VRANewsletter

Vaccination Risk Awareness Network Inc.

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Double Issue

Swine Flu: to Vaccinate or not ?

by Marc GIRARD, MSc, MD, consultant in drug monitoring and pharmacoepidemiology; European expert (AEXEA), (abridged) ; original at: http://www.rolandsimion.org/IMG/pdf/To_vaccinate_or_not.pdf

Rationale

Projects of forced flu vaccination certainly raise serious issues regarding fundamental liberties, but more simply, they also raise significant health issues, which require a factual analysis. [The vaccine was mandated in France; Canadians have been coerced via fearmongering.] Basically, **vaccines are drugs amongst others** (and, as will be demonstrated below, far more complicated agents as compared to most available drugs). From my professional experience in drug development and pharmacoepidemiology, I have a simple conceptual frame of relevant issues to be analysed: 1. Which benefit? 2. Which risk? 3. Which cost?

1. Which benefit ?

Vaccines against seasonal flu

The Cochrane collaboration is a non-profit network dedicated to performing systematic reviews of health care interventions, including a number of drug treatments. Independent in principle, its reviews are not always above criticism, as is the case with all of us. However, there is general agreement that the Cochrane reviews are amongst the most reliable assessments available in the field of medical care. The Cochrane collaboration has recently published thorough reviews on flu vaccines; the significance of these retrospective assessments is even greater since they have been subjected to quite recent updates. As opposed to the implacable promotional activism of health authorities (WHO included), their conclusions are damning.

- In the elderly (65 years and more): "according to reliable evidence the usefulness of vaccines in the community is modest".
- In healthy adults: "There is not enough evidence to decide whether routine vaccination to prevent influenza in healthy adults is effective"
- In healthy children: "If immunisation in children is to be recommended as a public health policy, large-scale studies assessing important outcomes and directly comparing vaccine types are urgently required." Not without irony, the authors add the following comment: "It was surprising to find only one study of inactivated vaccine in children under two years, given current recommendations to vaccinate healthy children from six months old in the USA and Canada."
- In healthcare workers who work with the elderly: "There is no credible evidence that vaccination of healthy people under the age of 60, who are HCWs caring for the elderly, affects influenza complications in those cared for".

There's no need to be an epidemiologist to grasp the problem raised by this series of reviews which included all the available relevant studies (randomized controlled trials, cohort and case-control studies) performed from 1966 to 2006: throughout 40 years, **nobody (in particular neither the manufacturers, nor any health agency) has proved able to produce convincing evidence of a significant benefit related to vaccines against influenza!** This is even more paradoxical since, as everybody knows, available studies are rather skewed towards an overestimation of benefits because of the publication bias. Throughout 40 years, the manufacturers have never made any effort to get any scientific evidence of the efficacy of their flu vaccines. Within the same period, the health agencies have never requested any scientific evidence of efficacy for the flu vaccines for whose registration (or not) they were respon-

Swine Flu: to Vaccinate? continued on page 10

INSIDE THIS ISSUE

Swine Flu Mania—A Case of Collective Insanity

By Edda West

As swine flu hysteria took a firm grip of Canadians these past six months, it became glaringly evident to anyone doing a little independent research outside mainstream media, that there is a serious disconnect between the reality of "evidence based medicine" and the mythology public health officials have spun around the effectiveness of flu vaccines. Historical evidence now shows that annual flu vaccination of increasing numbers of people over nearly 4 decades, has made no difference whatsoever in protecting people from the disease or death from it. [1, 2]

When the World Health Organization (WHO) elevated H1N1 to level 6 pandemic

Editorial continued on page 3

VRAN NEWSLETTER
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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 2 to 3 times a year as a means of distributing information to members and the community. Suggested annual membership fees, including quarterly newsletter and your 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

Never in the 30 years being involved in the vaccine issue, have I nor others in this work, seen such hysteria, such obnoxious propaganda pumped out continually by the government and dutifully broadcast by its lackeys, the mainstream media.

The degree to which people are captive to this type of propaganda hinges of course on whether a person is motivated to cast about for a broader perspective. Take a little step back from the party line that says you and your whole family need the swine flu shot, and you'll discover that a number of diverse and highly respected research groups have shown fairly conclusively that influenza vaccines are a scam —that despite the increased numbers of people submitting to flu shots in the last few decades, it hasn't made a dent in morbidity and mortality stats.

Worse still, mainstream media seems incapable of any independent investigative journalism anymore, with the result that the research and studies showing flu vaccines to be worthless, never get any airtime, or mention in the media. It's as if they simply don't exist. Only pro-vaccine propaganda is allowed to get through on the mainstream airwaves. Thus, the public is effectively and intentionally kept clueless about the fact that flu vaccines are ineffective and almost worthless.

It astounds me that ordinary doctors haven't heard of the extensive Cochrane review, first published in 2005 which basically sounded the death knell for flu vaccines. Four years later, not only is it business as usual, but a hugely geared up business with the government tossing billions of dollars into the largest national mass vaccine program ever conducted. Yet they know very well that the H1N1 vaccine won't make any difference to the course this virus will take as it travels across the country. Clearly whatever intent public health agencies once had to protect the health of the public, this is no longer their mandate. Their agenda has changed. They are now lackeys of BigPharma and the World Health Organization who can arbitrarily declare pandemics without just cause.

For years, we've posted factual information about the ineffectiveness of flu vaccines on our website and articles in this newsletter—our sole intent being to make the truth available to whomever is searching for it. With mainstream media having caved in to the dictates of corrupt policy makers, the need for us to maintain this source of factual information is greater than ever. If ever there was a reason for Canadians to support the work of VRAN—to support this source of independent and truthful reporting about vaccination, this is it!

You, our members are our only means of support. VRAN receives no government or corporate support which is why we can speak the truth! We thank you for keeping VRAN alive over the years. We thank you for your ongoing support, despite these hard economic times and your commitment for putting us at the top of your "to give" list.

This year, as a fundraising bonus we continue to offer Catherine Diodati's wonderful book, **"Immunization: History, Ethics, Law and Health,** along with Neil Miller's "**Vaccine Safety Manual",** as well as two new bonus offers**. Please remember the fundraising bonus goes to anyone who donates $150 or more over and above their annual membership donation.**

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

Additional bonuses we are offering this year and 2010 are: Lina Moreco's powerful new documentary, **Shots in the Dark**, and Jennifer Craig's new book, **"Jabs, Jenner & Juggernauts".**

Shots in the Dark is the best documentary produced in many years. The film was created by Lina Moreco and funded and released by the National Film Board. The film's sensitive interviews with affected families is enriched by the critical insights of dedicated doctors and scientists whose cutting edge research reveals the biomedical mechanisms which trigger the neurological injuries vaccines are capable of causing.

The film is an international inquiry into the tragedy shared by families whose once healthy children fell into the abyss of autism spectrum disorders and other neuroimmune illnesses following vaccination. Following the enormous increase in cases of autism and other neuroimmune disorders, research in cell biology and neuroimmunology is now demonstrating the impact of vaccines on the cellular level.

VRANews continued on page 3

VRANews cont. from page 2

Jabs, Jenner & Juggernauts is a small book that tells a big story—the story of Edward Jenner, the revered father of vaccinology. Jenny Craig, herself a PhD in nursing, minces no words in recounting the story of this charlatan who, by deceit managed to wrangle himself into the medical societies of the late 1700's. Jenner convinced them that by applying pus from cowpox pustules into small cuts made with a lancet on a healthy person, that it would prevent the far worse disease of smallpox. The story of the origin of vaccination is a fascinating one—a story that reveals the foundation of deceit on which the vaccine paradigm is constructed.

Appreciation to Susan and Harold Fletcher

In October we received a call from the clerk of the Government's Standing Committee on Health inviting a representative from VRAN to appear on a panel to discuss the H1N1 pandemic and to offer our views/concerns about the new vaccine. Susan Fletcher has been VRAN's science analyst for many years. She has written many outstanding articles for us, and is also a Board member. Susan seemed the obvious perfect person to represent our views to the parliamentary committee. And we were in luck as Susan was able to set aside her other commitments, and dive into the preparation of a written statement for the Committee. Very short notice was given for attendance before the Committee. From the time we received the invitation, to the time Susan and her husband Harold boarded the plane in Vancouver for Ottawa, was about one week.

Please read Susan's humorous account of her experience, the whirlwind trip from their home in Sechelt (coastal British Columbia) to Ottawa, the postponement and then cancellation of the meeting, after they got to Ottawa, and finally, the teleconference from Vancouver. Her article is entitled They Came, They Lied, They Conquered !—Very funny—a must read.

Our deepest appreciation goes to Susan and Harold Fletcher for this effort, and for all their efforts on behalf of VRAN over many years. Thank you Susan and Harold for your selfless and devoted commitment to this work!!

In Memory of Don Harkins

My dear friend, Don Harkins passed away on September 19, 2009. Don died at home after an unexpected, brief illness with his beloved wife Ingri by his side. I still can't believe he's gone. At age 46, with so much work still to do, and so much life still to enjoy, he was too young to go. I can still hear the echo of his wonderful boyish giggle that always made me laugh, which Lord only knows I needed now and then doing this work and feeling so much pain and suffering inflicted on so many by vaccinology.

Don was an inspired writer and unrelenting warrior for truth and justice. He inspired everyone who had the good fortune to meet him. He and his wife, my dear friend Ingri Cassel, together published the Idaho Observer, a pro-liberty newspaper that took on the toughest issues in politics, health, and world events. Predictably, every month when the I.O. went out to its ardent supporters all across the U.S. and Canada, an important update about the vaccine issue would also be included.

As well, Ingri is the director of Vaccination Liberation, VRAN's sister organization. Vaclib is the strongest voice in the U.S. advocating for repeal of the mandatory vaccination laws which tyrannize countless families in that country. Don and Ingri were always on the cutting edge of "vaxworld", generously sharing information, articles and help in editing when I needed it.

Don and Ingri worked harder than anyone I know. I marveled at their ability to keep up their grueling pace—writing articles, scouring the international news networks for the best and most ethically articulated sources of a host of issues, attending diverse meetings and conferences, running a weekly radio show. Don's joyful, light hearted spirit carried everyone through the most challenging and intense times.

Our mutual friend Dr. Sherri Tenpenny spoke from her heart for so many of us when she said, "The world has lost a Giant Placeholder for truth, freedom and liberty. Don's work will live on through the hundreds of amazing pieces he crafted with insight and style." Don inspired countless thousands of people with his intellect, his wit, his laughter, and his love for life and humanity. How fortunate I am to have known this beautiful being in friendship, in mutual personal philosophy and shared aspirations to help make the world a better place for our children and grandchildren. Don's legacy lives on, as does his spirit—inspiring us to do the very best we can—"No matter what". √

Editorial cont. from page 1

status, it triggered panic around the world and set the vaccine industry into high gear with governments obediently following. Level 6 means that the 194 countries who are signatories to the WHO's health policies are committed to following its disease control protocols. Level 6 used to mean that the new pathogen travels quickly and carries a substantially increased risk of morbidity and mortality.

When Dr. Tom Jefferson a lead researcher at the Cochrane Collaboration, a highly respected international network of researchers who appraise medical evidence, was asked if he thought that the WHO declared a pandemic prematurely, he had this to offer—**"**Don't you think there's something noteworthy about the fact that the WHO has changed its definition of pandemic? The ***old definition was a new virus, which went around quickly, for which you didn't have immunity, and which created a high morbidity and mortality rate***. Now the last two have been dropped, and that's how swine flu has been categorized as a pandemic." (3)

In 2005, Dr. Tom Jefferson and his research team at the Cochrane Collaboration discovered that flu vaccines have been overrated and have little value in protecting the public from yearly influenza outbreaks. In his article entitled Influenza Vaccination: Policy versus Evidence published in the British Medical Journal, Jefferson says, "*Evidence from systematic reviews shows that inactivated vaccines have little or no effect on the effects measured*". Needless to say, he has little expectation that the H1N1 vaccine will make much of a difference in the current outbreak. (1)

"For now, at least, I don't really see any fundamental difference—no difference in the definition between this and a normal flu epidemic. Swine flu could have even stayed unnoticed if it had been caused by some unknown virus rather than an influenza virus", says Dr. Jefferson.

"The WHO and public health officials, virologists and the pharmaceutical companies have built this machine around the impending pandemic. And there's a lot of money involved, and influence, and careers, and entire institutions! And all it took was one of these influenza viruses to

Editorial continued on page 4

Editorial cont. from page 3
mutate to start the machine grinding." (3)

When the Cochrane flu researchers first published their meta analysis in September 2005, we were elated that finally, an independent research team had published a thorough investigation of the performance of influenza vaccines over 37 years. Those of us in the vaccine awareness and truth movement expected that Cochrane's meta-analysis would influence public health policies in a positive way. We thought the Cochrane research would inspire public health officials to alter their deceptive yearly barrage of hysterical flu propaganda, and bring it in line with the sobering reality presented by the researchers.

How very, very naïve of us to imagine that any such thing would happen—that a fastidious analysis of the accumulated world flu vaccine literature would alter the status quo of business as usual. What these past few years following the publication of the Cochrane data have shown us, is that when it comes to vaccines, even if you present public health policy makers with clear cut evidence of the ineffectiveness of influenza vaccines, they will shrug it off, ignore it and discard it as irrelevant. This is how the vaccine paradigm retains its protected status as an elite group of drugs, immune to scrutiny or honest appraisal by even the most respected researchers.

The media in its pro-vaccine bias has lost any scrap of integrity it ever had. During these many months of H1N1 propaganda, not once, while listening to television or radio news, did I hear mention of the Cochrane review or a suggestion that its findings should send vaccine policy makers back to the drawing board. The ONLY article I have found appearing in mainstream media with any credibility appears in the November, 2009, The Atlantic, written by two women—Sannon Brownlee, a senior research at the New America Foundation, and Jeanne Lenzer an investigative journalist and frequent contributor to the British Medical Journal (BMJ). (3)

They write, "THE MOST vocal—and undoubtedly most vexing—critic of the gospel of flu vaccine is the Cochrane Collaboration's Jefferson, who's also an epidemiologist trained at the famed London School of Tropical Hygiene, and who, in Lisa Jackson's view, makes other skeptics seem "moderate by comparison." Among his fellow flu researchers, Jefferson's outspokenness has made him something of a pariah. At a 2007 meeting on pandemic preparedness at a hotel in Bethesda, Maryland, Jefferson, who'd been invited to speak at the conference, was not greeted by any of the colleagues milling about the lobby. He ate his meals in the hotel restaurant alone, surrounded by scientists chatting amiably at other tables. He shrugs off such treatment. As a medical officer working for the United Nations in 1992, during the siege of Sarajevo, he and other peacekeepers were captured and held for more than a month by militiamen brandishing AK-47s and reeking of alcohol. Professional shunning seems trivial by comparison, he says." (3)

"Tom Jefferson has taken a lot of heat just for saying, 'Here's the evidence: it's not very good,' says Dr. Sumit Majumdar, a researcher at the University of Alberta. "The reaction has been so dogmatic and even hysterical that you'd think he was advocating stealing babies." Yet while other flu researchers may not like what Jefferson has to say, they cannot ignore the fact that he knows the flu-vaccine literature better than anyone else on the planet. He leads an international team of researchers who have combed through hundreds of flu-vaccine studies. The vast majority of the studies were deeply flawed, says Jefferson. "Rubbish is not a scientific term, but I think it's the term that applies." Only four studies were properly designed to pin down the effectiveness of flu vaccine, he says, and two of those showed that it might be effective in certain groups of patients, such as school-age children with no underlying health issues like asthma. The other two showed equivocal results or no benefit." (3)

Jefferson also calls for placebo controlled trials, in which the health outcome of vaccinated groups would be compared with those getting a placebo. The medical world is appalled at this suggestion, saying that "It is considered unethical to do trials in populations that are recommended to have a vaccine". They insist that the vaccine is effective, and that depriving people of the vaccine who are recommended to get it, is unethical. Jefferson argues that they have it backwards. "What do you do when you have uncertainty? You test" he says. "We have built huge, population-based policies on the flimsiest of scientific evidence. The most unethical thing to do is to carry on business as usual." (3)

This is the same lame argument used by medical authorities when this topic comes up relevant to the role of vaccines triggering autism in some children. For years we have heard that it would be unethical to deprive a control group of children from getting vaccinated in order to have a comparative study looking at the long term health outcome of two groups—the vaccinated versus unvaccinated children to determine what negative impact the currently overloaded vaccine schedule has on the long term health of children. This comparative study would look at the relationship of vaccines to autism and many other chronic degenerative disorders.

We say it is completely unethical to keep vaccinating children with the overloaded vaccine schedule imposed on them today without knowing what the overall health impact is.

We say it is completely unethical to keep vaccinating children with the overloaded vaccine schedule imposed on them today without knowing what the overall health impact is. Whereas the pro-vaccine camp says it would be unethical to do any studies that would deprive a group of children from being vaccinated. It is a moot argument as there now exists a large group of children in North America whose families refuse vaccination—so this group already exists as a baseline from which to begin research.

And who is there to stop this deceit? When the most respected researchers on the planet have concluded that flu vaccine policies are based on "rubbish", what then is needed to stop these people from forcing their fraudulent policies on the public? How can meaningful changes, based on honest evaluation of vaccination policies be brought about when fundamental medical ethics have been abandoned? Certainly not by a complacent public that flocks like lemmings to the vaccine clinics, infected only by the engineered fear they have been pro-

Editorial continued on page 5

Editorial cont. from page 4
grammed to obey.

Without some breakthrough to lift the veil of ignorance, the truth of this issue just never spreads far or wide enough to alter public perception. As long as mainstream media takes its marching orders from drug companies, and kow tows to health officials without question, the people won't know they are dupes of the government and drug policy makers who will continue lying to them. Clearly, it matters not to vaccine policy makers what the evidence actually shows, nor that something is very, very wrong with this picture—that despite high vaccination rates, death rates among the elderly during flu season have increased rather than decreased.

So now, here we are $1.5 billion dollars in the hole, and the final cost of this H1N1 caper is expected to exceed $2 billion. And you know whose money is paying for this caper.

What Must Not Be Cannot Be

Back in the 1970's, German physician, Dr. Ehrengut collected data on the numbers of children suffering neurological injuries following pertussis vaccination. He found extensive "pro-vaccination bias". Then as it is today, when a child suffered neurological damage post vaccination, it was denied by the majority of doctors. "No doctor likes to report serious post-immunization events which he may have caused", he said. The result is a **'conspiracy of silence'.** In response to the question why doctors continue to turn a blind eye to vaccine damage inflicted on children and the vehement denial of a director of a university children's clinic in Germany who claimed he had never seen a neurological complication following immunization, Ehrengut coined the phrase **"what must not be, cannot be"**. [4]

"What must not be, cannot be", is the endlessly recurring theme in "vaxworld'. Monopoly medicine's intransigent denial that vaccines play a role in the autism epidemic and other neurological disorders that now afflict hundreds of thousands of previously normal children, insults the intelligence of all the parents who witnessed their healthy children unravel shortly after vaccination. Well known health writer Gary Null calls it **"medical denialism".**

Gary Null writes in a recent essay, "Under normal circumstances, when a public health measure is advocated or mandated, and it is accepted without question by all Federal health agencies, state and local health departments, and promoted by the mainstream media with unquestioning support from the orthodox medical community, then it is assumed that such measures at the very least meet basic scientifically proven criteria. Foremost should be public health safety and that the proven efficacy of a health program be implemented according to rigorous scientific gold standards. When this standard is ignored and denied, as is now being done by our health officials, then the wellbeing of the nation is placed at risk. Consequently, we see the concerns regarding the swine flu vaccine focusing upon supply rather than health. Our government health officials have baptized vaccine safe and, therefore, there is no reason for further debate. In fact, so certain are those in charge of the nation's vaccination programs, even democratic discourse about vaccination controversies has been marginalized and smothered. There is no dissenting opinion published in any major industrial medical journal or magazine, nor found on any of government health websites." [5]

Null continues, "When put to the test, a meticulous review of the scientific literature finds that virtually all of the Federal health agencies' assumptions are held in error. Furthermore, we are shocked that the CDC, FDA and HHS, with all of their resources, refuse to take into consideration the large body of clinical evidence that contradicts their biased vaccine policies." [5]

Commenting on the enormous quantity of tax funded dollars being spent not only on this experimental H1N1 vaccine, but on any influenza vaccine, now shown by the Cochrane Collaboration to be less than even marginally effective, Arthur Schafer, director of the U of Manitoba's Centre for Professional and Applied Ethics, says *"Good ethics requires good facts, and the ethical debate so far has been who should be the first to get the vaccine, and there has been virtually no discussion of the safety and effectiveness of the drug,"*

"Vaccines to treat seasonal flu have not been effective, and there is no evidence to suggest a vaccine for H1N1 will be more effective," He added, *"As well, the so-called cure can be worse than the disease, or can be useless. There may be other alternatives, safer, more effective things we can do. It all depends on the evidence."* [6]

Obesity During Pregnancy Increases Risks of Flu

An American study found that one of the more powerful risk factors for being admitted to the ICU and of dying was obesity. Dr. Russell Blaylock emphasizes that pregnant women are NOT at high risk of getting sick enough to end up in ICU (intensive care), UNLESS the pregnant woman is also obese. Obesity played a significant role in the risk to children as well as to pregnant women. Obesity in pregnancy substantially increases risk of serious illness. Obese people are admitted 6x more often than those of normal weight.

Dr. Blaylock warns about vaccination during pregnancy—"It is known that stimulating a woman's immune system during midterm and later term pregnancy significantly increases the risk that her baby will develop autism during childhood and schizophrenia sometime during the teenage years and afterward.

Compelling scientific evidence also shows an increased risk of seizures in the baby and later as an adult. In fact, a number of neurodevelopmental and behavioral problems can occur in babies born to women immunologically stimulated during pregnancy." [7]

"It is true that serious flu infections or E. coli infections during pregnancy are a major risk for all these complications, but a woman's risk of becoming infected, is a very small fraction of 1 %, yet they are calling for **all pregnant women** to be vaccinated with at least three vaccines, two of which contain mercury. There is also evidence to show that a large number of these women will gain no protection from the vaccine." [7]

Dr. Sherri Tenpenny concurs. She says "Women who received influenza vaccine during pregnancy had the same risk for ILI (influenza like illnesses) when compared with unvaccinated women, adjusting for women's age and week of delivery." She continues, "Vaccines made no difference to outcomes to the mom or the baby in either the vaccinated vs. unvaccinated population." [8]

Editorial continued on page 6

Editorial cont. from page 5

Dr. Blaylock cites the work of Dr. Bronze, a professor of internal medicine at the University of Oklahoma Health Sciences Center writing for WebMD, who notes that animal studies have shown that vaccines harm unborn babies and that **no safety studies have been done in humans**. "A recent study done by Dr. Laura Hewitson, a professor of obstetrics at the University of Pittsburg Medical Center, found that a single vaccine used in human babies, when used in newborn monkeys, caused significant abnormalities in brainstem development. This mass vaccination program for H1N1 variant virus will be the largest experiment on pregnant women in history and could end as a monumental disaster." (7)

Teresa Binstock, Researcher in Developmental & Behavioral Neuroanatomy reiterates Dr. Blaylock's cautions in a recent article posted on the Generation Rescue website. "An increasing body of peer-reviewed evidence indicates that when a woman is pregnant, transiently elevated cytokines can induce atypical brain development in her embryo or fetus. Illnesses and vaccinations induce elevation of cytokines, and these elevations can be heightened in individuals with alleles of genes related to immune responses. An implication of citations supporting these relationships is that vaccinating pregnant women is likely to induce cognitive and behavioral pathologies in as least some children whose mothers were vaccinated while the child was in utero. Schizophrenia and developmental disabilities are pathologies that may ensue." (9)

Binstock asks—"More generally, we ask if vaccinologists are prone to hubris? Their willingness to inject thimerosal and squalene despite voluminous evidence of harm caused by those substances appalls. An autism parent raises an important issue, are many and perhaps most vaccinologists rushing forth while ignoring advances in immunology, while ignoring findings which indicate why some individuals are more likely to experience adverse effects from vaccinations, especially during pregnancy?" (9)

It could be more than a "monumental disaster" in Canada where pregnant mothers have been injected with squalene adjuvant enhanced vaccine – unlike in the U.S. where the decision was made to use non-adjuvanted flu vaccine. The adjuvant will substantially increase immune response and the likelihood of harm to unborn babies.

"The majority of children respond poorly to flu vaccine, says Dr. Blaylock. "It is interesting to note that babies respond poorly to either the seasonal flu vaccine or the H1N1 vaccine. One of the largest studies ever done, found that children below the age of 2 years received no protection at all from the seasonal flu vaccine." Blaylock refers here to the Cochrane review which analyzed 51 studies involving more than 260,000 children and found that below age 2 years, the seasonal flu vaccine offered no protection and those older than 2 years, only 33 to 36% had protective antibody response." (7)

Remember, antibodies do NOT equal immunity. Antibodies simply indicate exposure to the pathogen. It is well known in immunology that a person with high levels of antibodies can still get the disease!!

Dr. Blaylock Warns Every Parent That Other Vaccines INCREASE Risk of H1N1

In 2003 it was reported by the CDC that **90 children** died from seasonal flu complications. Ironically, as shown by Neil Z. Miller in his excellent book—***Vaccine Safety Manuel***—once the flu vaccine was given to small children the death rate from flu increased **7-fold**.[10] Not surprising, since the mercury in the vaccine suppresses immunity.

- **1999—29 deaths**
- **2000—19 deaths**
- **2001—13 deaths**
- **2002—12 deaths**
- **2003—90 deaths (Year of mass vaccinations of children under age 5 years)**
- **2006—78 deaths**
- **2007—88 deaths**
- **2008—116 deaths (40.9% vaccinated at age 6 months to 23 months)[11]**

"Parents should also keep in mind that this study, as well as the Australian/New Zealand Study found that childhood obesity played a major role in a child's risk of being admitted to the ICU or dying. This is another dramatic demonstration as to the danger of obesity in children and that all parents should avoid MSG (all food-based excitotoxin additives), excess sugar and excess high glycemic carbohydrates in their children's diets. This goes for pregnant moms as well." (7)

"One major factor being left out of all discussion of these vaccines, especially those for small children and babies, is the effect of other vaccinations on presently circulating viral infections such as the H1N1 variant virus. It is known that several of the vaccines are powerfully immune suppressing. For example, the measles, mumps and rubella virus are all immune suppressing, as seen with the MMR vaccine, a live virus vaccine.

This means that when a child receives the MMR vaccine, for about two to five weeks afterwards their immune system is suppressed, making them highly susceptible to catching viruses and bacterial infections circulating through the population. Very few mothers are ever told this, even though it is well accepted in the medical literature.

In fact, it is known that the Hib vaccine for haemophilus influenzae (a bacterial infection) is an immune suppressing vaccine and that vaccinated children are at a higher risk of developing haemophilus influenzae meningitis for at least one week after receiving the vaccine. These small children receive both of these vaccines.

At age 2 to 4 months, they will receive a Hib vaccine. Therefore at age 2 to 4 months, and again at age one year, they are at an extreme risk of serious infectious complications caused by vaccine-induced immune suppression. The New Zealand/Australian study found that the highest death in the young was from birth to age 12 months, the very time they were getting these immune-suppressing vaccines.

The so-called healthy children and babies that have ended up in the hospital and have died may in fact be the victims of immune suppression caused by their routine childhood vaccines. We may never know because the medical elite will never record such data or conduct the necessary studies. Recall also that the seasonal flu vaccine, which is recommended for all children over the age of 6 months, each year, is also immune suppressing because of the mercury-containing thimerosal in the vaccine." (7)

A recent Canadian study found

Editorial continued on page 7

Editorial cont. from page 6
those who have gotten the seasonal influenza vaccine in the past may be at greater risk from getting H1N1 and having complications. Flu vaccines will **nearly always decrease your overall immune function**, NOT enhance it. And now we have very young children who have been injected with flu vaccines these past several years along with other scheduled vaccines, which along with the immune suppressing effect of the regularly scheduled vaccines they get, makes them even more vulnerable to contracting H1N1.

Can Over-the-Counter Drugs lead to More Severe Illness & Death?

The risk factors associated with OTC's (over the counter remedies) are unfortunately not well known by most parents. Over the years we've brought the risks associated with fever reducing drugs to the attention of our readers. Perhaps it's time to do so again. [12] When young Evan Frustaglio, the 13 year old Ontario boy died so suddenly after complaining of flu like symptoms for a few days, a review of the many news articles about his death revealed some information that could perhaps offer a clue that perhaps his death was not just because of H1N1.

Evan's illness started with a sore throat and cough Friday night while at a hockey tournament. By Saturday night after hockey, he had developed symptoms that were more flu-like in nature and **when over-the-counter medication wasn't helping with a fever**, the family went to a walk-in clinic on Sunday afternoon *where they were told the boy had a regular flu and were instructed to continue treatment with* **Tylenol and Gravol**. *The parents were assured that everything was fine—that he was "breathing normally, and were instructed to continue to give him the medication to keep his fever down, and that "everything should be fine"*—'He is breathing normally, **continue to give him the med** … **and <u>keep his fever down</u>** and everything should be fine. His father reported that "Less than 24 hours later my son is gone." [10]

In Evan's case, and many other cases we've heard of and read about over the years, the emphasis is always on keeping the fever down, and that the sick person was advised to continue with acetaminophen (brand name is Tylenol), also called paracetamol in the U.K. or Australia & New Zealand. While health officials confirmed that Evan had tested positive for H1N1, there is the possibility that there may have been other factors in his death, such as meningitis or a bacterial infection. This possibility was raised by Dr. Alain Poirier, Quebec's chief public health officer. Unfortunately Evan's family chose to forego autopsy, so we'll never know what other condition might have complicated his situation.

One thing is for sure, the continuous ingestion of Tylenol was not of benefit to him as it could have masked the true degree of how ill he was while suppressing his immune system. As well, he may have built up a cumulative toxic level of acetaminophen over a number of days that became life threatening. Fever suppressing drugs can mask important symptoms such as decreasing respiratory rate which can confound accurate diagnosis. If Evan had an underlying bacterial infection such as meningitis, then appropriate medical treatment could possibly have saved his life. But we'll never know. [10]

We know from the medical literature that acetaminophen, (the medicinal content of Tylenol), suppresses immune function. According to vaccine researcher, Hilary Butler, there is a 30 year history discussing and describing the immune suppressing effects of acetaminophen. In a personal communication with Hilary, she shared with me a letter she had recently sent to Dr. Chen of the CDC in which she chastised him for failing to be current on information that has been around for decades, including a WHO (world health organization) bulletin that warns against the use of paracetamol (acetaminophen) or any related type of drug for fever—"that these should never be used for fever, because it suppresses the immune system; masks serious disease and if you put those two things together, you can have a recipe for disaster." [11]

A basic "must read" on the benefits of fever, is Dr. Robert Mendelsohn's book, <u>How to Raise a Healthy Child in Spite of Your Doctor</u> which has an excellent chapter on fever. He reassures us that fever has an important function. "If your child gets an infection, the fever that accompanies it is a blessing, not a curse. It occurs because of the spontaneous release of pyrogens that cause the body temperature to rise. This is a natural defense mechanism of the body that has gone into high gear. When an infection develops, your child's body responds by manufacturing additional white blood cells, called leucocytes. They destroy bacteria and viruses and remove damaged tissue and irritating materials from the body. The activity of the white cells is also increased, and they move more rapidly to the site of the infection. This part of the process, called leucotaxis, is stimulated by the release of the pyrogens that raise body temperature. Hence the fever. A rising body temperature simply indicates that the process of healing is speeding up. **It is something to rejoice over, not to fear."**

During flus and colds, instead of reaching for antipyretics (fever suppressing drugs like Tylenol), there are many useful natural remedies that can help support you through the illness. Dr. Loreen Dawson, a Naturopathic doctor in Sechelt B.C offers a few suggestions that you may find useful.

- Sugar and sweets weaken immune function—avoid as much as possible
- Dairy products often create mucus in the nose, sinuses and throat which gives bacteria and viruses an ideal medium to grow on

Essential Prevention

<u>Children</u>—HMF powder or similar excellent quality lactobacillus acidophilus and bifidus probiotics (no other strains of probiotic proven to be effective for reducing flu symptoms in children)—¼ to ½ tsp/day—reduces flu symptoms by 70% and need for antibiotics by 84% (Pediatrics, Aug 2009)

- Vitamin D—2000iu/day for adults, 1000iu/day for school age children (Dr. Mercola recommends higher doses – see article on vitamin D in this newsletter)

<u>Prevention Options</u>—for those at higher risk due to home or work environment or underlying medical conditions, choose 1 or 2 of these:

- Excellent quality multi vitamins (Thorne Encaps)—2/day with any meal
- Mucoccinum—1 tablet every 1-2 weeks—homeopathic flu prevention
- Astragalus/ginseng combination—½ tsp/day—to strengthen immune system
- Jade screen (traditional Chinese formula to prevent colds and flu)—½ tsp once/day
- Elderberry tincture—tasty for children

Editorial continued on page 8

Editorial cont. from page 7

– ½ tsp once/day

- Vitamin C—1000mg 2-3 times/day

Hydrotherapy—After exposure, the virus settles in your throat and/or nose and begins to multiply. When the population of the virus is high enough (2-5 days), your body starts to react against it, and you get symptoms. Gargling with salt water and doing nasal lavage daily will reduce the viral load in your throat and nose, and should greatly reduce your risk of getting sick.

Other—Dress warmly, cover chest and neck, wear a hat if needed. Get lots of sleep. Do what you can to reduce stress and unnecessary "busyness". Wash your hands frequently, and always before eating. Avoid touching your hands to your eyes, nose or mouth. Cough into your sleeve. Use disposable tissues only.

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What's in your H1N1 flu vaccine?

The Straight, November 19, 2009

By Alex Roslin

Chris Shaw wasn't always skeptical about vaccines. The neuroscientist at the University of British Columbia had his teenage son vaccinated with most of the recommended shots. But then he started studying some of the ingredients commonly found in vaccines. What he discovered caused him to go cold turkey on all shots for his six-year-old daughter. And that includes the vaccine for the H1N1 flu.

"I am not convinced H1N1 is sufficiently hazardous to most people to risk the potential downside of the vaccine," Shaw said over the phone from his office in the research pavilion at the Vancouver Coastal Health Authority.

Shaw isn't an easily dismissed vaccine conspiracy theorist. He is a leading expert on amyotrophic lateral sclerosis (ALS, or Lou Gehrig's disease) and Parkinson's disease. While investigating unusually high rates of ALS and other neurological disorders among veterans who have Gulf War syndrome, he found evidence that the cause may have been aluminum salt, an ingredient in the cocktail of vaccines given to soldiers before deployment.

Although aluminum salt isn't present in the H1N1 vaccine, Shaw's discovery made him concerned about other vaccines, including the swine-flu shot. He isn't alone in his thoughts.

Despite a full frontal assault of news about the dangers of the flu and the importance of vaccination, a survey in late October revealed that only 36 percent of Canadians said they would get the shot. Lack of trust in the vaccine was cited as the main reason for vaccine opposition. Another poll in November found that 65 percent of Canadians believe the media has overreacted to the threat of swine flu.

Even many health workers aren't convinced. In two separate surveys, in the U.K. (*Pulse*) and Hong Kong (*British Medical Journal*), published in August, half of health-care professionals said they didn't intend to get the vaccine.

Canadian health officials and some newspaper columnists have reacted by accusing

What's in your Vaccine? continued on page 9

What's in your Vaccine? cont. from page 8
vaccine opponents of being conspiracy mongers or just plain irresponsible. Who is right? Is the cure really worse than the disease? Let's look at some numbers.

First, the disease. Swine flu had killed 161 Canadians as of November 12. That works out to one death per 200,000 Canadians in the past six-and-a-half months. Over the same period of time, major cardiovascular diseases typically claim 240 times more Canadian lives (about 39,000), cancer claims 230 times more (37,000 deaths), pneumonia kills 18 times more (2,800), and accidental falls claim eight times more (1,260), according to calculations based on 2005 Statistics Canada figures.

H1N1 has about the same death rate as hernias. But we don't see scary front-page headlines for months on end about hernias, pneumonia, or falling down.

"It's really not causing—and is not going to cause and nowhere has caused—significant levels of illness or death," Dr. Richard Schabas, Ontario's former chief medical officer of health, told the CBC on November 12. Schabas said H1N1 "has ultimately turned out to be, from a pandemic perspective, a dud".

What about the vaccine? Is it safe? Despite the onslaught of confident pronouncements from health officials and doctors, Shaw says he hasn't seen enough information on the safety of the vaccine. "If the science were there, we could make a rational decision. But it's a coin toss."

Looking for answers, Shaw turned to the 24-page product-information leaflet on the vaccine released by drug giant GlaxoSmithKline. Health Canada used this document in approving the shot. The leaflet leaves Shaw cold. "You couldn't turn this in as a master's thesis anywhere I know of and get a passing grade," he said, calling the leaflet a "shocking document".

Shaw said the material lacks basic information. For example, there is no safety data at all for several groups of people—pregnant women, people aged over 60, kids aged 10 to 17, and children under three. For kids three to nine years old, there is only "very limited" data. "Where is the safety data that the government used to license the vaccine?" Shaw asked.

Health Canada would not talk to the *Straight*, and the Public Health Agency of Canada did not respond to a request for an interview.

The H1N1 vaccine includes a component called an adjuvant—which is used to boost the drug's effectiveness—that has raised a lot of questions. GlaxoSmithKline says the adjuvant has been tested on 45,000 people worldwide and that clinical trials are now being done on children. In an e-mail, spokesperson Melanie Spoore said the company is planning 25 trials of its various H1N1 vaccines before November 2010.

She also said a different but closely related vaccine made by the company, for the H5N1 flu, includes the same adjuvant and "is generally well-tolerated and has an acceptable safety profile" in both kids and adults.

But Shaw has concerns about the company's trial results for the H5N1 vaccine. The product leaflet mentions a study in which the company injected the vaccine into pregnant rats. It found "an increased incidence of fetal malformations" and "delayed neurobehavioural maturation". Another study did not produce the same outcome.But Shaw says the rat results deserve more study. "Anytime you observe such outcomes, it is a concern," he said.

The leaflet also mentions a study on ferrets. The animals were given adjuvanted and nonadjuvanted H5N1 vaccines and then exposed to the flu. The ferrets that got the adjuvanted vaccine were protected by the vaccine. But those that got the nonadjuvanted vaccine all died.

This result could be a concern, Shaw said, because Canadian authorities are telling pregnant women to get the nonadjuvanted H1N1 vaccine since the adjuvanted version hasn't ever been tested on pregnant women. Shaw also said the animal-study information in the leaflet lacks many important details and would be "unpublishable" as presented. "Any [medical-journal] referee would kick this out the window."

The company's leaflet also paints a picture of the vaccine's side effects in humans somewhat different than the usual line from health authorities. The Public Health Agency of Canada says on its Web site that the adjuvanted vaccine is as safe as the nonadjuvanted shot. It also says the rate of "serious adverse events" from vaccination is extremely low—typically "about one for every 100,000 doses of vaccine".

What we don't often hear is that the adjuvanted vaccine caused dramatically more side effects than the nonadjuvanted version. Ninety percent of 62 subjects reported pain (versus 37 percent of 62 people for the nonadjuvanted vaccine), 34 percent had muscle soreness (compared to 8 percent with the nonadjuvanted shot), and 14 percent experienced a headache (as opposed to 8 percent for the nonadjuvanted shot), according to the product-information sheet.

Although these reactions are minor, the leaflet also says four of 253 people studied experienced "severe adverse reactions". Three of the four were deemed to be unrelated to the vaccine, but one case of hypersensitivity (which can mean anything from an allergic reaction to autoimmune disease) was determined "to be related to vaccination". That one serious reaction might not sound like a lot, but it actually translates into a rate of 395 cases per 100,000 people. That's more than 50 times the rate of hospitalization due to H1N1 itself: 7.3 per 100,000 Canadians.

Sucharit Bhakdi is concerned some serious vaccine reactions could go unnoticed. He is a professor of medical microbiology at the Johannes Gutenberg University of Mainz in Germany. In October—in a coauthored paper in the journal *Medical Microbiology*—he warned of a possible increase in the risk in heart problems due to mass H1N1 vaccination.

Speaking by phone from his office, Bhakdi cited the higher rate of heart problems when 1.4 million U.S. soldiers were vaccinated for smallpox before the 2003 Iraq war. Soldiers who received the vaccine had almost 7.5 times the rate of heart inflammation of nonvaccinated personnel, according to a study by U.S. military medical researchers in 2004 in the *American Journal of Epidemiology*.

"Unexpected serious adverse effects thus may follow in the wake of a general vaccination program," Bhakdi's paper said. Yet health authorities and doctors are urging people with heart problems to get the H1N1 vaccine on a priority basis and do not appear to be monitoring them for possibly elevated risks, he said.

Shaw is also concerned about Canada's monitoring of the side effects of vaccinations, calling the system "flimsy". What

What's in your Vaccine? continued on page 10

What's in your Vaccine? cont. from page 9
especially worries Shaw is the possibility of longer-term side effects from the vaccine. Most vaccine safety studies monitor patients for a few days or, at most, several months.

That isn't enough, Shaw says. With some vaccines, the most serious reactions have taken years to surface. "Neurological problems don't happen overnight," he said. "It took five to 10 years to see the bulk of the Gulf War–syndrome outcomes."

One of the best examples involves a controversial ingredient present in the H1N1 vaccine: thimerosal. Thimerosal is a form of mercury used in some vaccines as a preservative. Drug makers agreed to phase it out of most vaccines after the U.S. Food and Drug Administration found in 1999 that mercury levels in children who had gotten multiple shots often exceeded safety levels set by the Environmental Protection Agency (EPA). Nonetheless, thimerosal still remains in many flu vaccines.

Controversy has raged for years about whether or not thimerosal is behind soaring childhood autism rates. While that debate continues, a 2008 study in the U.K. journal Toxicological and Environmental Chemistry found that boys who were given a vaccine containing thimerosal were nine times more likely to have developmental problems than unvaccinated boys.

The Public Health Agency of Canada says on its Web site that thimerosal is safe and that the amount in the H1N1 vaccine is below Health Canada's daily safety limit set for mercury. "There's significantly less mercury in the vaccine than you would find in a can of tuna fish," the site states.

In fact, the amount of mercury in the nonadjuvanted H1N1 vaccine does actually exceed the daily safety level for pregnant women. Health Canada has established the safe dietary level of mercury for pregnant women at 0.2 micrograms (millionths of a gram) per kilo of body weight. The nonadjuvanted H1N1 vaccine contains 25 micrograms of mercury.

Simple math tells us an average Canadian pregnant woman—weighing 80 kilograms at term—gets about 56 percent more than the daily safe level of mercury when given a dose of the nonadjuvanted vaccine. By the EPA's stricter standards, that same dose is actually triple its daily safe level.

What's more, Shaw notes, those daily safety levels were set for consumption of mercury in food, not for injection directly into the body. Injecting a neurotoxin like mercury has much more impact than eating it, he said.

Squalene is another controversial component of the swine-flu vaccine. It's an oil found in animal livers and is used as an adjuvant in vaccines and also as a moisturizer in cosmetic products. It is primarily gotten from shark livers—a fact that has upset conservation groups worried about endangered shark populations. Some companies, like Unilever and L'Oréal, have agreed to stop using squalene in cosmetic products.

Debate has raged for years about whether or not squalene is responsible for Gulf War syndrome. Most research suggests that's not the case, but in recent years much more solid evidence has found squalene can cause autoimmune diseases like lupus and rheumatoid arthritis in animals.

Still other questions have been raised about polysorbate 80, another component of the H1N1 vaccine adjuvant. Studies have found it can cause severe allergic reactions and hypersensitivity.

In the end, we might only get a good picture of the vaccine's side effects long after swine flu has run its course. Then again, with Canada's lax monitoring system for side effects, we may never know which was worse.

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Chris Shaw, PhD ***is a neuroscientist and is assistant professor, ophthalmology, physiology, and experimental medicine at the University of British Columbia Faculty of Medicine. Research led by Dr. Shaw shows a link between the aluminum hydroxide used in vaccines, and symptoms associated with Parkinson's, amyotrophic lateral sclerosis (ALS, or Lou Gehrig's disease), and Alzheimer's. For 80 years, doctors have injected patients with aluminum hydroxide, he said, an adjuvant that stimulates immune response. "This is suspicious," says Shaw. "Either this [link] is known by industry and it was never made public, or industry was never made to do these studies by Health Canada. I'm not sure which is scarier."*** √

Swine Flu: to Vaccinate? cont. from page 1
sible. In spite of this depressing state of affairs, these vaccines are increasingly promoted (and, quite often, reimbursed) with the active participation of regulatory bodies. As rightly pointed out by the leading authors of these Cochrane reviews, their activism in promoting flu vaccines places health agencies as well as their "experts" in an objective conflict of interest.

Vaccines against swine flu

For health agencies as well as their experts, it is a recurring theme that a longstanding past experience with vaccines against seasonal flu is clearly relevant for the development of new vaccines against swine flu and justifies the frightening swiftness of their current development. But as demonstrated in the previous section, a thorough assessment of this past experience is now available and it's disastrous. Worse, the manufacturers and health agencies are not content with using this disastrous precedent as a shield: they seek to take advantage of a supposed pandemic emergency to get rid of time-consuming regulatory prerequisites regarding major pharmaceutical innovations such as new adjuvants or new processes of viral cultures, each of them likely to require years of research. If, in some 40 years of anti-flu routine, those responsible have not proved to be capable of producing any sound evidence of efficacy for their vaccines, who is ready to believe that they will do better under the pressure of emergency?

Swine flu per se

The intrinsic efficacy of a drug against a disease is not the last word of the benefit assessment: it remains to be demonstrated whether the risks of this disease are significant enough to require any treatment. To be specific, the question is whether, on the basis of objective available data, swine flu appears threatening enough to require an extraordinary wealth of preventive measures.

The answer is obviously NO. Even the most alarmist media agree that, for the time being, the new virus seems rather less virulent than its seasonal predecessors. Modest though it appears now, the severity of swine flu as currently assessed is markedly biased towards an overvaluation. Obviously, the

Swine Fu: To Vaccinate? continued on page 11

Swine Flu: to Vaccinate? cont. from page 10
death toll has been exaggerated.

At the end of April, within a single day, the number of Mexican deaths ascribed to swine flu dropped from some 200 to 7 only ; there are many similar examples. World areas where the rate of presumed deaths was highest were also those with the least performing health systems, so that one may wonder about: 1/ the baseline health status of patients with a fatal outcome; 2/ the adequacy of medical care in case of respiratory complications; 3/ the reliability of etiological diagnosis (it is perfectly possible to suffer from a mild flu and to die from an infarction—or an assassination for unrelated reasons). In contrast with their hysterical reporting of most deaths, newspapers usually remained discrete on the question of underlying diseases and medical history. Yet a trivial cold, not even influenza, may be sufficient to kill a patient suffering from immunodepression…that is not a scoop.

Objectively low though it was, the number of fatal cases was exaggerated by an underestimation of the total number of cases, as the symptoms were so mild in many of them that they did not feel the need to visit a doctor. If, amongst 10,000 recorded cases, death occurred in 10 cases, the apparent mortality is 1/1,000; however, if in addition, 90,000 patients did not display significant symptoms, the real mortality will drop to 1/10,000.

Once established that swine influenza currently corresponds to a fairly mild form of influenza, health agencies retort that their concern is not the virus as it is now, but as it could become in near future after a mutation. However, propensity to mutate is a strong characteristic of any virus in general, and of influenza viruses in particular; there is nothing new in that. If this swine virus is supposed to mutate in the future, this could be in the direction of an even lower virulence. And, as the vaccine is currently prepared against the current strain of the virus, it could be ineffective against a mutated strain (this unexpectedness of a mutation is the classical excuse of the manufacturers each time the efficacy of the vaccines against seasonal flu proves to be obviously poor).

2. Which risk?

Risks of drugs in general and Benefit / risk ratio

Any drug, even targeting trivial symptoms, carries a potential of hazards, some of which may be severe: just think of the precedent of thalidomide, a product normally used to relieve pregnant women from their nausea. As drugs amongst others, vaccines against swine flu will therefore induce hazards whose frequency and severity will be difficult to anticipate, as is usually the case when drug exposure has not been wide enough. The correlate of the inherent drug-induced toxicity is the benefit/risk ratio, which, in the case in point, may be considered from two complementary standpoints. Having regard to the average mildness of swine flu, it could happen that, by their frequency or their severity, the unwanted effects of a vaccine could overtake the risk inherent to the disease that it is supposed to prevent.

The target of a vaccine is prevention: a majority of vaccinated subjects are not supposed to contract influenza. But however "collective" the benefit might be, who would be stupid enough to take even a small risk of adverse effect from a drug which carries no personal benefit? **For a drug whose personal benefit is negligible, the sole acceptable level of iatrogenic risk must be zero or something quite close.** On the basis of available data, is it possible to contend that the level of risk related to the new vaccines against swine flu is near zero? Clearly NO, and this will be demonstrated below.

Past experience with this therapeutic class

One major argument of health authorities to justify the urgent development of a new vaccine in the setting of a regulatory anarchy is that in their pharmacological principle, vaccines against A/H1N1 have nothing new: their development may benefit from the acquired 40-year experience with seasonal flu. Apart from the intrinsic contradiction of a virus new enough to justify a panic but classical enough to require only experience acquired with the traditional virus (!), let us summarize our past experience with vaccines against seasonal flu.

In short, it suffices to go back to the previous Cochrane reviews (see 1.1): according to the authors, there is a lack of evidence regarding the safety of flu vaccines, especially in children. Therefore, **past experience with vaccines against seasonal flu can, in no way, be used as a reassurance regarding the safety of the new vaccines.** From this statement of fact, it is also possible to raise a question parallel to that made about the efficacy parameter: if, within some 40 years, the manufacturers or regulatory bodies have not been able to gather any convincing evidence about flu vaccines, who can believe they are able to assess the safety of new vaccines in a climate of methodological hurry and regulatory anarchy?

As everybody knows, the marked involvement of the biggest pharmaceutical firms in vaccine sectors is fairly recent. Thus, if one refers to documents published before this self-seeking involvement (with its impact on the integrity of medical publications...), it is easy to record that, the adverse effects of flu vaccines were then acknowledged as an obvious fact. To take just one example, the 30th edition of the reference book Martindale, in 1993, reads that adverse effects were "as for vaccine in general" (**including anaphylaxis and effects on the nervous system**), with an additional mention of pericarditis, Henoch-Schönlein purpura and acute polyarteritis. Finally: "An epidemiologic and clinical evaluation of these cases suggested a definite link between vaccination and the onset of the syndrome [of Guillain-Barré] with extensive paralysis...Influenza virus which lack a swine influenza virus component seem not to raise the risk of paralysis above background levels".

Five years before, the 11th edition of Meyler's Side Effects of Drugs, another reference book, listed amongst the adverse reactions reported with influenza vaccine: "neurological reactions [ranging] from polyneuropathy to meningoencephalitis and Guillain-Barré syndrome", optic neuritis, myocardial infarction and pericarditis, interstitial lung disease, as well as drug interactions. **This acknowledged evidence from the past of a significant toxicity of flu vaccines downgrades to lies or ignorance the contrary statements of most "experts" now.**

Risk of vaccines and Duration of action

Usually, when a drug is administered, it has a limited duration of action; within the fluctuations of its elimination (which

Swine Flu: to Vaccinate? continued on page 12

Swine Flu: to Vaccinate? cont. from page 11
may take some weeks with some drugs), the duration of its pharmacological action is more or less restricted to the time of administration. In contrast, vaccines have a quite unusual particularity: for only one administration (sometimes followed by a few boosters), the expected effects are supposed to last for years, decades or even the whole life span. Yet, strangely enough and still in contrast with usual drugs, the safety trials performed with most vaccines are extremely short: from the Physician Desk Reference, for example, one may learn that those carried out during the development of the hepatitis B vaccine Engerix did not last more than 4 days.

Accepted though it is by regulatory authorities, this design is obviously defective, especially to assess delayed adverse effects. But in addition and as exemplified by the abovementioned Cochrane review or by experience, these trials are, in practice, quite often carried out in a fairly lax manner. It seems to be taken for granted that, compared with other drugs, vaccines cannot induce significant risks, so that monitoring their safety requires neither effort nor rigor.

The Engerix (hepatitis B vaccine) case once again gives an eloquent illustration of this paradox. It appears from the summary of product characteristics that some 8 years were necessary to see the mention of a risk of "anaphylaxis". Thus, it took no less than 8 years for the manufacturer or the health agencies to record the most immediate drug-induced reaction that could be imagined. One can hardly rely on the same "experts" to assess properly delayed adverse effects such as auto-immune diseases, multiple sclerosis or lateral amyotrophic sclerosis or to assess properly the safety profile of the new influenza vaccines which, in contrast with Engerix (whose development took several years), will have been developed within a maximum of a few weeks.

Here is the appalling illogicality of vaccine development: whereas these drugs are supposed to exert their beneficial immunological effects on a very long term, they are never conscientiously suspected (and, in any case, never conscientiously assessed) regarding their potential to exert adverse immunological effects within the same long term. This blatant illogicality justifies a re-appraisal of the ferocious antagonism between supporters of vaccines and antivaccinationists.

Unlike any other domain in therapeutics, vaccination cannot be a matter of academic controversy: either you have no doubt about the obvious benefits of every vaccine and you are on the side of "Reality"; or you are inevitably on the side of "myth", "misinformation", "misconception", "falsehood", "archaism", etc. Actually, evidence is more balanced.

To be frank, it is clear that antivaccinationism is on the agenda of some sects—to say nothing about the paranoid. No doubt either that most antivaccinationist groups have vested interests in the marketing of "alternative" medicines as opposed to "allopathic" products, with papers, journals or sites closer to sales promotion than to scientific communication. For a professional in pharmaceutical development, however, it is no less true that vaccine promotion—even performed in the most prestigious journals (like NEJM, The Lancet or BMJ)—is distinguished by a distressing amateurism—to say nothing about latent conflicts of interests. Marked in particular by gross inconsistencies and a rare illogicality, this pro-vaccine amateurism feeds anti-vaccine movements, making every person endowed with a minimum of cultural background and elementary logic able to point out its most blatant failures.

«The mosaic of autoimmunity»

A vaccination corresponds to the introduction into a human organism of antigenic material which has been subjected to more or less precise identification and which carries per se a potential for inducing reactions of autoimmunity, for example by a mechanism of molecular mimicry (if there is a similarity between this antigenic material and any physiological structure of the self). In addition and as with every drug, even a minute contamination or impurity during the manufacturing process is likely to trigger an unwanted immune reaction and, in particular, an autoimmune one. Overall, there is a strong record of the potential of vaccines to produce autoimmune diseases (such as rheumatic disorders).

Already significant if not frequent from an epidemiological standpoint, this autoimmune risk is obviously magnified by the use of adjuvants.

Acceptable though it may be in some preventive indications precisely targeted against significant infectious risks (which, I repeat, are not uniformly distributed all over the world), this risk of autoimmune hazard is statistically correlated to the number of vaccines administrated. Thus, it is not exaggerated to assert that the continuous reinforcement of the immunization schedule, with its increase in the autoimmune risk, is certainly not offset by a parallel effort to extend or deepen the epidemiological assessment of these new recommendations. To take just one example, since the time of my medical training, the targeted population for the immunization against seasonal influenza has shifted from fairly small "at risk" groups to everybody every year, which means on average an additional burden of some 80 new immunizations in each person over his/her life span: to the best of my knowledge (and as confirmed by the Cochrane reviews), progress in the safety assessment of these vaccines is not in keeping with this dazzling increase.

Associations

As illustrated by the Physician Desk Reference or any equivalent book, the issue of drug interactions is a crucial one with any pharmaceutical product. Compared with this norm, concerns about interactions seem quite diluted as soon as the product in question is a vaccine. Yet, as exemplified by 'Meyler's Side Effects of Drugs' 11th edition, there is no convincing reason to believe that vaccines do not expose immunized subjects to significant problems regarding interactions with other drugs. In addition, there is no reliable evidence that the risk of multiple immunizations has been seriously considered.

To take just one example, it does not seem that the frightening issue of sudden infant death syndrome (SIDS)—which cannot be ignored on the basis of anecdotal evidence (as reflected by experience or by the VAERS, amongst other data)—has received the epidemiological attention it deserves. This poverty of clinical or epidemiological research on drug interactions induced by vaccines is all the more paradoxical since, as stressed above, the duration of action is normally far more prolonged with vaccines as compared with any other drug subjected to a far more rig-

Swine Flu: to Vaccinate? continued on page 13

Swine Flu: to Vaccinate? cont. from page 12
orous screening in this regard.

Risks of vaccines against influenza

As compared to vaccines in general, those targeted against influenza have two additional drawbacks. They require an additional immunization every year which is not a booster dose, but corresponds each time to a new active principle. If the current recommendations of health authorities were to be followed, it is clear that over a life span, flu vaccines would be major contributors to the mosaic of autoimmunity. From a simple Hippocratic standpoint, the imprudence of such recommendations is vertiginous. As well, depending on the characteristics of the virus isolated as responsible for the epidemics, each year the new influenza vaccines are prepared in an incredible rush, which has no equivalent elsewhere in pharmaceutical development. Here is most probably the genuine cause of the disastrous results of the Cochrane review: **it is simply not possible to develop drugs within 2-3 months. Arguing the contrary is both irresponsible and deceitful.**

Additional risk related to the case in point / Prevention and its risks

In evolution, immunity is not a stock given once and for all to individuals: it is a dynamic system which requires periodic reactivations, especially as far as "non specific immunity" is concerned. It may be difficult to find reliable epidemiological evidence on this point, but there are a number of good reasons to take as a serious hypothesis that trivial viral infections such as cold or flu have the adaptive function of maintaining the reactivity of our non specific immunity. In other words, even if these infections carry an undisputed burden in terms of individual casualties, they are probably beneficial on the scale of the general population. It is striking that a number of scholars who are certainly not antivaccinationists recognize that natural infections could have, overall, a protective role against autoimmune diseases and that anti-infectious prevention (with vaccines or, in some cases, with antibiotics) may increase the risk of diseases such as asthma or diabetes. This should be taken into consideration when assessing the benefit/risk of immunizations.

Scale effect

There is wide agreement that, even when clinical trials are properly carried out, the probability of recognizing a hazard is near zero if it occurs at a frequency of 1 in 1,000 exposed patients. This lack of statistical power inherent in clinical development is the classical plea of the manufacturers once the toxicity of their products can no longer be denied, as was the case in the Vioxx affair. Presently, a number of experts claim that swine flu could hit one third of the population with a mortality of 0.1% (which, in my opinion, is probably an overestimation). Applied to the USA population, these estimates correspond to 100 million affected persons, with a maximum death toll of 100,000 persons, mainly in the elderly or in patients made vulnerable by severe underlying diseases. Overall, this mortality would not have much impact on the average life expectancy there.

Inasmuch as most of the alarmism regarding swine flu is based on "the worst case hypothesis", let me temporarily adopt the same rhetoric: so, let us suppose that the "clinical trials" on the new influenza vaccines will miss 1 adverse reaction in 1,000 exposed patients, and that this reaction will be fatal (a pessimistic hypothesis, of course, but not extravagant from a statistical standpoint: there are precedents). Thus, if obliged, or panic-stricken, the whole of the US population was vaccinated, there would be 300,000 deaths: three times the death toll due to influenza and, this time, in babies, children, young adults, all of them in perfect health—with a major impact on average life expectancy. Not to speak of the other adverse reactions of these new vaccines (e.g. Guillain-Barré syndrome), as it never happens that a drug carries the risk of one hazard only.

The "protected species" of pharmaceutical development

Pharmaceutical development has always considered as "protected species" four categories of persons: the elderly, pregnant women, children and patients with underlying diseases (cancer, autoimmune disease, diabetes...). As a matter of policy and allowing for exceptions (e.g. to develop a treatment against Alzheimer's disease or metastatic cancer), study protocols exclude these subjects: as a consequence easy to verify, the summary of product characteristics of new drugs usually includes severe warnings about prescription in pregnant women or below a certain age. Once an additional postmarketing experience is available, it becomes possible to envisage a progressive extension of the drug indications, but always at the price of a new development with appropriate clinical trials leading to a new drug application. Experience shows that the regulatory authorities are often overcautious regarding such extensions and that the probability of the application being rejected is far from negligible.

Yet, in the case in point and according to health agencies, who will be the subpopulations to be first and foremost exposed to these flu vaccines developed in an incredible technical and regulatory anarchy?—the elderly, pregnant women, children and patients with underlying diseases—and, according to some experts, even the newborn babies. It must be said without any political correctness: this is criminal nonsense!

As a single counter-example, no less than 20 years and a fantastic exposure were necessary before the neonatal hazards of serotoninergic antidepressants such as Prozac were identified, and yet these products were developed in the standard way, including very long studies in animals and over an incommensurable duration comparatively speaking. It took some 15 years or more to put Prozac on the market but, in its principle, this drug is far simpler than products which may contain several antigenic parts added to adjuvants. It's worth noting too, that the risk of foetal toxicity is still debated with these antidepressants.

Bypassing the regulatory process

Although quite restrictive legally and highly significant as far as public health is concerned, the process of a new drug application (NDA) and its registration is widely ignored by most people, including most health professionals.

Usual duration of drug development

As opposed to the public declarations of some "experts", the development of a new drug is not confined to clinical studies. Besides the mass of administrative data, it includes three main parts.

- Chemical, pharmaceutical and biologi-

Swine Flu: to Vaccinate? continued on page 14

Swine Flu: to Vaccinate? cont. from page 13

cal documentation: composition of the drug, method of preparation, control of starting material, control tests on intermediate materials, control tests on the finished product, stability testing, bioavailability/bioequivalence, data related to the environment risk assessment for products containing genetically modified organisms...

- Pharmacotoxicological documentation: toxicity, reproductive function, embryofoetal and perinatal toxicity, mutagenic potential, pharmacodynamics, pharmacokinetics, local tolerance, environment risk assessment...
- Clinical documentation: clinical pharmacology, clinical experience...

Without entering into more details, it is clear already why it is simply not possible to develop a new drug within one, two or three months. According to R J Harman's 'Development and Control of Medicines and Medical Devices',: "Prior to the introduction of high-density computer storage media (e.g. CD-ROMs), the physical size of a marketing authorization application could be daunting". It's my guess that the physical size of the applications regarding the new vaccines authorised against swine flu is, by no means, "daunting".

For any clinical trial, the natural units to measure the duration of the process are years and not months, and certainly not weeks or days. In addition, one single study is not sufficient for a drug development. Finally, when you have performed all the required studies, you have to assess them as a whole in an "expert report", once again a quite complicated document normally structured by persnickety guidelines and templates. Such an expert report has to be done for each part of the dossier—pharmaceutical quality/ pharmacotoxicological data/ clinical data. I say nothing of the physical making of the application, which includes amongst others a scanning of all individual data (that of the patients, and of the animals included in the toxicological studies). I ask vaccine manufacturers and governmental agencies to explain how such an enormous task may be compressed into a few weeks.

Which registration?

Normally, the introduction of a new drug on the market is conditioned by **a registration process** entailing the scientific assessment by regulatory authorities of an NDA. The NDA includes all investigations carried out by the manufacturer during the drug development to comply with quality, safety and efficacy criteria required by pharmaceutical regulations. Yet, according to the media, quite early in the summer, governments of developed countries such as the US, the UK, Germany and France (which are not supposed to lack legislation or regulatory bodies) have prided themselves on having ordered (and even paid for) huge amounts of vaccines against swine flu and on being ready to trigger or even force massive campaigns of immunization. [*Canada's contract for pandemic influenza vaccine was signed in 2001, worldwide the first signed.*]

It's not difficult to document that, as of the end of Sept, 2009, these vaccines are still in their phase of development—which, in the process described by the current legislations, normally precedes submission of an NDA. One may raise an interesting question (to my knowledge, never brought up before): **how is it possible to buy, pay for and administer a drug before the health authorities have complied with their duty of protecting consumers by carefully assessing the quality, safety and efficacy of this new agent?** [*GlaxoSmithKline's ArepanrixTM H1N1 vaccine received Health Canada's approval on Oct 21 via an "interim order" adopted by government Oct 13. The vaccine's "information leaflet" disclosed an absence of clinical data for age groups 6 mos to 17 yrs and over 60 yrs as well as for concomitant administration with other vaccines.*]

How is it possible to have a pre-specified schedule of approval in a process where the approval may be delayed or even rejected? And how is it possible for governments to spend public funds by paying in advance for products whose introduction on the market may never be granted? The answer is clear: **our health authorities have never been seriously thinking of genuinely assessing the new influenza vaccines.** And while giving by their orders a strong signal to the manufacturers that they were ready to co-operate in transforming into a blockbuster any dirty kind of vaccine mixture, our governments applied the finishing touches by making sure that no judicial litigation could hit the manufacturers. This is a scandal and a tragedy!

3. Which cost?

Vaccine prices—The recurring theme of the manufacturers to justify the exorbitant price of their drugs has always been the time spent in their development: years, and sometimes more than a decade. Thus, you should expect that the cost of vaccines developed within a few weeks only should be lowered accordingly: this does not seem to be the case.

Number to treat—Having regard to the enormous population targeted by an immunisation, as compared to the current mildness of swine flu, the relevant parameter to assess the cost/benefit of the vaccination should be the number to treat: how many people should be vaccinated to avoid one fatal case of influenza? And with the prospect of a massive campaign: how many persons will be vaccinated to avoid one fatal case of influenza?

Indirect costs—To the direct cost of the vaccines (and of the remuneration of the health professionals who would perform the injections), indirect costs should be added. According to some medical sources, up to 30% of adults developing a Guillain-Barré syndrome may have neurological sequels, and the proportion could be higher in children (and of course, Guillain-Barré syndrome is not the only hazard one can expect with vaccines developed in an unprecedented rush, some by firms which have a previous history of malpractice.) [*Canada's adjuvanted Arepanrix has cost $400 million. Add to that the cost of the non-adjuvanted version, non-adjuvanted vaccine purchased from Australia, wages for all those involved in the "roll-out" of the vaccine, costs re attendance at meetings, advertising, post-approval monitoring, etc and total cost must be in the billions.*]

Resource allocation—From a scientific point of view it's a safe bet to claim that the swine virus can mutate and become exceedingly naughty, as no serious professional can deny such a possibility. But the relevant question is rather the probability of such a mutation. In a world where money is limited, once you focus on one issue, you take resources away from other issues. Therefore, our responsibility as experts is not to cry wolf. It is rather to rank priorities of health problems on the basis of available data in order to enlighten the politicians about resource allocation. **Until the contrary is proven, I**

Swine Flu: to Vaccinate? continued on page 15

Swine Flu: to Vaccinate? cont. from page 14

maintain that thus far, available data do not make swine flu a health priority, not for any country, nor internationally.

Profitability—At the end of the 1990s, it was not a secret that drug makers were becoming nervous about possible deflation of the indecent profitability of their businesses because of blockbusters coming out of patent and, more seriously, their lack of innovation. Since then, it suffices to skim through the economic press to note that vaccines have become the providential sector for maintaining this profitability. In spite of their depressing lack of imagination for the creation of valuable new chemical entities, it did not take drug manufacturers long to understand that from the point of view of pure profitability, vaccines offer two major advantages: 1/ with adequate lobbying (thanks to the WHO experts and to those of governmental agencies with their vested interests), it is not difficult to widen the target population to everybody; 2/ with their slapdash development, vaccines are not expensive to make. It should have been an eminent priority for health agencies to protect citizens against such prospects. **Instead, they have preferred to serve the manufacturers' interests, giving credibility to the tales of pharmaceutical promotion by their outrageous alarmism and supporting the amateurism of vaccine makers by ignoring the regulations they should have the duty to enforce.**

Conclusion

As mentioned above, a positive consequence of the swine flu story could be a radical reappraisal of the ferocious antagonism between vaccine promoters and antivaccinationists. This time, by dint of ignoring the basics of drug development, things have gone too far and everybody may take notice. It is time now to go back, to understand that vaccines are drugs amongst others, with their potential of hazards and the inherent requirement of a cautious assessment regarding their benefit/risk ratio. It is time now to stop considering that vaccines must be beneficial and that they cannot be risky. It is time to require that the elementary principles of drug development not be ignored as grossly as they are now with vaccines. It is time to recognize that the human body is not a bin for the dangerous gadgets that, through lack of professionalism, Big Pharma develops instead of useful drugs. √

If you're too hot, get a shot

Here's a good chuckle over this whole obnoxious affair; The Globe and Mail offers you this:

By Rick Salutin

The H1N1 experts try to sound clear and decisive even if they're totally at sea.

DRUMROLL, please. *We have rolled out the H1N1 vaccine. It's in the warehouses—hold on, I'm being told it's now been approved by our tests, though our tests aren't complete and most of them aren't ours and we already knew most of what we now know before this. Never mind. You can get the vaccine, but not yet. And maybe not when you go for it since there's not enough for everyone so we're asking people who aren't at risk not to get it though if they go they can get it. Except in some places. Anyway, it's a Go!* …

In fact, it was CBC news who trumpeted, "It's a go!" They joined the general rollicking mood. Personally I'd like to know where to go to be inoculated against the confusion and lack of clarity surrounding this story.

How did it start? Last April, Dr. Margaret Chan, of the World Health Organization, said a pandemic was "imminent" and "the whole of humanity" was "under threat" from it. And you thought humanity was under threat from stuff like nuclear arsenals and global warming. But she may have felt she had to match some of the hysterical overstatement already abroad.

Then this summer, the bottom appeared to fall out of the panic. Under advice apparently from WHO and others, Canada decided to delay production of the H1N1 vaccine in favour of seasonal flu vaccine. This at least is how it seems to Richard Schabas, Ontario's former chief medical officer. But this fall, he says, reports of H1N1 rose again, as was predictable, since new flus normally replace old ones. The geniuses in charge abruptly tried to speed up the vaccine they'd held back, with limited, confusing results. Dr. Schabas says he has no idea why they didn't make the switch in summer. I, however, will risk a guess. Realizing they had overdone it in the spring, they underdid it to compensate in the summer, then reverted to panic in the fall. This is consistent with their consistent record of inconsistency.

So, for instance, pregnant women are at special risk and should take a particular version of the vaccine, which Health Minister Leona Aglukkaq said would be ready but others say will be two weeks later than the stuff now shipping. Why did they delay that critical batch? We don't know. Some experts say get a shot now; others say wait. A TV reporter summarized the chaos: "It'll be up to pregnant women to choose which one they'll get." That isn't inconsistent, it's brutal. It's like your doctor telling you to choose between a triple and a quintuple bypass.

Why not just go ahead and die?

It's all presided over by many of the clowns who performed during the 2003 SARS crisis. There's Dr. Donald Low, who looks like one of the actors who used to play doctors on headache ads, with a "simulation" caption underneath. He and others ran off to explain to international meetings what heroes they were just as the second round of SARS hit. Or Dr. Allison McGeer, who always has the look of a character in a disaster movie. Dr. David Butler-Jones has joined the troupe. He's from Manitoba, where native reserves were denied hand sanitizers, since they contain alcohol, and body bags were sent instead. The show must go on.

The actual disease looks like it will be mild if widespread. But the clowns—pardon, experts—seem to have had a booster shot of PR that causes them to try to sound clear and decisive even if they're totally at sea. This in turn makes the rest of us feel crazy, since we assume it means something. (e.g., Dr. Low: "We're seeing disease now. And we're seeing increasing disease in British Columbia and we're seeing it in Ontario right now.")

It would be a relief if they shut up occasionally, if only to convey the impression that they're thinking. Instead they all act, as Groucho said to Mrs. Teasdale, as if they've been vaccinated with a phonograph needle.

http://www.theglobeandmail.com/news/opinions/if-youre-too-hot-get-a-shot/article1334581/ √

Why This Doctor Questions Flu Vaccination
by Dr Damien Downing, MD

FOR IMMEDIATE RELEASE
Orthomolecular Medicine News Service, November 1, 2009

http://www.theoneclickgroup.co.uk/news.php?start=2980&end=3000&view=yes&id=3947#newspost

(OMNS, November 1, 2009) 2009 may be the year of the vaccine show-down, the moment when enough of us start questioning all we're being told about vaccines. A survey published in the BMJ in August reported that less than half of healthcare workers in Hong Kong were willing to accept "pre-pandemic" flu vaccination. And that was before a letter from the Health Protection Agency to 600 United Kingdom neurologists on July 29th warning them to be on the alert for an increase in cases of Guillain-Barre syndrome following the vaccination campaign.

If nurses and doctors start questioning vaccination for themselves, sooner or later we'll have to advise patients to make their own minds up. They seem to be doing so anyway. A poll by Fox News, often described as a right-wing channel, found that 51% thought taking the H1N1 vaccine carried a greater risk than not being vaccinated. Yet both in the USA and the UK, this year's swine flu vaccine will be rolled out without adequate safety testing. What's going on? Two things: profits and power.

Profits

Pharmaceutical companies love pandemics; they are a great way to sell practically-useless drugs such as Tamiflu. A thorough review by the Centre for Reviews and Dissemination at York University found that these drugs reduced the duration of flu symptoms by less than a day, and recommended that giving them to healthy adults "is unlikely to be the most appropriate course of action." Pandemics are also a good way to sell vaccines. Manufacturers now stand to clean up to the tune of around $50 billion per year from influenza vaccines alone, on a vaccine without proper safety testing, and with efficacy totally unproven. A 2005 study was unable to "correlate increasing vaccination coverage after 1980 with declining mortality rates in any age group." Instead they attributed the reduction in deaths to acquired "herd" immunity—nothing to do with vaccines. [1]

A 2005 study was unable to "correlate increasing vaccination coverage after 1980 with declining mortality rates in any age group."

Global sales of vaccines were worth $24 billion in 2008, up 30% on the previous year, and greatly exceeding predictions from only 2 years before. Just in time for the manufacturers, as sales of "old-fashioned" pharmaceuticals are generally approaching saturation.

Power

Governments love pandemics. They support a system in which compulsory vaccination is imposed against our will, and where nutrients, which can provide cheap, safe and effective treatments for many problems are being outlawed on the basis of manipulated and flawed evidence.

The term "biopower" was first coined by French philosopher Michel Foucault to describe the use by governments of technologies to control populations, that is, to control our bodies. Vaccination is a good example of this; a technology that governments seek to impose on us, ostensibly to prevent a harm such as death and damage from measles.Take measles as an example; what is the real risk from it? Nobody really knows. All the recent evidence comes from developing countries with serious nutritional problems; one death in a million cases of measles, perhaps. What is the risk of developing autism if you get all or most of the long list of vaccinations for children? It's 1 in 64 in the five-to-nine year olds now, according to Professor Baron-Cohen, Director of the Autism Research Centre in Cambridge. That means there are over 55,000 autists in that age group now, and 55,000 families stressed, heartbroken, even destroyed by it. Add the older kids still hobbled by autism spectrum disorders (ASD), and the younger ones yet to be diagnosed, and you get at least 100,000 children in the UK. Most swine flu vaccine contains thiomersal. That's the preservative, nearly 50% of it mercury, that is probably a major cause of autism.

A proper risk analysis would identify the risk of autism as the greater likely cost, both human cost to the individual and financial to the state. Fair discussion of risk is prevented by management of the information flow. There is no mainstream news medium left on which you can rely for accuracy and balance.

A recent paper in the New England Journal of Medicine reported that the swine flu virus that caused the outbreak in 1977 "was probably an accidental release from a laboratory source."

A recent paper in the New England Journal of Medicine reported that the swine flu virus that caused the outbreak in 1977 "was probably an accidental release from a laboratory source." During that outbreak, the USA launched a mass vaccination campaign, but this led to at least 25 deaths and 500 cases of Guillian-Barre syndrome. There were thousands of injury claims. This time around, to protect their profits, the manufacturers clearly needed immunity from prosecution, which has now been granted to them by the US and UK governments.

The Real Solution

There are dozens of official websites out there offering conventional advice on how to protect yourself from swine flu: stay away from other people, wear a mask, get vaccinated, take Tamiflu, and so on. But the real solution, the one they aren't telling you about, is nutritional. There is plenty of evidence for nutritional intake making a difference - to your risk of developing flu symptoms, to your risk of complications, and to your time for recovery. The simple message is to consider taking the following (all doses approximate, and no danger from any of it):

- Vitamin D 4,000 International Units (IU) daily

Why this Doctor Questions continued on page 17

Why this Doctor Questions cont. from page 16

- Vitamin A 25,000 IU daily (unless you're pregnant or likely to become so)
- Vitamin C 1000 milligrams (mg) several times daily (at least)
- Zinc 25 mg daily

This is what I am doing, and what I advise my patients.

See your doctor and talk this over. Read the small print of course, and take other supplements if your body tells you it needs them. As for vaccination? That is, or at least should be, your decision.

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(Dr. Damien Downing was qualified at Guy's Hospital, London in 1972, and worked in hospitals and general practice in London, Leeds and York. He spent three years in the Solomon Islands as Medical Officer of Health for the capital, with responsibility for Mental Health Services and the Village Aid Project. On return to the UK in 1980 he established a private practice, focusing on nutritional and alternative therapies. He is president of the British Society for Allergy Environmental and Nutritional Medicine and editor of the Journal of Nutritional and Environmental Medicine. He is a member of the Orthomolecular Medicine News Service Editorial Review Board.)

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Cardiovascular Risks from Swine Flu Vaccines

Overstimulation of the immune system may trigger acute heart disease and sudden deaths in the increasing number of people with atherosclerosis; this hidden risk of mass vaccination programmes against swine flu could far outweigh the benefits

***By** Dr. Mae-Wan Ho,*
Geneticist, Director, Institute of Science in Society, London, England

Mass vaccinations amid mounting safety concerns

Mass vaccinations for the pandemic H1N1 'swine flu' have begun in Britain, the United States, Sweden and elsewhere, targeting hundreds of millions around the world as concerns mount over the safety of the fast-tracked vaccines [1-3]

The risks identified so far include neurological damage, developmental defects, and autoimmune diseases from vaccine adjuvants; the potential for generating more virulent disease agents from live attenuated viral vaccines, and cancer from contaminants of cultured cells used to grow the vaccine viruses, or from chemical agents employed in killing the vaccine viruses.

Now, researchers at Mainz University Medical Center in Germany led by Sucharit Bhakdi **have added cardiovascular risks** that are not generally appreciated. Animal experiments and epidemiological data suggest that over-stimulation of the immune system may accelerate atherogenesis (the build-up of fatty deposits or plaques on the inner wall of arteries) [4]. They are especially concerned about vaccines containing adjuvants to boost immune response, which could aggravate the formation of plagues and atherosclerosis disease. The risks of other widespread diseases due to deregulated immune systems are also possible. Safety trials of vaccines conducted so far have not specifically taken those possible side-effects into account, and "unexpected serious adverse effects" may follow in the wake of mass vaccination programmes. This proved prophetic.

Four deaths in less than two weeks

Less than two weeks into its mass vaccination, Sweden reported four deaths [5], among which were at least two with underlying heart condition. According to the Swenska Dagladet newspaper, there were also 350 side effects recorded [6]. The Swedish Institute for Infectious Disease Control denies that the deaths are connected with the vaccine.

But this possibility was predicted in the paper published by Bhakdi and colleagues [4].

Two vaccines with adjuvants

There are two main vaccines with adjuvants. One, modeled after Fluad and widely used in European countries including Germany contains the adjuvant MF59 made by Novartis, and is also deployed worldwide mainly for people over 65 years of age. **MF59 is a squalene oil-in-water emulsion**; but its mechanism of action is still poorly understood. It appears to induce recruitment of macrophages (white blood cells that ingests foreign material and dead cells) to the injection site and promote uptake of antigen by macrophage and dendritic cells that process antigens to promote production of specific antibodies. Injection of flu vaccines with the adjuvant frequently causes local pain and occasionally fever, indicating that pro-inflammatory cytokines (signaling molecules produced by immune cells) are generated [7]. There is further evidence that injection of squalene can provoke autoimmune responses [1, 2].

Flu vaccines with MF59 adjuvant have been given to children, but there is little experience with their use in pregnant women who are currently in the priority group for vaccination [1, 2].

Another H1N1 vaccine with adjuvant is developed by GlaxoSmithKline (GSK). The adjuvant is AS03 [1], similar to **MF59 in that it contains squalene, and in addition, the non-ionic detergent polysorbate 80 (Tween 80), which is yet uncharacterized in terms of pharmacokinetic and immunological properties [4].** Studies with vaccines containing AS03 in infants, young children or pregnant women have not been published. And current clinical studies are being conducted with children aged 3-17 years.

Cardiovascular Risks continued on page 18

Cardiovascular Risks cont. from page 17

Hidden dangers of H1N1 vaccines with adjuvants

Immune mechanisms are now implicated in such a diversity of chronic diseases that no common denominator would have come to mind *before the advent of modern immunology* [4]. That is why the potential dangers of vaccine adjuvants such as those used with the current H1N1 swine flu vaccines are still not adequately addressed.

A major hurdle to addressing the dangers is the lack of specificity in t**he self-destructive processes perpetrated by an over-stimulated immune system.** It is now recognized that the innate, relatively non-specific immune mechanisms are just as culpable as the specific, adaptive immune mechanisms in the pathology of some of the most widespread human diseases including atherosclerosis, inflammatory bowel disease, demyelinating disease and non-infectious arthritis; **and the list is ever growing.**

More baffling still is that such pathological processes sometimes have their roots in normal physiological events that serve useful biological functions.

For example, macrophages are involved in clearing tissues of cholesterol, which is poorly soluble. Atherosclerosis disease becomes manifest only when this cholesterol clearing role breaks down through overload, and lesions develop in the artery wall. The macrophages then cease to perform their physiological function and become the perpetrator of disease.

Macrophages and atheroclerosis

Macrophages are large white blood cells that have the ability to phagocytose (engulf) foreign materials such as bacteria and viruses and debris from dead cells. They are a very important component of innate immunity, not only in protecting the body against pathogens, but also in scavenging and tissue repair. However, macrophages are also involved in the development of atherosclerosis—hardening of the arteries due to fatty deposits (plaques) in the arterial wall—and especially in the acute clinical disease resulting from the rupture of the plaques [8].

Atherosclerosis is an inflammatory disease triggered by the over-stimulation of the immune system. It accounts for 39 percent of deaths in the UK , while 12 million in the USA have atherosclerosis-associated disease. Atherosclerosis results in narrowing the arteries, producing stable angina (chest pains due to blockage of arterial blood flow) or else dramatic rupture, producing acute syndromes such as unstable angina, myocardial infarction (heart attack, when the blood supply to part of the heart is interrupted causing some heart muscle cells to die), or sudden death . Macrophages are abundant in ruptured atherosclerotic plaques and are suspected of causing the rupture. As they belong to the innate immunity branch that does not require specific recognition, macrophages may damage tissues indiscriminately. Macrophages are recruited and activated by many signals and they have an impressive arsenal of molecules to promote tissue damage.

Macrophage recruitment to the developing atherosclerotic plaques is aided by the expression of special inflammatory adhesion molecules in the abnormal lining of the arterial wall over the plaques, which are up-regulated by multiple atherosclerosis risk factors including oxidized low density lipoprotein (oxLDL, bad cholesterol), smoking, hypertension and diabetes. The activated macrophages express effector molecules that kill cells and degrade the extracellular matrix. These include Fas-L and nitric oxide (NO). Macrophage NO up-regulates vascular smooth muscle cell (VSMC) surface Fas (the binding partner for Fas-L) priming the VSMC for apoptosis (programmed cell death). As VSMCs promote plaque stability, their apoptosis may contribute to plaque rupture. Macrophages also express multiple metalloproteinases (*e.g.* stromelysin) and serine proteases (*e.g.* urokinase) that degrade the extracellular matrix, weakening the plaque and making it prone to rupture. In addition, macrophages secrete numerous other effectors including reactive oxygen species that kill bacteria under normal conditions [9] (see The Body Does Burn Water , *SiS* 43) , but will cause oxidative damage to cells when overproduced as the result of environmental stress.

Macrophages a major culprit

A key question is whether self-destructive processes perpetrated by the immune system can be influenced by unrelated immunological events. Again, atherosclerosis serves as a case in point, and the answer is yes [4]. There is a current debate over whether innate or adaptive immunity is more important in accelerating and aggravating atherosclerosis. But there is broad agreement that pathology is driven by diverse conditions that stimulate the immune system, **such as acute and chronic infections, stress, smoking and diabetes.**

While macrophages normally perform their cholesterol scavenging function in the absence of inflammation, they readily induce immune-mediated collateral damage by moving to sites of atherosclerotic lesions that become unstable when activated by immune stimulation. Rabbits on a high blood cholesterol diet injected with an endotoxin that caused a brief rise in body temperature of only 1° C developed markedly larger atherosclerosis lesions than controls. Thus, immune stimulation in the absence of any infection can accelerate atherogenesis via the activation of macrophages. If, at any stage, vaccination drives macrophages into their inflammatory state, the effects will be unpredictable and "acute clinical events could be precipitated." **It might be caused by "the adjuvant or another ingredient, a combination of both, or any other inflammatory events provoked by intramuscular injection of the vaccine."**

No trial data available on cardiovascular risks

There is simply no relevant clinical data that could rule out such immunological adverse effects resulting from vaccination. Trials would have to be conducted in individuals with identified risk factors—but these are just the subjects usually excluded from the trials [1, 2]; moreover, the follow up observations would have to be made over extended periods of time.

There is simply no relevant clinical data that could rule out such immunological adverse effects resulting from vaccination.

Cardiovascular Risks continued on page 19

Cardiovascular Risks cont. from page 18

These risks do not just apply to people with identified risk factors, **but may also apply to healthy young individuals repeatedly challenged with vaccines that contain adjuvants over years or decades.** To make matters worse, **the GSK flu vaccine with its novel combination of adjuvants and additives has not ever been given to a large number of recipients.**

The GSK vaccine was assessed in 400 volunteers [10]. Fever developed in 4 out of 200 participants that received the vaccine without adjuvant compared with 15 out of the 200 that received the vaccine with adjuvant. The group receiving the vaccine with adjuvant also showed marked increases in the incidence of all other registered symptoms including local redness, swelling, muscle aches, **all signs of inflammation.**

Bhakdi and colleagues pointed out that

> The authors did not question the need for effective vaccine strategies against H1N1, only the possibility that the risks of mass vaccinations at this stage might outweigh the benefits.

in 2003, smallpox vaccine was administered to 36 000 civilians aged 46–65 in the USA , and five myocardial infarctions (MI) occurred within 3 weeks of vaccination. Five cases of MI were higher than the two that would have been expected in the period within this age-group, although it just missed being significant at the 5 percent probability level.

The authors did not question the need for effective vaccine strategies against H1N1, **only the possibility that the risks of mass vaccinations at this stage might outweigh the benefits. H1N1-related mortality is very low in Europe , and nowhere near that due to seasonal flu [1, 2].**

Why not hold mass vaccination in reserve, as we have already won the first round; and if mass vaccination is implemented, at risk individuals should be given vaccines without adjuvants.

The same arguments against mass vaccinations would extend to the many other diseases with immunopathological components.

Note: Permission to reprint is given by the author providing article remains unchanged from original version. This report has been submitted to the US FDA and Sir Liam Donaldson, UK Chief Medical Officer. View article online at *Institute of Science in Society at:* *http://www.i-sis.org.uk/CRSFV.php*

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They came, they lied, they conquered!

(Please note: some names have been changed to protect the guilty.)

by Susan Fletcher

For the first time in our seventeen year history, VRAN was invited to send a representative to appear at a meeting of the federal Standing Committee on Health; the topic was to be 'H1N1 Preparedness'. I had the honour of presenting our position but not without difficulty.

On the afternoon of Oct 17th my husband and I were about to head out the door to Vancouver where, the following day, we were to board a plane to Ottawa. But a quick last check of email stopped us in our tracks. A message from the Clerk of the Committee told us that the Oct 19th meeting had been postponed to Oct 21st. We were down for the count but gradually recovered; we decided to go anyway.

Come the morning of the 20th, I received another message saying that the meeting had been cancelled indefinitely. On the phone, Conservative MP, Ms Chair, explained that this was due to the roll out of the vaccine and the great need to have it to protect Canadians from the risky swine flu. Nevertheless, although the Committee had obviously swallowed the Public Health line, it wanted me to attend a third proposed meeting still to be scheduled.

Before returning home I delivered a small stack of informative articles to the clerk of the Committee in the hope they would be disseminated at the actual (rather than virtual) meeting if and when it occurred. The Clerk asked me to attend a rescheduled meeting of Oct 26th. Quickly detecting my scowl, she asked if I'd attend via video conference.

Finally, the big day arrived. Sitting in the executive chair at the Vancouver video conference locale I thoughtfully arranged my papers on the desk and waited for the meeting to start. After much trouble with equipment which was allowing me to hear what was being said in Ottawa but not allowing them to hear me, Ms Chair called the meeting to order. In attendance were eleven MP's and four "expert witnesses" as well as staff and several dark-clothed individuals lurking in the background.

They Came, They Lied... continued on page 20

They Came, They Lied... cont. from page 19
As the fifth witness, it wasn't clear to me whether or not I was considered "expert".

The first witness invited to speak was Dr Public Health. To be polite, his dissertation would have been helped by a tinge of editorial clipping. Ditto for Dr Health Canada's presentation. It occurred to me that the politicians must have been attending meetings on another planet if they hadn't heard most of this fluff before. Not wanting to appear rude, I patiently waited through presentations by Mr Glaxo Smith Kline and Mr Sanofi Pasteur. Did I detect a nuance of rivalry when both Mr Kline and Mr Pasteur emphasized their employers' contributions to Canada's economy and research and development? I'm sure Mr Kline's eyes glistened when he mentioned the possibility that, in future, his new vaccine might replace the annual flu shot.

But at last it was my turn; after the seemingly endless chaff from "experts" Ms Chair asked me to speak—for five minutes. Not being accustomed to speaking to "experts" or politicians, I'd crammed as much information as possible into a written presentation. I laid out VRAN's position loud and clear: the illogicality of focusing so much money, time and effort on a disease linked to deaths of only about 0.00025% of the population; the risk of autoimmune disease due to the squalene in the adjuvanted vaccine plus the risk from thimerosal; the risk of immune overreaction if the vaccine was jabbed into people who'd already been infected or who were jabbed with additional vaccines up to a year later; the need for an unbiased vaccine adverse event monitoring/reporting system and the need for a national no-fault vaccine adverse event compensation plan.

I also mentioned the need for fully informed consent, but judging by the attention paid to my presentation versus that afforded the other four witnesses it seems this concept is completely foreign to many Committee members. During the next segment of the meeting, members asked questions and Ms Chair, in turn, directed them to the "experts", completely ignoring me even when I would have been the obvious person to ask. Thus, Dr Public Health, Dr Health Canada, Mr Kline and Mr Pasteur were allowed to spread the gospel a second time. After all but 1/2 hr of the 2 hr meeting remained, the Clerk must have reminded Ms Chair of my presence because she finally invited me to signal her if I had something to say.

Although it wasn't easy to attract Ms Chair's attention (Did she think I was waving at Santa Claus?) I did manage to make a few extra points. I told the Committee that vaccine trials commonly use vaccines as placebos and I'd really like to know what placebos were used for the H1N1 vaccine trials; I held up Gary Matsumoto's list of thirty peer-reviewed studies showing squalene led to autoimmune diseases and told them the reference for that list was included in my presentation article; and I asked if they knew that only about 10% of viruses tested for annual FluWatch reports were confirmed to be influenza.

Dr Public Health admitted even his friends were getting tired of hearing his voice on the media; he was making a huge effort to promote the vaccine by informing the public that H1N1 was highly infectious and to be feared. Oddly, despite this contention, he was sure that, more than six months after H1N1 may have first infected Canadians, there was still "very little immunity to this virus". How he could have known this was a mystery as was how he knew that the only way "the pandemic" would go away was if all of us got sick from H1N1 or got jabbed (Apparently he doesn't visit naturopaths.) Dr Health Canada had difficulty understanding what NDP MLA, Judy Wasylycia-Leis, meant by "independent H1N1 vaccine trials". Ms Chair allowed Mr Kline to help him out but, with some difficulty, Judy managed to interrupt Mr Kline and repeat her request for data from independent trials. No response was offered.

Mr Kline did cast one furtive glance my way when I spoke of the squalene studies. He referred to squalene as "fish oil", no doubt enhancing its image in Committee members who were inclined to fortify their health with DHA. For those less keen on bothering with that, he revealed that polysorbate is an ingredient in ice cream. One rather obese MP who looked as if she might enjoy polysorbate contributed a commercial for vaccinations in general, reminding us of smallpox, polio and all the other "vaccine preventable" diseases. She cloyingly deferred to Dr Public Health's credentials and asked him to explain to her and other ignorant Committee members how vaccine adjuvants work. Ms Chair, too, fawned over the four "experts", noting their "intelligence".

The first MP to ask questions was Kristi Duncan, Lib. She was concerned about using adjuvanted vaccine for pregnant women and noted that a pregnant friend had consulted six obstetricians and still didn't know if she should get the adjuvanted vaccine or wait for the unadjuvanted one (Excuse me, 'pregnant friend', I have a suggestion…). Apart from Judy Wasylycia-Leis, the only MP who referred to my presentation, asked useful questions and displayed intelligence was Nicolas Dufour, BQ. He was interested in squalene and had heard from constituents who were less than enthused about the vaccine. Dr Carolyn Bennett did let the words, "compensation plan" pass her lips but Ms Chair allowed Mr Pasteur to delve into that subject, realizing, of course, what an appropriate responder he would be. However, Mr Pasteur noted that, most importantly, a compensation plan might alert the public to the fact that vaccines harm; vaccine uptake might diminish and we couldn't have that.

Before the meeting ended I was able to quote the lines from the Injury Table of the US National Vaccine Injury Compensation Program which indicate death as a possible event. I informed the committee that death has never been recognized as a vaccine adverse event in Canada and was about to drive home that point when Ms Chair abruptly cut me off to ask something from a member with Conservative views.

Dr Public Health had left the meeting half an hour early. No doubt he had other audiences to convince that H1N1 vaccine is unquestionably safe. Judging by the reception the Committee as a whole afforded him, he'd have had no problem doing so despite admitting there was no clinical data for: pregnant or breastfeeding women; infants, children and adolescents 6 months to 17 yrs old; those over 60 yrs; or concomitant administration with other vaccines.

The only hope I have is that someone at that meeting will have emerged from the fog to review the evidence I provided, including the incisive swine flu vaccine analysis by Dr Marc Girard. If they do, surely they will "get it"! √

Good Questions Deserve Good Answers

By Moreah Rayner

Questions, questions, questions. Anyone who knows me knows I ask a lot of questions. So here I am again asking, not only to get answers but to provoke thought. Yes, I am talking about what most people these days are talking about: swine flu, otherwise known as H1N1 and the big burning question 'did you get your shot?' So here is another viewpoint, what you do or do not do with it is obviously your decision. But what I am presenting is information, because ultimately, no matter where you sit on the vaccine issue, it is all about making an informed decision.

A recent poll that was conducted for CTV News and The Globe and Mail showed that 51% of Canadians do not want the H1N1 vaccine. Our government has spent an incredible amount of money (our tax dollars) on this vaccine and the thought that a majority of us may not want to be injected, I imagine, is quite unsettling. So let the scare tactics begin. Yes there have been tragic recent deaths. I cannot imagine the grief and devastation of losing a child. If these very sad events have been a result of swine flu this does not mean that every person or child that contracts it will have these rare results.

Sadly, every year people die from influenza or influenza like illnesses (ILI). Unfortunately this is a reality, but my question is do vaccines help? Dr Peter Szilagyi, a Pediatrician at the Strong Memorial Hospital in Rochester, New York has stated: "Significant influenza vaccine effectiveness could not be demonstrated for any season, age or setting." In addition, quoting an article from the Vaccination Risk Awareness Network (VRAN) (www.vran.org) titled Health Officials in Denial over Uselessness of Flu Shots "Researchers from the National Institute of Allergy and Infectious Diseases (NIAID) found no correlation between an increase in flu vaccine coverage over the past two decades nor a decrease in influenza-related deaths among the elderly."

To add to this, all but one of the flu vaccines presently being used in Canada contain thimerosal (a preservative which is approx 50% mercury) and all of them contain formaldehyde (a known carcinogen). There is also the issue of how much influenza actually exists in the population. The following stats compiled by VRAN come from the Public Health Agency of Canada and their 'FluWatch" program: the average rate of influenza from 2003 to 2008 was only 10.3%. VRAN, on its webpage discussing the Influenza Vaccine sums it up: "Laboratory testing year in and year out shows that the majority of influenza like illnesses are NOT associated with the influenza virus, but arise from other pathogens unaffected by the vaccine."

With regards to the H1N1 vaccine: In an August 6, 2009 article in the Vancouver Sun, Arthur Schafer, director of the University of Manitoba's Centre for Professional and Applied Ethics stated "The race to create a vaccine for the H1N1 flu virus could place the public at a greater risk than the illness the vaccine is designed to prevent."

Schafer also says "Good ethics requires good facts and the ethical debate so far has been who should be the first (to get the vaccine) and there has been virtually no discussion of the safety and effectiveness of the drug. Schafer said the real question is one of relative risks and benefits. The H1N1 flu, he said, has proved to date to be no more lethal than seasonal flu. Vaccines to treat seasonal flu have not been effective, and there is no evidence to suggest a vaccine for H1N1 will be more effective."

In the August 5, 2009 issue of the Globe and Mail, Alan Cassels (a Drug Policy Researcher at the University of Victoria) and Arthur Schafer are discussing the H1N1 vaccine: "What do we know about its effectiveness or its safety? The answer is, not enough. If one takes past flu campaigns as any indication, it is likely the effectiveness of the vaccine is going to be exaggerated, while the potential harms will either be ignored, understated or simply unknown. In that scenario, the rush to vaccinate yourself and your children might not turn out to be such a grand idea."

The article goes on to say that "Some public-health officials have described flu vaccines as "highly effective," but the internationally recognized Cochrane Collaboration (which accepts no money from the pharmaceutical industry) did a systematic review of all high-quality randomized trials (25 in all) studying influenza vaccination. They concluded that "the evidence does not support universal immunization of healthy adults. Period."

Cassels and Schafer continue on by saying "Well, it seems that despite its spread, this flu virus is a bit of a dud for the fearmongers. If, as seems not unlikely, the H1N1 virus mutates, our government will have purchased enormous quantities of a flu vaccine around which we will have virtually no safety or effectiveness data, and an already existing and very costly stockpile of probably useless drugs." So I ask why would our government do this? Why ignore research from the Cochrane Collaboration (www.cochrane.org)—a prestigious international not-for-profit independent medical review organization? And furthermore how ethical is it to ignore these findings?

Epidemiologist, Tom Jefferson, who has worked with the Cochrane Collaboration for 15 yrs, is quoted in a July 21, 2009 interview with SPIEGEL (a German newspaper) saying "Sometimes you get the feeling that there is a whole industry almost waiting for a pandemic to occur." When questioned on this, he answered "The World Health Organization (WHO) and public health officials, virologists and the pharmaceutical companies. They've built this machine around the impending pandemic. And there's a lot of money involved, and influence, and careers, and entire institutions! And all it took was one of these influenza viruses to mutate to start the machine grinding."

Jefferson also discusses how the WHO changed its definition of pandemic to fit what is currently happening with swine flu: "The old definition was: a new virus, which went around quickly, for which you didn't have immunity, and which created a high morbidity and mortality rate. Now the last two have been dropped, and that's how swine flu has been categorized as a pandemic." To be clear, the WHO is stating that there is no longer a requirement for a high morbidity and mortality rate in order for a virus to be considered a pandemic.

There has also been very little information with regards to the ingredients in this vaccine. In a July 7, 2009 article Dr Russell Blaylock, a Board Certified Neu-

Good Questions... continued on page 22

Good Questions... cont. from page 21

rosurgeon, Author & Lecturer was quoted saying: "What is terrifying is that these pandemic vaccines contain ingredients, called immune adjuvants that a number of studies have shown cause devastating autoimmune disorders, including rheumatoid arthritis, multiple sclerosis and lupus."

He continues by saying "What most people do not know, even the doctors who recommend the vaccines, is that most studies by pharmaceutical companies observe the patients for only one to two weeks following vaccination—these types of reactions may take months or even years to manifest." The above-mentioned adjuvant is squalene, a type of oil that when added to vaccines can increase their effectiveness.

At a July 13, 2009 WHO Press Conference, Dr. Marie-Paule Kieny, Director of the Initiative for Vaccine Research for the WHO, confirmed that there is no safety data regarding the use of squalene adjuvanted vaccines for pregnant women, people suffering from asthma and children between 6 months to 3 years of age. Now I know that some will say that studies show it is safe to inject squalene into humans but there is a catch. According to VRAN in their article Swine Flu Vaccine—A Public Health Experiment: "A noteworthy point to understand is that studies claiming it is safe to inject squalene into the human body have primarily been sponsored by the pharmaceutical industry or the military. However, the more than two dozen independent peer reviewed published studies documenting the health destructive effects of squalene as an injected adjuvant all reach a similar conclusion—squalene typically induces a range of autoimmune diseases when injected into the body."

There is a lot more available information for anyone who is interested. I will end with this quote from the July 25, 2009 issue of the Toronto Star. When asked about the H1N1 vaccine, Dr Neil Rau, an Ontario Medical Director of Infection Prevention and Control responded: "I won't get one until there have been a million doses given and there is evidence it is safe."

Moreah is a long time VRAN member living in Jasper, Alberta. Her article was published in the Fitzhugh (Jasper newspaper) and in the Rocky Mountain Outlook-Banff and Canmore, Alberta √

Gardasil Researcher Drops A Bombshell

Harper: Controversial Drug Will Do Little To Reduce Cervical Cancer Rates

By Susan Brinkmann,
Sunday, October 25, 2009

Dr. Diane Harper, lead researcher in the development of two human papilloma virus vaccines, Gardasil and Cervarix, said the controversial drugs will do little to reduce cervical cancer rates and, even though they're being recommended for girls as young as nine, there have been no efficacy trials in children under the age of 15.

Dr. Harper, director of the Gynecologic Cancer Prevention Research Group at the University of Missouri, made these remarks during an address at the 4th International Public Conference on Vaccination which took place in Reston, Virginia on Oct. 2-4. Although her talk was intended to promote the vaccine, participants said they came away convinced the vaccine should not be received.

"I came away from the talk with the perception that the risk of adverse side effects is so much greater than the risk of cervical cancer, I couldn't help but question why we need the vaccine at all," said Joan Robinson, Assistant Editor at the Population Research Institute.

Dr. Harper began her remarks by explaining that 70 percent of all HPV infections resolve themselves without treatment within a year. Within two years, the number climbs to 90 percent. Of the remaining 10 percent of HPV infections, only half will develop into cervical cancer, which leaves little need for the vaccine.

She went on to surprise the audience by stating that the incidence of cervical cancer in the U.S. is already so low that "even if we get the vaccine and continue PAP screening, we will not lower the rate of cervical cancer in the US."

There will be no decrease in cervical cancer until at least 70 percent of the population is vaccinated, and even then, the decrease will be minimal.

Apparently, conventional treatment and preventative measures are already cutting the cervical cancer rate by four percent a year. At this rate, in 60 years, there will be a 91.4 percent decline just with current treatment. Even if 70 percent of women get the shot and required boosters over the same time period, which is highly unlikely, Harper says Gardasil still could not claim to do as much as traditional care is already doing.

Dr. Harper, who also serves as a consultant to the World Health Organization, further undercut the case for mass vaccination by saying that "four out of five women with cervical cancer are in developing countries."

Ms. Robinson said she could not help but wonder, "If this is the case, then why vaccinate at all? But from the murmurs of the doctors in the audience, it was apparent that the same thought was occurring to them."

However, at this point, Dr. Harper dropped an even bigger bombshell on the audience when she announced that, "There have been no efficacy trials in girls under 15 years."

Merck, the manufacturer of Gardasil, studied only a small group of girls under 16 who had been vaccinated, but did not follow them long enough to conclude sufficient presence of effective HPV antibodies.

This is not the first time Dr. Harper revealed the fact that Merck never tested Gardasil for safety in young girls. During a 2007 interview with KPC News.com, she said giving the vaccine to girls as young as 11 years-old "is a great big public health experiment."

At the time, which was at the height of Merck's controversial drive to have the vaccine mandated in schools, Dr. Harper remained steadfastly opposed to the idea and said she had been trying for months to convince major television and print media about her concerns, "but no one will print it."

"It is silly to mandate vaccination of 11 to 12 year old girls," she said at

Gardasil Researcher continued on page 23

Garadisil Researcher cont. from page 22
the time. "There also is not enough evidence gathered on side effects to know that safety is not an issue."

When asked why she was speaking out, she said: "I want to be able to sleep with myself when I go to bed at night."

Since the drug's introduction in 2006, the public has been learning many of these facts the hard way. To date, 15,037 girls have officially reported adverse side effects from Gardasil to the Vaccine Adverse Event Reporting System (VAERS). These adverse reactions include Guilliane Barre, lupus, seizures, paralysis, blood clots, brain inflammation and many others. The CDC acknowledges that there have been 44 reported deaths.

Dr. Harper also participated in the research on Glaxo-Smith-Kline's version of the drug, Cervarix, currently in use in the UK but not yet approved here. Since the government began administering the vaccine to school-aged girls last year, more than 2,000 patients reported some kind of adverse reaction including nausea, dizziness, blurred vision, convulsions, seizures and hyperventilation. Several reported multiple reactions, with 4,602 suspected side-effects recorded in total. The most tragic case involved a 14 year-old girl who dropped dead in the corridor of her school an hour after receiving the vaccination.

The outspoken researcher also weighed in last month on a report published in the Journal of the American Medical Association that raised questions about the safety of the vaccine, saying bluntly: "The rate of serious adverse events is greater than the incidence rate of cervical cancer."

Ms. Robinson said she respects Dr. Harper's candor. "I think she's a scientist, a researcher, and she's genuine enough a scientist to be open about the risks. I respect that in her."

However, she failed to make the case for Gardasil. "For me, it was hard to resist the conclusion that Gardasil does almost nothing for the health of American women."

http://thebulletin.us/articles/2009/10/25/top_stories/doc4ae4b76d07e16766677720.txt √

Vitamin D—What You Need to Know

Compiled by Edda West

The essential benefits of vitamin D are being discussed on most alternative health care sites on the internet, and certainly by Naturopathic physicians counseling their clients on measures they can take to prevent the flu. We now know that people living in countries like Canada, in the northern hemisphere often become vitamin D deprived during the dark months of late fall and winter, when the sun is too low to stimulate production in the skin. Over the last few years, researchers have finally connected the dots between our vulnerability to seasonal flus, colds and respiratory illnesses to lack of sun exposure and decline in vitamin D levels.

One health writer, Mike Adams says, "People who are high in vitamin D have the nutritional power to activate their immune system so that it can respond to invading pathogens. Crucially, vitamin D also manages to balance immune response and prevent inflammatio—the leading cause of death in the 1918 influenza pandemic.

So not only does vitamin D protect you from the initial infection; it also prevents your body from over-reacting and killing you with inflammation (which typically gets expressed as bacterial pneumonia, an infection of the lungs)." We are reading more and more about "cytokine storms" which refers specifically to the body's over-reaction to inflammation, which can then become a life threatening event.

Dr. Mercola writes extensively on the benefits of vitamin D. His website offers a wealth of information about the latest research on vitamin D. He says, "It is estimated that 25 to 50 percent of any healthcare budget could be saved with adequate vitamin D serum(blood)levels. I want to emphasize that under summer conditions it is frequently possible to generate about 20,000 units of vitamin D by exposing your skin to the sun.

Currently, the U.S. recommended daily dose (RDA) for vitamin D is 400 IU (international units) for the majority of the population. This dose was recommended to prevent rickets, which works well, but does nothing to give the far more important protection from cancer, heart disease and infections.

To achieve the healthy blood levels, most adults will need about FIVE THOUSAND (5,000) units of vitamin D every day. Interestingly, the majority of people I see in my travels that are taking vitamin D are taking 1,000 units, and they believe they are taking "high" doses. Don't fool yourself. As an adult, you likely need about 5,000 IU's a day."

"The best way to optimize your vitamin D levels is through appropriate safe sunshine or safe tanning bed exposure. However, there are many times when it can be nearly impossible to get enough sun. The darker your skin is, the farther away from the equator you are, and the further away you are from the summer months, the less likely it is that you will produce adequate vitamin D levels from sun exposure alone. It's important to realize that vitamin D requirements are *highly individual*, as your vitamin D status is dependent on numerous factors, such as the color of your skin, your location, and how much sunshine you're exposed to on a regular basis."

Dr. Mercola strongly recommends you monitor your blood levels regularly when taking oral vitamin D supplements to make sure you're staying within the optimal range. That means getting your blood tested for vitamin D levels several times a year. Dr. Mercola offers guidelines about optimal levels of vitamin D. He says, "Based on the most recent research" says Dr. Mercola, "the current recommendation is **35 IU's of vitamin D per pound of body weight".**

To clarify what you as an individual might need, blood testing is the only way to accurately monitor your vitamin D levels. Mercola writes, "**The OPTIMAL value that you're looking for is 50-65 ng/ml**. **This range applies for everyone; children, adolescents, adults and seniors.** It's worth to clarify here that ng/ml are U.S. units of measure. Much of the world uses nmol/l.

Remember, If your test results are measured in nmol/l, simply multiply the above values by 2.5 to get the correct ranges."

Choose the right kind of vitamin says D says Dr. Mercola. He emphasizes that the natural form of vitamin D is D3 (cholecalciferol), which is the same vita-

Vitamn D continued on page 24

Vitamin D cont. from page 23
min D your body makes when exposed to sunshine. Once it is in your body, it must be converted to a more active form. Vitamin D3 is converted 500 percent faster than vitamin D2 (synthetic kind of vit.D), and is clearly a better alternative.

One problem with blood testing is that currently, the reference range indicating normal levels of vitamin D is way below optimal.

Currently, conventional medicine views the normal range to be between 20-56 ng/ml. If testing for vitamin D levels, Dr. Mercola says "It's important to realize the difference between what conventional medicine considers to be "normal," versus what is optimal. In fact, your vitamin D level should **never be below 32 ng/ml**, and any levels below 20 ng/ml are considered serious deficiency states.", increasing your risk of as many as 16 different cancers and autoimmune diseases like multiple sclerosis and rheumatoid arthritis, just to name a few."

Grassroots Health's "D-action" panel is saying that, "Breast cancer is a disease so directly related to vitamin D deficiency that a woman's risk of contracting the disease can be 'virtually eradicated' by elevating her vitamin D status to what vitamin D scientists consider to be natural blood levels. Grassroots Health is trying to raise vitamin D awareness among Canadians. Despite epidemic-level vitamin D deficiency in Canada, fewer than nine per cent of Canadians have ever had their vitamin D levels checked by a professional and most who have do not know their vitamin D blood level. (See link to Grassroots Health below in Notes & References)

Dr. Mercola advised that ,"**The OPTIMAL value that you're looking for is 50-65 ng/ml**. **This range applies for everyone; children, adolescents, adults and seniors."**

"As a result of flawed assumptions about sun exposure, and the subsequent recommendations, a vast majority of people are deficient in vitamin D. It's thought that over 95 percent of U.S. senior citizens may be deficient, along with 85 percent of the American public."

"Clearly, the word needs to get out but the mainstream media is slow to react. Plus, there's no money to be made on selling vitamin D (it's one of the most inexpensive supplements around) and sun exposure is free! So don't count on any major corporations or drug companies to help get the message out—rather, count on them to try and suppress this lifesaving information."

"There is so much compelling evidence, that I believe optimizing your vitamin D levels is one of the absolute best strategies for avoiding infections of ALL kinds, and vitamin D deficiency is likely the TRUE culprit behind the seasonality of the flu—not the flu virus itself."

Dr. John Cannell, founder of the Vitamin D Council, first introduced the hypothesis that influenza is merely a symptom of vitamin D deficiency .Dr. Cannell's research can be found at the Vitamin D Foundation: http://www.virologyj.com/content/5/1/29

The Public Health Agency of Canada (PHAC) has confirmed that it will be investigating the role of vitamin D in protecting against swine flu. The agency started a study last year on the role of vitamin D in seasonal influenza, which it said it will now adapt to the H1N1 swine flu virus, reports Nutraingredients: http://www.nutraingredients-usa.com/Research/Canada-examines-vitamin-D-for-swine-flu-protection

References & Notes:

- GrassrootsHealth has launched a worldwide public health campaign to solve the vitamin D deficiency epidemic in a year through a focus on testing and education: http://www.grassrootshealth.net/
- Dr. Donald Miller: Vitamin D in a New Light: http://www.lewrockwell.com/miller/miller25.html
- Mike Adams, Health Ranger: http://www.naturalnews.com/027231_Vitamin_D_immune_system_vaccines.html
- Dr. Mercola: How Much Vitamin D Do You really Need to Take ? http://articles.mercola.com/sites/articles/archive/2009/10/10/Vitamin-D-Experts-Reveal-the-Truth.aspx √

LETTERS

Hello! My name is Jennifer and I am 32 years old. Approximately 5 years ago I received a tetanus shot for a hairstyling injury (cut the end of my finger off!)... I was in shock at the time and went to the walk in clinic to have my finger cleaned and bandaged. Without having the chance to think about it, I was given a tetanus shot for possible infection. If I could turn back time I never would have agreed.

My arm turned bright red within minutes, became sore and swollen in no time and this lasted for over a week. I can't exactly remember what my other symptoms may have been at the time, as I was a busy single mom trying to balance family and school.

Over the past 5 years I have noticed symptoms that I never had before. The most debilitating is chronic fatigue like symptoms... I am just SO tired all of the time. I am sleepy again 20 min after waking up in the morning, even after 10 hours of sleep. I have had to quit jobs because I couldn't keep up and would get progressively fatigued. My naturopath has been treating me with homeopathics for adrenal fatigue, which has helped, but the symptoms always seem to return.

My left arm is still numb at the injection site. The left side of my body 'feels' different than the right, including loss of feeling, tingling, weakness and in some places pain. My toes are numb although this also has improved slightly. Lifting weights has helped with this feeling of 'imbalance', however I get so fatigued when I go to the gym that I cannot keep a workout routine (one workout session that is very low in intensity can easily tire me out for a week or more).

I also developed vertigo and am unable to drive any faster than 60 km/hr without feeling like I am going to 'fly off the road'.

I never really thought that these symptoms could be attributed to the shot that I received 5 years ago (I did wonder why my arm still felt funny after all this time) and it has only been after I began researching H1N1 vaccine (and came across more info about vaccines in general) that I began to put the pieces together.

Letters continued on page 25

Letters cont. from page 24

I decided to stop vaccinating my children years ago (they only received 3 vaccinations).

I am very upset by this as I feel that I finally have made sense of my symptoms, although definitely not the answer I was hoping for. I take no allopathic medicines and see my naturopath for everything. Can you direct me to more information about recovering from a reaction like this? Is it reversible or is the damage done? Any information you could give me would be greatly appreciated. I am just so sickened, scared and disappointed - and not really sure what to do now.

Sincerely, Jennifer
Letter received via email - Nov. 3/09

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Two letters with opposing views about the H1N1 vaccine appeared side by side in The Weekender—published and distributed in the West Kootenays, British Columbia.—Nov. 13, 2009

Former Nurse Warns Off Flu Shots

To the Editor of Weekender:

Before the sheeple line up to have a toxic brew injected into their bloodstream in the mistaken impression it will stop them getting a mild flu, perhaps they should read the following excerpt from the Israel Truth Times:

Dr. Daisy J. Stern MD writes to Professor Dan Engelhard of Hadassah University Hospital, Israel and says, "I reminded you of the squalene and polysorbate 890 contained in these vaccines, and about the dangers of autoimmune reactions, neurotoxicity , and infertility that these vaccines present.

The statistics presented by the CDC and other monitoring bodies are severely distorted. H1N1 is a mild influenza virus, much milder even than regular, yearly seasonal influenza. Pandemrix has barely been tested on children at all, and has been banned from use in Switzerland below the age of 18 because of lack of clinical data.

The combination of squalene and polysorbate 80 in a buffered solution has been shown to be an excellent anti-fertility combination, in anti-fertility research performed by scientists for the W.H.O.

Giving these vaccines to a population is tantamount to sterilizing them. I urge you to cancel the decisions to use PandemRix in our children ages 3-10, and desist as well from using Focetria in the rest of our population. The orders of the Ministry of Health significantly and unnecessarily endanger our whole population.

You have been warned!

Jenny L. Craig, Ph.D—Nelson, B.C.

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Anti-Immunization Message Should be Ignored

I can only imagine. It's my worst nightmare. It is one a.m. It's snowing like hell. Roads are closed, planes can't fly. My ER is jammed packed. I only have two nurses on hand. A three-year-old asthmatic, suspected H1N1N sufferer in respiratory distress is brought in by paramedics. He rapidly becomes limp and we have to intubate him and place him on a breathing machine. Now it will be hours or even days before we can get him to an ICU. As a consequence, we now have limited time and staff for everyone else that requires our medical attention including this sick child.

What we now know from their [Cochrane Collaboration's] systematic review is that "There is a wild overestimation of the impact of these vaccines in the community, and that inactivated vaccines have little or no effect on the effects measured".

He didn't get his flu shot. As I question the family, they admit to their fear of the vaccine after they read the letter dated November 6 in the Nelson Daily News by Jenny L. Craig Ph.D. It warned them to avoid "the toxic brew injected into their bloodstream" and so forth…. They unfortunately passed on the only significant intervention that could have prevented this. They on this safe vaccine despite strong recommendations by their doctor, Health Canada, CDC, WHO. As a result, not only is their young child placed in a difficult predicament but the other patients in the ER as well.

Of course this is not a real case—YET. As H1N1 progresses we will be faced with such cases in Nelson. On my last shift November 2nd, 35 percent of all our ER cases were suspected H1N1—mainly kids—young and mild to moderately sick. A few had secondary asthma complications, other pneumonia probably secondary to H1N1. Although most did well, I saw the fear in the eyes of several parents that night. They all had wanted that flu shot but it was not yet available.

Is this media hype? Oh, there is no hype. It's here. Look around. Schools are empty, hockey teams are ravaged. Businesses are short staffed. The number of hospitalizations in Canada as well as ICU admissions have doubled over the last couple of weeks. Deaths in young and otherwise healthy and pregnant women have occurred.

So what do you want to do? Listen to the advice of someone who is not on the frontlines or get a simple safe shot in the arm that may ultimately save you or a loved one?

Richard Fleet MD, Ph.D. CCFP (EM)
Emergency Doctor,
Kootenay Lake Hospital, Nelson, BC

Editor's Note: It seems that Dr. Fleet like the majority of doctors in Canada just hasn't kept up with the science and what "evidence based medicine" now shows about the effectiveness of flu vaccines. And it's not good news. While his letter leans heavily on the hypothesis that his ER wouldn't be flooded with sick people if everyone had gotten an H1N1 shot, it seems he hasn't heard about the findings of the Cochrane Collaboration's meta analysis of all flu vaccine studies done over the past 4 decades. What we now know from their systematic review is that "*There is a wild overestimation of the impact of these vaccines in the community, and that inactivated vaccines have little or no effect on the effects measured"*. In other words, flu vaccines don't work very well, and you certainly can't rely on them to protect you or your children from influenza.

Letters continued on page 26

Letters cont. from page 25

Additionally, other recent studies have shown that flu vaccines are not only ineffective in young children, but especially those with asthma. Studies have shown that flu vaccine can make asthma worse.

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One of the Executive in our Edmonton Chiropractic Society was in a dilemma. His daycare for his child said if they did not get their child the H1N1 shot the child would be kicked out of day care. I just got this update of what happened to one of the kids that did get the shot in that daycare. The email is below. (Letter submitted to us by long time VRAN Member, Bea Campbell in Alberta)

A quick update on the situation at my son's daycare, where we received a note indicating the influenza and H1N1 shots were 'mandatory' this year, or the daycare positions would be terminated:

My son only goes a couple of days a week and fortunately was not at the daycare yesterday. One of the young kids had the H1N1 shot the previous day and had a febrile seizure in front of all the other kids and staff. The workers called 911 and he was taken to hospital by ambulance. As far as I know the little guy is ok, but several of the daycare workers were taking a stress day off today, and there were a lot of upset parents pulling there kids for the day! Please pass this on to your patients.

Can we get everyone to start collecting these stories and hopefully they get reported, right now 50,000 people are getting vaccinated every day in Alberta.

Dr Don MacDonald

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A few letters from the U.S. about miscarriage following vaccination with H1N1

Editor's Note: Remember that no testing of H1N1 vaccine was done to prove it is safe to inject it into pregnant women before unleashing it on the general public, with pregnant women being at the top of the list of priority vacinees.

I received the H1N1 vaccination on October 22nd, 2009 and went into labor on October 25th, at 16 weeks pregnant and we just heard the heartbeat and everything was fine with my pregnancy on October 16th, 2009, then on October 28th my water broke. Then on October 29th, I delivered a stillborn baby boy, and no one can tell me why… Everyone wants to say it did not come from the shot but I believe it did. My baby was growing at the correct pace and everyone wants to brush off the vaccination. I say if you have the vaccination and suffer a miscarriage if they are able to perform an autopsy have it done.

I also agree something needs to be done and looked more into with this vaccination because most women are being advised it's just something that happens, but I also had two healthy children and normal pregnancies. And when I received this vaccination with my third pregnancy, my baby is gone.

Sioux Falls, South Dakota

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I received the H1N1 vaccine on October 16th and started experiencing cramping on the 22nd. I was nearly 17 weeks pregnant and gave birth to a stillborn baby boy on the 23rd. Like many of other women, the first thing I suspected was the H1N1 vaccine. I immediately asked a nurse at the hospital if that would have anything to do with it. Without hesitation, she told me "absolutely not."

I had reservations about getting the vaccine, but followed the advice of my long trusted family doctor. In a follow up appointment with my doctor 3 days after I lost my baby, I asked him if the vaccine would have had any adverse effects on my baby. He also said that it was not possible. I don't believe that my doctor was necessarily lying to me—he was simply following the accepted practices and opinions of his field. I do, however, believe that as a nation, we are being lied to.

This vaccine is NOT safe during pregnancy. There has not been enough testing done to determine this and there are far too many "coincidences" for this to be anything but a result of a vaccine that was hastily pushed into production and distribution in an effort to stop widespread panic. I have read so many stories in defense of the vaccine that will talk about how common miscarriages are, but I would challenge you to ask ANY health care professional how common second trimester miscarriages are. My baby was doing perfect developmentally and I had felt him move earlier that day. My heart goes out to all of you out there who have had to go through the same heartache and loss that I have had in the last couple of weeks. There is no reason that any woman or family should have to go through this. Get the word out to all of the pregnant women that you know. I know that if I had heard that women had been losing their babies shortly after they received the vaccine, I would have followed my gut and not gotten it myself. Maybe then Wyatt would have had a chance at life.

Anonymous

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Dear VRAN,

On September 12, 2007 it was time for my two month old baby (Mya) and my 18 month old (Brandon) to get their vaccinations. At the time Brandon was on dairy formula and Mya was breast feeding. In the hospital when Mya was born the nurses gave her some dairy formula and a couple of weeks later I gave her another couple of ounces to relieve my sore nipples. Neither one of them had any reactions prior to September 12th.

After the vaccination Brandon started getting eczema and displaying hyper active behavior. By Christmas we had taken Brandon off of cow's milk and eggs to relief his eczema and sleepless nights.

At the same time Mya started getting random rashes and eczema. She would rub the skin off her face and could not be naked because she would scratch until she bled. She had to wear socks on her hands at all times. She even had to bathe in a shirt to protect her from her own hands. At some point Mya's Lymph nodes became firm and were the size of peas. Shortly after the vaccination I gave Mya a sip of dairy formula and she became covered in a red rash and hives.

At the time I thought that the rash could have been caused by her new unwashed snow suit. I didn't suspect a milk allergy because she had already been exposed to dairy a couple of times. In fact we struggled on a daily basis to determine what was causing the skin sensitivity and allergic reactions in our children. We systematically made changes to many of the normal processes and products we used every day.

Letters continued on page 27

Letters cont. from page 26

- We purchased a water purification system for the whole house,
- We removed the 10 year old carpet and installed hardwood floors,
- We stopped using scented products and harsh chemicals,
- We had the furnace ducts cleaned and an expensive air filter installed.
- We purchased an expensive washing machine to sanitize clothing and bedding.

By the time Mya was due for her 4 month vaccinations my husband and I were suspicious and refused the shots. When Mya was six months old I begged my GP for an allergy blood test for both children and asked to be referred to a dermatologist. Mya's blood test came back as severely allergic to eggs, milk, wheat and perhaps peanuts. Brandon's came back as allergic to eggs, milk and possibly peanuts. Our GP, public health nurse, and dermatologist (who was also a well respected pediatrician in town) all assured us that it was not possible for this to have happened because of the vaccinations. The dermatologist had a different excuse for everything.

At six months I quit breast feeding Mya. I had tried to eliminate all of those foods from my diet but I couldn't meet my own nutritional needs (read exhausted) and she was still struggling. The only relief she had was when we gave her nutramigen, a diary free, gluten free, egg free formula.

At eight months I shared my concerns and the test results with the public health nurse prior to Mya's vaccination and she assured me that she needed to be vaccinated. Shortly after her shots Mya began to break out in a rash. The nurse panicked and asked me why I had not brought benadryl with me. She sent me home to get Mya some benadryl and told me to call a doctor if she got worse. She also told me to see an allergist before I brought her back. We live 3 min from the clinic. By the time I got her home Mya was unconscious. I was uncertain what action to take so I tried to wake her with ice cubes and she became alert enough to give her benadryl orally. She remained very lethargic, limp and sleepy for about 15 minutes then regained some alertness and tone. I was about to call an ambulance and regret not doing so.

The nurse made a few follow up calls and made sure that I kept her on benadryl. Two months later the clinic was calling me to revaccinate her. Although, the nurse verbally told me not to bring her back, the nurse did not document any of the reaction, claiming that it was not severe enough of a reaction to report. It was as if it had never even happened. I am a nurse and I know that it was her duty to write down what she had seen and about her follow up calls.

Since this time Mya has had a few anaphylactic episodes and countless rashes. We have seen a few homeopathic doctors and are trying to do our own research. We have learned a lot about how to eliminate milk, eggs, wheat and nuts from our diet. Her skin is a lot better but she still has severe allergies (my husband and I do not have any food allergies). Brandon still battles with allergies and eczema.

The allergist and pediatrician that we saw were certain that these conditions could not have been caused by the vaccinations, both claiming if that was the case the government would not be vaccinating our children. The allergists' main concern was to test Mya so we could catch her up on her vaccinations. We are seeing him so that we can get help with finding out what kind of foods she can eat. We are not going to revaccinate her or Brandon.

My husband's cousin had a similar experience with vaccinations and allergies, which seems to validate our concerns. But we do not feel confident enough with our own knowledge to try and talk other new parents out of vaccinating their children. Not to mention the fact that our concerns come across as conspiracy theories.

I am pregnant and don't plan to vaccinate this child yet I am a nurse and want to protect our children from the diseases they vaccinate for. Finding support to deal with our predicament has been difficult. What resources are available for parents in our situation?

Billie √

Newsclips

H1N1 a 'dud' pandemic, Ont. health official says

November 13, 2009. National Post—Canada; Dr. Richard Schabas, Ontario's former chief medical officer and a top health officer in the province says the following;

"In eastern Ontario where I live and work, the outbreak is effectively over. If we're immunizing people now essentially you're barring the barn door after the horse is well out the farm gate." Dr. Schabas said outbreaks of the swine flu in populous parts of the country, including southwestern Ontario and British Columbia, are on the wane.

"I seriously question the continued focus on mass immunization, at least in those areas," he said...."If the ground is shifting under our feet, if the disease is happening sooner than we expected and we can't immunize 25 or 30 million Canadians in an efficient manner before the outbreak, let's ask the question very seriously: is it worth continuing with this? Because I think increasingly the answer is no," said Dr. Schabas.

The hype and hysteria around the H1N1 pandemic, the millions of dollars spent so far on responding to it, and the dire warnings about it are all unwarranted

The hype and hysteria around the H1N1 pandemic, the millions of dollars spent so far on responding to it, and the dire warnings about it are all unwarranted, according to Dr. Schabas—who even questions the pandemic label.

He spreads the blame among public health officials, governments and the media. The World Health Organization is jokingly referred to as the World Hysteria Organization, he said, and it set a tone in the spring with its messaging that was adopted around the globe.

"They've just been (champing) at the bit waiting for a pandemic for the last 10 years and I think they dramatically overreacted," said Dr. Schabas.

Newsclips continued on page 28

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Autism Prevalence Now At 1 in 91 Children, 1 in 58 Boys SafeMinds Calls For A Ban on Thimerosal from Seasonal and H1N1 Flu Vaccines In Pregnant Women and Young Children

Note: Safe Minds is the vigilant U.S. group who blew the whistle on toxic levels in children's vaccines almost 10 years ago, is concerned about the continuing presence of mercury in flu vaccines.

Monday, October 5, 2009, Reston, VA . A U.S. Study evaluated data from a national Survey of Children's Health and found that 1 in 91 children between the ages of 3 and 17 currently carry an ASD(autism spectrum disorder) diagnosis -1 in 58 boys.

Even more alarming, for the subset of children between ages 6 and 14 immunized during the 1990's the prevalence is actually 1 in 71 children with an autism diagnosis. This age group represents children in the U.S. with the highest exposure to thimerosal, the mercury preservative routinely used until CDC, AAP and industry recommended its removal "as soon as possible" from all childhood vaccines. Despite this recommendation, mercury, one of the most neurotoxic substances on the planet, is still used in most seasonal and H1N1 vaccines.

SafeMinds continues to call for a ban on mercury-containing seasonal and H1N1 flu vaccines, for pregnant women and young children. Theresa Wrangham, President of SafeMinds stated, "We are especially alarmed by these findings because the seasonal influenza and H1N1 vaccines contain mercury well in excess of EPA safe exposure guidelines. Pregnant women and young children should not be given mercury-containing medicines risking such significant side effects. The precautionary principal demands the removal of thimerosal from all vaccines pursuant to the now decade-old recommendation. How long must we wait to get a known neurotoxin out of all vaccines?"

All flu vaccines are categorized by the FDA as Class C drugs, meaning either studies in animals have revealed adverse effects on the fetus and there are no controlled studies in women, or studies in women and animals are not available. In addition, a 2005 study funded by the NIH found that ethyl-mercury used in vaccines crosses into the brain of infant primates, resulting in appreciable levels of mercury being trapped in the brain.

Concern over vaccine safety and the use of thimerosal is well established. In fact the Institute of Medicine, HHS' National Vaccine Advisory Committee, Congress, Health & Human Service's National Vaccine Advisory Committee, the American Academy of Pediatrics former President Dr. Lou Cooper, and former Director of the National Institutes of Health Dr. Bernadine Healy all agree that current research is inadequate to demonstrate vaccine safety, as required by law, especially in terms of risk for neurological damage, including autism, in a geneticallly susceptible subset of the population. Most have made statements in support of a study evaluating health outcomes in vaccinated compared with unvaccinated subjects.

To read the complete article go to: http://www.safeminds.org/news/pressroom/autism-prevalence-ban-on-thimerosal-H1N1-flu-vaccine.html

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Study Compares Vaccinated & Unvaccinated Baby Monkeys; Infant Monkeys Brain Damaged by Mercury Containing Hepatitis B Vaccine

September 30, 2009 - A study published today in Neurotoxicology, the leading scientific journal in its field, discovered brain damage in newborn monkeys given the Hepatitis B vaccine containing the mercury preservative thimerosal. The Centers for Disease Control(CDC) added this vaccine to the recommended immunization schedule for newborn babies in 1991. The vaccine caused a significant delay in the acquisition of key primate survival reflexes essential for life in the wild. Mercury is especially toxic to the developing brain and immune system.

This study compared infant macaque monkeys vaccinated with the Hepatitis B vaccine containing the mercury preservative thimerosal with those who received a saline placebo and those who received no shots at all. The vaccine group showed significant delay in the acquisition of key survival reflexes. Neonatal responses in unexposed animals were not delayed.

Despite the 1986 Mandate for Safer Childhood Vaccines, the Combating Autism Act, and recommendations from the National Vaccine Advisory Committee, the U.S. Government has refused to fund research comparing vaccinated versus unvaccinated humans or animals. Such a comparison is the only way to assess baseline health and vaccine-caused damage, and is absolutely necessary to fulfill our moral obligation to protect children by preventing vaccine-caused damage. [Health Canada denies that the amount of mercury in vaccines constitutes any threat to health]

This paper focuses on one part of a larger comprehensive research program investigating the safety of the entire human infant vaccine schedule by employing standard animal research protocols. The program is examining differences in developmental behaviors, brain, blood, GI tissues, the immune system, health status, pathology, and gene expression profiles between vaccinated and unvaccinated primates. Preliminary results of the wider program were presented at the International Meeting for Autism Research in London in May 2008. The presentation suggested evidence of widespread harm caused by the CDC-recommended vaccine schedule. [The Canadian infant vaccine schedule is nearly identical to that of the U.S. except that Hepatitis B vaccine is not given at birth, but recommended starting at two months of age.]

This is the strongest direct evidence yet that mercury-containing vaccines may cause brain injury in human infants. Animal studies using primates are routinely employed to assess the safety profile of medicines. "Had this study been done as a pre-clinical trial, the FDA could have never licensed a mercury-containing Hepatitis B vaccine, nor could CDC have ever recommended one, at least for young children and infants" said Theresa Wrangham, president of SafeMinds.

The new primate study is important because it begins to fill a crucial gap in basic vaccine safety science, comparing the overall health status of those vacci-

Newsclips continued on page 29

Newsclips cont. from page 28
nated versus those not vaccinated. "This study adds substantially to the scientific evidence that mercury-containing vaccines given early in development may lead to increased risk of neurodevelopmental delays and possibly autism," stated Sallie Bernard, SafeMinds Executive Director.

Safe Minds is opposed to the injection of mercury containing flu vaccines into pregnant women and infants. "Giving mercury-containing flu vaccines to such vulnerable groups is medical insanity, especially when there are sufficient supplies of mercury-free shots," stated Jim Moody, director of SafeMinds.

To see the complete review of this study go to the SafeMinds website at: http://www.safeminds.org/news/wakefield-hewitson-mercury-hepB-vaccine.html

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British Flu Sufferer Dies from Acemtaminophen Overdose

A 37 year old sufferer died after accidentally overdosing on paracetamol (acetaminophen) by just half a tablet, an inquest heard. Acetaminophen has different brand names that vary from country to country. In North America it is known as Tylenol.

Deborah Robinson suffered liver and kidney failure after taking sixteen-and-a-half pills in two days. She was not taking any other over-the-counter remedies at the time and sought help after realizing her mistake. She died five days later.

Doctors recommend that no more than eight tablets should be taken within 24 hours. 'If you're in pain and reaching for the tablets, you can reach your limit in 24 hours without realizing it,' said Anne Joshua, NHS Direct chief pharmacist.

Ms Joshua said there were no plans to reduce the recommended dose. But she warned: 'Overdosing on paracetamol is extremely easy to do without noticing. Doctors were unable to get enough oxygen into her bloodstream and she died on February 25.

Ms Joshua said there were no plans to reduce the recommended dose. But she warned: 'Overdosing on paracetamol is extremely easy to do without noticing.'

http://www.metro.co.uk/news/article.html?in_article_id=214929&in_page_id=34

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Tamiflu Hallucinations Cause Boy to Jump From Apartment Window

Here we have a repeat scenario of a few years ago when children given Tamiflu jumped to their death during the Bird Flu scare. This drug is thought to cause suicidal ideation in children. With nearly negligible benefit and such high risk factors, why would anyone give it to their children?

SEOUL, Nov 14-- A South Korean teenager who took Tamiflu, an antiviral drug, leaped from an apartment window after suffering from auditory hallucination, China's Xinhua news agency said citing a local media report on Saturday. According to the Korea Food and Drug Administration (KFDA), the country's drug safety watchdog, the 14-year-old student living in Bucheon, near capital Seoul, took Tamiflu on Oct 30, and was later found at the bottom of his family's apartment building on the same day. The KFDA has issued safety warnings on the use of Tamiflu in 2007 following reports of bizarre behaviour by users of the drug in Japan. In the neighbouring Japan, Tamiflu is advised not to be given to teenagers.

Read the whole story here: http://www.theoneclickgroup.co.uk/news.php?start=3020&end=3040&view=yes&id=4010#newspost

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Silence About Vaccine Deaths in Media is Due to Non-Disclosure Contracts

According to Dr. Eric Beeth, a Swedish doctor currently working in Belgium, European countries have signed a secret contract with vaccine makers prohibiting the disclosure of side effects from H1N1 pandemic influenza vaccines. He and his colleagues have advised the Belgian government in court that this is a disguised pharmaceutical trial on human subjects with real risks involved. He has circulated supportive information about the existence of this contract on the internet. He says that the Swedish Newspapers have seemingly stopped reporting the intermediary results of this disguised pharmaceutical trial.

Dr. Beeth says that "within the contract is a "Green List" of what the government MAY communicate (hardly anything!) and the "Red List" of what may absolutely NOT be made public, like intermediary results of the side effects that appear in the studies of the controversial squalene (and thiomersal) adjuvantated Pandem-Rix until they have been sanitized by Glaxo Smith Kline researchers, and published by GSK themselves."

To read the complete story, go to: http://www.nationalexpositor.com/News/1897.html

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Ukraine, WHO and the Geopolitics of Swine Flu Panic

By William Engdahl—Nov. 13, 2009

The alternative news media on the internet is carrying scare stories about a new pandemic plague that has sprung up in the Ukraine. Veteran reporter William Engdahl responds to this fear mongering with an interesting article in which he analyses the complex political maneuvering going on in that country.

"Latest reports of what is being called a deadly Swine Flu outbreak in Ukraine according to on sight reports appear to be a political concoction by a threatened government to avoid election defeat and possibly declare martial law. The details indicate how convenient the current WHO "Swine Flu" H1N1 "pandemic" scare is for regimes in trouble.

"Worldwide media reports in recent days have painted a picture of Ukraine as being under the Black Plague or worse. One of the most egregious panic-mongers has been Pittsburgh Swine Flu "mapper" Dr Henry Niman who earlier falsely predicted H5N1 Avian Flu would mutate into a deadly human-to-human pandemic. It didn't.

"Niman's map of the spread of alleged H1N1 Swine Flu since April has given WHO, the US Government and CNN and

Newsclips continued on page 30

Newsclips cont. from page 29
major media a convenient graphic to create the image of a new type of "bubonic plague" threatening mankind unless we react with massive doses of untested vaccines from such unscrupulous pharma bigs like GlaxoSmithKline or Novartis or Roche with its dangerous Tamiflu drugs.

"Early on Niman reported about events in Ukraine: "The rapid rise in reported infections, hospitalizations, and deaths in the past few days raise concerns that the virus is transmitting very efficiently, the spike in fatalities and the frequency in hemorrhagic cases in Ukraine have raised concerns." Niman added the alarming note, "The number of infected patients has almost doubled to just under million, compared to the report two days ago."

Read the full article here: http://www.theoneclickgroup.co.uk/news.php?start=3040&end=3060&view=yes&id=4020#newspost

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Note: Rarely do we ever hear a health official utter words of skepticism publicly about vaccines. Dr. Richard Schabas has been consistent with his cynicism about the H1N1 vaccine. We applaud him for daring to stick his neck out and risk being labeled a heretic.

How they larded H1N1 facts with fear—The Toronto Star, Nov. 20, 2009

"And any hyperventilating coverage of an H1N1 "third wave" predicted for the spring—would be a sham."

Joseph Hall Health Reporter

Months of dire swine flu warnings were a dangerous, disruptive cry of "wolf" for an ailment Canadian health officials knew would be a mild, manageable beast. That's the pointedly caustic judgement of Dr. Richard Schabas, a one-time provincial health officer who says flu experts knew in July that H1N1 would hold little threat for Canadians this fall.

Schabas, now Medical Officer of Health for Hastings and Prince Edward Counties, says many of his colleagues fed a credulous media with worst-case warnings while downplaying the flu strain's relative weakness."I think the media has to get its head around just how massive an overplay this was. I am quite sure that there has been more high-level coverage of this than all other health stories combined."

By the time this second H1N1 wave peters out in December, it will have killed between 200 and 300 Canadians—making it one-tenth as lethal as the seasonal flus that strike the country annually. What's more, Schabas says, evidence from the southern hemisphere, where the flu is a spring and summer scourge, conclusively anticipated this comparatively low death toll.

In particular, H1N1's May and June run through Australia, which mirrors Canada in its health care capabilities, showed the virus was a temperate one. "By their measures, things like physicians' visits and the like, this was no different than a usual flu year," says Schabas of the Australian experience. "In fact, it was milder."

But even after its terrifying Mexican debut in April, where it was blamed for hundreds of deaths, health officials knew that H1N1 had no apocalyptic potential. "Within about a week of the first stories out of Mexico, it was becoming clear that the death toll (there) was in the order of hundreds, not tens of thousands," Schabas says.

"And a mild pandemic in Mexico would be expected to kill 30,000 people."

Schabas says accumulating evidence of the ailment's mildness indicated conclusively by early July that it posed no pestilential threat. Schabas also contends there was no evidence the virus was capable of rapid mutation, of morphing into a more lethal strain.

That the disease appeared to be targeting the young was worrisome to many and gave credence to the ominous public health pronouncements. But this too was a canard, says Schabas, who argues that young people are always more apt to catch influenzas and that the incidence of H1N1 appeared higher among them largely because many elderly people had pre-existing immunity and didn't get sick.

As with almost any flu, however, young people's robust immune systems are able to fight off the infection in the vast majority of cases, Schabas says. And the tragic death of 13-year-old Toronto hockey player Evan Frustaglio, which galvanized the nation's attention on the disease, did not warrant the ensuing panic.

While mortality rates among people 20 and younger in Canada will be slightly higher than in a normal flu season, the actual number of deaths among healthy youngsters will be in the range of just seven, Schabas says. "The risk of a young person being killed by a car in Ontario ... is 100 or more times higher than the risk of being killed by H1N1."

Finally, Schabas argues, public health officials have cried wolf many times in the recent past, with bird flu, West Nile and flesh-eating disease warnings. Even SARS killed just 800 people worldwide, he says, when deaths in the tens of millions were being forecast. Such "fear mongering" undermines their credibility.

Schabas says there is a growing medical consensus that some apocalyptic plague is lurking out there – in a Chinese poultry farm or an African jungle – just itching to swoop down on humanity. But all such fears have proven false in the past and are unlikely to be warranted in the future.

"For the past five or six years, lots of public health officials, nationally, provincially, internationally, have been warning people about the dreaded bird flu pandemic. It hasn't happened, it hasn't killed anybody in the Western hemisphere."

A proper media role, Schabas says, is to remind health officials of their past pronouncements and to throw a blanket of scepticism over future pandemic fires. And any hyperventilating coverage of an H1N1 "third wave"—predicted for the spring—would be a sham, Schabas says.

> "They (health officials) sound like burnt-out surfers sitting on a beach, watching the waves go in and out and arguing the next one will be better."

http://www.thestar.com/news/insight/article/728283--how-they-larded-h1n1-facts-with-fear √

ALERT Canadians:
Toxic Ingredients in the Arepanrix H1N1 Vaccine Can Harm Your Health

[Note: This is a brief excerpt from an extensive report—link to the complete article provided below] Health Canada authorized the sale of Arepanrix™ H1N1 vaccine based on no conclusive clinical testing. The authorization was based on the Health Canada review of available data on the quality, safety and immunogenicity of similar vaccines, which established the benefit/risk profile in favour of inoculating the Canadian population.

Description and Composition

Arepanrix™ H1N1 (AS03-adjuvanted H1N1 pandemic influenza vaccine) is a two-component vaccine consisting of an H1N1 antigen (as a suspension), and an AS03 adjuvant (as an oil-in-water emulsion). The virus is inactivated followed by formaldehyde treatment and disrupted with sodium deoxycholate.

Preservative content:

- 5µg (micrograms) Thimerosal USP per 0.5mL dose or 2.5 micrograms organic mercury (Hg) per 0.5mL dose

Adjuvant—artificially increases immune response:

- The AS03 adjuvant system is composed of DL-α-tocopherol, squalene and polysorbate 80 in a 3mL vial:
- DL-α-tocopherol: 11.86 milligrams/0.5mL dose
- Squalene: 10.69 milligrams/0.5mL dose,
- Polysorbate 80: 4.86 milligrams/0.5mL dose

Analysis of Ingredients:
Formaldehyde—More hazardous than most chemicals in 5 out of 12 ranking systems, on at least 8 federal regulatory lists, it is ranked as one of the most hazardous compounds (worst 10%) to ecosystems and human health (Environmental Defense Fund).

In the body, formaldehyde can cause proteins to irreversibly bind to DNA. Laboratory animals exposed to doses of inhaled formaldehyde over their lifetimes have developed more cancers of the nose and throat than are usual, as have workers in particle-board sawmills. Formaldehyde is classified as a probable human carcinogen by the U.S. Environmental Protection Agency and as a known human carcinogen by the International Agency for Research on Cancer.

Sodium Deoxycholate

Sodium Deoxycholate is a water soluble ionic detergent/bile salt which causes cell death. It has been shown to weaken the blood-brain-barrier (BBB) and subsequently activate seizures. It systematically disrupts the delicate balance of the immune system.

Detergents and emulsifiers promote tumors and cause cells to leak or explode by weakening their walls, with no mechanism for regulating destructive activity. These chemicals are not completely purified out of the final vaccine product, so they enter the body at the time of injection.

Thimerosal—10 Times More Thimerosal in the Canadian Non-Adjuvanted H1N1 Vaccine recommended for Pregnant Women—Thimerosal has powerful and damaging effects on cells of the nervous and immune systems in mammals including humans. Its effect may vary depending on the dose. The mercury dose from thimerosal produces acute and often deadly ethylmercury blood levels. After only 2 hour exposures, thimerosal at micromolar concentrations causes neuronal membrane damage and alterations leading to cell death in immune T-cells. Thimerosal alters the functioning of critical neurotransmitters necessary for proper brain functioning.

Organic forms of mercury are well-known neurotoxic agents and far more dangerous than inorganic mercury sources. Exposure to organic mercury produces predominantly central nervous system (CNS) effects that are commonly severe and can induce prolonged unconsciousness, coma and death. (See: Acta Chim. Slov. 2004, 51, 361-372)

Squalene in AS03 adjuvant—Too dangerous for human use, Squalene is not officially licensed for use in the United States or Canada. Oil adjuvants like squalene have been ordinarily used to inflict diseases in animals—for experimentation and study. According to independent research, the US military used an unlicensed, experimental anthrax vaccination laced with squalene, with disastrous consequences, including Gulf War Syndrome.

"There are now data in more than two dozen peer-reviewed scientific papers, from ten different laboratories documenting that squalene-based adjuvants can induce autoimmune diseases in animals, observed in mice, rats, guinea pigs and rabbits."

Oil-based vaccination adjuvants like squalene have been proved to generate concentrated, unremitting immune responses over long periods of time according to a 2000 article in The American Journal of Pathology. The study demonstrated that a single injection of the adjuvant squalene into rats triggered a chronic, immune-mediated joint-specific inflammation, also known as rheumatoid arthritis. The researchers concluded the study raised questions about the role of adjuvants in chronic inflammatory diseases.

Polysorbate 80—Polysorbate 80 is similar to Sodium Deoxycholate in its ability to increase cell permeability, damage, and bursting. After injection it can rapidly metabolize into sorbitol and ethylene oxide which is much more toxic than the original chemical. These polysorbates have been shown to cause dangerous, sometimes fatal effects, when given through a needle. Changes in heart function can occur immediately. The blood-brain-barrier (BBB) can be weakened and penetrated, followed by seizures and even death. Polysorbates demonstrate synergistic toxicity with a wide range of chemicals.

Polysorbate 80 has been found to negatively affect the immune system and cause severe anaphylactic shock which can kill. According to Annals of Allergy, Asthma and Immunology, Volume 95, Number 6, December 2005 , pp. 593-599(7), "it is of current relevance as a 'hidden' inductor of anaphylactoid reactions".

In addition to this, there have been studies in Food and Chemical Toxicology which showed that Polysorbate 80 causes infertility.

To read the complete report with all activated links and access to government reports at the Prevent Disease website go to: http://preventdisease.com/news/09/102609_Alert_Canadians_Arepanrix_vaccine_analysis.shtml √

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