which means that your body and brain are assaulted by a massive dose of powerful immune activators, which have been proven to activate the brain's immune system to dangerous levels, even when given as a single dose. Proof of this mechanism exists not only in animal studies, but in humans as well.

Mercury and Aluminum

There are other ways that vaccines can cause havoc in the brain. Most vaccines contain aluminum compounds. A multitude of studies have shown that aluminum, especially if combined with fluoride, is a powerful brain toxin and that it accumulates in the brain. With each vaccine injection, a dose of aluminum is given. These yearly aluminum inoculations accumulate not only at the site of the injection, but travel to the brain, where it enters neurons and glial cells (astrocytes and microglia). A number of studies have shown that aluminum can activate microglia and do so for long periods. This means that the aluminum in your vaccination is priming your microglia to overreact. The next vaccine acts to trigger the enhanced inflammatory reaction and release of the excitotoxins, glutamate and quinolinic acid.

You must also appreciate that any infection, stroke, head injury or other toxin exposure will also magnify this inflammatory brain reaction initially triggered by your vaccines. Studies have now indicated that the more one's immune system is activated the more like he or she will suffer from one of the neurodegenerative diseases.

Mercury is also a powerful activator of brain microglia and can do so in extremely low concentrations-in nanomolar amounts. Because of its numerous reactions with sulfhydral compounds in the body (which are ubiquitous), mercury can poison a number of enzymes both systemically and in the brain. Of special concern is the ability of mercury, especially ethylmercury (the kind found in vaccines called thimerosal) to inhibit the regulation of brain glutamate levels. (It does this by inhibiting the glutamate transfer proteins that control the removal of glutamate from outside the neuron, where it does its harm.)

In essence, mercury, in the concentrations being injected with vaccines, triggers excitotoxicity, increases brain free radicals and lipid peroxidation products, inhibits critical brain enzymes, inhibits antioxidant enzymes and impairs DNA repair ability. The flu vaccine contains enough mercury to do all of these things. You must keep in mind that each flu vaccine adds to the mercury supplied by your last vaccine, that is, it is progressively accumulating in your brain.

In addition, the aluminum in the vaccines also primes microglia and when combined with mercury is infinitively more toxic to the brain. Now, if this is not enough, we also have to consider the contamination of vaccines with foreign viruses and viral components. Studies have shown that this is not a rare occurrence, with up to 60% of vaccines being contaminated in one study of several major manufactured vaccines. When confronted with this fact, vaccine proponents just shrug their shoulders and say—"We don't think these things are harmful."

Yet, the studies say otherwise. It has been found that insertion of viral fragments, not even the whole virus, is sufficient to trigger the brain's microglial system and subsequent excitotoxicity,

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leading to progressive brain degeneration. This is accepted to be the mechanism by which the HIV virus causes dementia in a great number of AIDS victims. Fragments of the virus (gp140 and Tat) are engulfed by the microglia and this triggers chronic brain inflammation and excitotoxicity. The herpes virus and measles virus can do the same thing.

Danger of Live Virus Vaccines

A number of studies have shown that live viruses used in vaccines can enter the brain and reside there for a lifetime. One such study, in which autopsied elderly were examined for the presence of the measles virus, found that 20% of the brains had live measles viruses and 45% of other organs were infected. These viruses were highly mutated, meaning that they could be just as potent as other measles viruses, but could be even more virulent. Worse, is that in most cases they cause a smoldering destruction of tissues without the obvious symptoms of infection, which has been shown in a number of studies.

Live virus vaccines are made using a process to attenuate the pathogenic or disease-causing virus by passing it through a series of cultures. The problem is that the reverse can also happen within the body.

A number of studies have shown that when we produce free radicals in our body (and we produce tons of such radicals over a lifetime), it mutates the viruses residing in our tissues. This is what was found in the autopsy study I referred to above.

Likewise, these viruses can trigger brain inflammation and degeneration, which has been shown in a number of studies-that is, there exist a chronic degeneration of the brain over years or decades. Because it is so far separated from the time of the original vaccine, physicians just attribute it to old age or heredity, anything but the vaccines.

Virologists are also concerned that such mutated live viruses can also infect other people, leading to outbreaks of disease totally unsuspected by health authorities.

Conclusion

Current recommendations by the CDC for adult vaccinations include a total of 14 separate inoculations with infectious agents and powerful immune adjuvants. To be fair, some of these are for special medical risks and conditions, such as high-risk behaviors, illegal drug use and HIV infected individuals. If we eliminate these, women will be exposed to 10 inoculations and men 7, should they follow CDC guidelines, which doctors follow.

According to CDC recommendations, multiple vaccinations for a single disease are separated by no more than 4 weeks, which is close enough together to produce priming and subsequent hyperactivation of brain microglia. We have seen that this can trigger a smoldering process of brain inflammation and excitotoxicity that can not only result in depression, anxiety and high suicide rates, but can increase one's risk of developing one of the neurodegenerative diseases as well.

We have also seen that in many cases a person will be injected with several vaccines during a single office visit and that this means their body is exposed to a very large dose of immune adjuvant. Compelling studies, using many animal species as well as humans, have shown that this overactivates brain inflammatory mechanism that can last for years.

In addition, several additives to vaccines, such as mercury and aluminum, are powerful brain toxins that are known to accumulate in the brain over years and can trigger brain inflammatory/excitotoxic mechanisms. Vaccine contaminants, such as bacteria, mycoplasma and viral fragments can also produce prolonged brain inflammation and neurodegeneration.

The very young... receive many inoculations (up to nine inoculations) in one office visit. This is insane and in my estimation, criminal.

Because the elderly already have high levels of inflammatory cytokines, they are at a special risk. The very young (babies and small children) are at a high risk because their brains are undergoing the most rapid development at the very time they receive the greatest number of vaccinations—the first two years of life. In fact, they receive 22 vaccines during the first year of life, one of which contains a full pediatric dose of mercury. Like adults, they receive many inoculations (up to nine inoculations) in one office visit. This is insane and in my estimation, criminal.

Nasal flu vaccines are even worse, because they introduce a live virus into the nasal passages, which can then travel along the olfactory nerves, which leads to the very part of the brain first and most severely affected by Alzheimer's disease. A number of studies have shown that viruses and bacteria can pass along this route to the brain. In fact, in one study scientists sprayed a bacterium into the nose of mice and observed a rapid development of Alzheimer's type plaques in the mouse's brain.

So, what should older people do? First, studies have shown that the primary cause of immune deficiency in the elderly is purely dietary. The carotenoids, such as beta-carotene, alpha-carotene, canthaxanthin, lutein and lycopene significantly enhance the immunity of the elderly. Zinc, magnesium and selenium are also essential. One should also avoid omega-6 oils (the vegetable oils-corn, safflower, sunflower, canola, soybean and peanut oils), since they greatly enhance inflammation and depress immunity. The EPA component of fish oils (omega-3 oils) is also a powerful immune suppressant. DHA is not. A healthy immune system means that you can fight infections efficiently and rapidly.

Regular exercise, such as brisk walking or weight exercises three to five times a week also boost immunity, while extreme exercise suppresses immunity. Sugar and refined carbohydrates also suppress immunity and inflame the brain. Exercise protects the brain from aging effects and from degeneration.

Adequate sleep is also vital to both brain health and good immune function. Pubic health officials and spokesmen for the major medical societies are lying to the public concerning vaccine safety. We now possess sufficient information from a great number of studies to halt this disastrous vaccine policy. We are facing a medial disaster in this country, which is already well on its way.

We thank Dr. Russell Blaylock for kindly permitting us to reprint this article. Dr. Blaylock is a board certified neurosurgeon, author and lecturer. His newsletter, the "Blaylock Wellness Report" teaches you how to prevent and treat illness using alternative methods.

Other excellent articles which investigate the mechanisms of vaccine induced injuries can be found on Dr. Blaylock's website at: http://web.mac.com/rblaylock/Russell_Blaylock_M.D./Information/Information.html

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Seeking The Truth About The Never Vaccinated

By Sandy Gottstein – Dec. 16, 2007

A tree fell in a forest, but no one was there to hear it. Did it really happen?

Who doesn't know the story of the proverbial, fallen tree? Who really cares, though? Isn't it just a fun, arguable, almost silly riddle?

I care, and here's why. We're living the teaser in the guise of never-studied, never-vaccinated children. For if never-vaccinated children rarely, if ever, get autism, allergies, asthma, cancer, SIDS, chronic and autoimmune disease, etc. but they are not studied, in essence, there is no one to hear about it.

The "experts" would have us believe that the things we don't know about don't exist. They would have us believe that the alleged absence of evidence is evidence of absence.

Of course, this is nonsense. Ignorance may indeed feel like bliss, but in the real, material world, knowing has nothing to do with being. But will we ever know the truth?

If the "experts" have anything to say about it, heck, no. If people like me have anything to say about it, hell, yes.

The fact that never-vaccinated children have not been studied has long been my focus and concern.

I've been embroiled in the vaccine issue ever since 1982, when my first child was born. By the time my second was 6 months old in early 1987, I was pretty much done with vaccinations. (Although I had serious misgivings, they did each later get a booster tetanus shot.)

No more vaccines, even though neither of my children had any known vaccine damage. No more vaccines, even though the number was almost nothing compared to what children are being injected with today.

What drove that decision? Three main things: a) numerous studies indicating there have been serious problems associated with and likely caused by vaccination; b) the fact that after reading hundreds of studies, not one of them used the only proper comparison group, never-vaccinated children, as controls, and c) the fact that virtually everything we "know" about vaccine safety has been bought and paid for by the vaccine manufacturers.

I also educated myself about the diseases and their seriousness in developed nations like ours, as well as doing everything I knew to improve my children's immune status. That included nursing my sons until they were at least 4 years old.

I first wrote about the "controls" problem in the late 80s during my extended effort to get a philosophical exemption bill passed in Alaska. Surely common sense would prevail, I foolishly thought, given the state of the evidence. But I seriously underestimated the fear factor and over-reliance (in my opinion) on so-called expert opinion.

When it became apparent that nothing was going to happen vis à vis exemptions, and some legislative interest was voiced for it, I decided to take a stab at the information part of informed choice. The main mechanism was to require vaccination records for all deaths of children 7 and under. (Few children older than that were being vaccinated at that time.) Drs. Archie Kalokerinos and Arthur Zahalsky flew to Alaska to help me meet with some of the movers and shakers in the state. Most seemed interested, but in the end it failed because "Public Health" aggressively fought it.

Public Health fought getting information and won. Sounds painfully familiar, eh?

My next formal attempt at getting attention focused on the never-vaccinated issue was in 1993, when I testified to the Institute of Medicine:

"In the 1991 IOM review, the Committee quite fairly pointed out that it had been handicapped by the lack of adequate studies, including the poor design of many. The Committee also properly concluded that the absence of appropriate studies meant that there was insufficient evidence to indicate whether or not there was a causal relationship between many of the adverse reactions being studied and vaccination. Imponderably, however, similarly flawed information was cited as evidence AGAINST causality in their report in a number of instances.

The Committee's conclusions concerning SIDS and DPT vaccine are a case in point. Although they admitted in their review, and I quote, 'Prior to the 1960's, little was known about the epidemiology of sudden infant death syndrome (SIDS)', they concluded, and again I quote, 'Studies showing a temporal relation between these events are consistent with the expected occurrence of SIDS over the age range in which DPT immunization typically occurs'. Without information on the background rate of SIDS in historically, socioeconomically, and otherwise comparable never vaccinated groups, data on the expected frequency of SIDS merely reflects its incidence among vaccinated populations, rather than absent vaccinations, and cannot be considered accurate or meaningful. Given that such background information was not presented by the Committee, conclusions about the absence of a relationship between SIDS and vaccination were not justified.

Nor were any studies cited—in fact, to my knowledge none exist—in which the only proper control group, never vaccinated children, was used. If, as is the case in most studies, 'less recently', but nonetheless vaccinated, children were used as controls, and an adverse event can be either a delayed or long-term consequence of vaccination, one would EXPECT to find no differences between the study groups, even if vaccination HAD caused an adverse event. Conclusions about causality drawn from any study with such serious limitations are not justified.

The fact is, all controls are not equal. More importantly, many groups are improperly designated as controls. The 1991 IOM statement that a nontreatment group, i.e., control, might be one using an established alternate vaccine, is an example of an improper definition of a control. In no way can any form of vaccination, whether 'established' or less recently administered, be considered lack of intervention. The extent to which various established vaccines and times since administration of vaccine are similar to non-vaccination should be studied, not assumed. Only a placebo, which in the case of vaccination studies equals the absence of vaccination, is appropriate.

As to the notion that it is unethical to withhold vaccination due to 'widespread acceptance' of vaccination, I would submit that to the contrary, if anything, it is unethical to administer vaccinations of unknown safety and efficacy. It is unsound to argue we can't withhold vaccines because of 'widespread acceptance', as the 1991 IOM Committee did, when the reason there is such widespread acceptance of vaccinations is that we have been told the vaccines are safe and effective. Their argument is particularly

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ironic given their finding that serious consequences can result from the two vaccines, and lament about the absence of adequate information.

To the contrary, the conclusion that must be drawn from their review is that randomized, long-term, placebo-controlled, prospective clinical trials are urgently needed, in spite of ethical concerns about ADMINISTERING vaccines of unknown safety. Indeed, no reassuring claims about the infrequency of any linked adverse event should be made until and unless the false premises underlying study designs and the many study design flaws, including the lack of reasonable and time appropriate controls, and reporting system inadequacies, are corrected."

We all know where that went.

After taking a long break from the issue in complete discouragement, the autism crisis reared its ugly head. I had always feared that little would happen until there was a lot of obvious, likely vaccine damage. Those fears, it appeared, were being realized – both the widespread damage and resultant growing interest in the topic.

The Internet was also gaining in use and prominence and it occurred to me that we now had a way to compete with the extensive and expensive propaganda of the multinational drug companies. (Judging by the recent JAMA article on the subject, I may have been on to something!)

To that end, my news and information website, *Vaccination News* (now a non-profit) was launched, in the hopes of providing a means for the public to educate itself and become politically motivated to support better information and the right to choose.

After getting a welcome nudge from my friend Nicholas Regush, I also began writing my column *Scandals*, where the absence of proper controls in vaccination research was a frequent topic of discussion. (Another column, "Out of Control", I never really got off the ground; but it obviously dealt with the issue as well.)

I also had a rally and later gave a slightly revised version of that speech, in which the importance of using never-vaccinated subjects as controls featured prominently. (The newspaper didn't even cover the cold April afternoon rally at which there were around 50 attendants, and at which a mother of a government compensated vaccine-damaged child was one of the speakers.)

But while the political clout of angry parents was growing, little was happening on the never-vaccinated research front.

Then what seemed like a miracle occurred. I was in Washington for a conference unrelated to vaccination and was lucky enough to be free on a day Congressman Burton was holding hearings on autism research funding. So I sat myself in the front row, listening with rapt attention to the unhappy truth about the lack of agency interest in meaningfully studying the issue.

Congressman Shays had taken over the hearing, when he suddenly announced that for the first time questions would be taken from the audience. Being in the front row, my wildly waving hand was noticed and I was included in the list of five.

Here is what transpired, and my later response to their comments:

Ms. Mintz. Hi. "My name is Sandy Mintz. I am from Anchorage, AK. I am lucky enough not to have a child who has been injured by a vaccine. My question is, is NIH ever planning on doing a study using the only proper control group, that is, never vaccinated children?"

Dr. Foote. "I am not aware of--but note carefully what I said, that I am not aware of--a proposed study to use a suitably constructed group of never vaccinated children. Now CDC would be more likely perhaps to be aware of such an opportunity."

Dr. Boyle. "The study that I mentioned earlier that we are doing in collaboration with Denmark compares children who received the MMR vaccine versus children who did not receive MMR."

Ms. Mintz. "But I am saying never vaccinated with any vaccine. That assumes that other vaccines don't cause autism, which is what needs to be studied, not assumed."

Mr. Shays. "Let me just say that if you would turn off your mic, I am happy to have you do the followup, if you would respond to it."

Ms. Mintz. "I'm sorry."

Mr. Shays. "No, you don't need to apologize. And we will go to the next. Do you have any other comment based on that? The point that is being made, any vaccination. Could we just suggest that you take this under advisement?"

Ms. Wharton. "The difficulty with doing such a study in the United States, of course, is that a very small portion of children have never received any vaccines, and these children probably differ in other ways from vaccinated children. So performing such a study would, in fact, be quite difficult."

The Denmark study was a study that, in fact, could not have been done in the United States, although, of course, these children did potentially receive some other vaccines, but simply hadn't received MMR.

Mr. Shays. "I will invite anyone who is here to speak to staff or me afterwards if they want to augment a comment."

While I wasn't able to 'augment my comment' right after the meeting, here's the gist of what I later e-mailed to Beth Clay, the professional committee staff member who was present at the hearing:

1) There are more than enough never vaccinated children in the states which allow philosophical exemptions to conduct a proper study.

2) If children who have not been vaccinated are different in ways that prevent them from getting autism, wouldn't we want to know that?

Well, wouldn't we?"

Nothing I did or said seemed to make a difference, though. Then another miracle occurred in the form of Dan Olmsted. His examination of the Amish and a clinic in Chicago brought attention to the issue like never before, even resulting in Representative Carolyn Maloney introducing a bill to do just such a study.

As we are sadly learning, however, so far that effort has also led to nothing of substance.

And nothing it will remain, unless more and more of us get involved.

It is hard not to feel completely disheartened, especially being so far away from everyone deeply involved in the issue. My health has definitely suffered because of it. Sometimes, many times, I have wanted to forget the whole thing.

But then I think of the precious children already harmed by vaccines, and my fear that nothing will happen until there are more of them. I think of those we may prevent from being harmed in the future. And I think of the families struggling in ways I never will have to. I think of all this and more. And the only conclusion I can draw is that there is no turning (my) back.

So continue to face it I will. I can't help but hope, though, that when the never-vaccinated tree falls it is heard far and wide.

Age of Autism Editor's Note: Sandy Gottstein of Vaccinations News is a pioneer in the struggle to get public health officials to study autism in never-

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vaccinated children. At our invitation, she describes her long and courageous effort to bring this common-sense idea to life. Sandy, who does not have an affected child, deserves a vote of thanks from the autism community for her perseverance and clarity on this fundamental issue.

http://www.ageofautism.com/2007/12/seeking-the-tru.html#more

Sandy's website, http://vaccinationnews.com/ is a key reference place for her excellent articles and up-to-date breaking news from around the world. √

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VANISHED WITH A TRACE

By Cathy Jameson

When I want to be a couch potato and stare bleary-eyed at something other than my computer screen I watch those 20/20 and 48 Hour television shows.

I like the informative, educational and entertaining twists presented on prime time. I've always been an info junkie which I am pretty sure has helped me find and bring back my son injured by vaccines. While Ronan never physically left me, his body shut down from the top of his brain that stores his intellect to his tippy toes that tell me constipated poops are on the way.

Television news in late 2007 had me so riled up though. I didn't have the desire to watch another report about the flu season creeping up on America. The inevitable flu shot promotional parade began with media ads plastered everywhere. I couldn't even go grocery shopping without running into a flyer luring shoppers into a flu shot frenzy. Later, I didn't have the heart to hear about tainted vaccines recall or the blaring Gardasil prime-time commercial spot. Yet despite all the fanfare, the vaccine-connected autism I believed to be true never seemed part of the broadcasts. Who wants to watch the next generation succumb to mainstream media's misinformation as my own son did?

I've become a scientific seeker of truth and, as The X-Files claims, the truth is out there. I want to know everything there is to know about vaccines from their toxic ingredients to their long-lasting effects. Unlike television's reality shows, my reality involves reading, utilizing, and sharing the information I've gathered with listening ears of family and friends. I was drowning in the flu shot frenzy when I again became angry about what we parents have gone through with our vaccine-injured children.

This year's flu shot is apparently ineffective for the current flu strain according to a CDC report from February 2008. What do you say to those people who diligently lined up being assured they were doing the right thing to prevent a flu epidemic? Come on, people, how can we put

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up with this? Oh, sure we've been promised that the 2008-09 flu shot is going to get a 'makeover,' but how dare the public be led astray yet again about vaccines!

I admit that just a few years ago, before I had a clue, I was one who believed the flu vaccine hype. I insisted my two oldest children got their jabs. Unfortunately it was that flu shot that was the final straw sending Ronan over the edge to neurological misfortune. Unbeknownst to me he was deteriorating slowly from his other childhood vaccines. The two flu vaccines he received right before his second birthday brought him into a world I'm scrambling to bring him out of. Ronan's sweet, bubbly, curious personality vanished thanks to traces of thimerosal coursing through his tiny veins.

My research takes me on a roller coaster of sorrow and anxiety. I watch Ronan flounder as he also rides a non-stop roller coaster of impatience, struggling to communicate, straining to be like his siblings but unable to figure out how, eager to function like a five year old but with only two- or three-year-old skills. He knows he is different and he doesn't seem to like it either.

Fortunately here's a silver lining to the dark black cloud that tries to follow my child. I see a fighter in Ronan lately which gives me hope. The little lost boy now shows new skills he should have perfected years ago. When Ronan fell today, I went down to the floor where he stumbled to offer a hug. I wondered if he was going to react like he had a week ago when he stubbed a toe—he wanted comfort and instantly. Today, Ronan lifted his leg and showed me where it hurt!

Not long ago, Ronan would have picked himself up from the floor without batting an eye and gone to flick a light switch or cabinet door. Three years ago, Ronan was in such a fog that he held his hand above a candle flame and didn't flinch. His skin was going to singe and he could care less. As I tended to Ronan's "owie" from his fall, he immediately wanted a hug too—not just a squeeze and let me go play, but a pick me up off the floor and hold me, Mama hug. I melted.

Late one evening I watched an evening magazine show all about young twenty-somethings going off to start their careers abroad and then being kidnapped. Some were even killed for no logical reason except that evil people exist in the world. While I certainly cannot compare the pain and anguish of the physical loss of a child, I can empathize with those parents. They immediately wanted answers about their child's safety to include searches done by the authorities. For those who perished, parents wanted justice for their adult child's perpetrator but were running into trouble due to red tape from paperwork, inadequate researching and cover-ups from the authorities. Emotions came over me. These parents of typical children were robbed, like me, of peace, comfort and the truth.

The two flu vaccines he received right before his second birthday brought him into a world I'm scrambling to bring him out of. Ronan's sweet, bubbly, curious personality vanished thanks to traces of thimerosal coursing through his tiny veins.

At the end of the show I realized that, despite my roller coaster life, at least I still have Ronan here, close to me, improving, moving, sharing and loving me in the only way he knows how. Ronan gives me his quiet hugs full of wonder and innocence. I'll take those hugs now and keep marching forward on our road to recovery, hoping and prayer that a body riddled with injected toxins and befuddled emotions can become a chatty, healthy and typical kid.

Cathy Jameson is the mother of 4 children with a baby due in May. Her two boys were vaccine injured. It's through her faith in God's healing and her great Googling skills that Cathy is able to learn and do as much as she can to better her children's lives.

Reprinted with appreciation from Age of Autism: http://www.ageofautism.com/2008/03/vanished-with-a.html#more √

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ing. See: http://www.vaproject.org/

The U.S. government's recent concession that 9 year old Hannah Poling's "autism-like" disorder was aggravated by vaccines has awakened a sleeping giant in our society – the tens of thousands of families with vaccine damaged autistic children. (2)

In a matter of months after multiple shots, Hannah began exhibiting the repetitive behaviors and social withdrawal that typifies autism. "Something happened after the vaccines," says her mother, Terry Poling, who is a registered nurse and an attorney. "She just deteriorated and never came back."

The world is watching events unfold in the U.S. And Canadian families are watching with heightened interest because Canada has neither a vaccine compensation system, nor access to justice in the courts for their vaccine injured children. The intensive movement afoot in the U.S. will inevitably force cracks in the stonewall of medical malfeasance obstructing the truth of the extent of vaccine induced brain damage in children today.

Meanwhile, the Centers for Disease Control (CDC) continues to vehemently deny that vaccines caused her autism. Responding to the Poling decision, CDC director Julie Gerberding said, " Let me be very clear that the government has made absolutely no statement indicating that vaccines are a cause of autism….. that is a complete mischaracterization of the findings of the case and a complete mischaracterization of any of the science that we have at our disposal today." Angry parents are demanding the resignation of Gerberding who has directed much of the obfuscation of the autism/vaccine link in recent years. (3)

The government in Hannah's case, has implied that she had a pre-existing "mitochondrial disorder" that made her vulnerable to the encephalitis which resulted in brain injury, which then led to her "autism-like" disorder. Basically, they're using a "blame the victim" strategy, insinuating that the genetically defective child is to blame for the vaccine reactions which led to her autism.

A deluge of articles and commentaries is flooding vaccine awareness websites and blogs. While hailing Hannah Poling's case as a landmark victory, vaccine awareness activists and bloggers are crying foul at government doublespeak and

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cover-up. The term "autism-like" disorder is itself an oxymoron as autism is defined by a collection of specific symptoms, and if a child exhibits enough of them, he/she receives a diagnosis of autism.

"Then something happened and my child deteriorated and regressed into autism", is the experience of thousands of parents whose normally developing, healthy child was vaccinated with a slew of vaccines.

David Kirby, well known author and speaker in autism circles summed up the government's position with an 'anti-syllogism', "Vaccines cause brain impairment, and brain impairments cause autism. Therefore vaccines do not cause autism."

"There are two theories about what happened to Hannah, said her mother, Terry Poling. The first is that she had an underlying mitochondrial disorder that vaccinations aggravated. The second is that vaccinations caused this disorder." "The government chose to believe the first theory," Ms. Poling said, but added, "We don't know that she had an underlying disorder." (4)

What is known is that some children who develop autism, who have been injected with the full bolus of vaccines in the first 18 months of life, do exhibit mitochondrial anomalies. Mitochondria are the tiny powerhouses found in each cell that serve as power generators, converting food and oxygen into energy.

Waiting in the wings are close to five thousand U.S. families who believe their children's autism was caused by vaccine induced injuries. They too are hoping to receive compensation from the U.S. government. A number of test cases have been heard by the U.S. 'Vaccine Court', of which the Poling case was one, but was then dropped from the group of test cases. The outcome of the test cases will set precedents and determine adjudication for the remaining thousands of families.

By 10 months of age, Hannah Poling had been injected with the standard doses of vaccines U.S. infants receive, "without incident". She suffered a series of ear infections, and other "minor complaints", including eczema and fevers. She had also been treated with multiple courses of antibiotics. The child was already exhibiting classic symptoms of vaccine provoked immune dysregulation, so often seen in children whose inner micro-environment is teetering on disaster. If injections with multiple vaccines are continued, these children are then likely to fall off the precipice into brain damage. (2)

Parents need to understand that what impacts the child's immune system is going to effect their neurological system. Dr. Russell Blaylock's work brings this knowledge home in the most profound way. When the immature immune system of the infant is bombarded with vaccines, it sets off the brain's own unique immune system. The neuroscience literature indicates that "excessive and especially repeated immune stimulation can result in severe disruption of brain development and even neurodegeneration".

The science is already in place which shows that excessive vaccination overstimulates the immune system, which in turn hyperstimulates the brain's immune activity leading to an outpouring of excitotoxic substances which result in varying degrees of brain injury. Unfortunately, this knowledge has not yet filtered out to vaccine policy makers, pediatricians, or parents.

> "The explosion of autism in this country is a national health crisis. Our children are profoundly ill and suffering. Human lives, our babies' lives, have been irreparably changed and those responsible must be held accountable."
> —Theresa Cedillo

Hannah's mother had clearly been concerned about her daughter's health and had postponed the standard shots given at 12 and 15 months.

Then when she was 19 months old (July 2000), on recommendation of the pediatrician, Hannah was injected with DTaP, Hib, MMR, Varivax, and IPV—that is diphtheria, tetanus, acellular pertussis, haemophilus influenza B, measles, mumps, rubella, chickenpox, and polio vaccines. Nine vaccines were injected into the child at the same time, a practice accepted as the norm both in the U.S. , Canada and other Western nations. "That was just too many vaccines," says Terry Poling. "I didn't find out for several months that they had thimerosal, which contains mercury, a powerful neurotoxin. Had I known, I never would have allowed it to be injected into my child." It seems the child's father, a neurologist didn't know this either. (2)

A review of the facts of the case revealed the following. According to her mother's affidavit, "CHILD developed a fever of 102.3 degrees two days after her immunizations and was lethargic, irritable, and cried for long periods of time. She exhibited intermittent, high-pitched screaming and a decreased response to stimuli... also began to arch her back when she cried... this behavior continued over the next ten days. " (2)

Within four months of getting those 9 vaccines, Hannah's health was clearly deteriorating. An evaluation at the pediatric clinic recorded complaints of diarrhea, vomiting, diminished energy, fever and a rash on her cheek.

Dr. Russell Blaylock describes the intense immune stimulation of vaccines that cause a hyperintense activation of the brain's immune cells, the microglial system. This remains active for prolonged periods, releasing the damaging excitotoxins glutamate and quinolinic acid. He writes, "Mothers and father are familiar with the high-pitched crying their babies have after such a series of vaccines. Often, this high pitched crying, lethargy and poor feeding last weeks to months. This is not due to the pain of the injection, as the pediatrician will assure you, rather it is secondary to brain inflammation—what we call an encephalitic cry." (5)

Seven months later, a neurologist noted that after Hannah Poling's immunizations of July 19, 2000, an "encephalopathy progressed to persistent loss of previously acquired language, eye contact, and relatedness…… a disruption in CHILD's sleep patterns, persistent screaming and arching, the development of pica to foreign objects, and loose stools." The neurologist observed that the child watched the fluorescent lights repeatedly during the examination and would not make eye contact. (2)

Those of us who over many years, have spoken to countless families whose children have suffered severe reactions culminating in brain injuries, can affirm that Hannah Poling exhibited the classic signs of vaccine induced neurological distress—a precursor to her brain injury. The medical literature defines these type of symptoms as encephalitis or "inflammation of the brain" caused by a traumatic brain injury which can lead to brain damage.

Medical historian Harris Coulter writes, "What bends the twig is an attack of encephalitis in infancy—caused

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in most cases by 'routine' vaccination. The symptomatic and pathological parallels between autism and minimal brain damage reflect their common origin in an attack of clinical or subclinical encephalitis." In his stunning book, written in 1990, Coulter showed that "autism and minimal brain damage are manifestations of the post-encephalitic syndrome." And the most probably cause is the childhood vaccination program. (6)

In Hannah Poling's case, the pediatrician told the mother her child was having a NORMAL reaction to her immunizations!! This malevolent mantra has been drummed into parents for decades while the child disintegrates before their eyes. This normalizing of vaccine reactions has lulled parents into believing that it's okay to keep injecting the child with more vaccines. Normalizing vaccine reactions is THE BIG LIE used to cover-up the disaster vaccinology inflicts on the world's children.

"Keep in mind", writes Dr. Blaylock, "that the child by age one will already have had 20 vaccine inoculations, each spaced no more than one or two months apart. This means, the brain microglia are maintained in a constant primed state. Each vaccine increases dramatically the damage done by the previous vaccine series. One is not surprised that so many vaccinated children develop seizures, or that we have such a high incidence of autism I can assure the elite of the American Academy of Pediatrics and the CDC that over one million autistic children far exceeds the danger measles, mumps, diphtheria, chickenpox, tetanus, rotavirus, HiB meningitis and hepatitis pose to our youth. Also, keep in mind that for every fully autistic child, there are ten times that many with lesser degrees of impairment." (5)

Seven months after the assault with 9 vaccines, during which a steady decline in Hannah's health was noted in medical records, an examination at a neurology clinic found that "encephalopathy progressed to persistent loss of previously acquired language, eye contact, and relatedness.....and that the child had "regressive encephalopathy with features consistent with an autistic spectrum disorder, following normal development." (2) By 2006, the child had also developed a "complex partial seizure disorder," which the government also conceded was caused by the vaccines she received.

A mother on the Age of Autism blog writes, "We were also compensated by the Federal Government in 2002. Our child suffered the same diagnosis after her routine immunizations. Encephalopathy with autistic like symptoms. I am not sure why people think this is the first case? Maybe they are just the first to go so public.

She asks, " I wonder how many other families have been compensated for the exact same symptoms? When we settled with the government I did not get the impression that we were that unique; quite the opposite as I spoke to the Special Master (the judge for the compensation program)" (7)

Gary Golkiewicz, chief special master for the U.S. Court of Federal Claims (Vaccine Court) agreed there were other somewhat similar cases, that were decided before autism and its symptoms were more clearly defined. (7)

Clearly they've been watching this emerge over a number of years. They do see the link between vaccine induced encephalopathy and the resulting autism spectrum disorders. They know very well that vaccine induced brain injuries can and do lead to autism.

University of California immunologist, Dr. Judy Van de Water said in a New York Times interview, "Young children have an immature immune system that's ill-equipped to handle an overload. Some vaccines, such as those aimed at viral infections, are designed to ramp up the immune system at warp speed," she said. "They are designed to mimic the infection. So you can imagine getting nine at one time, how sick you could be." (4)

Normalizing vaccine reactions is THE BIG LIE used to cover-up the disaster vaccinology inflicts on the world's children.

For decades people within groups like VRAN, have felt the despair and pain of families whose children have been struck down by vaccine injuries. Injuries that can manifest in many ways – from outright catastrophic neurological damage that kills children, or leaves them quadriplegics, partially paralyzed or epileptic, to the learning disabled, ADHD children, to those in the autism spectrum. Heaped onto this tragedy are those who develop autoimmune diseases, allergies, asthma, life threatening anaphylaxis, diabetes and other complex degenerative disorders. The Canadian government has never acknowledged these tragedies, nor kept records of them and continues to deny the role of vaccines in the worsening of children's health.

Barbara Loe Fisher, director of the National Vaccine Information Center in the U.S. recently wrote that their office is deluged with calls from desperate parents. "Over and over again, mothers describe in identical terms what they witnessed their babies and children suffer following vaccination—seizures, high pitched screaming, collapse, unconsciousness, high fevers, body rashes, head banging, flapping, profound personality changes—cognitive and physical regression that changes the child physically, mentally and emotionally forever. And over and over again, mothers describe how their pediatricians stubbornly deny the vaccines just given had anything to do with what happened.

As someone who has witnessed the proliferation of vaccines and vaccine laws devastate the health of three generations of children, there are no words to adequately describe the pain, despair and fear that has destroyed the once joyful time of young parenting in America today. Children and their parents have become unwilling victims of a medical-industrial complex driven by the profit motive and powered by an ideology that has a callous disregard for individual human life." (8)

In the mid 1990's, Aventis Pasteur with the Canadian government's approval rolled the DTaP (acellular) vaccine into a 5 in 1 combo shot—a vaccine to which was added 3 sero groups of polio vaccine and Hib (haemophilus influenzae B). Canadian babies served as the test market for Pentacel, paving the way for the new 5 in 1 shot to be marketed world wide.

Hib, a component vaccine of Pentacel is one of the first conjugate vaccines developed and is suspect in the huge surge of anaphylaxis and diabetes. A piece of the Hib bacteria is spliced onto a tetanus protein. Hib is a 'Trojan Horse' vaccine presented to the baby's immune system in a stealthful way. It forces the infant immune system to respond to it, when normally it would not be able to do so before age 2. Hidden in a tetanus protein, the immature immune system is manipulated to create antibodies to the Hib component. This conjugate vaccine, delivered simultaneously with as many as 7 or 8 others, creates conditions within the baby's immune system it has never had

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to cope with before.

Unfortunately, mothers aren't told that breastfeeding protects their babies from Hib infection. Nature's own superb design has insured that the mother's body is eminently capable of providing appropriate antibodies and protection from Hib, as well as a host of other invasive organisms.

Emboldened by the five in one vaccine experiment, soon doctors started routinely injecting babies with up to eight or nine vaccines in one go. Then all caution was thrown to the wind when Paul Offitt, pediatrician and vaccine developer, also a leading member of the U.S. vaccine approvals committee, declared that babies could easily tolerate up to 10,000 vaccines injected simultaneously!

Shock and utter disbelief rippled through vaccine awareness groups who understood the profound recklessness of such an idea. The suggestion that small babies could withstand this kind of assault lent a new urgency to our work. Clearly, the medical elite had either lost its collective mind or was poised to impose new and draconian vaccine agendas on the population, no matter how irrational or dangerous!!

Except for anaphylactic shock following within minutes of vaccination, any cautions that had previously existed about vaccines, their potential to cause neurological/immunological injuries was systematically stamped out. No hesitation now to vaccinate even sick children. Any child presenting post vaccination with high pitched screaming, seizures, collapse, altered states of being or regression and loss of milestones was now considered coincidental and not vaccine related.

The direct result of this reckless abandonment of medical ethics, common sense and basic human decency has resulted in the autism epidemic, autoimmune disorders, neurological disorders and the general widespread collapse of children's health today.

It is a tragic emblem of the scorn with which mainstream medicine regards the profoundly intricate design of the infant immune system. The belief that the sensitively programmed maturation of the child's physiology, the critical phases of brain growth, and gradual immunological development, can be manipulated without consequence, has resulted in this unprecedented disaster in human history.

Thankfully, many ethical and wise voices are now emerging to set a new course in truth in science. Neurosurgeon Dr. Russell Blaylock lays out the specifics of what happens when the brain's immune system is hyperactivated by vaccines. He offers a detailed overview of the cascade of events that result from an overstimulation of the immune system, and the types of brain injuries we can expect. Drawing on published science, he has written a number of highly informative articles, which he has kindly permitted us to draw on for our newsletter and website. Dr. Blaylock's many years as a neurosurgeon eminently qualify him to help deepen our understanding of what is now known about the mechanisms of vaccine induced brain injuries.

Studies now indicate that one in 65 male children born today will be autistic and an even greater percentage if we count all neurodevelopmental disorders. The evidence is overwhelming that the major factor is the vaccine program.

"My review of an extensive amount of literature concerning immune overactivity as relates to vaccination leads me to firmly believe that the problem causing this entire range of disorders we call autism spectrum disorders is directly related to chronic activation of the brain's immune system, of which the central cell is the microglia. (5)

It is not uncommon for small children to receive as many as seven to nine injections during a single visit to the pediatrician or family physician. This means the child is having deposited at seven to nine different sites powerful immune adjuvants that have been shown to trigger systemic immune reactions for over two years. This chronic immune stimulation also chronically activates the brain's special immune system—the microglia/astrocyte system. In a state of nature, we know of only a few conditions in which the brain is exposed to such a powerfully toxic immune system for such a long period, such as autoimmunity (allergic encephalomyelitis, etc) and chronic infections such as neurosyphylis and neuroborelosis, both devastating disorders. (5)

Unfortunately, most practicing physicians know very little about the immune system and even less about the effect of over stimulating the brain's immune system chronically. They are blindly following recommendations of the CDC, public health authorities and vaccine boards from specialty medical societies that also know little or nothing of what I have written, all of which is in the medical and scientific literature. The vaccine manufacturers have demonstrated that their only interest is profits." (9)

"The disaster that can result from forced regimentation of treatment methods becomes evident when we witness the millions of children who have been harmed by the vaccine program. Literally millions have been affected by an antiquated vaccine policy that in no way is based on any scientific principle, study or examination of the data. Political and financial influence are driving the program and not the health and well being of our population. It is also a study in collectivist thinking, since they reply to criticism by saying—'certainly some children are harmed by the vaccines, but we are averting an epidemic disaster'.

Studies now indicate that one in 65 male children born today will be autistic and an even greater percentage if we count all neurodevelopmental disorders. The evidence is overwhelming that the major factor is the vaccine program. Despite this, parents {in the U.S.} are forced by law to drag their children to the pediatrician for their assigned vaccines. Even families with one or more autistic children are being forced to have subsequent children vaccinated, despite accepted studies showing that to do so greatly increases the risk of the child becoming autistic." (5)

Blaylock says the individual is being sacrificed to "protect the masses" which endorses the idea that "the end justifies the means." He warns, there is compelling evidence now that "repetitive mass vaccination destroys the brain and is going to increase the numbers of degenerative brain disorders astronomically. The more you vaccinate, the sicker the population becomes. If you want to destroy the health of tens of millions of people and guarantee an unending form of pharmaceutical necessity, what better way than to use vaccines and make everyone sick?" (10)

Today, a massive awakening is dawning. People are beginning to grasp the reality of vaccine induced brain damage, autism, autoimmune injuries – the collapse of children's health. Via internet discussions, independent research, news lists, the truth some of us have known for a long time, is picking up momentum.

The first awakening back in the 1890's

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activated a massive rebellion against draconian government policies that forced smallpox vaccination on everyone. In Britain parents chose to be jailed rather than vaccinate their babies. Countless children suffered hideous injuries and death from smallpox vaccination. Huge public uprisings forced the British government to allow vaccine exemptions which resulted in the eventual abandonment of smallpox vaccination, and a dramatic decline of epidemics.

The second awakening in the late 1970's and 80's gave voice to thousands of parents whose children had suffered irreversible brain injuries following vaccine reactions—the majority of them caused by DPT vaccine with its highly toxic whole cell pertussis and mercury. In the U.S., courts awarded huge damages to victims. Vaccine manufacturers then threatened to stop making their products. In response, the American government stepped in to protect Big Pharma from liability and created a "no-fault" compensation system. To date it has paid out several billion dollars in vaccine injury compensation.

In Canada, in the 1980's the loss of the Rothwell case shut the door tightly on the dozens of vaccine damaged families waiting to proceed with their cases. Hope was lost they would ever find justice in the Canadian court system. Little Patrick Rothwell's catastrophic vaccine damage case was lost because he was unable to prove that the a) DPT vaccine had caused his brain damage and b) the doctors who injected it had been negligent.

Since then, Canadians have been left biting the dust in silent suffering by an impenetrable court system which requires the victim to prove both causality and negligence. An ignorant and mean spirited government refuses to acknowledge vaccine injures as an ongoing tragic fact of life.

The third wave of awakening now sweeping public consciousness is grasping the fact that the fallout from vaccines is not just due to single item toxins like mercury or aluminum, but has everything to do with the quantity of vaccines being injected at one time. It has everything to do with understanding that the fragile microenvironment of infants and young children simply cannot cope with this degree and intensity of biological assault. It has everything to do with understanding that vaccines cause extreme chaos in the cellular/biomedical ecology of young children. It has everything to do with understanding that the infant brain is incapable of withstanding the degree of chemical activation set off by multiple vaccines.

The third awakening has everything to do with grasping the fact that the fragile infant organism has never before been forced to cope with the neuroimmune disturbance multiple vaccines set off within the immature little body.

The third awakening has everything to do with parents and grandparents everywhere understanding that our children's health and safety and future is too precious to leave in the hands of the medico-political establishment which has lied to us and betrayed us. Isn't it time to say NO to this tyranny?

Notes:

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6. Harris Coulter; Vaccination, Social Violence and Criminality: The Medical Assault on the American Brain, pge. 99 & 100.
7. Dan Olmstead, Age of Autism; So There are More Hannah Polings, Mar.9/08: http://www.ageofautism.com/2008/03/so-there-are-mo.html#more
8. Barbara Loe Fisher; Vaccine Awakening Blog, Mar. 4/08- http://www.vaccineawakening.blogspot.com/
9. Russell L. Blaylock, MD: Chronic Microglial Activation: A Major Mechanism in Autism Spectrum Disorders: http://web.mac.com/rblaylock/Russell_Blaylock_M.D./Information/Entries/2006/12/4_Chronic_Microglial_Activation%3A_A_Major_Mechanism_in_Autism_Spectrum_Disorders.html
10. Radio Interview with Dr. Blaylock, Mar. 12/08- Co-op Radio Vancouver, www.animalvoices.org/dynamichealth √

LETTERS

Response to an article in National Post re Gardasil re; Breakthrough Vaccine Victim of Bad Publicity (sent Feb. 19/08)

"It's a shame" that HPV vaccine uptake has been "tepid"? I suggest it's a shame that Drs Gemmill and Samson are resorting to distortions in order to influence the judgments of those who think them "experts". The HPV vaccine that's being injected in Canada has never been shown to prevent cervical cancer and never been shown to be safe. Health Canada's 'Summary Basis for Decision' for this vaccine states: "the median time from acquisition of infection to the development of cervical cancer is greater than 20 years." Please ask Eduardo Franco if Gardasil™ has been tried on 9-26 yr olds for over 20 years. The FDA's 'Product Approval Information' reveals that post-marketing studies for efficacy and safety are to continue to 2018. Meanwhile, the schoolgirls already injected are the real test cohort. I hope they're not victims of the vaccine.

Susan Fletcher
Sechelt, BC

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Dear VRAN, (Letter received: Dec.07)

I am a true vaccine awareness advocate and truly believe in making an informed decision! I am thrilled that there is such a service as VRAN out there to support and inform the parents in this country. Many of us, including my own personal family, have been abandoned by our family doctor because of our decision not to vaccinate our child. We were told that we were not protecting out child; when clearly, we were doing the best for our child. It is a tremendous transition to go from woman to mother, but to then be left with a three-month-old baby and no doctor can be terrifying. It all happened for the right reasons. We have chosen now to live a more holistic life and have even stopped vaccinating our pets.

Being a true believer in informed decision-making, I am waiting for the day when doctors no longer follow a routine vaccination schedule and allow the parents to make informed decision without being rushed for the three month shots!! I know it may take a long time, if it even ever happens.

But, it is times like this, when I am glad to know there are others looking out

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for my family's best interests when my doctor chose not to.

Thank you VRAN and all the people who are involved in your growth! Without you, there would be a lot more less-informed individuals, and sadly a lot more sick babies trying hard to stay health!!

Enclosed is a cheque for my membership toVRAN. Please keep me posted with any extra information via email.

Truly appreciative,
Carla Cavallo

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Dear VRAN, (received February, 2008)

I live in Vancouver, BC and have a three and a half-year-old son whom we vaccinated until and including the one-year shots. He has Autism. I have finally gotten him into a preschool but the other day they gave me the registration forms along with the "parent handbook" that states all children who attend this preschool must have up to date immunization records. What is the best way to handle this type of situation?

Thanks, Laura

Edda responded to her question re vaccine exemptions and asked Laura to share details about her son's regression into autism:

Laura responds:

Hi Edda, and thank you for your prompt and informative response.

We did most of the shots up until and including the one-year shots. Including MMR, DPThib and Polio. We did not do the Hep. B, pneumococcal or meningococcal. Ironically the main reason we did not do all of the shots was because we were concerned about Autism. Unfortunately we thought we were informed enough. Knowing what I know now I wish we had not done any of them.

By the time he was 16 months old we noticed that he had stopped using the couple of words that he had learned, stopped responding to his name and started making funny noises and stimming instead. He also stopped waving and clapping and doing the hand motions to itsy bitsy spider, patty cake, etc.

When it came time for his 18 month shots we decided we would not continue because by that time we were concerned about autism. I know that no one knows for sure whether the vaccines cause autism but after countless hours of research I feel confident that it is at least one of the "triggers".

It can't possibly be a coincidence that many if not most of these children have allergies and sensitivities to the same foods, heavy metal toxicity, eczema, asthma, major gut issues. The list goes on, all attributable to the shots. And it's not just the "fillers" in the shots either. Many of these children have viral overload. Some of the kids have been shown to have the live measles virus in their brains causing lesions and inflammation. I've rambled now and I'm sure you're probably aware of this already.

Anyway, thankfully we are now in touch with a Naturopathic doctor who is experienced in this area and has her own child with autism. We have changed our son's diet which has cleared up his eczema, we're giving him vitamins and supplements to help with digestion and we're doing behaviour intervention. He still has a VERY long road ahead. We all do.

He is still for the most part nonverbal, although he is at least trying to mimic us sometimes. He can say probably 10 words now but only when he feels like it (which is not very often). He has just started trying to point and reach for gesturing. But basically, he still has no means of communication except crying. He is a gorgeous little boy with a mostly sweet, happy demeanor. But as he gets older I can see his frustration growing.

I wrote a letter to Gordon Campbell to let him know of our difficulties, lack of funding and waitlists and this growing epidemic. I've also started a Yahoo group for parents in BC who are exploring the biomedical route to healing their children with autism. If you know of anyone who might be interested in joining please feel free to forward this link to them.

Or you can give them my email: arilaura@hotmail.com

http://health.groups.yahoo.com/group/BiomedicalTreatmentforASDinBC/messages?o=1&yguid=321091768

I will keep you posted as to what happens with the preschool.

Thank you so much, Laura

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Submitted by Susan Fletcher, Feb. 18/08

A letter from retired physician, Ross McElroy of Tavistock, Ontario is in the February 2008 CCPA Monitor. He is replying to an article in the November Monitor which discussed the low priority given to preventive medicine by ministries of health… they spend only 2% of their budgets on this.

The November article by editor, Ed Finn said nothing regarding vaccinations, neither does McElroy.

He says: "…over the last 150 years, the major factors responsible for the improvements in the population's health and improved longevity were related to changes other than health care, such as less crowding, better housing, better and safer nutrition, safe water supplies, improved sanitation, safer working conditions, improved education, improved and safer transport facilities.

"….Ministries of health may only devote 2% of their budgets to preventive health care, but many more dollars from other ministries are spent to maintain the important factors previously mentioned, and they can most definitely be described as investments in preventive medicine. …"

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One in 10 children have a life threatening condition

Prime Minister Stephen Harper recently announced that the Government of Canada will provide the Canadian MedicAlert Foundation's No Child Without campaign with support to ensure elementary school children across the country are protected from unforeseen medical emergencies.

Dear Mr. Kramp, Mar. 26/08

I think it's wonderful that $5 million of our tax dollars are going towards providing MedicAlert bracelets for children whose families cannot afford them. However, your government needs to address WHY one in 10 Canadian children have life threatening conditions. If you would inquire with the MedicAlert Foundation they will inform you that the tremendous increases in these conditions began with the introduction of numerous additional vaccinations starting with the introduction of the Hib (Haemophilus Influenza B vaccine) in 1989 to the toddler and in 1992 to the infant vaccine schedule, as well as vaccines for hepatitis B, chicken pox, meningitis C, Prevnar, and HPV. Put the numbers on a graph and you will see huge increases. One in 10 children? Why aren't we looking for the reasons why? I look forward to your response.

Sincerely,
Your constituent, a parent with a child with life threatening anaphylaxis,
Rita Hoffman
Stirling, Ontario K0K 3E0 √

Omega-3 Fats Improve Attention, Behavior, and Intelligence

By Randall Neustaedter OMD

Dr. Neustaedter's excellent books are widely read by many parents who seek wholistically oriented guidance on questions about child health and vaccination.

We appreciate the availability of his excellent articles online at: http://www.cure-guide.com/Natural_Health_Newsletter/natural_health_newsletter.html

Several studies have demonstrated that children with lower levels of omega-3 fatty acids in their bloodstream have significantly more behavioral problems, temper tantrums, and learning, health, and sleep problems than do those children with high proportions of those fatty acids (Mitchell et al., 1987; Stevens et al., 1996). In a similar study, fifty-three children with ADHD had significantly lower proportions of key fatty acids (AA, EPA, and DHA) in their blood than did forty-three control subjects. Children with lower omega-3 levels had lower behavioral assessment scores (Conners' Parent Rating Scale) and teacher scores of academic abilities (Stevens et al., 1995). The researchers speculated that an inefficient conversion of polyunsaturated fatty acids to AA and DHA may have been a significant factor in the lower levels of those fats in ADHD children.

In one study, researchers showed that children with ADHD were breastfed less often as infants than were the control children. They assume that the high levels of DHA in breast milk could be responsible for better performance later in life since infants are inefficient at converting polyunsaturated fats from other sources into the valuable omega-3 fat DHA that is essential for brain development.

The duration of breastfeeding has been associated with higher intelligence and higher academic achievement in later childhood, and with higher levels of high school attainment (Horwood and Fergusson, 1998). A study published in 2002 also showed a significant association between intelligence levels in adults and the duration of their breastfeeding as infants (Mortensen et al., 2002).

The take-home messages from these reports are to breastfeed your children and maintain adequate levels of DHA throughout childhood to encourage the best potential for successful academic performance and to reduce the possibility of learning and behavior problems.

Pregnant women and breastfeeding mothers should take a DHA-containing omega-3 supplement to ensure adequate levels of DHA (docosahexaenoic acid) in breast milk and adequate brain development in their babies. The DHA content of most American women's breast milk is lower than that in milk from women in other countries, and the DHA content of a woman's breast milk correlates with her dietary intake of DHA.

Vegetarian women have the lowest levels of DHA in their breast milk (Fidler et al., 2000). When women supplement their diets with DHA in the form of fish oil, high-DHA eggs, or a DHA-containing algae capsule, the content of DHA in their breast milk increases. The increase in breast milk DHA also translates into higher DHA levels in infants (Jensen et al., 2000). In another study, infants whose mothers took fish oil supplements during pregnancy also had higher blood levels of DHA at birth than a control group that did not take a supplement (Connor et al., 1996).

It is difficult for children to get enough omega-3 fats from their diets once they are no longer breastfeeding. Children need to have supplements of omega-3 fats. The best sources of the omega-3 fats are cod liver oil (1 teaspoon per 50 pounds of body weight), fish oil capsules (containing 250 mg of DHA for children over 7 years old), and DHA supplements derived from algae (Neuromins).

Chicken, eggs, and beef are also sources of omega-3 fats if the animals eat green plants and not just grains. Therefore, only cage-free chickens that eat green plants or algae and pasture-fed cattle are reliable sources. Small fish (anchovies, herring, and sardines) are another good source of omega-3 fats, but larger fish (tuna, shark, swordfish, mackerel, and salmon) may be contaminated with mercury and harmful pesticides. Children should not eat these larger ocean fish or farmed fish.

Simple Facts about Vitamin A

Retinol, or vitamin A was first identified in 1907 by comparing rats fed protein and lard or olive oil for fat with rats fed a diet that added egg yolk or butterfat. The rats who ate the foods with a vitamin A deficient diet failed to grow, but recovered with the supplemental foods. Only animal fats contain vitamin A. Good sources are cod liver oil, egg yolks, butter, raw whole milk, and liver. Animals must have carotene or vitamin A sources in their diets in order to produce vitamin A and pass it on to humans.

There are no plant sources of vitamin A. Betacarotene found in vegetables and fruits can be converted to vitamin A by the body in a ratio of 12:1. That is it takes 12 units of beta-carotene to produce one unit of vitamin A. Infants and people with diabetes or poor thyroid function cannot make the conversion at all. Children convert betacarotene to vitamin A very poorly. Therefore animal fat sources of vitamin A are essential for most of the population.

Vitamin A is needed for proper mucous membrane function. It is essential for the growth and repair of body tissues, and for efficient digestion of protein. Vitamin A promotes good eyesight, strong bones and teeth, and a vital immune system. White blood cells, T-lymphocytes, and every cell in the important mucosal barriers of the respiratory, digestive, and urinary tracts require vitamin A.

A high fat diet will help ensure adequate vitamin A intake. Whole milk products, butter, and free range eggs will help maintain necessary levels of this important nutrient. For those who may not be getting enough vitamin A, a supplement is essential.

The recommended daily amount (RDA) of vitamin A is 3,000 IU per day for adults (reduced from 5,000 IU) and 1,000-2,000 IU for children, depending on their age (1,000 at one year of age, 2,000 by age nine). Primitive diets probably maintained 10 times that amount. One egg contains 300 IU, one cup of whole milk or whole milk yogurt contains about 225–250 IU of vitamin A. One tablespoon of butter contains 350 IU of A. The amount of vitamin A may vary by the season and the feed of the animals.

People eating a vegan diet are at a significant risk of vitamin A deficiency. It would take six cups of raw carrots or 20 cups of broccoli to obtain the recommended daily requirement of vitamin A per day.

Most everyone would benefit from a vitamin A supplement derived from fish oil. One tablespoon of cod liver oil contains at least 3,000 IU of A. Proper dosage is one teaspoon per 50 pounds of body weight. For adults with hypo-

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Omega-3 Fats continued from page 16
thyroidism or immune system problems (allergies, recurrent infections, autoimmune disease) a capsule supplement of 20,000 IU of vitamin A from fish oil may be appropriate. During an acute illness an adult could take twice that amount.

The toxicity of vitamin A during pregnancy or at any other time applies primarily to synthetic rather than natural forms of vitamin A (fish oil). Vitamin D in fish oil protects the body from toxicity.

A study of people taking 300,000 IU of vitamin A per day for over a year revealed no adverse effects. However, the toxicity of vitamin D is very real, and anyone who takes a supplement containing vitamin D should have vitamin D levels checked with a blood test for 25-hydroxyvitamin D. Note that the normal values are 45-55 ng/ml (115-140 nmol/l). Laboratory reference ranges are often too low.

Vitamin A saves lives

Veteran Vaccine researcher, Hilary Butler writes, "There is a 'cure' for measles. It is called Vitamin A... Cod-liver oil. As early as 1932, doctors used cod-liver oil to reduce hospital mortality by 57%, but then antibiotics became the treatment of fashion, and Vitamin A was thrown out until the mid-80's.

Recent published studies have found that 72%. of hospitalised measles cases in America are Vitamin A deficient, and the worse the deficiency the worse the complications and higher the death rate. *(Pediatric Nursing, Sept/Oct 1996.)* Yet doctors and hospitals do not use Vitamin A."

Vitamin A, infectious disease, and childhood mortality: a solution?

A review of studies looking at the role of Vitamin A in preventing child mortality found that:

A longitudinal prospective study of risk factors contributing to vitamin A deficiency and xerophthalmia (night blindness) revealed a close, dose-response relationship between the severity of mild preexisting vitamin A deficiency and the subsequent incidence of respiratory and diarrheal infection (relative risk [RR], 2.0-3.0) and, most dramatically, death (RR, 3.0-10.0).

Subsequent community-based prophylaxis trials of varying design confirmed that vitamin A supplementation of deficient populations could reduce childhood (one-five years old) mortality by an average of 35%.

Concurrent hospital-based treatment trials with vitamin A in children with measles revealed a consistent reduction in measles-associated mortality in Africa of at least 50%.

It is now estimated that improving the vitamin A status of all deficient children worldwide would prevent one to three million childhood deaths annually.

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Aluminum and Vaccine Ingredients: What Do We Know? What Don't We Know?

By Lawrence B. Palevsky, MD, FAAP

Thimerosal, which contains the organic compound ethyl mercury, is a known neurotoxin and used to be a major ingredient in childhood vaccines. There are over 15,000 articles in the medical literature describing the adverse health effects on the human body with exposure to varying amounts and forms of mercury.

In 1999 the American Academy of Pediatrics (AAP) urged government agencies to work rapidly toward reducing children's exposure to mercury from all sources. Because any potential risk was of concern, the AAP and the USPHS (United States Public Health Service) agreed that the use of thimerosal-containing vaccines should be reduced or eliminated.[1] The AAP recommended that it would be a good idea to remove thimerosal from vaccines, even though according to them, there was no evidence linking childhood health issues to thimerosal exposure from vaccines. In 2008, children are still being injected with thimerosal-containing vaccines, and old stocks of thimerosal-containing vaccines manufactured by 1999 continued to be administered to children up to 2003.

However, a growing number of physicians, scientists and parents maintain that thimerosal has played, and continues to play a large role in contributing to the emergence of multiple chronic illnesses in children and adults, including the neurological spectrum disorders. Aluminum, which is present in the environment and in many childhood vaccines, may be affecting the health of our children in ways that we have yet to understand.

Aluminum is a heavy metal with known neurotoxic effects on human and animal nervous systems. It can be found in the following childhood vaccines—DTaP, Pediarix (DTaP-Hepatitis B-Polio combination), Pentacel (DTaP-HIB-Polio combination), Hepatitis A, Hepatitis B, Haemophilus influenzae B (HIB), Human Papilloma Virus (HPV), and Pneumococcal vaccines.[2]

In 1996, the American Academy of Pediatrics issued a position paper on Aluminum Toxicity in Infants and Children which stated in the first paragraph, "Aluminum is now being implicated as interfering with a variety of cellular and metabolic processes in the nervous system and in other tissues.[3]

A review of the medical literature on aluminum reveals a surprising lack of scientific evidence that injected aluminum is safe. There is limited understanding of what happens to children when aluminum is injected into their bodies, including whether or not it accumulates in tissues and organs or is properly eliminated from the body. It is also unknown if genetic factors affect long term adverse health outcomes for those injected with aluminum containing vaccines.

One in 6 children under the age of 18 in this country has developmental/learning disabilities, although the numbers may be higher since this 1994 report was published.[4] Ten percent of all children have asthma.[5] Growing numbers of children are living with different types of allergies. That means they have impairment, or even irreversible damage to their nervous and immune systems. Isn't it possible that injected aluminum plays a role in affecting the health of our children's nervous and immune systems, as the science we do have seems to suggest?

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What is even more concerning is the lack of accepted scientific data explaining whether injected aluminum interacts with other vaccine ingredients to cause harm to our children. Boyd Haley, PhD, Professor Emeritus of Chemistry at the University of Kentucky completed lab experiments showing the damaging effects on nerve cells when he exposed them to aluminum, especially in the presence of other vaccine ingredients like mercury, formaldehyde, and the antibiotic neomycin.[6] [7] His data, however, have been ignored by the scientific, medical and governmental institutions making vaccine policies. [8] The scientific community needs to be doing these experiments in the lab before shooting kids with these ingredients and declaring unequivocal vaccine safety for all children.

Aluminum is added to vaccines as an adjuvant so vaccines will produce a stronger antibody response and be more protective. It is this role as an adjuvant that may reveal to us the most significant relationship between aluminum in vaccines and the damage it imparts on the long term health of our children's nervous and immune systems.

A Little Science Review

Children are born with a cellular mediated immune system (TH1 cells—T-helper 1), a humoral immune system (TH2 cells—T-helper 2), and a regulator immune system (TH3 cells—T-helper 3) as major pieces of their overall immune systems. These three arms are immature when babies are born, and begin to mature as children are exposed to their environments through their nervous systems, skin, airways and intestines. Antibiotics, poor nutrition, stress, exposure to heavy metals and other environmental toxins, and the use of vaccines, may interfere with the proper maturing process of these three arms of children's immune systems. In theory, if the TH system is allowed to mature, and is not interfered with, children will develop a mature, balanced TH1, TH2 and TH3 immune system by age three.

TH1 and TH2 develop to protect children from the outside world, producing inflammation and anti-inflammation responses to foreign particles from the natural environment. TH3 immune cells develop to keep the TH1/TH2 arms of the immune system in check so the body only produces the amount of inflammation and anti-inflammation that is needed to protect itself from exposures in the natural environment.

When TH2 cells are activated properly, either directly via the natural environment, or through a direct signal from the TH1 system, the B cell arm of the immune system is then stimulated, leading to the production of the desired protective antibodies.[9] [10]

It's important for the reader to know that the hallmark of a healthy, mature immune system in children is demonstrated by an equal and balanced TH1, TH2 and TH3 immune response to the natural environment. TH1, TH2 & TH3 do not work independently, and require a very important synergistic relationship to function properly in our bodies. As soon as one or more of these three arms begins to over or under work in relation to the other, chronic illness begins to express itself.

More on Aluminum

Aluminum is placed in the vaccines to selectively target the up-regulation of the humoral arm (TH2 cells) of children's immune systems, to drive the production of antibodies. The medical community leads us to believe that this production of antibodies is what imparts for children a protective nature against vaccine-preventable illnesses. Yet, this outcome may come at a cost.

There are multiple articles in the medical literature demonstrating how chronic illnesses like allergies,[11] [12] asthma, [13] [14] [15] eczema,[16] lupus, [17] inflammatory bowel disease, [18] ADD/ADHD[19] and autism[20] all exhibit a skewed production and over-activity of the TH2 arm of the immune system.

Similarly, chronic illnesses like juvenile diabetes mellitus[21] [22] and rheumatoid arthritis,[23] multiple sclerosis,[24] uveits,[25] inflammatory bowel disease,[26] and autism[27] [28] all exhibit skewed production and over-activity of the TH1 arm of the immune system.

While aluminum in the vaccines is specifically targeting the over-activation of TH2 to encourage the body to produce antibodies, any direct or indirect effect of aluminum on the health or maturation of the TH1 or TH3 system is unknown. Yet, in many of these TH2 dominant chronic illnesses, TH1 and TH3 have also been shown to exhibit an impaired immune response to the environment.[29]

Any direct or indirect effect on the health or maturation of the TH1, TH2 and TH3 arms of children's immune systems from any of the injected vaccine ingredients, either due to their individual action, or due to their combined interaction, is unknown as well.

The important synergistic, balanced activity of TH1, TH2 and TH3, in response to the environment is dysfunctional and impaired in all chronic illnesses. Children are not necessarily born with this dysfunction or impairment, although they may inherit the susceptibility from their parents. How then, do children develop the expression of these TH1, TH2, TH3 impairments, into what we describe as chronic illness?

What is clear is aluminum pushes the TH2 immune system to over perform, and multiple chronic illnesses in children show immune systems where the TH2 immune response over performs, while TH1 and TH3 responses are also impaired. Is there a connection? By having this type of effect on the TH2 system, is aluminum in any way contributing to the development of these chronic illnesses in children; especially in those children from families with a genetic history of the above mentioned chronic illnesses?

Does aluminum also affect the TH1 immune response, unbeknownst to scientists, clinicians and parents? Does aluminum play a role in impairing the overall synergistic, balanced activity of TH1, TH2 and TH3, which is a requirement for a healthy immune system response to the natural environment? There is no scientific evidence to clarify our understanding one way or the other, but the evidence may be right in front of us to conclude otherwise.

Aluminum forces the undeveloped and immature immune system of infants and children to produce greater amounts of humoral immune cells (TH2) and antibodies, before their immune systems have a chance to adapt to the world in which they've barely had a chance to live in.

Under these circumstances, the activity of aluminum appears to play a vital role in disrupting the maturation of the immune system in infants and children through its effects on TH2 and therefore, on TH1 and TH3.

What effect this has on their overall health in the short or long term is unknown, but this model appears to help us understand how we may be contributing to the development of chronic illness in infants and children with the use of aluminum in vaccines. We also have little

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Aluminum and Vaccine continued from page 18
understanding of what might happen to the overall health of their immune systems if parents wait until later in life to expose them to vaccines containing aluminum, or if they're exposed in smaller doses one at a time.

How much of a role does injected aluminum play, either acting alone, or in conjunction with other vaccine ingredients and environmental toxins, in the selection and subsequent development of chronic illnesses, in a susceptible population of children, through the disruption of TH1, TH2, TH3? There is no science to answer this question because no one has investigated this issue.

We have no scientific studies in infants, children or adults to help us understand the nature of the progression of TH1, TH2 and TH3 immune responses to any of the injected materials in vaccines.

You cannot do research on questions that enough people don't believe is worth asking, or are afraid of what the answers might show if the proper studies were done.

It is unfortunate that we continue to drag out this dialogue by singling out each individual vaccine ingredient as a detriment to the health of our children. First thimerosal needed to be removed, despite contentions from the medical community that there were any real medical reasons to do so, and now aluminum. According to Environmental Defense[30] (formerly known as the Environmental Defense fund), all the vaccine ingredients are poisonous, carcinogenic or potentially harmful to the skin, gastrointestinal, pulmonary, immune and neurological systems in our bodies.

What about formaldehyde? Are we going to wait until another brave physician or scientist writes about the damaging effects of injected vaccine-containing formaldehyde on our children's brains before we are called to demand that formaldehyde be removed? Or about the problems associated with having Polysorbate-80 in the vaccines?

Polysorbate-80 is used in pharmacology to assist in the delivery of certain drugs or chemotherapeutic agents across the blood-brain-barrier. What viral, bacterial, yeast, heavy metal or other vaccine containing ingredient need to pass into the brains of our children? Do they belong in the brain? Is that part of the needed immune response to protect our children from disease? Do vaccine materials pass across the blood-brain barrier with the help of Polysorbate-80? If so, are there complications from being in the brains of our children? Is this another connection to help us get an understanding of why 1 in 150[31] children have autism, or 1 in 6 children has developmental/learning disabilities?

If we're going to do justice to the topic of vaccine ingredients, we need to look at the potential harm of all the vaccine ingredients at once, and examine their individual effects on our children's immune and nervous systems. Then, we can examine the interactive effects of the vaccine ingredients on human tissue, and evaluate the potential for harm, as Dr. Haley has already successfully done.

How many more children need to be potentially harmed before we invoke the precautionary principle and the Hippocratic Oath—First, Do No Harm? If there's no adequate science, and we have positive evidence of toxicity from aluminum, injected alone or in conjunction with other ingredients, and we have a potential model to understand why certain chronic conditions may be developing in a susceptible population of children, then injecting aluminum containing vaccines into anyone should stop right now until we have the proper scientific proof we need to say otherwise. We need the same scientific proof of safety for all vaccine ingredients and their interactions, and we need parents, scientists and practitioners to stand up and demand nothing less before we make matters worse.

Lawrence B. Palevsky, MD, FAAP
Pediatrician

Reprinted with gratitude from www.nvic.org , The Doctor's Corner, National Vaccine Information Center. Article & references available at: http://www.nvic.org/doctors_corner/lawrence_palevsky_aluminum_and_vaccine_ingredients.htm#TOP √

NEWSCLIPS

Three live viruses against mumps

The March 4/08 Calgary Herald reported, "Health Canada has completed a review of three batches of mumps vaccine, determining it is safe for public use." Since Sept/07, Alberta had recorded 382 cases of mumps. The MMR which media misleadingly named "mumps vaccine" was withdrawn in Dec/07 after six Albertans suffered anaphylaxis during mass vaccination campaigns. Posters featuring pairs of flaming balls had been used to encourage young men to get the shot but, after the injuries, only babies were vaccinated, using a different "approved" batch of MMR. Now, after the cosmetic "safety review", teens and young adults are once again being vaccinated.

VRAN was told of a teenage Albertan quarantined at home for two weeks after testing positive for mumps. His family was told that their children would be apprehended and taken to hospital if they didn't follow the quarantine order. Meanwhile, on March 10/08 *The Chilliwack Progress* signaled that mumps outbreaks which had started last year in the Maritimes had reached BC with "five lab-confirmed cases" reported.

If the young people now getting mumps had been left unvaccinated as children, they may have contracted mumps then, but would most likely have suffered no long term effects. They probably would have avoided a more dangerous case of late-onset mumps and would definitely have avoided a vaccine adverse event.

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Babies put at risk by vaccines

Summary from Dr. Sherri Tenpenny

Evidence of serious health consequences was recently confirmed in the Journal of Pediatrics in which CRP levels were measured after vaccination. CRP, short for C-reactive protein, is a blood marker indicating a heightened state of inflammation throughout the body.

The study involved infants in a neonatal intensive care unit who were given two or more vaccines on the same day. A separate group of infants were given one shot at a time, every three days. The vaccines administered were DTaP, Hib, polio [IPV], hepatitis B and Prevnar. The findings were disturbing:

- An abnormally elevated CRP occurred in 85 percent of infants who received simultaneous vaccines and nearly 70 percent of infants who received the shots one at a time.
- Gastroesophageal reflux (GERD) and severe intraventricular hemorrhage (bleeding in the brain) also occurred in infants who received multiple vaccines at the same time.
- Cardiorespiratory events (stopped breathing) occurred in 16 percent of all infants within 48 hours after receiving vaccines.
- Infants who received DTaP, Prevnar and Hib as single injections experienced the largest number of car-

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07/08 Flu Shot Mismatch; What's Up for 08/09?

A Feb 24/08 report on cbc.ca noted widespread flu activity in 49 US states but, in Canada, little activity except in BC. It claimed that "as many as about a third of Canadians" get the flu shot. These people, it said, would likely have been protected by the main viruses that had been causing disease in Canada, H1N1s that closely matched those in the vaccine. In the US, H3N2 strains unlike those in the flu shot were the main cause of influenza there; previously, the CDC had announced that two of the vaccine strains did not match those circulating.

BCCDC epidemiologist Danuta Skowronski told CBC that the newest H3 viruses, Brisbane 10-like strains, did circulate in Canada last winter. "So it may be that there is some pre-existing immunity." she said, admitting that it was likely natural immunity that kept Canadians healthy.

The Feb 16/08 Washington Post quoted infectious disease specialist, Michael Sauri, talking about "vaccine failure" in vaccinated patients with flu-like symptoms. Sauri had enquired elsewhere and learned that this was happening all over the US and other parts of the world.

"So it may be that there is some pre-existing immunity." (BCCDC epidemiologist Danuta Skowronski) said, admitting that it was likely natural immunity that kept Canadians healthy.

Meanwhile, the CDC asked clinicians to report all flu-related deaths of children and to be especially alert re methicillin-resistant Staphylococcus aureus (MRSA). In the 2006-07 season, 73 children died of influenza and, of them, 30 had bacterial co-infections, half of which were MRSA.

For next year's flu season, the CDC is recommending that ALL children be vaccinated against influenza. Just in time to help this happen is a Mar/08 study of the nasal 'Flumist' vaccine in 'Pediatrics'.

Since there was a concern that the over 25 vaccine doses given in the US during the first two years of life might necessitate giving other vaccines at the same time—and that this might lower efficacy—**trials were done using 'Flumist concurrently with two other live virus vaccines, MMR and varicella.** Results of the study (funded by Medimmune, the maker of 'Flumist') showed antibody production was very similar whether the vaccines were given together or at different times and "The incidences of reactogenicity events and adverse events were similar among treatment groups."

The WHO has recommended that next year's flu shot be completely reformulated to contain three strains that did not circulate this winter.

No doubt, there will be dire warnings that none of us will have acquired natural immunity to these and therefore we would be foolhardy to not get a flu shot. √

Excerpt from: Welcome to the War on Disease: Part 2

By Julie Obradovic

I have long marveled at the arrogance of humanity, believing we are smarter than Mother Nature, outwitting it without consequence. If that were not the case, I imagine we would have had studies in place anticipating those consequences on a long term scale years ago.

Hypothetically, I would think we'd want to know if people who got the Polio vaccine, while not developing Polio, may be more prone to developing Cancer. I would think we'd want to know if people who got the Measles vaccine, while not developing the Measles, may be more likely to develop an auto-immune condition.

I would think we'd want to conclusively find out if we actually did outsmart nature by determining any difference in the long-term health outcomes of the vaccinated versus the never-vaccinated, so that we could make an informed decision regarding risk and reward.

I would think we'd want to look at the results with respect to age, sex, and ethnicity, allowing us to make a collective decision that benefits the masses while still valuing the individual.

Evidently, I would be wrong. I foolishly forget that as in most wars, the focus is often solely on the task at hand: annihilating the enemy first and worrying about the consequences of if and how that is accomplished (and at what cost) second.

That's why when I stumbled across the following quote recently, I decided it too should be added to my updated version of "Welcome to the War on Disease".

"War is a mind-set, and all action that comes out of such a mind-set will either strengthen the enemy, the perceived evil, or, if the war is won, will create a new enemy, a new evil equal to and often worse than the one that was defeated."—Tolle

It seems to summarize this particular war so perfectly: "War is a mind-set, and all action that comes out of such a mind-set will either strengthen the enemy, the perceived evil, or, if the war is won, will create a new enemy, a new evil equal to and often worse than the one that was defeated."—Tolle

We may have kicked the crap out of Polio, the Measles, and other diseases in one form.

But those enemies may have proven to be smart, patient, unpredictable and predatory...and in the company of such allies as each other and potent neurotoxins, capable of morphing into diseases that are devastatingly worse.

The War on Disease has been raging for decades, and some of the battles won have been admirable.

But the time has finally come to accurately define and count the casualties so that we may truly identify just who is winning the war.

Anyone with a vaccine-injured child can attest.

Julie Obradovic is a High School Spanish Teacher in the suburbs of Chicago where she lives with her husband and 3 beautiful children, one of whom is recovered from Autism.
She is a member of the National Autism Association:
http://www.ageofautism.com/2008/03/welcome-to-the.html#more √

Cluster of "SIDS" Deaths in North Idaho Prompt Parents to Blame Vaccines; Doctors, Government Deny Vaccine Link

The deaths of three infants in Coeur d'Alene in September and October, 2007, within a few days of their four- month vaccines, prompted one of the mothers to fight back.

By Ingri Cassel

Shelly Walker of Coeur d'Alene holding her healthy baby boy Vance before he suddenly became very ill and died at four months—two days after being vaccinated—in September, 2007. Two other babies died shortly after receiving shots administered at the same clinic.

Shelly Walker's heartwrenching story made the front page of *The Spokesman-Review* newspaper on December 22, 2007, with the provocative headline, "Did vaccines kill?"

The headline shook up many residents here as they prepared for Christmas with their families. The story highlighted Shelly's shock when she discovered her son Vance in his crib unresponsive and limp. Blood was crusted under his eyes and bloody foam was coming from his mouth onto the blanket lying beside him. The following is from *The Spokesman-Review* story:

"My baby was so healthy," said Shelly Walker, 39, of Hayden. "He was extremely full of life, energy and vitality.

"In the early morning of Sept. 15, less than three days after Vance Vernon Walker received a round of vaccines at Lakeside Pediatric and Adolescent Medicine in Coeur d'Alene, his mother awoke to a parent's worst nightmare. "It was about 5:15 a.m. I woke up and thought, 'He's not making any noise!' " Walker recalled. "I went to pick him up and then I screamed.

"Her 16 1/2-pound boy was warm and his lips were still pink, but he wasn't moving. Blood was crusted beneath his eyes and his clothes and toys were covered with a bloody froth. As her husband, Brian, 46, called 911, Walker worked frantically to resuscitate their child. But in the emergency room at Kootenai Medical Center, doctors said Vance had been dead for several hours."

The proud parents

Brian and Shelly Walker had waited several years to have their first child. They were proud and doting parents who were absolutely thrilled with each developmental milestone Vance achieved.

Shelly had worked for many years at Pilgrim's, a local health food store. Over the years, many well-meaning customers had exposed her to the vaccine controversy, but it never dawned on her that vaccines could actually be deadly and wouldn't necessarily protect her son from infectious diseases.

The Walkers were planning a trip to Mexico in October so she got a passport for Vance, the youngest child to receive a passport in 2007, according to Shelly. Naturally, the Walkers reasoned, receiving "protective" vaccines would be important while traveling to a country having a lower standard of living than Americans are used to.

A visit to the "doctor"

Vance received a shot of Pediarix, a 5-in-1 shot for diphtheria, tetanus, pertussis, hepatitis B and polio; a shot of Prevnar, seven pneumococcal viruses plus diphtheria toxoid and; Rotateq, the new rotavirus vaccine given orally and containing four viruses associated with infant diarrhea. That adds up to 19 different pathogens given to a four-month-old infant in less than 15 minutes when you consider that Pediarix contains three polio strains.

Cluster of SIDS continued on page 22

Cluster of SIDS continued from page 21

"It was the vaccines, wasn't it?"

When Brian and Shelly were in the emergency room still in a state of shock, Shelly blurted out, "It was the vaccines, wasn't it? Was this from the damn vaccines?"

When her desperate plea for confirmation was met with denial and attempts to comfort her, a seed was planted that has since grown into a force that has become public health's worse nightmare – more and more parents speaking out as a result of their own tragic experience with the devastation caused by vaccines.

The Vaccination Debate

KXLY, a Spokane television station, publicized its airing of "The Vaccination Debate" for a week prior to the February 5, 2008, short, five-minute news broadcast in which Shelly's tragic experience was highlighted.

News reporter Kalae Chock interviewed Shelly, their attorney in Virginia, David Terzian, who filed their case with the national Vaccine Injury Compensation Program and Spokane pediatrician Bob Maixner.

Leading up to the showing of this news segment, Kalae Chock, also a new mom, had added Vaccination Debate segments to her ongoing internet blog. As of this writing, there are nine Vaccination Debate blog spots that have allowed concerned parents and others to voice their opinions in an open forum. For many parents, having this forum provided by our local news station is BIG news.

In the meantime, Shelly Walker is one mom on a mission – sharing her story as a means of alerting other moms to the real dangers inherent in all vaccines. She has made several copies of an article by Dr. Tedd Koren, "Crib Death or Vaccine Death?" in which he cites that SIDS is the second most common cause of infant death with 10,000 deaths annually. On top of the article she has links to the FDA warning on the intravenous use of vitamin K injections for newborns followed by a link to Vaccination Liberation's Model Birth Plan letter.

Following this article she presents information on the national Vaccine Injury Compensation Program. Her cover sheet has a picture of Vance followed by a quote from Scripture (Ephesians 3:17-19) and a short summary of her story.

Shelly writes, "I hope and pray that this tragedy never occurs in your family. With the knowledge I have acquired since his death I can firmly say that I will never vaccinate a child under the age of 24 months again, if at all. I lacked knowledge to make the best choice. I hope this empowers you to combat the darkness and seek the knowledge necessary to make the best decision."

We second Shelly's sentiments and pray that people will "investigate before they vaccinate" since the only "informed" choice is complete avoidance and refusal. We are extremely grateful for Shelly Walker for taking the tragic loss of her only child and sharing what she has learned with others, passionately and publicly.

Read the full article on the February 2008 Idaho Observer at: http://www.santacruzhousing.net/observer/20080214.htm √

HPV Vaccine a Bust?

by Susan Fletcher

The following letter has been posted at CMAJ online at http://www.cmaj.ca/cgi/eletters/177/12/-524-a#18422:

FDA licensing applications for HPV vaccine showed a possible increased risk of cervical cancer in trial subjects who had been tested immediately prior to initial vaccination and found to be infected with any of the four HPV types in the vaccine. A negative efficacy, -44.6%, against HPV 6/11/16/18 CIN 2/3 [precancerous conditions] or worse was found.

As well as females who are sexually active, females of any age may be infected with HPV and therefore at risk from the HPV vaccine.

HPV may be transferred mother to daughter at birth; through sexual molestation; and through other skin-to-skin contact (eg during innocent genital exploration between children).

Regardless of age, only those females who have been recently tested using highly accurate testing methods and found to be free of infection with any of the four vaccine-type HPVs should be considered candidates for vaccination with HPV vaccine.

The 44.6% efficacy (i.e. 44.6% increased risk) was the result found in an analysis of a small subgroup of subjects from the Gardasil pre-licensure FUTURE I Study. In an attempt to de-value this result, Merck analyzed a second subgroup and found a lower increased risk of—33.7%. But it was likely due to the fact that this subgroup included females without vaccine-type HPV at initial vaccination.

The FUTURE I subgroup studies were said to be statistically insignificant but their results certainly raised questions. The FUTURE II Study had greater power than FUTURE I since it had many more participants overall.

Nevertheless, FUTURE II showed only a very minor positive efficacy of 1.2% in pre-infected subjects against precancerous conditions similar to those considered in the subgroup analysis discussed in my CMAJ letter. Drs Lippman, Sawaya and Suba have all acknowledged that it's still unknown if HPV vaccine can increase the risk of cervical cancer.

And, although health officials misleadingly declare it to be a "cancer vaccine", it's highly unlikely we'll ever know if it can prevent cancer.

In fact, no trials could prove efficacy against cancer since it would be unethical to continue them to that endpoint. Health Canada states: "the median time from acquisition of infection to the development of cervical cancer is greater than 20 years."

At most, HPV vaccine trials have only been running 6 ½ yrs. If it hasn't happened already, with pressure from the vaccine, the relative predominance of viral strains will likely be entirely different 14 yrs from now than when the vaccine strains were chosen. √

Newsclips continued from page 19

diorespiratory events overall.

- In another study looking at risks for diabetes found that children with elevated CRP level, had an increased risk of developing Type 1 (insulin-dependent) diabetes in childhood.

REF: Pourcyrous, M., et al. Primary Immunization of Premature Infants with Gestational Age <35 Weeks. J of Pediatrics, Vol. 51, Issue 2, Pages 167-172. August, 2007. Second study: Chase HP, et al. Elevated C-reactive protein levels in the development of type 1 diabetes. Diabetes. 2004 Oct;53(10):2569-73.

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Vaccine trials on pregnant women

Sanofi Pasteur has announced a donation of $3.8 million to Nova Scotia's IWK Health Centre, toward the construction of a unit to study new vaccines, and a program to vaccinate expectant moms against infant infections. The vaccination challenge unit, which will expose trial volunteers to infections such as influenza, the common cold and diarrheal infections, will be the only one of its kind in Canada.

On Feb 8, 2008, hfxnews.ca quoted IWK researcher Scott Halperin as saying, "We estimate in Nova Scotia, only 6 to 10 per cent of women are getting immunized during their pregnancy." His wife and co-researcher, thinks pregnant women and their foetuses would benefit from vaccinations against infections like pertussis. Considering that pertussis vaccine has been given en masse for 60 yrs and researchers such as Halperin are still trying to control whooping cough, one wonders about her logic as well as her lack of concern regarding risk.

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Court rules DTaP maimed toddler

The US Vaccine Court has ruled that a Jacksonville toddler suffered permanent brain damage due to a DTaP shot she received at 19 mos. Caitlyn Hoiberg was healthy and had been developing normally when vaccinated. The morning after the shot, she began having seizures and slipping in and out of consciousness for a week. Now, two years later, she remains speechless, has a partially paralyzed left arm and still walks like a toddler.

According to a March 11/08 report from 'The Florida Times-Union' online, doctors ignored the obvious and subjected Caitlyn to a barrage of tests for everything from mad cow disease to cat scratch fever. Finally, a humane, brave neurologist diagnosed vaccine adverse event. Bob Harmon, director of the local Health Dept, nonchalantly declared, "parents should not be concerned". Alan Pickert, the Hoiberg family's attorney, thinks otherwise. "There are multiple people out there who have vaccine-injured children," he said. "They don't know they're vaccine-injured. They haven't connected the dots."

The U.S. Justice Department settled the case for about $337,000 plus two annuities in Caitlyn's name that will be awarded according to her future needs and lifespan and will amount to millions of dollars. If the Hoibergs lived in Canada (outside of Quebec), Caitlyn would have received nothing.

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Vaccines increase superbug risk

An Oct 17, 2007 JAMA study states that, following the introduction of 'Prevnar' in the US, there has emerged a strain of S pneumoniae which has caused children's ear infections and is resistant to all 18 FDA-approved antibiotics that might otherwise be used against it. The study found the new genotype in 9 children, 15% of all who had been vaccinated with Prevnar and become infected with S pneumoniae between Sept 2003 and June 2006. 4 of the children required tube insertions and the other 5 were given Levofloxacin, a fluorinated drug not approved for children due to the possibility of joint damage.

The Oct 16 Washington Post reported that the study's co-author, Dr Michael E Pichichero said, "The use of the vaccine created an ecological vacuum, and that combined with excessive use of antibiotics to create this new superbug." Strangely, a front-page article in the Oct 17 Vancouver Sun denied involvement of the vaccine. It stated: "Prevnar didn't cause this bacteria, Pichichero says, suggesting the problem stems from the overuse of antibiotics for coughs and colds that were not necessary."

A multi-centred Canadian study published Nov 2007 in Pediatric Infectious Disease Journal states: "Haemophilus influenzae type b (Hib) immunization has changed the epidemiology of pediatric bacterial invasive disease." and concludes "In 1996-2001, two-thirds of H. influenzae invasive disease in the 12 IMPACT centers was caused by non-b serotypes, which were associated with significant morbidity and mortality."

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Vaccines, drugs and suicide

In the last newsletter, we reported an alarming number of prescriptions for atypical antipsychotic drugs being handed out to Canadian parents for children as young as 3 yrs. A Feb 5/08 National Post article stated: "Thomas Morahan (R-Rockland), chairman of the senate's Committee on Mental Health and Developmental Disabilities, said he was stunned…that the state Medicaid program spent $82.8 million on powerful antipsychotics, anticonvulsants and antidepressants for children under 18 in 2006—a sum up nearly $15 million since 2004."

The article continued, "The drugs have serious possible side effects, including diabetes caused by weight gain, Parkinson's-like movement disorders and breast growth in boys. Several of the drugs carry FDA "black box" warnings that the medication may cause youngsters to become suicidal."

In a Mar 6/08 Vancouver Sun article by Y. Oliviera, Brian Mishara, president of the International Assn for Suicide Prevention, is quoted as saying, "There are more than one million people who die by suicide each year in the world, which is more people than those who die from war, terrorist attacks and homicides every year." According to the WHO, over the last 50 yrs, worldwide suicide rates have increased by 60%. One wonders how much vaccinations have contributed to this increase.

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Manslaughter investigation into French vaccine

Sanofi Pasteur MSD, a joint venture between Sanofi Aventis and Merck, is being investigated for manslaughter in relation to a Hep B vaccination campaign carried out in France between 1994 and 1998. The investigation includes two drug company managers.

According to a Feb 1, 2008 report from medscape.com, almost two thirds of the French population and almost all newborn babies were vaccinated at the time. It has been alleged that full disclosure of possible adverse events was not given. Now, "Some 30 plaintiffs have launched a civil action in the case, including the families of five people who died after vaccination." √

VRAN MEMBERSHIP AND ORDER FORM

Suggested Annual Membership—$35 or $75 professional
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P.O. Box 169, Winlaw, BC, V0G 2J0—phone: 250-355-2525, E-mail: info@vran.org
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Name/Organization: _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

Reason for Interest:

_____

_____

Your Questions, Personal Stories:

_____

_____

_____

Please photocopy this form and if additional space is needed to tell your story, please use the back side of this sheet.

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

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

____	VRAN Membership—suggested donation—$35.00 (family) or $75.00 (Professional) (membership discounted if newsletter is sent via email rather than by post)	_____
____	General information package (includes hepatitis B info)……$12.00 + $3.00 (postage)	_____
____	New Parent information package—(100 pages of articles)…… $10.00 + $3.00 (postage) (If ordering both packages, cost is $25.00 - postage included)	_____
____	"Vaccination: What You Need to Know"—Excellent intro to the vaccine issue $1.50 each + $1.50 postage. Bulk orders of 12 or more—$1.00 each +$5 (postage each dozen)	_____
____	"Five Vaccines in One: Your Baby's first Shot"– Overview of the vaccines & diseases $1.50 each & $1.50 postage. Bulk orders of 12 or more—$1.00 each + $5 (postage each dozen)	_____
____	Back Issues of VRAN Newsletter—order sets per year.…..……$20 per year (incl. postage) (Years available 1997-2003: please indicate which years you are ordering)	_____
____	Video/DVD—"What The CDC's Own Documents Reveal"……$30.00 + 6.00 (postage) Dr. Sherri Tenpenny exposes the deceptions of vaccine policies	_____
____	Video/DVD—Vaccination—The Hidden Truth……. $30.00 + 6.00 (postage) Five medical doctors discuss the dangers vaccines pose to health	_____
____	Vaccinations: Science or Dogma—audio CD…….. (pstge incl.$20.00) Dr. Jason Whittaker's highly informative vaccine lecture	_____
	Immunization: History, Ethics, Law and Health…….. $35.00 + 6.00 (postage) By Canadian author, Catherine Diodati M.A "A must read for those who wish to be aware, responsible and informed" Dr. E.S. Anderson-Peacock (book is temporarily out of print)	_____
	TOTAL:	