VRANewsletter
Vaccination Risk Awareness Network Inc.
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Current childhood vaccine programs: An overview with emphasis on the Measles-Mumps-Rubella (MMR) vaccine and of its compromising of the mucosal immune system

By Harold E. Buttram, MD

Abstract

Both common observation and official statistics confirm that there have been dramatic increases in chronic physical and mental illnesses in American children, such as autism, asthma, and allergies since the introduction of the MMR vaccine in 1978. Government health officials have denied a relationship with vaccines, but U.S. Congressional hearings on vaccine safety (1999 to Dec. 2004) revealed a total absence of vaccine safety tests that would meet current scientific standards, so that it can be assumed that many vaccine reactions are taking place unrecognized. Prior to the introduction of vaccines, the Th1 cellular immune system of the gastrointestinal and respiratory systems served as the primary defense systems with the Th2 humoral immune system in the bone marrow, serving a secondary role.

There is a school of thought that the "minor childhood diseases" of earlier times, including measles, mumps, chicken pox, and rubella, which involved the epithelial tissues of skin, respiratory, and/or gastrointestinal tracts, served a necessary purpose in challenging, strengthening, and establishing the dominance of Th1 cellular immune system during early childhood. Current vaccines against these diseases, in contrast, being directed at stimulating antibody production in the bone marrow, are bypassing the cellular immune system and thereby tending to reverse the roles of the cellular and humoral systems, with the former suffering from a lack of challenge. In addition, the cellular immune system is being further compromised by the powerfully immunosuppressive effects of the MMR vaccine. The time is overdue to totally rethink and redirect our current childhood vaccine program.

Keywords: cellular immunity, humoral immunity, MMR vaccine, immunosuppression, autism, asthma, allergies, autoimmune diseases.

1. Concerns about increasing incidence of childhood autism and related disorders

Many years ago in our medical practice we began asking teachers if, during their teaching careers, they had observed a change in children. Without exception, they replied that there had been a dramatic change, most notably since the early 1980s. Steadily increasing numbers of children, they reported, were showing autistic-like behaviors, were restless, impulsive, less focused, less able to concentrate, and therefore less able to learn.

It has been documented that a sharp and persisting rise in the incidence of childhood autism commenced following the 1978 introduction of the MMR vaccine in the U.S.A. [1-2], a time when mercury-laced Hepatitis B and Hemophilus influenza type b vaccines were also introduced. For a number of years previously the live measles, mumps, and rubella vaccines had been administered separately with negligible increases in autism. It was only after they were combined that the incidence of autism began soaring with 1 in 150 children up to eight years age, according to U.S. multisite study in 2000 [3], as compared with 1 in 10,000 several generations ago. According to more recent information, the incidence of autism may be even higher,

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Critical Alert: The Swine Flu Pandemic—Fact or Fiction?

By Dr. Joseph Mercola

American health officials declared a public health emergency as cases of swine flu were confirmed in the U.S. Health officials across the world fear this could be the leading edge of a global pandemic emerging from Mexico, where seven people are confirmed dead as a result of the new virus.

On Wednesday April 29th, the World Health Organization (WHO) raised its pandemic alert level to five on its six-level threat scale,[1] which means they've determined that the virus is capable of human-to-human transmission. The initial outbreaks across North America reveal an infection already traveling at higher velocity than did the last official pandemic strain, the 1968 Hong Kong flu.

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

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

VRAN's Mandate is:

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

VRAN publishes a newsletter 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

Dear VRAN Members,

Year in and year out, fundraising remains a critical issue. As Canada's leading advocate for vaccine truth since 1982, we are reaching out to you for the financial help we need to keep VRAN going.

This year we've seen the modest funding we receive from our members plummet and our year end financial statement shows a precipitous drop in revenue. Please remember, VRAN receives NO government or corporate support. We are totally dependent on you, our members, who are the sole support of vaccine risk education in Canada. It is your caring and generosity that insures this work continues. We need your help to find funding sources in these precarious and challenging financial times. We need your help to sustain the work we do at VRAN. We need you to get involved with your skills and enthusiasm to insure that VRAN continues to be able to serve the growing number of families seeking a trustworthy and reliable information source about vaccine risks. To help, please contact Edda West at 250-355-2525 or by email at: info@vran.org

If you've not yet sent your annual membership donation, we would deeply appreciate your membership renewal. Every contribution will help! **For those members who wish to contribute an additional amount, please consider our annual fundraising offer of one of two books for contributions of $150 or more:**

Fundraising Bonus Offer

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

Catherine Diodati's timeless classic has now been reprinted. **Immunization; History, Ethics, Law and Health** is a must have on your bookshelf! This scholarly book discusses the ethics of mass vaccination. She shows that the accepted standard of biomedical ethics is not applied to the vaccine paradigm. Additionally, many other aspects of vaccination are discussed, including the history of vaccination, differences between natural and artificial immunity, biological and chemical components and compensation of vaccine injury victims.

Your selection of one of these two bonus books will be sent to you when you donate $150 or more to this year's fundraising drive. **When sending us your donation, please let us know which of the books you are choosing.** Please send your donations to: VRAN Fundraising, P.O. Box 169, Winlaw, BC, V0G 2J0

VRAN Annual General Meeting

The VRAN annual general meeting will be held on June 17 via telephone conference. If you wish to join the meeting, please contact Edda to get the correct meeting time for your area of the country. Call 250-355-2525 or email info@vran.org

New Canadian Vaccine Awareness Book

Monique Morin, VRAN member and mother of a child who suffered brain injury from hepatitis B vaccine has written a book, Vaccin$: Docteur Maman en a assez ! (Vaccine$: Doctor Mom has had enough!) The book has been well received in Quebec and the second edition will soon be released. Monique has informed us that the English translation of the book will soon be available. Monique's son Jonathan was vaccinated at school without her knowledge or consent. She recounts the story of their journey through tragedy and struggle to heal her son.

New Vaccine Documentary

We are so pleased to announce the completion of Lina Moreco's long awaited vaccine documentary which will be released by the National Film Board in June. A review of the film is included further on in this newsletter. It is without doubt, the best and most informative vaccine awareness film made in a long time. It will serve as an important educational tool about vaccine risks. The film discusses research not yet talked about by the mainstream medical establishment.

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New Website

VRAN's new website will soon be launched. Those of you on our E-bulletin list will be notified immediately. We apologize for the delay in getting the site up and running - the result of unforeseen setbacks that arose during the construction of the site. We know however, that you will be pleased with the new site and the ease with which you will be able to find the information you are looking for. If you're not already on our E-bulletin list, please do send us your email so that we can send you news items in between newsletters.

In Memory of Marina McQuaig

Our heartfelt sympathy goes to Janaia and Randy McQuaig whose beloved daughter, Marina passed away at the age of eight on November 26, 2008. Marina suffered from a severe seizure disorder precipitated by vaccination and re-vaccination. We've reprinted her story here in memory of the sweet little girl who suffered so much over the few short years of her life.

Marina's mother recounts: "I was given a flu shot with thimerosal [a mercury-containing preservative] when I was eleven weeks pregnant with Marina. The flu shot was recommended because I'm asthmatic. After the shot I felt wretchedly ill to the stomach and had nausea and diarrhea.

Normally, I avoided using asthma medication because I didn't want to harm my developing baby, but then I had to use it because the flu shot gave me oculo-respiratory syndrome and I couldn't breathe. I guess I never considered vaccines a medication because of the way they're so advertised. Marina was born with cutis applaisia [improper skin development] on her hands and feet, which to me is an obvious result of the vaccine because the last layer of skin forms at around the eleventh week of pregnancy.

At two months she was diagnosed with epilepsy but she usually would never have more than one or two seizures a day. Because health authorities do not withhold vaccination for something they consider such a minor health problem [ie an evolving neurological condition], Marina was injected with all the usual infant vaccines on schedule at 2, 4, 6 and 12 months. Looking back, she did have reactions to most of the vaccines but we never linked it the way we should have.

At 18 months, Marina was due for the seven vaccines given then: diphtheria, pertussis, tetanus, polio, Haemophilus Influenzae B, chickenpox and meningococcus. She had been free of seizures for a year except for one possible seizure we didn't see but suspected two weeks before the 18 month vaccines.

We told our paediatrician and the health nurse about this but the nurse told me they changed the vaccine and it no longer affected seizures. At the time of the vaccines Marina had a cold. I kept asking the nurse if it was all right to go ahead. She said yes – just give Marina Tylenol for the next twenty four hours."

The result was: a two week stay at Children's Hospital with one week in the ICU; unremitting seizures followed by seizures almost daily, up to more than fifteen per day; Marina came close to death 60 hrs after the seven doses. Unbelievably, public health carried on as if nothing had happened."

Janaia continues: "We have a copy of her chart and it is written in there that 'Communicable Diseases' believes that Marina should go ahead with the regular vaccine schedule. Since then we have seen an immunologist who was skeptical at first, but after a two hour appointment and listening to our story, said he would not be comfortable recommending any vaccine for Marina or myself. The quote in the letter he wrote was that it is 'difficult to predict the risk with subsequent vaccines for either mom or Marina with this history.'

The statement from the neurologist was that the vaccines were a 'major contributing factor' to Marina's adverse reactions. The genetics department, I believe, does believe that Marina's damage initiated with the flu shot, it is just not clear exactly how she was damaged. But because public health denies any connection, what's happened to Marina will not go to 'statistics' to help prevent the same thing happening again. I hope one day, if enough parents continue to tell their stories, our children will be protected."

At age three, Marina was still not doing well. Life was a constant struggle, taking her in and out of hospital, trying various drugs that didn't work. She was only then beginning to crawl and was severely developmentally delayed. Recalling the horror of the severe reaction, Janaia says: "When we walked into her room 60 hours afterwards and she was having one seizure after another, we were shocked. She still has this pattern to cluster and the fear is that one day there will not be a drug to stop it."

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In the name of the greater good

In the name of the 'greater good', the vaccine paradigm has claimed many innocent victims since its inception 200 years ago. In the name of the "public good", untold numbers of people have lost their health and their lives to the fetish called vaccination. A powerful mythology has been carefully crafted by monopoly medicine—a mythology that rules the mass consciousness with a pathological fear of germs and disease yet plants these very elements into healthy people in the name of 'prevention'. The unacknowledged injuries and deaths triggered by vaccine reactions in early childhood is one of the great tragedies monopoly medicine inflicts on populations. The practice of injecting healthy bodies with foreign proteins, bacterial and viral particles along with the accompanying toxic chemical compounds, becomes a high risk game that has sentenced countless people to chronic degenerative diseases, autoimmune disorders and death.

Since an honest evaluation of the long term health outcome of vaccinated and unvaccinated populations has never been done, how would we ever know the true background rate of brain injuries, rate of chronic and degenerative illnesses in either group or be able to compare the two? With one in 67 children suffering an autism disorder today, and one in six children now learning disabled, one wonders if the current accelerating rate of collapse in children's health might signal the reckoning that must surely come.

Note: for those interested in the history of vaccination, read Charles Creighton MD's investigation of Jenner and vaccination: http://www.whale.to/vaccines/creighton_b.html#CHAPTER___1._Jenners_scientific_credit_before_vaccination._ √

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with 1 in 88 military children in U.S.A. having autism [4], and according to the Vaccine Autoimmune Project (VAP), one in 67 in U.S.A. and 1 in 86 in the United Kingdom having autism [5]. Considering that the incidence of autism in boys is approximately four times greater than in girls, the relative incidence of autism in boys would be even greater. Finally, as estimated by VAP, the average lifetime cost of caring for autistic children will be about $3.2 million dollars per child.

In a bulletin sponsored by the American Academy of Pediatrics, January, 2004, entitled "AUTISM A.L.A.R.M.", in addition to an announcement of the increasing prevalence of autism at that time, it was announced that 1 in 6 American children were diagnosed with a developmental disorder and/or behavioral disorder.

In addition to the autism epidemic, in 2004 almost five million children were classified as learning disabled [6], which represents a three-fold increase since 1976-7 according to the *Digest of Education Statistics* [7]. Comparable increases have taken place in attention deficit hyperactive disorder (ADHD), with four and one half million children between ages 3 and 17 being diagnosed with this condition in 2004 [8].

In a bulletin sponsored by the American Academy of Pediatrics, January, 2004, entitled "AUTISM A.L.A.R.M.", in addition to an announcement of the increasing prevalence of autism at that time, it was announced that *1 in 6 American children were diagnosed with a developmental disorder and/or behavioral disorder*.

In a similar fashion the incidence of asthma has increased from roughly two and a half million children, ages 0-17 years in 1979 [8] to nine million children 0-17 years in 2004 [8], (roughly 12% of that age group), a time period in which this age group population increased 114% compared to a 360% increase in asthma.

Autoimmune diseases are also increasing, including juvenile diabetes, multiple sclerosis, Guillain-Barre Syndrome, and Crohn's inflammatory bowel disease. Based on the work of Vijendra Singh, who demonstrated marked elevations of brain antibodies in the form of myelin basic protein antibodies in autistic children [9-10], autism itself can be considered an autoimmune disorder.

2. The nature and necessity for vaccine safety tests

By way of explanation, a vaccine safety test is one in which before-and-after vaccine tests are performed, specifically designed to test for possible adverse effects on the neurological, immunological, hematologic, genetic, and other systems of the body, in sufficient numbers of test sbjects and controls to be statistically significant. As an example, in a little noted study from Germany by Eibl et al. [11], a significant, though temporary, drop of T-Helper lymphocytes was found in 11 healthy adults following routine tetanus booster vaccinations. Special concern rests in the fact that, in four of the subjects, T-helper lymphocytes fell to levels seen in active AIDS patients. If this was the result of a single vaccine in healthy adults, one must wonder what the results would be with today's multiple infant/childhood vaccines (over 36 vaccines before school age).

The preceding study was far too small to be statistically significant, but otherwise it could well serve as a prototype of vaccine safety tests that should be taking place. Although preliminary in nature, it did provide an important immune-system clue which should have had meaningful follow up. Yet, to the best of my knowledge, it has never been repeated.

Government health agencies have widely vouched for the safety of vaccine programs, but the only so-called safety tests they have provided to support their claims of safety have been epidemiological studies, generally considered to be the least reliable because of the ease with which they can be manipulated. Tellingly, in a series of U.S. Congressional Hearings dealing with issues of vaccine safety that took place from 1999 to December, 2004, neither the FDA, CDC, nor other government health agency was able to produce a single vaccine safety test, like the small-scale immune-system evaluation described above, which would meet current scientific standards [12].

3. Unique vulnerability of the infant brain to inflammatory peroxidative damage and vaccine injury

One of the tragedies in today's childhood vaccine programs is that pro-vaccination authorities have failed to take into account the nature of the infant brain and its unique vulnerabilities. Although constituting only 6% of body weight in an infant [13], it receives about 15% of cardiac output and consumes about 25% of the body's oxygen supply [14]. In addition, both brain and retina contain a relatively high percentage of polyunsaturated Omega-3 fatty acids, including docosahexaenoic acid (DHEA) and arachidonic acid, which are highly fragile and susceptible to inflammatory peroxidative damage (rancidity).

Such a situation might be compared with that of dry brush on the plains. Any fire prevention manual will warn against elevated oxygen levels as posing a fire hazard. In principle, the brain is no exception to this rule with its highly inflammable lipids. In the natural scheme of things, a diet of fresh whole foods would provide antioxidants which might correspond with "fire hoses" to suppress peroxidative inflammation, including vitamins C, D and E, glutathione, selenium, and other protective nutrients. However, with today's prevalence of highly processed foods, these nutrients are commonly deficient.

In addition, the infant's immature brain and nervous system tissues are going through an extended period of rapid growth and development, which also bring heightened vulnerability to cellular damage. As reported by R. L. Haynes et al. [15], cerebral axons (lengthy extensions of brain cells) achieve approximately one-fourth of adult level from 24th to 34th weeks of pregnancy, with rapid axonal growth and elongation taking place between 21 weeks of pregnancy and 24 weeks following birth. Onset of myelin development (fatty coating which protects nerve cells and provide nerve impulse insulation), does not commence until 14 weeks following birth with gradual progression to adult-like staining at 32 to 52 weeks. It is during this period of furious brain growth and limited myelin protection that infants inoculated according to today's recommended schedule receive over 21 vaccines.

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4. Current studies implicating vaccines as primary causal agents of autism and related disorders

In what may be the most comprehensive publication to date on the pathophysiology of adverse vaccine reactions, Russell Blaylock has compiled a mass of evidence that repeated stimulation of the systemic immune system results in first priming of microglia of the developing brain, following by intense microglial reaction with each successive series of vaccinations [16].

In explanation, microglia and astrocytes are first-line-immunological responder cells located in the brain which defend against foreign infectious invaders. Normally this response, such as to a viral infection, is of limited duration and harmless to the brain. However, when the microcytes and astrocytes are overstimulated for prolonged periods, which vaccines are designed to bring about, this extended activation can be very destructive to the brain.

Because of the critical dependence of the developing brain on a timed sequence of cytokine and excitatory amino acid fluc-tuation, according to Blaylock, sequential vaccinations can result in alterations of this critical process that will not only result in synaptic and dendritic loss, but abnormal (nerve) pathway development. When microglia are excessively activated by vaccines, especially chronically, they secrete a number of inflammatory cytokines, free radicals, lipid peroxidation products, and the two excitotoxins, glutamate and quinolenic acid, which may become highly destructive to the brain when these cells are excessively stimulated for prolonged periods. This process was suggested as the central mechanism resulting in the pathological as well as clinical features of autism [16].

Since the U.S. Congressional Hearings on issues of vaccine safety ended in December, 2004, credible and statistically significant studies have begun appearing that: a) meet the established criteria for effective safety tests and b) without exception in my opinion, have implicated vaccines as central causal factors in today's epidemic of autism and related disorders. Several are listed below:

- As published in the *Annals of Neurology* [17], Diana Vargas and colleagues examined the brains from autopsies of 11 autistic patients, ranging in ages from 5 to 44 years, in which they found the presence of extensively activated microglia and astrocytes along with elevations of cytokines and chemokines, which are immune system proteins involved in inflammatory processes. As the first study of its kind, it tends to support. Blaylock's theory that overstimulation of the brain's microglia and astrocytes for excessively prolonged periods resulting from current vaccine programs plays a central causal role in today's epidemic of childhood autism.

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- Surveys from four widely separated geographic areas have shown higher rates of asthma in fully vaccinated children as compared with those with limited or no vaccines [18-21].
- A study on primary immunization of 239 premature infants with gestational ages of less that 35 weeks was conducted by M. Pourcyrous et al. (*Journal of Pediatrics* [22], to determine the incidence of cardiorespiratory events and abnormal C-reactive protein (CRP) levels associated with administration of a single vaccine or multiple vaccines simultaneously at or about two months age. (CRP is a standard blood test to measure body inflammation.) CRP levels and cardiorespiratory events were monitored for three days following immunizations in a neonatal intensive care unit sponsored by the University of Tennessee. Elevations of CRP levels occurred in 70% of infants administered single vaccines and in 85% of those given multiple vaccines, 43% of which reached abnormal levels. Overall, 16% of infants had vaccine-associated cardiorespiratory events with episodes of apnea (cessation of breathing) and bradycardia.
- *Most important, 17% of those receiving single vaccines had intraventricular brain hemorrhages, with an incidence of 24% of those receiving multiple vaccines. (This is the first study of its kind, showing that brain hemorrhages can commonly take place in vulnerable infants, now being mis-diagnosed as Shaken Baby Syndrome in hospital emergency rooms.)* It should be noted that each and every one of the preceding adverse manifestations could be attributed to vaccine-induced brain inflammation.
- Though long denied by health officials, the action of mercury in causing brain inflammation in autistic children tends to be confirmed by Sajdel, Sulkowska, et al. [23]. Also the first of its kind, this study compared the cerebellar levels of the oxidative stress marker, 3-nitrotyrosine (3-NT), mercury (Hg), and the antioxidant, selenium (Se) between autistic and normal children. Average cerebellar 3-NT levels were statistically elevated by 68% in autistic children, cerebellar Hg by 68%, and mercury levels relative to protective selenium by 75% in autistic cases in comparison to controls.
- In a study along similar lines to the S. Sulkowska study above, X. Ming et al. [24] reviewed their animal model of autism, showing that oxidative stress from methylmercury or valproic acid exposures in early postnatal life of mice resulted in aberrant social, cognitive, and motor behavior. They also found that Trolox, a water-soluble vitamin E derivative, was capable of attenuating a number of these adverse neurobehavioral side effects.
- A telephone survey commissioned by the nonprofit group, *Generation Rescue*, compared vaccinated with unvaccinated boys in nine counties of Oregon and California [25]. The survey included nearly 12,000 households with children ranging in age from 4 to 17 years, including more than 17,000 boys among whom 991 were described as being completely unvaccinated. The survey found that, compared to unvaccinated boys, vaccinated boys were 155% more likely to have a neurological disorder, 224% more likely to have ADHD, and 61% more likely to have autism. For older vaccinated boys in the 11-17 age bracket, the results were even more pronounced, with 158% more likely to have neurological disorders, 317% more likely to have ADHD, and 112% more likely to have autism.

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- In October, 1998 the French government abandoned its mandatory hepatitis B vaccine program for school children after more than 15,000 law suits were filed for brain dam-age and autoimmune reactions including arthritis, multiple sclerosis, and lupus.

5. Vaccine adjuvants—their role in inducing prolonged immune response to vaccines, and their potentially adverse consequences.

As reviewed by Blaylock [16], adjuvants are substances added to vaccine formulations during manufacturing that are designed to boost the overall immune system response when the vaccine is injected. These substances include albumin, several forms of aluminum, formaldehyde. various amino acids, DNA residues, egg protein, gelatin, surfactants, monosodium glutamate(MSG), Thimerosal (50% ethyl mercury), and various antibiotics.

Contrary to public avowals as to the removal of mercury from vaccines, at time of this writing it is still present in the USA as a preservative in the multi-dose vials of tetanus-toxoid booster vaccines, the Menomune vaccine, the JE-Vax, and the inactivated influenza vaccines, including the "bird-flu" vaccine. Also it used in the manufacturing process of many vaccines to remove contaminants, which currently leaves trace residues of mercury in seven other vaccine formulations. Even these trace amounts are potentially toxic because of the universally recognized principle of toxicology, that combinations of toxins will increase toxicity exponentially; that is, two heavy metals will increase toxicity 10-fold, or three heavy metals increase toxicity 100-fold. In vaccines, the combinations would be mercury and aluminum. The same principle applies in other forms of toxic chemicals [26-28].

A study that was conducted in Lima, Peru by J. Laurente and colleagues [29] should remove all doubts about the potential dangers of mercury-containing thimerosal as a vaccine additive: To determine if thimerosal administration in amounts equivalent to vaccine content produces neurotoxic effects on the encephalon in postnatal hamsters and on the experimentation animals' development, three serial thimerosal injections were given on birth days 7, 9, and 11, with controls receiving only saline injection. Test animals subsequently showed statistically significant reduction in both weight and stature compared with controls. Neurotoxic effects were also produced at encephalic (brain) level at the hippocampus, cerebral cortex, and cerebellum. On tissue slides there was decrease in neuronal density, neuronal necrosis, and axonal demyelinization in test animals.

In vaccines, virtually insoluble polymeric aluminum hydroxy compounds serve to dramatically boost and prolong the immune reaction to the vaccination by prolonged activation of the macrophagic immune sub-system in some people [30-35].

A study involving muscle biopsies from vaccine injection sites in the thighs of eight children ages seven months to six years demonstrated localized macrophagic (inflammatory) myofasciitis in injection sites. Characteristic aluminum hydroxide crystals were identified by electron microscopy in two cases. Associated disorders included spinal muscle atrophy (two patients), myoglobinuria (one patient), and hypotonia with motor delay (one patient) [30].

Because vaccine adjuvants are designed to produce prolonged immune stimulation, they pose a particular hazard for the nervous system. Studies have shown that immune activation following vaccination can last up to two years, which means that destructive overstimulation of microglia may also be primed for this length of time or even longer. In addition, it is known that aluminum accumulates in the brain and that this accumulation is associated with Alzheimer's disease and Parkinson's disease [36-38].

6. Ongoing mass (herd) immunizations—are they necessary?

Vaccine proponents would have us believe that mass vaccine programs have been largely responsible for controlling virtually all of the former epidemics of killer childhood diseases in industrialized nations, In my opinion, with the exception of smallpox and the possible exception of the polio vaccine, the facts do not bear this out. According to the Metropolitan Life Insurance Company, from 1911 to 1935 the four leading causes of childhood deaths from infectious diseases in the USA were diphtheria, pertussis (whooping cough), scarlet fever, and measles. Yet, by 1945 the combined death rates from these causes had declined by 95%, *before implementation of mass vaccine programs* [39]. Other sources provided much the same pattern of information [40-41]. Furthermore, according to a report in *Morbidity and Mortality Weekly Report*, July 30, 1999, improvements in sanitation, water quality, hygiene, and the introduction of antibiotics have been the most important factors in control of infectious disease in the past century. Although vaccines were mentioned, they were not included among the major factors [42].

7. The MMR vaccine and childhood autism: a hypothetical model

As mentioned earlier, it was only after the combination of the measles, mumps, and rubella live viruses into a single vaccine in the USA in 1978 that the incidence of childhood autism showed a sharp and dramatic increase [1-2]. Prior to that time the three viral vaccines had been in use a number of years, but given separately without significant increases in autism.

In addition to the Blaylock model of microglial overstimulation, also undoubtedly playing a major role [16], there are two plausible explanations for increases in autism following the MMR vaccine: First, protein sequences in the measles virus have been found to have similarities to those in brain tissues [43], so that by process of mimicry, the formation of antibodies against the measles virus would tend to cross react adversely with the brain. Second, and *probably far more important*, viruses are inherently immunosuppressive, in contrast to bacterial infections which stimulate the immune system, as reflected in the fact that viral infections generally lower white blood counts in contrast to bacterial infections, which raise white counts. The measles virus is exceptionally potent in this regard, being powerfully suppressive to cellular immunity [44-46], with the suppressive action of measles largely attributed to its suppression of interleukin 12, on which cellular immunity is dependent [45]. Consequently the combining of three viral vaccines into a single combination may substantially increase the immunosup-

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pressive vital effect, bringing about, in varying degrees, an immune paralysis in the infant. Under these circumstances the measles virus may spread into various tissues of the body. As with combinations of toxic chemicals that bring exponential increases in toxicities [26-28], combinations in viral vaccines may bringexponential increases in their toxic, immunosuppressive effects.

In support of this hypoth sis, Wakefield et al. have demonstrated live measles virus in the small intestinal lymph nodes in children with the autistic-colitis syndrome, with the only possible source being from the live virus in the MMR vaccine [47].

In his various lectures in this country, Wakefield stressed that it was only following the introduction of the MMR vaccine in the United Kingdom in 1987 that the rapid increase in childhood the colitis/autistic syndrome began to be seen. This pattern was further confirmed by checking back into the records of public health departments of the United Kingdom and finding reports of autism occurring among children contracting two such childhood diseases simultaneously, such as chicken pox and measles, or mumps and measles.

As reviewed by Blaylock [16], a number of studies have shown that live viruses used in vaccines can enter the brain and reside there for a lifetime. One study, in which autopsied tissues from the elderly were examined for the presence of the measles virus, found that 20% of brains had live measles virus and that 45% of other organs were infested as well [48].

As another study suggesting that active brain invasion by the measles virus in autistic children from the MMR vaccination, Bradstreet et al. [49] examined cerebrospinal fluid from three autistic children, which revealed the presence of measles virus genomic RNA.

As to other viral vaccines, as reported by Bernard Rimland, the *chicken pox vaccine* is also playing a role in these cases.

"The federal government's Vaccine Adverse Event Reporting System (VAERS), which supposedly documents adverse reactions to vaccines, received nearly 10,000 reports involving the chickenpox vaccine between March, 1995 and December, 1999. Some of these reactions included brain inflammation, neurological damage, immune system abnormalities, seizures, and death. It is important to note, by the way, that since reporting adverse events is not mandatory, only an estimated 1 to 10% of adverse events are reported to VAERS."[50]

In addition, articles by Gary Goldman seriously question the efficacy and advisability of universal varicella vaccination [51,52].

Immunosuppressive effects have also been reported from *the rubella vaccine*. In a study of eighteen school girls, ages 11 to 13 years by Pukhalsky et al., profound depression of interferon gamma (a key mediator of cellular immunity) was found 30 days following rubella vaccine [53].

Returning to the MMR vaccine, F. Imani and K. Kehoe found a previously unrecognized side effect by incubating the MMR vaccine with a line of human plasma cells, which resulted in increase in the expression of allergy-related IgE anti-bodies, and secondarily a decrease in protective IgG antibodies. Based on these findings, the authors concluded that viral vaccines may be playing a role in the increasing incidence of asthma and other allergic diseases [54].

8. Basics of the human immune system prior to introduction of vaccines

The human newborn comes into the world with residual antibodies from the maternal blood stream, which, in the absence of breastfeeding, provide general immunologic protection for about six months and, for measles, up to 12 months. Otherwise the newborn immune system is largely rudimentary, *requiring a series of microbe challenges to become fully functional*, a process requiring two or three years. Without these challenges, the immune system of a child would remain vestigial.

The immune system is divided into two major classes: *Cellular immunity*, located in the mucous membranes of the respiratory and gastrointestinal tracts and their respective lymph nodes, and *humoral immunity*, with production of antigen-specific antibodies by plasma cells in the bone marrow. For eons of time the mucous membranes of the gastrointestinal and respiratory tracts have been the primary sites of infectious microbe entry into the body so that, of necessity, mucosal immunity has evolved as the primary immune defense system of the body with *humoral immunity* serving a secondary role.

Both classes are governed by TH lymphocytes, the "T" referring to the thymus gland, from which they are derived, and the "H" referring to a "helper" activity. Early in life these "naïve" or uncommitted TH lymphocytes are differentiated into either armed Th1 cells, which governs in cellular immunity, or armed Th2 cells, which govern in humoral immunity. It has been found that this differentiation has been profoundly affected by cytokines, which are produced by lymphocytes and which serve as chemical messengers. The two cytokines, interleukin 12 and interferon gamma, promote and govern Th1 cells, while interleukins 4, 5, 6, and 10 promote and govern Th2 cells [55]. Once one subset becomes dominant, it is difficult to shift the response to the other subset, as the cytokines from one tend to dominate the other [56].

The differing functions of the Th1 cellular and Th2 humoral immunity systems were summarized in a review article by P. Kidd:

- "The Th1 cells are hypothesized to lead the attack against intracellular pathogens such as viruses, raise the classic delayed-type to viral and bacterial antigens, and fight cancer cells. The Th2 cells are believed to emphasize protection against extracellular pathogens…On the negative side, the Th1 pathway is often portrayed as being the more aggressive of the two, and when it is overreactive, can generate organ-specific autoimmune disease (e.g. arthritis, multiple sclerosis, type 1 diabetes). The Th2 pathway is seen as underlying allergy and related IgE-based disease."[57]

9. John B. Classen, M.D., and epidemiologic studies concerning a suspected causal relationship between vaccines and the rising incidence of Insulin-Dependent Diabetes mellitus (IDDM)

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In 1998 John Classen, M.D. gave a presentation at a conference held by the American College of Medicine in which he reviewed 32 published articles, five authored by himself, indicating a causal relationship between vaccines and the rising incidence of IDDM. Nations represented in the papers included New Zealand, Canada, the United Kingdom, Denmark, Finland, Sweden, the U.S., and Holland. Single vaccines were used including haemophilus, hepatitis B, pertussis, BCG, and smallpox.

A prototype was one conducted in Finland by Classen and reported in the *British Medical Journal* [58]. In this study, from all children born in Finland between October 1, 1985 and August 31, 1987, approximately 116,000 were randomized as test subjects to receive four doses of haemophilus vaccine starting at three months of age, or one dose starting at 24 months. 125,500 unvaccinated children served as controls. Each group was followed until age 10 years for development of IDDM. The incidence at seven years for those receiving four doses, those receiving one dose, and those receiving none was 261, 237, and 207 respectively with relative risks of 1.2, 1.14, and 1 for those receiving no vaccine.

Classen interpreted these results as indicating that it was not the type of vaccination that mattered so much as the immunologic impact of vaccination itself.

In virtually all of the reports from other countries the results were very similar, indicating a slight but consistent increase in IDDM following each of the single vaccines listed above. Classen interpreted these results as indicating that it was not the type of vaccination that mattered so much as the immunologic impact of vaccination itself. Typically there was a delay of 3 to 5 years between vaccines and onset of IDDM.

Quotations by Classen during the 1998 conference included:

- "Vaccinating every child against every disease is fundamentally unsound."
- "There is a 3.78-fold increased risk of insulin dependent diabetes mellitus in children from today's vaccines."
- "All autoimmune diseases are increasing in incidence.
- General immune (over) stimulation from vaccines is a cause of autoimmunity."

10. The dual role of the MMR and other viral vaccines in capturing and perverting immune functions in children

Prior to the initiation of mass vaccine programs in the 1940s and 1950s, it can be assumed that dominance of cellular or mucosal immunity would have been firmly established by what in those days was referred to as minor childhood diseases (chicken pox, mumps, rubella, and measles) with the establishment of permanent Th1 cellular immunity to these diseases in almost all instances. A study of autistic children by S. Gupta comparing Th1 and Th2 cytokines, and showing a dominance of the Th2 humoral cytokines [59], provides preliminary evidence that large-scale switching to Th2 humoral dominance may be taking place from current vaccine programs.

There is a school of thought that these diseases (measles, mumps, chicken pox, rubella) served a necessary function in challenging and bringing the Th1 cellular immunity to a fully functional state [60-61]. *Having eliminated these diseases with injectable vaccines directed at stimulating antibody production by the humoral system of the bone marrow, and consequently bypassing the cellular immune system of the mucous membranes, almost certainly leaves the latter stunted in growth and function from lack of challenge.*

Consequently it can be assumed that the cellular immune system is being progressively crippled and stunted by current childhood vaccines in two ways: First, by having removed the former challenges of minor childhood diseases by their respective vaccines, and second, by the powerfully suppressive effects of the MMR vaccine [44-46] and other viral vaccines.

The irony of this is that the TH1 (cellular) immune system is inherently far more effective in dealing with viral infections than the TH2 humoral system [57], with the T-helper lymphocytes of the mucous membranes quickly switching to the TH1 phase, allowing the lymphocytes to secrete a group of cytokines that kill viruses and bacteria. This undoubtedly is the reason that vaccine-induced immunities to measles, mumps, chicken pox, and rubella are transient, requiring repeated vaccines, while immunity conferred by the cellular immune system before vaccines was almost always permanent. For these reasons we are getting misdirection of both the cellular and humoral immune systems, resulting in far more chronic childhood illness than in earlier times.

11. Summary and conclusions

Over eons of time nature has evolved two major branches of the immune system, the Th1 cellular system located in the mucous membranes of the gastrointestinal and respiratory systems, and the Th2 humoral system, which involves the production of antigen-specific antibodies by plasma cells in bone marrow. Both systems are incredibly complex both in the timing of their developments and their functions. Since a large majority of infectious microorganisms enter the body through the mucous membranes, the cellular immune system has evolved as the primary immune defense system of the body, with the humoral system serving as a secondary or backup role. For these reasons, evolutionary challenges have required the cellular immune system to become more effective in dealing with infectious micro-organisms, especially intracellular viral infections [57]. This is undoubtedly the reason that vaccine-induced immunities to measles, mumps, chicken pox, and rubella, which bypass the cellular immune system, are of limited duration requiring repeated vaccinations. The natural diseases of former times, in contrast, were dealt with much more effectively by the cellular immune system, almost always conferring permanent immunity.

The reader may well question that we have innumerable viruses passing around in the population today. Would they not serve the same purposes as measles, chicken pox, mumps, and rubella? Perhaps, except that chicken pox, mumps, rubella, and especially measles affect and challenge the epithelial tissues of the skin, respiratory (rubella), and gastrointestinal tracts (measles, chicken pox, and mumps) in ways that few if any other viruses do.

As reviewed above, a newborn infant comes into the world with a rudimentary immune system which requires a series of challenges to bring it to full functional

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capacity, a process requiring approximately three years. In earlier times these challenges were largely in the forms of the "minor childhood diseases" listed above. With time and experience it is becoming evident that, in addition to those already mentioned, another flaw in today's vaccine programs is that the injectable vaccines, directed at stimulating antibody production in the bone marrow, are bypassing the cellular immune system, leaving it relatively unchallenged and therefore relatively weak and stunted during the critical infant/childhood period. In addition, there are the powerfully immunosuppressive effects of the MMR vaccine and other viral vaccines, to which the cellular immune system is uniquely vulnerable. These processes appear to be progressively undermining and eroding the cellular immune system, and unless discontinued or changed, may lead to an immunological collapses. Perhaps it already has for some children.

It is or should be manifestly apparent that the humoral antibody-producing system of the bone marrow can never functionally replace the far more efficient cellular immune system.

For this reason, in my opinion, any children's vaccine program which does not allow the cellular (mucosal) immune system to develop unhampered in a natural way from natural challenges will be self-defeating. This would necessarily require a delay of childhood vaccines until two or three years of age. With this delay, the minor childhood viral diseases might well return, but would this be a bad thing? The dangers of chicken pox and mumps have been greatly exaggerated. Because of concerns for congenital rubella, the rubella vaccine could be delayed to later years, as the infection itself is very mild. Historically, measles did have some serious consequences including encephalitis, blindness or death in about 1 in 150 cases. However, there are other answers. Nutrition has been one of the missing links all along. In third world countries where measles has resulted in high mortality, this has usually been associated with malnutrition. One example of nutritional intervention is vitamin A therapy, authorized by the World Health Organization in developing nations, which has significantly reduced both mortality and morbidity from measles.

A study in Afghanistan which showed significantly greater morbidity and mortality from measles in children administered aspirin and Tylenol than those not given these medications [62], so that these should be avoided with measles.

Then too, we now have antibiotics for secondary infections associated with measles, which they did not have in the days when measles carried a small but significant rate of morbidities and mortality, much of which was from secondary infections.

All of the above lies in the future. For today's parents the Autism Research Institute with headquarters in San Diego, California (www.AutismResearchInstitute.com) has made the following safety recommendations in childhood vaccines:

- Never vaccinate a sick child, even if he or she just has a runny nose.
- Never give more than two vaccines simultaneously.
- Rather than the MMR vaccine, request that these viral vaccines be given separately, preferably six months apart; give measles last; and do not give any other vaccines for at least 1 year after measles. Some compounding pharmacies do provide these individual vaccines.
- Administer vitamins A, D and C before and after vaccines.
- Never allow a vaccine containing any level of the mercurial compound, Thimerosal. At time of this writing in late 2008, 50 micrograms of Thimerosal is still present in each 0.5-mL dose of vaccine from multi-dose vials of influenza vaccines and multi-dose vials of tetanus booster vaccines, but not in single dose vials of these vaccines. A total of 17 vaccines formulations are still approved and available for use that contain some level of Thimerosal; 10 of these 17 vaccine formulations contain a preservative level of Thimerosal.

Any overview on vaccines would be incomplete without mention of the work of the highly published immunologist, H. H. Fudenberg, and his work in developing clinical applications of transfer factor, which is a low molecular weight extract of lymphocytes, capable of enhancing or inducing cell-mediated immunity de novo (withoutimmunizations) in an antigen specific fashion [63-64].

Finally, in view of gross deficiencies of vaccine safety testings, as documented by the U.S. Congressional Hearings on issues of vaccine safety (1999-December, 2004), the time is long overdue for a total rethinking and redirecting of current childhood vaccine programs. Until the safety of such programs can be assured by thorough and dependable safety testing, any further mandating of childhood vaccines will remain morally and ethically untenable.

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Shots in the Dark

A Film Review by Edda West

Lina Moreco's documentary, Shots in the Dark is an outstanding new film about the plight of vaccine injured children and their families. Filmed in the U.S., Quebec, France and Britain, it delivers a resounding message that vaccine injuries are not isolated or uncommon. 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. These injuries happen everywhere infants are injected with multiple doses of vaccines on a "one size fits all" schedule – a schedule which fails to take into account the impact of vaccines on the immature brain and immune system, or on any underlying disorders a child may have.

None of the parents were warned of the risk of brain damage to their children. Everyone trustingly accepted the official mantra that vaccines are safe and necessary to protect their children's health.

Long time vaccine awareness activist, Barbara Loe Fisher eloquently discusses the jeopardy children are subjected to by public health policies which forward the idea that more and more vaccines make children healthier. She asks, "Why are we so afraid of micro-organisms that we are trading off infectious diseases in childhood for chronic diseases later in life?" She says "Vaccines are hurting far more people than health officials ever expected."

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. Researchers in Europe show us the crystalline structures in muscle tissue in which the persistently lingering residue of aluminum hydroxide, a common vaccine ingredient, causes neuromuscular illness. A French scientist echoes the concern of many in the research community who feel that, "opposition to exposing the truth about undesirable effects of vaccines" is a dominant theme in medicine today.

Renowned neuroimmunologist, Dr. Serge Rivest discusses neurodegenerative diseases like Multiple Sclerosis and ALS and the role of the brain's immune system in these diseases. He explains the dynamics of the highly sensitive microglia, the specialized immune cells which extend their arms through nerve tissue and are distributed throughout the brain. The microglial inflammatory response is a "double edged sword" which, when overactivated by stimulants such as vaccines, pour out toxic substances that destroy neurons and can lead to death or cognitive damage.

Despite the existence of state of the art research now being conducted internationally which demonstrates the cellular mechanisms of neuronal and immune system damage caused by vaccines, the medical profession, government vaccine officials and the pharmaceutical companies refuse to acknowledge the research implicating vaccines in the epidemic of neuroimmune disorders suffered by children today. They remain willfully blind to the fact that science itself now proves we have moved beyond the simplistic explanation that injuries following vaccination are always just a "coincidence".

Lina Moreco's powerful and thought provoking film is undoubtedly the best vaccine awareness documentary produced in many years. This documentary is destined to be a classic and will enable many more people to grasp the reality of vaccine risks. Moreco succeeds in taking us to the next level of awareness. She informs us that catastrophic vaccine injuries are a grim fact of life - that the impact of vaccine damage on society can no longer be ignored with 1 in 6 children now suffering from autism or a learning disability – that many adults also succumb to the ravages of vaccine triggered neuroimmune damage. Of urgent significance, the film gives voice to the scientists whose meticulous work reveals the mechanisms of vaccine induced injuries.

The scientific knowledge is now in place affirming what many families have known for decades, that vaccines can and do cause catastrophic injuries. The question remaining is how many more must be sacrificed to a medical paradigm that turns a blind eye to the wide scale suffering and damage its vaccine policies inflict on a trusting and captive population?

Note: Lina Moreco's documentary is 86 min. 43 sec. in length and due to be released by the National Film Board in June, 2009.

For more information about Shots in the Dark, please visit Lina Moreco's website at: http://linabmoreco.wordpress.com or the National Film Board at: www.nfb.ca/shotsinthedark

YOUTUBE—to see the 52min version of the film in French (in four parts): http://www.youtube.com/watch?v=cGCHgkAz2eg √

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Phase 5 had never been declared since the warning system was introduced in 2005 in response to the avian influenza crisis. Phase 6 means a pandemic is under way.

Several nations have imposed travel bans, or made plans to quarantine air travelers[2] that present symptoms of the swine flu despite the fact that WHO now openly states it is not possible to contain the spread of this infection and recommends mitigation measures, not restricting travel or closing borders.

Just What is a Pandemic Anyway?

A pandemic does not necessarily mean what you think it does, it is NOT black-plague carts being hauled through the streets piled high with dead bodies. Nor does it mean flesh eating zombies wandering the streets feeding on the living. All a pandemic means is that a new infectious disease is spreading throughout the world.

By definition, a "pandemic" is an epidemic that is geographically widespread. Fear-mongers are always careful to add the innuendo that millions of people could and probably will die, as in the Spanish Flu pandemic of 1918 that killed about 20 million people worldwide.

How does the death of even a few hundred equate to 20 million?

Much Fear Mongering Being Promoted

I suspect you have likely been alarmed by the media's coverage of the swine flu scare. It has a noticeable subplot—preparing you for draconian measures to combat a future pandemic as well as forcing you to accept the idea of mandatory vaccinations.

On April 27, Time magazine published an article which discusses how dozens died and hundreds were injured from vaccines as a result of the 1976 swine flu fiasco, when the Ford administration attempted to use the infection of soldiers at Fort Dix as a pretext for a mass vaccination of the entire country.

Despite acknowledging that the 1976 farce was an example of "how not to handle a flu outbreak", the article still introduces the notion that officials "may soon have to consider whether to institute draconian measures to combat the disease".

Fear has become so widespread that Egypt has ordered the slaughter of the country's 300,000 pigs, even though no cases have been reported there. At least this threatened epidemic has provided a source of amusement as it has generated even more ludicrous behavior.

Fortunately some respectable journalists recognize this and are seeking to spread a voice of reason to the fear that is being promoted in the majority of the media.

This is NOT the First Swine Flu Panic

My guess is that you can expect to see a lot of panic over this issue in the near future. But the key is to remain calm—this isn't the first time the public has been warned about swine flu. The last time was in 1976, right before I entered medical school and I remember it very clearly. It resulted in the massive swine flu vaccine campaign.

Do you happen to recall the result of this massive campaign?

Within a few months, claims totaling $1.3 billion had been filed by victims who had suffered paralysis from the vaccine. The vaccine was also blamed for 25 deaths.

However, several hundred people developed crippling Guillain-Barré Syndrome after they were injected with the swine flu vaccine. Even healthy 20-year-olds ended up as paraplegics.

And the swine flu pandemic itself? It never materialized.

More People Died From the Swine Flu Vaccine than Swine Flu!

It is very difficult to forecast a pandemic, and a rash response can be extremely damaging.

To put things into perspective, malaria kills 3,000 people EVERY DAY, and it's considered "a health problem"... But of course, there are no fancy vaccines for malaria that can rake in billions of dollars in a short amount of time.

One Australian news source,[3] for example, states that even a mild swine flu epidemic could lead to the deaths of 1.4 million people and would reduce economic growth by nearly $5 trillion dollars.

Give me a break, if this doesn't sound like the outlandish cries of the

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pandemic bird-flu I don't know what does. Do you remember when President Bush said two million Americans would die as a result of the bird flu?

In 2005, in 2006, 2007, and again in 2008, those fears were exposed as little more than a cruel hoax, designed to instill fear, and line the pocketbooks of various individuals and industry. I became so convinced by the evidence AGAINST the possibility of a bird flu pandemic that I wrote a New York Times bestselling book, The Bird Flu Hoax, all about the massive fraud involved with the epidemic that never happened.

What is the Swine Flu?

Regular swine flu is a contagious respiratory disease, caused by a type-A influenza virus that affects pigs. The current strain, A(H1N1), is a new variation of an H1N1 virus—which causes seasonal flu outbreaks in humans—that also contains genetic material of bird and pig versions of the flu.

Symptoms include:

- Fever of more than 100
- Coughing
- Runny nose and/or sore throat
- Joint aches
- Severe headache
- Vomiting and/or diarrhea
- Lethargy
- Lack of appetite

Interestingly enough, this version has never before been seen in neither human nor animal, which I will discuss a bit later.

This does sound bad. But not so fast. There are a few reasons to not rush to conclusions that this is the deadly pandemic we've been told would occur in the near future (as if anyone could predict it without having some sort of inside knowledge).

Current State of Swine Flu Spread

As of May 8, 2009, 24 countries have officially reported 2,384 cases of influenza A(H1N1) infection and only 44 deaths in the **ENTIRE** world from this illness. At this time **43** of the deaths are from people born in Mexico.

Why Mexico? Well overcrowding, poor nutrition and overall poor immunity, all of which are indigenous to Mexico will radically increase your risk of death from almost any infection.

Interestingly there are no official reports of just who these people are that died. Are they elderly or infirm people, are they already chronically ill? Are they under 5 years old? Or perhaps someone who could just as easily be killed by the common cold or a slip and fall? These are important questions that have not been answered.

The number of fatalities, and suspected and confirmed cases across the world change depending on the source, so your best bet—if you want the latest numbers—is to use Google Maps' Swine Flu Tracker. There is also an experimental version for Mexico.

But "officially' the most recent numbers according to the World Health Organization's Epidemic and Pandemic Alert and Response site are:

- The United States has had 896 confirmed cases, and two deaths. On April 29th CNN reported the first swine fatality in the US, however this was actually a toddler whose family had recently crossed from Mexico into Texas.

Swine Flu is a WEAK Virus

It is important to note that nearly all suspected new cases have been reported as mild. Preliminary scientific evidence is also pointing out that this virus is NOT as potent as initially thought.

Wired Magazine reported on May 4 that Lawrence Livermore National Laboratory computer scientists did not find similarities between swine flu and historical strains that spread widely, with catastrophic effect. Their findings are based on just one complete sample and several fragmentary samples of swine flu, but fit with two other early analyses.

Personally, I am highly skeptical. It simply doesn't add up to a real pandemic.

But it does raise serious questions about where this brand new, never before seen virus came from, especially since it cannot be contracted from eating pork products, and has never before been seen in pigs, and contains traits from the bird flu—and which, so far, only seems to respond to Tamiflu. Are we just that lucky, or... what?

Your Fear Will Make Some People VERY Rich in Today's Crumbling Economy

Tamiflu (oseltamivir phosphate) is approved for treatment of uncomplicated influenza A and B in children 1 year of age or older. It is also approved for prevention of influenza in people 13 years or older. It's part of a group of anti-influenza drugs called neuraminidase inhibitors, which work by blocking a viral enzyme that helps the influenza virus to invade cells in your respiratory tract.

According to the Associated Press at least one financial analyst estimates up to $388 million worth of Tamiflu sales in the near future[10]—and that's without a pandemic outbreak.

More than half a dozen pharmaceutical companies, including Gilead Sciences Inc., Roche, GlaxoSmithKline and other companies with a stake in flu treatments and detection, have seen a rise in their shares in a matter of days, and will likely see revenue boosts if the swine flu outbreak continues to spread.

Swine flu is extremely convenient for governments that would have very soon have to dispose of billions of dollars of Tamiflu stock, which they bought to counter avian flu, or H5N1. The US government ordered 20 million doses, costing $2 billion, in October, 2005, and around that time the UK government ordered 14.6 million doses. Tamiflu's manufacturer, Roche, has confirmed that the shelf life of its anti-viral is three years.

As soon as Homeland Security declared a health emergency, 25 percent—about 12 million doses—of Tamiflu and Relenza treatment courses were released from the nation's stockpile. However, beware that the declaration also allows unapproved tests and drugs to be administered to children. Many health- and government officials are more than willing to take that chance with your life, and the

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life of your child. But are you?

Tamiflu Loaded With Side Effects, Including Death and Can Only Reduce Symptoms by 36 Hours at BEST

Please realize that Tamiflu is NOT a safe drug Serious side effects include convulsions, delirium or delusions, and 14 deaths in children and teens as a result of neuropsychiatric problems and brain infections Japan actually banned Tamiflu for children in 2007.

Remember, Tamiflu went through some rough times not too long ago, as the dangers of this drug came to light when, in 2007, the FDA finally began investigating some 1,800 adverse event reports related to the drug.

Additionally common side effects of Tamiflu include:

- Nausea
- Vomiting
- Diarrhea
- Headache
- Dizziness
- Fatigue
- Cough

All in all, the very symptoms you're trying to avoid.

Additionally, Tamiflu has been reported to be ineffective against seasonal flu outbreaks, and may not be sufficient to combat an epidemic or pandemic.

But making matters worse, some patients with influenza are at HIGHER risk for secondary bacterial infections when on Tamiflu. And secondary bacterial infections, as I mentioned earlier, was likely the REAL cause of the mass fatalities during the 1918 pandemic!

> When Tamiflu is used as directed (twice daily for 5 days) it can ONLY reduce the duration of your influenza symptoms by 1 to 1 ½ days, according to the official data.

But here's the real kicker.

When Tamiflu is used as directed (twice daily for 5 days) it can ONLY reduce the duration of your influenza symptoms by 1 to 1 ½ days, according to the official data.

Why on earth would anyone want to take a drug that has a chance of killing you, was banned in Japan, is loaded with side effects that mimic the flu itself, costs over $100, and AT BEST can only provide 36 hours of SYMPTOM relief. Just doesn't make any sense.

Should You Accept a Flu Vaccine—Just to be Safe?

As stated in the New York Times[14] and elsewhere, flu experts have no idea whether the current seasonal flu vaccine would offer any protection whatsoever against this exotic mutant, and it will take months to create a new one.

But let me tell you, getting vaccinated now would not only offer no protection and potentially cause great harm, it would most likely be loaded with toxic mercury which is used as a preservative in most flu vaccines...

I've written extensively about the numerous dangers (and ineffectiveness) of flu vaccines, and why I do not recommend them to anyone. So no matter what you hear—even if it comes from your doctor—don't get a regular flu shot. They rarely work against seasonal flu...and certainly can't offer protection against a never-before- seen strain.

Currently, the antiviral drugs Tamiflu and Relenza are the only drugs that appear effective against the (human flu) H1N1 virus, and I strongly believe taking Tamiflu to protect yourself against this new virus could be a serious mistake—for all the reasons I already mentioned above.

But in addition to the dangerous side effects of Tamiflu, there is also growing evidence of resistance against the drug. In February, the pre-publication and preliminary findings journal called Nature Precedings published a paper on this concern, stating[15]:

The dramatic rise of oseltamivir [Tamiflu] resistance in the H1N1 serotype in the 2007/2008 season and the fixing of H274Y in the 2008/2009 season has raised concerns regarding individuals at risk for seasonal influenza, as well as development of similar resistance in the H5N1 serotype [bird flu].

Previously, oseltamivir resistance produced changes in H1N1 and H3N2 at multiple positions in treated patients. In contrast, the recently reported resistance involved patients who had not recently taken oseltamivir.

It's one more reason not to bother with this potentially dangerous drug.

And, once a specific swine flu drug is created, you can be sure that it has not had the time to be tested in clinical trials to determine safety and effectiveness, which puts us right back where I started this article—with a potential repeat of the last dangerous swine flu vaccine, which destroyed the lives of hundreds of people.

Topping the whole mess off, of course, is the fact that if the new vaccine turns out to be a killer, the pharmaceutical companies responsible are immune from lawsuits—something I've also warned about before on numerous occasions.

Unfortunately, those prospects won't stop the governments of the world from mandating the vaccine—a scenario I hope we can all avoid.

How to Protect Yourself Without Dangerous Drugs and Vaccinations

For now, my point is that there are always going to be threats of flu pandemics, real or created, and there will always be potentially toxic vaccines that are peddled as the solution. But you can break free of that whole drug-solution trap by following some natural health principles.

I have not caught a flu in over two decades, and you can avoid it too, without getting vaccinated, by following these simple guidelines, which will keep your immune system in optimal working order so that you're far less likely to acquire the infection to begin with.

Optimize your vitamin D levels. As I've previously reported, 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.

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This is probably the single most important and least expensive action you can take. I would STRONGLY urge you to have your vitamin D level monitored to confirm your levels are therapeutic at 50-70 ng.ml and done by a reliable vitamin D lab like Lab Corp.

For those of you in the US we hope to launch a vitamin D testing service through Lab Corp that allows you to have your vitamin D levels checked at your local blood drawing facility, and relatively inexpensively. We hope to offer this service by June 2009.

If you are coming down with flu like symptoms and have not been on vitamin D you can take doses of 50,000 units a day for three days to treat the acute infection. Some researchers like Dr. Cannell, believe the dose could even be as high as 1000 units per pound of body weight for three days.

However, most of Dr. Cannell's work was with seasonal and not pandemic flu.

However, the fact remains that the regular flu at this point in time is FAR more dangerous than the swine flu and were you worried about the regular flu before the media started talking this up?

If your body has never been exposed to the antigens there is chance that the vitamin D might not work. However the best bet is to maintain healthy levels of vitamin D around 60 ng/ml.

BUT to keep this in perspective the regular flu, not the swine flu, has killed 13,000 in the US since January. But there is strong support that these types of figures are grossly exaggerated to increase vaccine sales. However, the fact remains that the regular flu at this point in time is FAR more dangerous than the swine flu and were you worried about the regular flu before the media started talking this up?

Avoid Sugar and Processed Foods. Sugar decreases the function of your immune system almost immediately, and as you likely know, a strong immune system is key to fighting off viruses and other illness. Be aware that sugar is present in foods you may not suspect, like ketchup and fruit juice.

Get Enough Rest. Just like it becomes harder for you to get your daily tasks done if you're tired, if your body is overly fatigued it will be harder for it to fight the flu. Be sure to check out my article Guide to a Good Night's Sleep for some great tips to help you get quality rest.

Have Effective Tools to Address Stress . We all face some stress every day, but if stress becomes overwhelming then your body will be less able to fight off the flu and other illness.

If you feel that stress is taking a toll on your health, consider using an energy psychology tool such as the Emotional Freedom Technique (EFT), which is remarkably effective in relieving stress associated with all kinds of events, from work to family to trauma. You can check out my free, 25-page EFT manual for some guidelines on how to perform EFT.

Exercise. When you exercise, you increase your circulation and your blood flow throughout your body. The components of your immune system are also better circulated, which means your immune system has a better chance of finding an illness before it spreads. You can review my exercise guidelines for some great tips on how to get started.

Take a good source of animal based omega-3 fats like Krill Oil. Increase your intake of healthy and essential fats like the omega-3 found in krill oil, which is crucial for maintaining health. It is also vitally important to avoid damaged omega-6 oils that are trans fats and in processed foods as it will seriously damage your immune response.

Wash Your Hands. Washing your hands will decrease your likelihood of spreading a virus to your nose, mouth or other people. Be sure you don't use antibacterial soap for this—antibacterial soaps are completely unnecessary, and they cause far more harm than good. Instead, identify a simple chemical-free soap that you can switch your family to.

Eat Garlic Regularly. Garlic works like a broad-spectrum antibiotic against bacteria, virus, and protozoa in the body. And unlike with antibiotics, no resistance can be built up so it is an absolutely safe product to use. However, if you are allergic or don't enjoy garlic it would be best to avoid as it will likely cause more harm than good.

Avoid Hospitals and Vaccines In this particular case, I'd also recommend you stay away from hospitals unless you're having an emergency, as hospitals are prime breeding grounds for infections of all kinds, and could be one of the likeliest places you could be exposed to this new bug. Vaccines will not be available for six months at the minimum but when available they will be ineffective and can lead to crippling paralysis like Guillain-Barré Syndrome just as it did in the 70s.

Factory Farming Maybe Source of Swine Flu

Another theory as to the cause of Swine Flu might be factory farming. In the United States, pigs travel coast to coast. They can be bred in North Carolina, fattened in the corn belt of Iowa, and slaughtered in California.

While this may reduce short-term costs for the pork industry, the highly contagious nature of diseases like influenza (perhaps made further infectious by the stresses of transport) needs to be considered when calculating the true cost of long-distance live animal transport.

The majority of U.S. pig farms now confine more than 5,000 animals each. With a group of 5,000 animals, if a novel virus shows up it will have more opportunity to replicate and potentially spread than in a group of 100 pigs on a small farm.

With massive concentrations of farm animals within which to mutate, these new swine flu viruses in North America seem to be on an evolutionary fast track, jumping and reassorting between species at an unprecedented rate.

Why a True Bird- or Swine Flu Pandemic is HIGHLY Unlikely

While in my opinion it is highly likely factory farming is responsible for producing this viral strain, I believe there is still no cause for concern.

You may not know this, but all H1N1

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flu's are descendants of the 1918 pandemic strain. The reason why the flu shot may or may not work, however, from year to year, is due to mutations. Therefore, there's no vaccine available for this current hybrid flu strain, and naturally, this is feeding the fear that millions of people will die before a vaccine can be made.

However, let me remind you of one very important fact here.

Just a couple of months ago, scientists concluded that the 1918 flu pandemic that killed between 50-100 million people worldwide in a matter of 18 months—which all these worst case scenarios are built upon—was NOT due to the flu itself![4]

Instead, they discovered the real culprit was strep infections.

People with influenza often get what is known as a "superinfection" with a bacterial agent. In 1918 it appears to have been Streptococcus pneumoniae.

Since strep is much easier to treat than the flu using modern medicine, a new pandemic would likely be much less dire than it was in the early 20th century, the researchers concluded.

Others, such as evolutionary biologist Paul Ewald,[5] claim that a pandemic of this sort simply cannot happen, because in order for it to occur, the world has to change. Not the virus itself, but the world.

In a previous interview for Esquire magazine, in which he discusses the possibility of a bird flu pandemic, he states:

"They think that if a virus mutates, it's an evolutionary event. Well, the virus is mutating because that is what viruses and other pathogens do. But evolution is not just random mutation. It is random mutation coupled with natural selection; it is a battle for competitive advantage among different strains generated by random mutation.

For bird flu to evolve into a human pandemic, the strain that finds a home in humanity has to be a strain that is both highly virulent and highly transmissible. Deadliness has to translate somehow into popularity; H5N1 has to find a way to kill or immobilize its human hosts, and still find other hosts to infect. Usually that doesn't happen."

Ewald goes on to explain that evolution in general is all about trade-offs, and in the evolution of infections the trade-off is between virulence and transmissibility.

What this means is that in order for a "bird flu" or "swine flu" to turn into a human pandemic, it has to find an environment that favors both deadly virulence and ease of transmission.

People living in squalor on the Western Front at the end of World War I generated such an environment, from which the epidemic of 1918 could arise.

Likewise, crowded chicken farms, slaughterhouses, and jam-packed markets of eastern Asia provide another such environment, and that environment gave rise to the bird flu—a pathogen that both kills and spreads, in birds, but not in humans.

Says Ewald:

"We know that H5N1 is well adapted to birds. We also know that it has a hard time becoming a virus that can move from person to person. It has a hard time without our doing anything. But we can make it harder. We can make sure it has no human population in which to evolve transmissibility. There is no need to rely on the mass extermination of chickens. There is no need to stockpile vaccines for everyone.

By vaccinating just the people most at risk—the people who work with chickens and the caregivers—we can prevent it from becoming transmissible among humans. Then it doesn't matter what it does in chickens."

Please remember that, despite the fantastic headlines and projections of MILLIONS of deaths, the H5N1 bird flu virus killed a mere 257 people worldwide since late 2003. As unfortunate as those deaths are, 257 deaths worldwide from any disease, over the course of five years, simply does not constitute an emergency worthy of much attention, let alone fear!

Honestly, your risk of being killed by a lightning strike in the last five years was about 2,300 percent higher than your risk of contracting and dying from the bird flu.[6] I'm not kidding! In just one year (2004), more than 1,170 people died from lighting strikes, worldwide.[7]

So please, as the numbers of confirmed swine flu cases are released, keep a level head and don't let fear run away with your brains.

Where did This Mysterious New Animal-Human Flu Strain Come From?

Alongside the fear-mongering headlines, I've also seen increasing numbers of reports questioning the true nature of this virus. And rightfully so.

Could a mixed animal-human mutant like this occur naturally? And if not, who made it, and how was it released?

Not one to dabble too deep in conspiracy theories, I don't have to strain very hard to find actual facts to support the notion that this may not be a natural mutation, and that those who stand to gain have the wherewithal to pull off such a stunt.

Just last month I reported on the story that the American pharmaceutical company Baxter was under investigation for distributing the deadly avian flu virus to 18 different countries as part of a seasonal flu vaccine shipment. Czech reporters were probing to see if it may have been part of a deliberate attempt to start a pandemic; as such a "mistake" would be virtually impossible under the security protocols of that virus.

The H5N1 virus on its own is not very airborne. However, when combined with seasonal flu viruses, which are more easily spread, the effect could be a potent, airborne, deadly, biological weapon. If this batch of live bird flu and seasonal flu viruses had reached the public, it could have resulted in dire consequences.

There is a name for this mixing of viruses; it's called "reassortment," and it is one of two ways pandemic viruses are created in the lab. Some scientists say the most recent global outbreak—the 1977 Russian flu—was started by a virus created and leaked from a laboratory.

Another example of the less sterling integrity of Big Pharma is the case of Bayer, who sold millions of dollars worth of an in-

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jectable blood-clotting medicine to Asian, Latin American, and some European countries in the mid-1980s, even though they knew it was tainted with the AIDS virus.

So while it is morally unthinkable that a drug company would knowingly contaminate flu vaccines with a deadly flu virus such as the bird- or swine flu, it is certainly not impossible. It has already happened more than once.

But there seems to be no repercussions or hard feelings when industry oversteps the boundaries of morality and integrity and enters the arena of obscenity. Because, lo and behold, which company has been chosen to head up efforts, along with WHO, to produce a vaccine against the Mexican swine flu?

Baxter![11] Despite the fact that ink has barely dried on the investigative reports from their should-be-criminal "mistake" against humanity.

According to other sources,[12] a top scientist for the United Nations, who has examined the outbreak of the deadly Ebola virus in Africa, as well as HIV/AIDS victims, has concluded that the current swine flu virus possesses certain transmission "vectors" that suggest the new strain has been genetically-manufactured as a military biological warfare weapon.

In addition, Army criminal investigators are looking into the possibility that disease samples are missing from biolabs at Fort Detrick—the same Army research lab from which the 2001 anthrax strain was released, according to a recent article in the Fredrick News Post.[13] In February, the top biodefense lab halted all its research into Ebola, anthrax, plague, and other diseases known as "select agents," after they discovered virus samples that weren't listed in its inventory and might have been switched with something else.

Reprinted from Dr. Mercola's website where you will find references for this article and many more relevant articles pertaining to influenza as well as interesting videos: http://articles.mercola.com/sites/articles/archive/2009/04/29/swine-flu.aspx √

Mitochondria and Vaccines

By Russell L. Blaylock M.D.—April, 2008

As the person who first proposed the microglial/excitotoxin hypothesis (JANA 2003;6(4): 21-35 and J. Amer Phys Surg 2004; 9(2): 46-51) I feel I should explain the connection between microglia/excitotoxicity and mitochondrail dysfunction. My hypothesis was confirmed two years later by Vargis, et al in which they demonstrated chronic levels of inflammatory cytokines and chemokines as well as microglia and astrocytic activation in the brains of 11 autistics from age 5 years to 44 years, even though they never mentioned excitotoxicity as a final mechanism. I wish to address the mitochondrial issue, which has become of major interest with the appearance of the Hannah Poling's case.

In my original hypothesis, later expanded in a number of other articles, I explained that when the systemic immune system is overactivated, the brain's special immune system, consisting of microglia and astrocytes, also becomes activated. The microglia normally remain in a quiescent state called ramified microglia. Upon activation, they swell, assume special immune receptors in their membranes and move within the extracellular space. In this activated state they act as immune presenting cells and can secrete a number of inflammatory chemicals, such as IL-1, IL-2, IL-6, IL-12 and IL-18, TNF-alpha, chemokines, complement and two excitotoxins called glutamate and quniolinic acid. They also generate a number of powerful free radicals and lipid peroxidation molecules.

A number of studies have shown that when you use powerful immune adjuvants, as used in vaccines (especially when combined), this inflammatory/excitotoxic reaction within the brain is maximized. With the first vaccine (or natural infection) the brain's microglia are in a semi-activated stated called primed. If you re-vaccinate the animal or person within 1 to 2 months, these primed microglia overreact intensely, pouring out even higher levels of the excitotoxins, inflammatory cytokines and free radicals. Each subsequent set of vaccinations worsens this process.

These inflammatory/excitotoxic secretions damage the developing brain, which is undergoing its most active development at the very time the child is receiving 24 vaccines. This vaccine schedule exposes the child to a priming HepB vaccine at birth, 6 vaccines at age 2 months, then 5 vaccines at age 4 months, 7 vaccines at 6 months and finally 8 antigens at age one year. Each successive multi-dose barrage of vaccines intensely activates the brain's microglial system and the microglia activate the astrocytes, which also secretes, inflammatory cytokines, free radicals and excitotoxins. Experiments in which this pattern of immune stimulation is simulated using a vaccine adjuvant, demonstrate that it produces significant disruption of brain development. The greatest damage in these experiments is to the cerebellum and frontal lobes, which is also the primary sites of damage in autism. Further, food allergens also act as brain microglial activators, thereby worsening and prolonging the original immune/excitotoxic effect produced by the vaccines.

So, how does mercury play into all this? Mercury in extremely small concentrations (nanomolar concentrations) can activate microglia, trigger excitotoxicity and induce significant mitochondrial dysfunction. Blocking the glutamate receptors (that trigger excitotoxicity) also blocks most of the neurotoxic effect of mercury at these concentrations. That is, most of lower-dose effects of mercury in the brain are secondary to excitotoxicity. The mitochondria produce most of the energy used by neurons and a number of studies have shown that suppressing mitochondrial function by itself is not enough to alter brain function, but it is enough to magnify excitotoxic damage. That is, it is the excitotoxicity that is disrupting brain function and development.

A newer study has shown conclusively, that mitochondrial activation using a vaccine adjuvant not only suppresses mitochondrial function but that the damage caused by this mitochondrial suppression is actually produced by excitotoxicity.

Preventing overactivity of the microglia prevents the excitotoxicity. High levels of brain glutamate also activates microglial—it is the microglial activation that is central to the disease process.

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A great number of studies have shown that activating the systemic immune system repetitively worsens neurological disorders caused by other things and can initiate neurodegeneration itself, that is prolonged. The inflammatory cytokines interact with glutamate receptors to dramatically increase excitotoxic damage. We know that autistic children have elevated CSF and blood levels of glutamate, which confirms the presence of the excitotoxic process.

...activating the systemic immune system repetitively worsens neurological disorders caused by other things and can initiate neurodegeneration itself...

Basically, what we see is a process triggered by sequential, massive vaccination that primes and then activates the brain microglial/astrocytic system, triggering the release of massive amounts of inflammatory cytokines, chemokines and excitotoxins. This suppresses the mitochondria and the resulting energy loss further worsening the excitotoxic damage. Because of continued immune activation systemically, both by food allergies and natural infections, the brain's immune system remains in an active state, leading to suppression of brain pathway development and neural function. This is why the change in the vaccine policy beginning in the mid-1980s, triggered the epidemic of autism. The mercury just aggravated the process.

I warned a number of people and published my warning, that removing the mercury from vaccines would not stop the high incidence of autism, because it was just part of the picture. We must also appreciate that there are a great number of sources of mercury besides vaccine-mainly environmental and from dental amalgam.

For more information on this mechanism you can read my original articles on my website: www.russellblaylockmd.com. Also I have written more papers on my website under the heading "Information". All the information is free. I have several newer articles appearing in Medical Veritas and the Journal of Alternative Therapeutics in Health and Medicine. √

Another Autism Case Wins In Vaccine Court

by Robert F. Kennedy, Jr. & David Kirby February 24, 2009

On February 12, the (U.S.) federal "Vaccine Court" in Washington issued a sweeping ruling in three highly touted "test cases" against families who claimed that their children's autism had been caused by vaccines. The Special Masters in those three cases found that Petitioners failed to establish causation between MMR vaccines, the mercury-laced vaccine preservative thimerosal, and autism (the court decision, which is under appeal, deferred any finding on a thimerosal-only theory of causation). The rulings could have a significant precedential impact on some 5,000 families who opted to bring their cases in the Omnibus Autism Proceedings (OAP) hoping that the vaccine court would officially hold that the MMR vaccine or thimerosal had caused autism in their children.

The New York Times joined the government Health Agency (HRSA) and its big pharma allies hailing the decisions as proof that the scientific doubts about vaccine safety had finally been "demolished." The US Department of Health and Human services said the rulings should "help reassure parents that vaccines do not cause autism." The Times, which has made itself a blind mouthpiece for HRSA and a leading defender of vaccine safety, joined crowing government and vaccine industry flacks applauding the decisions like giddy cheerleaders, rooting for the same court that many of these same voices viscously derided just one year ago, after Hannah Poling won compensation for her vaccine induced autism.

But last week, the parents of yet another child with autism spectrum disorder (ASD) were awarded a lump sum of more than $810,000 (plus an estimated $30-40,000 per year for autism services and care) in compensation by the Court, which ruled that the measels-mumps-rubella (MMR) vaccine had caused acute brain damage that led to his autism spectrum disorder.

The family of 10-year-old Bailey Banks won their case quietly and without fanfare in June of 2007, but the ruling has only now come to public attention. In the remarkably clear and eloquent decision, Special Master Richard Abell ruled that the Banks had successfully demonstrated that "the MMR vaccine at issue actually caused the conditions from which Bailey suffered and continues to suffer."

Bailey's diagnosis is Pervasive Developmental Disorder—Not Otherwise Specified (PDD-NOS) which has been recognized as an autism spectrum disorder by CDC, HRSA and the other federal health agencies since at least the 1990s.

In his conclusion, Special Master Abell ruled that Petitioners had proven that the MMR had directly caused a brain inflammation illness called acute disseminated encephalomyelitis (ADEM) which, in turn, had caused the autism spectrum disorder PDD-NOS in the child:

The Court found that Bailey's ADEM was both caused-in-fact and proximately caused by his vaccination. It is well-understood that the vaccination at issue can cause ADEM, and the Court found, based upon a full reading and hearing of the pertinent facts in this case, that it did actually cause the ADEM. Furthermore, Bailey's ADEM was severe enough to cause lasting, residual damage, and retarded his developmental progress, which fits under the generalized heading of Pervasive Developmental Delay, or PDD [an autism spectrum disorder]. The Court found that Bailey would not have suffered this delay but for the administration of the MMR vaccine, and that this chain of causation was... a proximate sequence of cause and effect leading inexorably from vaccination to Pervasive Developmental Delay.

The Bailey decision is not an isolated ruling. We now know of at least two other successful ADEM cases argued in Vaccine Court. More significantly, an explosive investigation by CBS News has found that since 1988, the vaccine court has awarded money judgments, often in the millions of dollars, to thirteen hundred and twenty two families whose children suffered brain damage from vaccines. In many of these cases, the government paid out awards following a judicial finding that vaccine injury lead to the child's autism spectrum disorder. In each of these cases, the plaintiffs' attorneys made the same tactical decision made by Bailey Bank's lawyer, electing

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to opt out of the highly charged Omnibus Autism Proceedings and argue their autism cases in the regular vaccine court. In many other successful cases, attorneys elected to steer clear of the hot button autism issue altogether and seek recovery instead for the underlying brain damage that caused their client's autism.

Medical records associated with these proceedings clearly tell the tale. In perhaps hundreds of these cases, the children have all the classic symptoms of regressive autism; following vaccination a perfectly healthy child experiences high fever, seizures, and other illnesses, then gradually, over about three months, loses language, the ability to make eye contact, becomes "over-focused" and engages in stereotypical head banging and screaming and then suffers developmental delays characteristic of autism. Many of these children had received the autism diagnosis. Yet the radioactive word "autism" appears nowhere in the decision.

Instead the vaccine court Special Masters rest their judgments on their finding that the vaccines caused some generalized brain injury, mainly Encephalopathy/encephalitis (brain inflammation) or "seizure disorders"—conditions known to cause autism-like symptoms. A large number of the children who have won these judgments have been separately diagnosed with autism. HRSA acknowledged this fact in a recent letter, but told us it does not keep data on how many of these children were autistic.

The Vaccine Court, in other words, seems quite willing to award millions of dollars in taxpayer funded compensation to vaccine-injured autistic children, so long as they don't have to call the injury by the loaded term "autism." That hazard is particularly acute for vaccine victims who appear before the Omnibus Autism Proceedings (OAP). Since that body's decisions are closely watched, published and accorded the weight of precedent, many lawyers consider the burden of proof for petitioners to be impossibly high before the OAP Panel. It was for this reason that Bailey's attorney, Mark McLaren, elected to opt out of the OAP and try his case separately, even though Bailey has been receiving autism-related services in his home state and was eligible to file a case in the Court's Omnibus Autism Proceedings (OAP).

McLaren told us he wanted to avoid the added burden facing petitioners under the media glare and precedential weight attending OAP panel trials. "We considered [the OAP route] because [Bailey] is on the autistic spectrum of disorders, but we thought we could try it separately and apart from the Omnibus, and not as a test case," explained McLaren. "We thought we'd have a better chance if we tried to on its own merit, away from the spotlights and the precedent setting pressures that attend these OAP test cases—and it worked."

Bob Krakow, a leading attorney for vaccine damaged children told that many lawyers are now convinced that filing a claim in the OAP is a losing proposition. "There's a growing conviction that if you have a autistic client who has also been diagnosed with encephalopathy/encephalitis or seizure disorder, you are better off not mentioning the word "autism" if you want to win the case." He recommended instead filing a non autism claim like "mental retardation with seizure disorder" for an autistic client.

Although the vaccine court is mandated to fairly serve the victims of vaccine injuries, their primary purpose and raison d'etre is to protect the vaccine program and vaccine makers. Damages are doled out from a 75-cent tax on every vaccine sold and not from the vaccine makers. "You can understand why special masters, burdened with their duty to protect vaccine programs, might be unwilling to make the direct causal link between autism and vaccines," Krakow observed. "If you ask the big question and answer it in the affirmative, there is a sense that it will damage the vaccine program irreparably."

Vaccine Court judges are equipped with a draconian armory of weapons deployable against plaintiffs intent on proving the causal connection between vaccines and autism. Jury trials are prohibited. Damages are capped; awards for pain and suffering are strictly limited and punitive damages banned altogether. Vaccine defenders have an army of Department of Justice attorneys with virtually unlimited resources for expert witnesses and other litigation costs. Plaintiffs, in contrast, must fund the up front costs for experts on their own. In a cultural choice that clearly favors defendants, vaccine court gives overwhelming weight to written medical records which are often inaccurate—over all other forms of testimony and evidence. Observations by parents and other caretakers are given little weight.

Worst of all—plaintiffs have no right to discovery either against the pharmaceutical industry or the government. Since autism is a behavioral affliction rather than a precisely defined biological injury—epidemiological studies are critical to establishing its causation. But the greatest source of epidemiological data is the Vaccine Safety Datalink (VSD)—the government maintained medical records of hundreds of thousands of vaccinated children—which HHS has gone to great lengths to keep out of the hands of plaintiffs' attorneys and independent scientists. Unfortunately the vaccine court has judicially anointed this corrupt concealment by consistently denying every motion by petitioners to view the VSD. The raw data collected in the VSD would undoubtedly provide the epidemiological evidence needed to understand the relationship between vaccines and autism. The absence of such studies makes it easy for judges to say to plaintiffs they have not met their burden of proving causation.

Meanwhile, CDC has actively, openly and systematically suppressed and defunded epidemiological studies that might establish a causal link. CDC has ignored repeated pleadings that it fund peer reviewed studies of unvaccinated American cohorts like the Amish and home-schooled children. At the same time the agency has worked overtime ginning up a series of fatally-flawed European studies purporting to dispute the link. Even a cursory critical examination reveals that the oft-cited Danish, English, and Italian studies are rank tobacco science. Many of them were funded by CDC, a badly compromised agency, performed by vaccine industry scientists, and published in miserably conflicted journals.

Needless to say, the existence of these phony studies, combined with the deliberate dearth of epidemiological evidence makes it easy for the special masters to dodge a politically explosive finding by holding that there is "insufficient evidence."

And, speaking of tobacco, it's worth recalling that for sixty years the tobacco industry successfully defended a product

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that was killing one out of every five of its customers against thousands of legal actions brought by its victims and their families. Tobacco lawyers protected the cigarette companies by arguing that there was no proven link between tobacco and lung cancer. Bob Krakow sees many parallels. Big tobacco uses the same tactic of manufacturing research that seems to dispute the connection to exploit the burdens on plaintiffs to prove causation. Big tobacco prevailed for six decades even without the help of supportive government agencies deliberately suppressing real science and research. In that sense vaccine victims must leap a much higher hurdle.

Despite the perilous odds stacked against them in vaccine court, the evidence of a vaccine/autism link is so strong that vaccine court judges and government agencies have now recognized at least two theories of how vaccines cause autism...

Despite the perilous odds stacked against them in vaccine court, the evidence of a vaccine/autism link is so strong that vaccine court judges and government agencies have now recognized at least two theories of how vaccines cause autism: the Vaccine-to-ADEM-to-ASD link in Bailey Banks' case, and vaccine-induced aggravation of an underlying mitochondrial dysfunction that caused full-blown autism in the Hannah Poling case. Both theories are different from those rejected in the three cases last week.

Perhaps, these new disclosures will prompt The Times, with all its influence, to actually make prudent journalistic inquiries into the phony science CDC uses to defend its claims of "vaccine safety." If it does, the paper will realize it has once again been ill used by government agencies in a tragic campaign of public deceit. The Times should make the reasonable demand that the government health agencies finally release the Vaccine Safety Datalink for independent scientific research and that CDC and HRSA lift their opposition to genuine epidemiological studies that might finally provide real scientific answers to this debate. √

A New Theory Of Autism Causation?

By David Kirby

A ruling from (the U.S.) Federal Vaccine Court—that MMR vaccine caused an autism spectrum disorder in a young boy named Bailey Banks—flies directly in the face of the triple-play decision against a vaccine-autism link issued by the Court on February 12.

The Special Masters in those three cases inferred that the vaccine-autism theory was the stuff of Alice in Wonderland fantasy, and virtually accused the childrens' physicians of medical malpractice. (CNN's Dr. Sanjay Gupta called the Court's language "snide," and we agree).

Meanwhile, the US Department of Health and Human services said the rulings should "help reassure parents that vaccines do not cause autism." But why should parents feel reassured when two out of five autism cases (40%) - that we know of - have won taxpayer-funded compensation in Vaccine Court?

The Ruling

In his decision, Special Master Abell ruled that the MMR vaccine produced a side effect in Bailey called acute disseminated encephalomyelitis (ADEM). ADEM is a neurological disorder characterized by inflammation of the brain and spinal cord. The disorder results in damage to the myelin sheath, a fatty coating that insulates nerve fibers in the brain. ADEM can be caused by natural infections, especially from the measles virus. But it also is a recognized post-vaccination injury, especially from vaccines for rabies, pertussis, influenza, and MMR.

Evidence presented to support an MMR-ADEM link was compelling. It included a 1994 report from the Institute of Medicine that said it was biologically plausible for a vaccine to "induce... an autoimmune response... by nonspecific activation of the T cells directed against myelin proteins."

In fact, both parties in the Banks case agreed "that the IOM has cited demonstrative evidence of a biologically plausible relation between the measles vaccine and demyelinating diseases such as ADEM," the Court wrote.

Most cases of ADEM (80%) are in children. Symptoms usually appear within a few days to a couple of weeks. They include: headache, delirium, lethargy, seizures, stiff neck, fever, ataxia (incoordination), optic nerve damage, nausea, vomiting, weight loss, irritability and changes in mental status.

I know of thousands of parents who witnessed many of these same symptoms afflict their children shortly after vaccination, most typically the MMR. Did these children with autism also suffer initially from ADEM or some subclinical version of the disorder? We may never know (physical signs like myelin damage are transitory).

Bailey Banks was given an MRI when his parents brought him to the hospital 16 days after his MMR vaccine, and that helped confirm his diagnosis. The children I know who were brought in with similar symptoms were instead given Tylenol and told to go home.

(Interestingly, Tylenol can affect production of glutathione, an essential antioxidant and detoxifier. A preliminary study from UC San Diego showed that children who were given Tylenol after their MMR vaccine were several times more likely to develop autism than other children. "Tylenol and MMR was significantly associated with autistic disorder," the authors wrote. "More research needs to be completed to confirm the results of this preliminary study.")

Is vaccine-induced ADEM (and similar disorders) a neurological gateway for a subset of children to go on and develop an ASD? That question will now become subject to debate. Thousands of parents have reported similar reactions and symptoms following vaccination, yet they lack radiological proof of ADEM or related disorders in the form of an MRI. Meanwhile, most children with autism do not present with myelin damage, but many do test positive for antibodies to myelin basic protein (MBP).

Also worth noting is that ADEM causes an inflammatory response in the brain, primarily in the microglial cells. It is also

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associated with abnormal cytokine levels in the brain, and with autoimmunity. Autism, meanwhile, has been linked to brain inflammation, microglial cell activation, cytokine imbalances, and autoimmunity.

In most cases, symptoms of ADEM disappear within a few weeks or so, and the disorder may be treated with IV cortisone to help reduce inflammation. But none of the children with autism that I know were ever examined or treated for a possible case of ADEM or other acute cases of encephalitis/demyelinating disorder. By now, their myelin damage may have repaired itself, yet the damaging agents, (MBP antibodies), persist.

ADEM is said to be rare, but the disorder may be grossly under-diagnosed (or misdiagnosed). Even the government's chief witness against Bailey's case testified that he sees patients with ADEM "on a fairly regular basis." What's more, Bailey's was the third successful vaccine-ADEM case argued in Vaccine Court (that we know of) so far.

Can ADEM Cause PDD/ASD?

Special Master Abell had no trouble linking MMR to ADEM in Bailey Banks' case. But linking his ADEM to PDD/ASD was more difficult.

There is no medical literature to support an ADEM-PDD link. The government's expert witness, Dr. John MacDonald, testified that "all the medical literature is negative in that regard." Instead, he proposed an alternative hypothesis for Bailey's PDD (he suggested it was caused by glucose transporter 1 deficiency).

But Special Master Abell berated the government's witness in much the same way that Hastings et al. had criticized witnesses for the families in their three cases.

"This (glucose) hypothesis, which (MacDonald) declined to incorporate as a plausible, probable theory of explanation, was used by Respondent to blunt Petitioner's theory of ADEM," Abell wrote. "This hypothesis was not given to a reasonable degree of medical probability or certainty, and Respondent's expert admitted that it was merely 'a possible, not necessarily a probable diagnosis.'"

Abell also chided MacDonald for his assertion that "all the medical literature is negative" in regards to an ADEM-PDD link. "However, soon thereafter, he corrected this statement by clarifying, 'I can find no literature relating ADEM to autism or [PDD],'" Abell wrote. "It may be that Respondent's research reveals a dearth of evidence linking ADEM to PDD, but that is not the same as positive proof that the two are unrelated, something Respondent was unable to produce. Therefore, the statement that 'all the medical literature is negative' is incorrect."

The Court also took MacDonald to task for insisting that Bailey's initial symptoms were not 100% consistent with the signs of ADEM. "His distinction seems one of degree, not of type, and strikes as a trifle semantic," Abell sniffed. He also noted that McDonald was having a hard time determining Bailey's current diagnosis. "He ultimately concluded that 'Bailey falls into the large group of children with autism/PDD in which by our current evidence-based medicine we rarely can make a specific diagnosis.'"

Special Master Abell seemed to lend more credence to witnesses for the Banks family.

Chief among them was Dr. Ivan Lopez, a neurologist and psychiatrist. Dr. Lopez testified that "the majority of patients with ADEM improve significantly," but added that "the exception to this rule is when patients have been exposed to measles, just like in the case of MMR vaccine," in which case subsequent brain damage "may occur in up to 50 percent of patients." He said such events include "mental syndromes such as PDD and others," and opined that "up to 50 percent of patients...who have had ADEM will show (PDD) as a consequence."

Dr. Lopez, a member of the US Military, gave his testimony by phone from Mobile, AL where, the next day, he was to ship out for a tour of duty in Iraq.

The Court found that Bailey's ADEM was both caused-in-fact and proximately caused by his vaccination.

In his conclusion, Special Master Abell wrote:

The Court found that Bailey's ADEM was both caused-in-fact and proximately caused by his vaccination. It is well-understood that the vaccination at issue can cause ADEM, and the Court found, based upon a full reading and hearing of the pertinent facts in this case, that it did actually cause the ADEM. Furthermore, Bailey's ADEM was severe enough to cause lasting, residual damage, and retarded his developmental progress, which fits under the generalized heading of Pervasive Developmental Delay, or PDD. The Court found that Bailey would not have suffered this delay but for the administration of the MMR vaccine, and that this chain of causation was not too remote, but was rather a proximate sequence of cause and effect leading inexorably from vaccination to Pervasive Developmental Delay.

And he added this:

Petitioner's theory of PDD caused by vaccine-related ADEM causally connects the vaccination and the ultimate injury, and does so by explaining a logical sequence of cause and effect showing that the vaccination was the ultimate reason for the injury.

Does Bailey Banks Have Autism?

Bailey Banks does not have "classic" or full-blown autism. But he has been diagnosed with PDD-NOS, which is squarely on the autism spectrum of disorders. There was quite a bit of back-and-forth on Bailey's diagnosis in the ruling, whose heading included the term "Non-autistic developmental delay." At several points in the proceedings, witnesses took great pains to say that Bailey does not have "autism" which, technical speaking, is true.

On the other hand, Special Master Abell included notations declaring that "Pervasive Developmental Delay describes a class of conditions, and it is apparent from the record that the parties and the medical records are referring to Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS)."

Even so, some will argue that Bailey does not have an ASD. They are simply wrong. The diagnosis of PDD-NOS was added to the list of autism spectrum disorders in the 1980s. It was precisely from

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the inclusion of these "milder" cases into the total number, that the CDC came up with the estimate of 1-in-150 US children with some form of "autism/ASD."

So, if Bailey does not have ASD, then the number of "autism" cases is well below the 1-in-150 mark and needs to be revised downward (the CDC once estimated that 40% of ASD cases were "non-autistic" in the classic sense).

What's more, Bailey does not have a "mild" form of ASD—he struggles every day with endless challenges. He receives autism services in his home state and attends a special school for children with autism. Bailey was also completely eligible to file a case in the Court's Omnibus Autism Proceedings (OAP), along with 5,000 other claims.

And besides, if the government chooses after-the-fact to argue that Banks simply has another form of brain damage but not, specifically "autism," is that really any comfort?

This particular theory of causation—Vaccine-to-ADEM-to-ASD—is different from the three cases that lost, and different than the theory in the Hannah Poling case (vaccine-induced aggravation of an underlying mitochondrial dysfunction caused full-blown autism).

So we now have two novel theories of how vaccines might contribute to ASD—both ADEM and mitochondrial dysfunction are recognized by the Court as contributing factors.

And yet the government insists it has never made an award for vaccine induced ASD, just vaccine related ASD.

"The government has never compensated, nor has it ever been ordered to compensate, any case based on a determination that autism was actually caused by vaccines," said David Bowman, a spokesman for HHS's Health Resources and Services Administration. "We have compensated cases in which children exhibited an encephalopathy, or general brain disease. Encephalopathy may be accompanied by a medical progression of an array of symptoms including autistic behavior, autism, or seizures."

"Some children who have been compensated for vaccine injuries may have shown signs of autism before the decision to compensate," he added, "or may ultimately end up with autism or autistic symptoms, but we do not track cases on this basis.

Unfortunately, the track record on vaccines is cloudy in this particular Court: Three out of four ADEM cases have been successful; and (at least) two out of five ASD cases have also won.

People will argue that ADEM is rare; that vaccines "only" caused PDD in Bailey; and that this was a legal and not scientific decision. The problem is we don't know how prevalent ADEM is because we never looked; while "PDD" is interchangeable with "ASD" in the language of public health. And, the three cases that lost were also "legal" decisions.

Robert Kennedy, Jr. and I would love nothing more than to reassure parents that the nation's current vaccine program is 100% safe for all kids, and that zero credible evidence has been presented to link vaccines with autism. But that simply isn't true—as at least two court cases have found.

Reprinted from the Huffington Post: http://www.huffingtonpost.com/robert-f-kennedy-jr-and-david-kirby/vaccine-court-autism-deba_b_169673.html √

Vaccine Court: Hepatitis B Shot Caused MS

By David Kirby, February 3, 2009

All eyes are on the U.S. Vaccine Court this week this week, as people await rulings in the autism "test cases" on MMR and thimerosal. But another omnibus proceeding involving Hepatitis B vaccine and autoimmune disorders in adults, including MS, has already been quietly ruling in favor of several petitioners.

The most recent case was announced about a week ago. In it, the Court ruled that the victim, an adult female, had contracted a form of demyelinating disease and MS, and eventually died, after receiving the Hepatitis B vaccine series. It was just the most recent case in a rash of rulings in the omnibus proceeding dealing with hepatitis B vaccine and "demyelinating diseases such as transverse myelitis (TM), Guillain-Barré syndrome (GBS), chronic inflammatory demyelinating disease (CIDP), and multiple sclerosis (MS)," according to court papers.

"Petitioner has prevailed on the issue of entitlement. The medical records during decedent's final hospitalization reflect that she died from demyelinating disease. Not only did decedent have a vaccine injury, but also her death was vaccine-related," wrote the Special Master in the case.

Interestingly, the US government chose not to present any expert witnesses, nor to contest the case any further.

But the family of the deceased woman had presented testimony from an expert witness who stated that, "It is biologically plausible for hepatitis B to cause demyelination because vaccines are composed of organic compounds of viral or bacterial origin, whether recombinant or otherwise, whose purpose is to initiate an immune response in the recipient,: the Court noted in the ruling. "But if any of the vaccine antigens shares a homology with the recipient's antigens, the host's immune response will attack both the vaccine antigens and the host's antigens, resulting in an autoimmune response. This concept is also known as molecular mimicry and is well-established in immunology."

In the last few years, it turns out, the Federal Vaccine Court has issued a number of rulings in favor of petitioners seeking compensation for Hepatitis B vaccine-related demyelinating diseases, especially MS.

What is also notable about all the Hep B rulings is that they fly in the face of the reasoned opinion of an IOM panel that looked into the matter in 2002. That committee determined that "the epidemiological evidence favors rejection of a causal relationship between the hepatitis B vaccine in adults and multiple sclerosis." Likewise, the panel said that it "does not recommend that national and federal vaccine advisory bodies review the hepatitis B vaccine on the basis of concerns about demyelinating disorders."

Apparently, Vaccine Court Special Masters are willing to make their rulings independent of what the IOM has decreed (and given the IOM's spotty track record on the etiology of illnesses such as Agent Orange and Gulf War Syndrome, perhaps there

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is a solid legal underpinning for that).

So, what does any of this have to do with the autism cases? Perhaps nothing. But, if the autism Special Masters suggest that more research is needed, one area that scientists may want to explore is demyelination in autism and its many potential causes.

Myelin is the fatty acid sheath that protects and insulates nerve cells and the brain. Some people with autoimmune disorders, including MS, present with damage to myelin in the brain.

Myelin damage has long been suspected in autism, though the jury is still out on this question. One thing that does seem to be certain is that children with ASD appear to have unusually high levels of antibodies to myelin basic protein, or MBP. That would suggest they might have myelin damage as well. Some studies have also shown highly elevated levels (up to 90%) of MBP antibodies in ASD children who received the MMR vaccine. The development of MBP antibodies could possibly be caused by a reaction to the live measles virus in the vaccine, because the virus may mimic the molecular structure of MBP. (The finding of antibodies to MBP is also associated with MS, which is a demyelinating disorder).

This vaccine-myelin association was also supported by a study in the October, 2008 issue of the journal Neurology. It reported that exposure to Hep B vaccine in children was associated with a 50% increased risk for CNS inflammatory demyelination of 50 percent (OR: 1.50; 0.93–2.43). This was especially true for children who got GlaxoSmithKline's Engerix B vaccine, in which case the risk was elevated by 74% (1.74; 1.03–2.95). Among ASD children with confirmed multiple sclerosis, the risk increased by 177% (2.77; 1.23–6.24).

"Hepatitis B vaccination does not generally increase the risk of CNS inflammatory demyelination in childhood," the authors concluded. "However, the Engerix B vaccine appears to increase this risk, particularly for confirmed multiple sclerosis, in the longer term. Our results require confirmation in future studies."

Of course more studies are needed, but it is becoming more difficult these days to argue that there is no active immune/inflammatory response going on in the brains of autistic individuals, and even harder to contest that MBP is associated with at least one aspect of that response, although there are likely others. The MBP findings are not 100% concordant, but there is a fair amount of supportive evidence.

Equally intriguing, along these lines, is a new study published in the Journal of Child Neurology. That paper reported that "anti-myelin-associated glycoprotein positivity" was found in a stunning 62.5% of the autistic children studied. And, a family history of autoimmunity was five times more common in ASD children (50%) than controls (9.4%).

"Anti-myelin-associated glycoprotein serum levels were significantly higher in autistic children than those without such history," the authors wrote. "Autism could be, in part, one of the pediatric autoimmune neuropsychiatric disorders. Further studies are warranted to shed light on the etiopathogenic role of anti-myelin-associated glycoprotein antibodies and the role of immunotherapy in autism."

This information is tantalizing, to say the least. And it could provide new avenues of research into the role of vaccines, demyelinating diseases, "autoimmune neuropsychiatric disorders," and autism.

If the HepB series can destroy myelin in some kids and adults, and cause full-blown MS in adults, then is it really that "fringe" to investigate the plausibility of a biological mechanism whereby some vaccines (including MMR) in a subset of susceptible infants might produce symptoms that are characteristic of autism and/or other neuro-developmental disorders?

For years, the US Government and the IOM have insisted that Hepatitis B vaccine does not and can not cause MS. But the Federal Vaccine Court has now, essentially, overturned that opinion. Will the Court now do the same for vaccines and autism? I don't think so—not this week. But it just might keep that door slightly ajar for the future

David Kirby is author of Evidence of Harm and a contributor to Age of Autism.

Reprinted from Age of Autism website: http://www.ageofautism.com/2009/02/vaccine-court-hepatitis-b-shot-causes-ms.html#more √

CDC Takes Closer Look at Gardasil and Paralysis

By Deborah Kotz – U.S. News, March 20, 2009

Phil Tetlock and Barbara Mellers were in a race against time to save their 15-year-old daughter, Jenny. As I reported last summer, Jenny developed a degenerative muscle disease nearly two years ago, soon after being vaccinated against the cervical-cancer-causing HPV. She became nearly completely paralyzed, though her mind was perfectly intact and she could still enjoy her pet parakeets, Hannah Montana, and Twilight. I've been E-mailing Phil regularly over the past year, and up until our last E-mail, one week ago, he had been holding out hope that they would be able to find a cure for his daughter or to at least determine if the human papillomavirus vaccine called Gardasil had caused his daughter's illness, most likely a juvenile form of ALS (amyotrophic lateral sclerosis or Lou Gehrig's disease). Sadly, the clock ran out last Sunday, and Jenny passed away.

Through their efforts to publicize Jenny's case on their blog, Jenny's parents have connected with two other sets of parents whose daughters developed what appears to be ALS after being injected with Gardasil. One was 22-year-old Whitney Baird, who died last August, just 13 months after receiving Gardasil. Another is Alicia Olund, a 12-year-old who began having trouble walking after getting her third shot last September. She now uses leg braces and a walker at home as her muscles continue to deteriorate. After ruling out other conditions, her specialists at the University of California-San Francisco Medical Center who also treated Jenny suspect that Alicia may have the same condition. "They don't know what she has," her mother, Barbara, tells me through tears, "but it's destroying her nerves and muscles, and none of the treatments they've given her are working. Before the vaccine, she was a perfectly healthy child, going for her brown belt in karate." (They're awaiting the results of the ALS test.)

I should point out that juvenile ALS is extremely rare, affecting just 1 in 2 million young people. It's impossible to say at this point whether these girls would have developed the condition regardless of whether they received Gardasil, but government officials who still strongly maintain that the vaccine is perfectly safe

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and potentially lifesaving are now starting to investigate. Scientists from the Food and Drug Administration met recently with Jenny's neurologists at UCSF to discuss whether it's scientifically plausible for a vaccine to trigger ALS. And the Centers for Disease Control and Prevention is planning to scour its adverse-event database, called VAERS, to see whether other vaccinations have led to reports of ALS or other severe neurological complications.

Turns out, warnings concerning ALS and vaccines have been raised before. John Iskander, the CDC's associate director for immunization safety, tells me the agency previously has received reports of ALS following the anthrax vaccine. This, in addition to the deaths of Jenny and Whitney, "kind of tells us that we need to look more broadly at this issue," he says. He's quick to add that "we're doing just an initial review at this point; we don't have suspicions that these are casually related."

Merck, the manufacturer of Gardasil, maintains that its vaccine is extremely safe and points out that it could potentially save women from dying of cervical cancer. "There are unusual and rare diseases that occur in girls and women in this age group whether they're vaccinated or not," says Rick Haupt, Merck's head of the clinical program for Gardasil. "These patterns don't indicate any causality." He says no cases of ALS occurred in Merck's clinical trials but also admits that the trials which included thousands, not millions weren't large enough to detect such rare diseases.

Barbara Shapiro, an ALS expert and associate professor of neurology at Case Western Reserve University School of Medicine who was enlisted by a mutual friend to help the Tetlocks do their research, isn't ready to dismiss the cases as pure coincidence. She's poured over the medical records of Jenny, Whitney, and Alicia and sees a striking similarity. "Juvenile ALS tends to progress very slowly over years or even decades, but these girls all seemed to have a more rapid, progressive form." She also has uncovered another VAERS report in the CDC database that could be similar, but since it was filed by a pharmacist, the CDC told her it doesn't have details on the girl's identity. Shapiro worries that there may be more cases out there that the CDC doesn't know about.

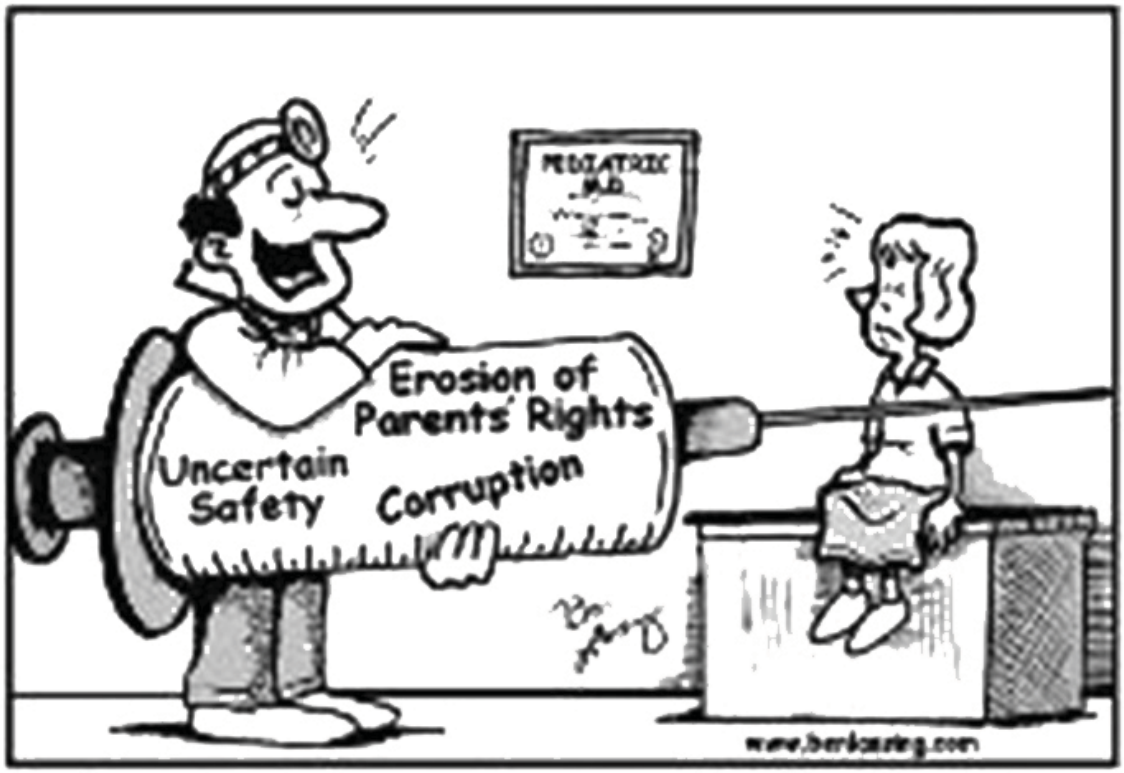
After all, she tells me, both Whitney and Alicia came to the CDC's attention only after their parents discovered Jenny's blog and Phil Tetlock urged them to file a VAERS report. This system of voluntary reporting of adverse events related to vaccines by doctors and patients is notoriously crude. All too often, adverse events go unreported, whereas many reports that are filed turn out not to be related at all to the vaccines. When I point this out to Iskander, he tells me that while VAERS certainly isn't perfect, it's pretty good at catching rare events.

But what if doctors wouldn't think to link the onset of ALS with a vaccination? I press him. "Reports in the media, such as the one you're doing, are a good trigger to get doctors to file reports," he responds. In fact, largely because of media attention, reports of adverse events for Gardasil are about five times as high as the overall average for any vaccine, he adds. So I suppose he's hoping that if there are other girls out there who developed severe physical disabilities after receiving Gardasil, they'll soon be entered into the VAERS database.

Still, I'm troubled by the complexities of all of this. How will the CDC ever be able to know whether there's a true connection between Gardasil and ALS if this disease is so rare? And just how much evidence is needed? Iskander tells me he doesn't make that decision but passes on all the information he has to the government's vaccine working group, which makes recommendations about the national immunization schedule. "They are aware of these cases and that we've started discussions with neurologists and immunologists to determine if there are mechanisms that could explain how a vaccine could cause ALS," Iskander says, adding that "I haven't heard a good answer yet from these experts" when it comes to explaining a mechanism.

Shapiro says her suspicions are raised enough that she's decided not to give her own 11-year-old daughter the Gardasil vaccine. "Let's say it causes just one or two cases of ALS every year out of a million doses that are given. What if your daughter is the one?"

Note: The above article is excerpted from U.S. News article by Deborah Kotz –http://health.usnews.com/blogs/on-women/2009/03/20/cdc-takes-closer-look-at-gardasil-and-paralysis.html



'This new mandatory STD vaccine shouldn't hurt a bit.'

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Addendum by Teresa Binstock Researcher in Developmental & Behavioral Neuroanatomy

Dear Senator Grassley,

An FDA document (1) provides evidence that in most, indeed in nearly all pre-market testing of Gardasil, aluminum compounds that were in the vaccine and vaccinations were also in the placebo injections. As an autism-parent summarized: "...in the double blind trials on Gardasil, they had aluminum in the placebo as well as the HPV vax." Although a Merck employee's review states that aluminum adjuvants are safe (7), other researchers state differently, eg, "Among the vaccine's potentially toxic components are the adjuvants aluminum hydroxide..." (8). Furthermore, aluminum is increasingly implicated in neurodegeneration (eg, 9-12).

These several findings suggest that Merck's testing was deliberately designed to neutralize adverse effects from aluminum injections, particularly in the context of vaccination-reactions. As of this morning, EnvironmentalHealthNews (EHN) had 61 articles about Gardasil. Many news articles focus upon one or more individual's adverse reactions to Gardasil, and the total number of Gardasil-induced adversities continues to increase (e.g., 13).

That aluminum compounds were allowed to be included in placebo injections and in Gardasil injections nullifies the findings which prompted FDA approval (1). This issue merits attention by EHN and other organizations concerned with vaccination policy and vaccination safety. Further insights into this Merck-FDA abuse of science can be found in several blogs (e.g., 2-5).

Although I personally am not entirely anti-vaccine and am very much for vaccinations to be proven safe and for vaccination schedules to be proven safe, I am astounded that Merck was allowed to include aluminum compounds in the placebo. Junk science at its profitable best.

Teresa Binstock

Note: Due to space constraints, we were not able to include Dr. Binstock's reference notes. These additional references & sources are available from VRAN on request. √

LETTERS

Can Flu Vaccine Trigger ALS?

Editor's note: In the spring of 2008, VRAN was contacted by Daniel Boychuk on behalf of his wife Linda who at the time was already severely disabled by ALS (Amyotrophic lateral Sclerosis), also known as Lou Gehrig's Disease. Linda could only speak with great difficulty and Daniel told me the story of what had happened to her. Here is Linda's follow up letter to us many months later.

Dear Edda,

My husband and I spoke to you about a year ago. We had a very in-depth conversation about flu vaccines and all the side effects than can occur as a result of them. I am now unable to do any more writing or utilize the computer due to the progression of ALS. My husband had great intentions of getting this document to you but as he is still working and being a caregiver to me, his time is limited. I have a good friend, Susan, typing this for me.

In January, 2005, I started a new job as Director of Care (DOC) in a longer term health care facility in Calgary. I was strongly encouraged to have a flu shot and set an example for the rest of the staff. Even though, as a nurse, I had given hundreds of these over the years, I always opted out of having the flu shot as I felt my own immune system was very strong. I had one other flu vaccine while being on the Health Board. I had one bout of projectile vomiting at work following the flu vaccine and was sent home.

About two weeks after receiving the flu shot, I was walking home from a meeting and was so short of breath that I didn't think I would make it home. I had to stop several times as I had a pain in my chest and breathing was so difficult. The only other time I had felt this was when I was pregnant and I knew that wasn't the case. I had to call my husband to come and pick me up.

Shortly after that, things started to fall apart with numbness in my left knee, the inability to climb stairs and tripping on the lawn. There were a lot of different things that were occurring but nothing too specific. As a nurse I wondered if I could have MS (multiple sclerosis). I prayed that this was not the case. I have friends with the disease and have seen their struggles.

My family doctor did a number of tests to rule out a stroke, a brain tumour and MS. Initial tests were inconclusive and I was referred to a neurologist. He discussed the possibility of ALS, but sought a second opinion. All this took time, and in the meantime, more symptoms occurred. I was getting weaker and had more difficulty getting out to my car from the house and from my car to my office. I was exhausted at night and would go right to bed. I could no longer get into the house from the steep front approach, and would use the back lane instead. Walking became more laboured and unsteady, and I started needing help to make these trips.

ALS Facts:

ALS or Lou Gehrig's disease is a rapidly progressive, fatal neuromuscular disease. ALS attacks motor neurons, especially those in the spinal cord, which control the voluntary muscles throughout the body. As these muscles fail to receive messages, they gradually deteriorate, leading to death in a few years.

90% of people with ALS die within 2 to 5 years of symptom onset. ALS is not a rare disease—it is as common world wide as Multiple Sclerosis (MS) and can strike anyone. It occurs most commonly within the 40 to 70 age group. About one in 14,000 people will develop ALS. Early symptoms may include tripping and falling, loss of muscle control in hands and arms, difficulty in speech, swallowing and breathing. √

I received treatments in the form of infusions of gamma globulin for five consecutive days each month for three months. My overall strength and gait improved and my energy level got better. I could stay up late again….incredible! The treatments seemed to be working and I had hope again, however, after another visit to the neurologist, the bottom fell out of my world. I was told I have ALS. There is no cure. It is fatal. My time here would now be short.

I tried to understand it all and carried on, not sharing my feelings with anyone but my husband and my boss. I was reluctant to tell the truth to the residents at the long term health care facility. In time

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I was forced to make the painful decision to quit my job, and to take the next most difficult step – to share the reality of my plight with my children. A mother is supposed to protect her children from pain. My son and daughter were heartbroken to learn of my situation.

The tears do flow but I expect everyone to be positive and carry on with their lives. What an expectation. Is it a fair one? We are being as strong as we can under the circumstances, and we are holding on, living and loving one another.

In my heart of hearts I am convinced it was the flu vaccine that started me on this journey. Recently I have been made aware of two women—one with ALS and one with MS—who strongly maintain that within about ten days following a flu vaccine, their symptoms started.

Note from Daniel in an email: "It breaks my heart to hear Linda beating herself up about taking the flu shot—as if she did it willingly. I know her and throughout her life she would never take it. I would come home from work where we would all have been vaccinated, and ask her if she is going to, and she always said she would decline. Because of her sensitivities to certain drugs & medication she just had a gut feeling that taking the flu shot would not be a good idea. And she held to that belief and approach until she was browbeaten by her then employer to take it, with, as you say, the underlying message that if you don't you could jeopardize your job. It makes me so angry to think this gentle lady was forced to do this, and now is paying the price, and no one gives a damn - except you. You're trying to do something about these injustices and bless you for that."

Linda & Daniel Boychuck
Calgary, Alberta

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BC's latest—6 vaccines in one
Letter published in 'The Local'—
Sechelt, B.C—February 25, 2009

BC parents are now being offered a six-valent vaccine for their babies at 2, 4 and 6 mos. This is to replace the former 5-valent vaccine against diphtheria, tetanus, pertussis, polio and Haemophilus B and the single vaccine against Hepatitis B.

Apart from Public Health's contention that these are fearful diseases no matter how non-existent or limited, their justification for this is that three fewer of the onslaught of shots previously injected will be given. Not said is that the addition of Hepatitis B antigen to a formula already overloaded with immune stimulants makes the vaccine even more risky. For those wanting to have their babies receive only one or two vaccines, it completely obliterates any reasonable choice.

As well as disease antigens, the vaccine contains lactose, sodium chloride, aluminum salts, formaldehyde, polysorbate 20 and 80, M199, potassium chloride, disodium phosphate, monopotassium phosphate, glycine, neomycin sulphate and polymixin B sulphate. These are injected at the same time as other vaccines with their risky ingredients in a recommended schedule which would make most adults flee.

The monograph for the new vaccine admits, "Extremely rare cases of Sudden Unexpected Death in close temporal association to vaccination with INFANRIX hexa™ have been reported in the first year of life." Hepatitis B vaccine alone is notoriously risky.

In Jan, 2009 the US Court of Federal Claims ruled that Hep B vaccine caused Devic's disease, a type of MS, then death. It has also determined causation of Lupus, Scleroderma, arthritis (including Juvenile Rheumatoid Arthritis), vasculitis, transverse myelitis, brachial plexius neuropathy, optic neuritis, Chronic Fatigue Syndrome/Fibromyalgia, Guillain Barré Syndrome, glomeruleronephritis, etc. But you're unlikely to hear of these, because most adverse events are ignored, denied or declared to be "merely coincidental".

Susan Fletcher
Sechelt, British Columbia
Editor's note: GlaxoSmithKline's 6 in 1 vaccine (Infanrix Hexa TM) has now been included in the vaccine schedule of three provinces, British Columbia, New Brunswick and Prince Edward Island. Canadian vaccine officials plan on adding the 6 in 1 vaccine to all provincial vaczcine schedules in the near future.

Addendum:

Dr. Russell Blaylock offered the following insight on the risk of vaccination leading to ALS:

The military admitted that the anthrax vaccine was associated with a 200% increased incidence in ALS in soldiers forced to take the vaccine. Other reports in the medical literature as well as case reports clearly indicate an increased risk of ALS following certain vaccines. This conforms to my immunoexcitotoxicity hypothesis, linking excessive immune stimulation with neurodegenerative diseases. It is known that microglial activation is a hallmark of ALS and occurs as an early event. Experimentally, using lipopolysacchride (the same effect as a vaccination), one can activate these microglia.

When microglia are activated for a prolong time, one sees increased secretion of glutamate, quinilinic acid and inflammaory cytokines, which interact to destroy motor neurons in the spinal cord. The motor neurons are the most vulnerable. The vaccine adjuvants--aluminum and mercury—act as agents that can cause prolonged activation of microglia. It may be that mercury chelation and using natural supplements that suppress micoglial activation, such as silymarin, curcumin and DHA may slow the course of the disease.

I recently developed a pair of Brain Repair supplements that combine nutrients known to suppress microglial activation and immunoexcitotoxicity. They can be viewed at www.newportnutritionals.com

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Note: A recent (April) Law & Order broadcast demonized non-vaccinating parents. This mother sent a letter to NBC in protest of the episode:

I woke up thinking about last night's story about the stupidity of parents who do not vaccinate. As the parent of a 13 year old "victim" of vaccines, I am very unhappy that you have told millions of parents to ignore approximately 1 out of 80 boys with autism and to have their kids be "good little soldiers" for the "cause" of herd immunity.

How many people do you know in USA have children that died from measles?

How many people do you know in USA who have children who reacted to vaccines and became autistic or otherwise damaged?

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When I took our sweet boy back to the pediatrician 10 days after vaccination (including MMR), reporting "reactions to the vaccines", I had no idea that our family's lives had changed, potentially forever (unless God does a miracle). To hear the "expert" on the witness stand testify that the chances of a bad outcome to the MMR were "minimal" were hardly grounded in fact. As toxicologist Boyd Haley put it "what happened in all 50 states, including Hawaii, California, Florida and Alaska simultaneously to cause a rise in autism?" Of course, the mandatory vaccine schedule. If you think it is minimally hard to have a 13 year old who cannot cross the street by himself, cannot speak conversationally, needs help with his private hygiene, etc., then how about contributing a few million to our "cause" of lifetime care? I mean, if we are so rare, then surely you can spare the change? And when we die, can our son come live with you?

Eventually, the truth will come out about vaccines, just like it did cigarettes, and you will have helped contribute to the agonizing outcome by giving parents false reassurances to go ahead and follow the mandatory vaccination schedule, like I did. √

NewsClips

Epidemics of Both Type 1 Diabetes (Insulin Dependent) and Type 2 Diabetes (Obesity Related) Are Linked to Immunization Press Release December 10, 2008

Data by Dr. J. Bart Classen published this week in Diabetes & Metabolic Syndrome: Clinical Research & Reviews provides further evidence that epidemics of type 2 diabetes/obesity/metabolic syndrome, like type 1 diabetes, are linked to immunization. Classen previously published proof vaccines are causing an epidemic of type 1 diabetes in children.

The new data as well as Classen's recently published data demonstrate that the epidemics of type 1 diabetes and type 2 diabetes/obesity/metabolic syndrome in children are linked. Exposure to vaccines causes some individuals to develop an autoimmune disease such as type 1 diabetes. In other individuals vaccine induced inflammation is countered by release of cortisol and other factors to suppress the inflammation. The release in cortisol and other factors leads to a "cushingoid" like state and the development of type 2 diabetes/obesity/metabolic syndrome.

Classen's current paper shows that those races which have high cortisol activity, especially after immunization, have a low risk for developing type 1 diabetes but a high risk for developing type 2 diabetes. Classen has previously demonstrated vaccine induced type 1 diabetes has a strong genetic/familial risk and those who have a sibling with type 1 diabetes have a much greater risk of developing vaccine induced type 1 diabetes. In a previous publication in The Open Endocrinology Journal, Dr. Bart Classen showed a 50% reduction of type 2 diabetes occurred in Japanese children following the discontinuation of a single vaccine, a vaccine to prevent tuberculosis. This decline occurred at a time when there is a global epidemic of type 2 diabetes and metabolic syndrome.

"The picture is becoming clear. Not only are vaccines causing an epidemic of autoimmunity including type 1 diabetes but they are causing an epidemic of metabolic syndrome as the immune system acts to suppress the inflammation and autoimmunity caused by the vaccines. The current practice of vaccinating diabetics as well as their close family members is a particularly risky practice" says Dr. Bart Classen. Classen's research has become widely accepted. To view the published papers and to find out the latest information on the effects of vaccines on autoimmune diseases including insulin dependent diabetes visit the Vaccine Safety Web site http://www.vaccines.net/newpage11.htm

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Fourteen Studies? Only if you've never read them

J.B. Handley's introductory article to Generation Rescue's new website entitled 14 Studies is the analysis everyone in the vaccine truth movement has been waiting for. With a fine tooth comb, Handley scrutinizes the studies cited by pro-vaccine officials to mute any argument that vaccines are linked to autism. And with these studies, the biggest lie in vaccinology continues to be perpetuated. Handley shows the studies for what they really are.

Says Handley, " Of all the remarkable frauds that will one day surround the autism epidemic, perhaps one of the most galling is the simple statement that the "science has spoken" and "vaccines don't cause autism." Anytime a public health official or other talking head states this, you can be assured that one of two things is true: they have never read the studies they are talking about, or they are lying through their teeth.

For me, it all started when Amanda Peet said the following in her "apology" to calling non-vaccinating parents parasites: "Fourteen studies have been conducted (both here in the US and abroad), and these tests are reproducible; no matter where they are administered, or who is funding them, the conclusion is the same: there is no association between autism and vaccines." And, don't think Amanda Peet is alone, the mantra comes fast and furious from all sides:

"Groups of experts, including the American Academy of Pediatrics, agree that MMR vaccine is not responsible for recent increases in the number of children with autism. In 2004, a report by the Institute of Medicine (IOM) concluded that there is no association between autism and MMR vaccine, or vaccines that contain thimerosal as a preservative." —Centers for Disease Control."

Says Handley, "I'd read a majority of the studies they were referring to, I knew how bad they were, and I also knew that most journalists couldn't even find the studies being referred to, because most weren't even on the web!! Several hundred hours of work later, Generation Rescue is pleased to introduce a website with a very simple purpose: to tell the truth. Anyone who considers themselves to be an honest, objective scientist should be embarrassed for their colleagues who have manufactured this "proof" over the last 10 years.

I hope this website will be a small step in furthering our collective search for truth about what is being done to our kids. You will find every study in its entirety and a whole lot more right here: http://www.fourteenstudies.org/

Read the collection of experts' typical quotes using these studies to perpetuate the myth that vaccines don't cause autism: http://www.ageofautism.com/2009/04/fourteen-studies-only-if-you-never-read-them.html#more √

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