

VRANewsletter

Vaccination Risk Awareness Network Inc.

Spring 2012

THE VITAMIN C TREATMENT OF WHOOPING COUGH

By Suzanne Humphries M.D.

"We've had over 90% baby vaccination rates for whooping cough vaccines for over 11 years... since 2000, AND they've included even more shots since then for the adolescents at the time... and yet more, after 2000... AND here we are with whooping cough in EVEN higher numbers than it was before 1960?"

Don't you think that's absolutely astonishing?... Australia, which has had over a 95% whooping cough vaccination rate since 2000, is having the largest outbreak in their history since pertussis vaccination started. The same is happening in USA, and their rate of vaccination is even higher than Australia. So what do you think is happening there?"—Hilary Butler

The original information in this document is from Hilary Butler, and is presented as I have incorporated into my practice.

This is a long document. But you must read every word of it. Please do not jump to the protocol as you will be lost as to what you are doing if you do not understand the full picture. Your child's health and recovery is worth a few hours of your time to learn.

Introduction

Are you concerned about your unvaccinated child getting whooping cough? Well, you shouldn't be, if you know how to care for your infant and child when it happens. The reason you hear of so much dread and why there is so much fear mongering among the conventional medical community, is because they have no idea how to treat whooping cough. The reason we doctors were never taught about therapeutic doses of vitamin C in medical school, is that if they had taught us about it, then not only would a raft of other drugs have been unnecessary, but they wouldn't be able to use meningococcal complications and deaths as emotional blackmail to get people to vaccinate, because people wouldn't be scared of gram-negative infections [N. meningitides and H. influenza (Hib)] any more. There would never be serious whooping cough or even deaths. Vitamins A and C would render measles, whooping cough, meningococcal complications, among

other things, really easy to treat. When sick people presented to the hospital, IV vitamin C would immediately be started, and there would not be the terrible complications such as coagulopathy, at all. Vitamin C antidotes DIC (disseminated intravascular coagulation), a severe complication of sepsis, where bleeding and clotting occur simultaneously.

If you think that a vaccinated person cannot get whooping cough, in the most severe manner, think again. Most babies over the age of 6 months who get whooping cough are fully and "appropriately" vaccinated. It has been noted in a controlled study that over 86% of whooping cough in school age children occurs in the fully vaccinated¹!

Vitamin C, in very high oral doses, will get you and your children through the weeks as your children develop lasting immunity that they can pass on to their young infants. When pertussis is left to take its normal course in the community, the supposedly vulnerable infants that the vaccinationists scream and yell about, are protected by maternal antibodies and mother's milk until they are old enough to process the disease on their own. After vaccines were introduced, this protection was vastly reduced, because the mothers were only having vaccine antibodies to pass along to their infants, and that defense is neither effective nor long-lasting. A recent study 2 confirms that natural immunity to whooping cough

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History Repeats Itself

By Jenny Craig, PhD

The old English proverb, "history repeats itself" is never better illustrated than in the practice of vaccination, a practice that became widespread in the nineteenth century and is still carried on today. A number of nineteenth century books on vaccination raise issues that are remarkably similar to those of today. However, because we have failed to learn the lessons presented by earlier writers, mostly physicians, we are now repeating the same mistakes, with dire consequences for the health of the population.

The purpose of this article is to consider what some of the notable physicians of the time had to say about vaccination; it is not to provide data for their opinions, although that data is available but beyond the scope of an article.

Four issues raised in the nineteenth century will be described and compared with today. First, the article will look at the refusal to accept data about vaccination; second, it will discuss the scientific debate about vaccination; third, it will consider mass vaccination and its consequences and fourth, it will criticize compulsory vaccination.

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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 ongoing support to the Vaccination Risk Awareness Network: \$35.00—Individual \$75.00—Professional. We would like to share the personal stories of our membership. If you would like to submit your story, please contact Edda West by phone or e-mail, as indicated above.

VRAN website: www.vran.org

VRANEWS

Dear VRAN Members,

Tribute to Dr. Archie Kalokerinos

We are saddened to report that Australian physician, Dr. Archie Kalokerinos died on March 1, 2012 at the age of 85. In the 1970-80's, he and Dr. Robert Mendelsohn were among the first medical doctors to sound the alarm about vaccines. We honour Dr. Kalokerinos as a true medical pioneer of the 20th century. His dedication to improving the health of the people he loved and served, the Aboriginal community of Northern Australia, led to some profound discoveries.

His remarkable book, *Every Second Child* published in 1974 tells the story of the appalling death rate of nearly 50% among Aboriginal children, many of whom died following government mandated immunizations. Archie discovered that alongside rampant malnutrition, the majority of children were suffering from undiagnosed subclinical scurvy (caused by vitamin C depletion) that could quickly lead to death from any immune challenge, whether a natural infection or vaccination. The death rate dropped dramatically when he found that vitamin C given by injection or I.V. could quickly reverse the symptoms of shock and collapse in sick children who would otherwise have died.

His description of cerebral irritability as a 'first' symptom of infantile scurvy is eerily similar to symptoms of vaccine reactions and encephalopathy (brain inflammation). Ranging from irritability and screaming to the more severe cases exhibiting, *"head retraction, back arching, semiflexed limbs and limb tenderness... signaling a biochemical disturbance within the nervous system."*

Kalokerinos was emphatic that, *"Any stress, any infection, any vaccine can in susceptible infants lead to the SIDS (sudden infant death syndrome). Any of these factors can lead to sudden unconsciousness or sudden shock... Only after realizing that routine immunizations were dangerous did I achieve a substantial drop in infant death rates...."* ***You cannot immunize sick children, malnourished children, and expect to get away with it. You'll kill far more children than would have died from the natural infection."***

In an interview with Belgian physician Kris Gaubomme in 1995 Archie Kalokerinos shared some of what he had seen. *"If for some reason a mother didn't want her child to be vaccinated*

they [health officials] would simply grab the child and forcibly vaccinate it. I saw them chasing them on foot, and chasing them in Landrovers and grabbing the kids and vaccinating them. Now, a lot of these kids were terribly sick. They were malnourished and everything else. And if they survived the first vaccine, in a few weeks they would come back with booster shots. And then with more and more... It is a wonder that any kid survived really, not that the death rate had just doubled. It is a wonder that any one survived."

Archie Kalokerinos is one of my special heroes. His work is foundational to the knowledge base that informs me as a vaccine awareness activist. Archie's work with Aboriginal children proved that vaccinating malnourished and immune compromised children is a dangerous practice. He found that not only are vaccines NOT universally beneficial but can outright kill an immune compromised child. He was extremely critical of the World Health Organization (WHO), the 'Save the Children's Fund' and other groups delivering vaccines to malnourished children in the developing world. After 40 years in medical practice, he concluded these policies are *"one of murder and genocide"*.

Hilary Butler, Archie's friend and brilliant vaccine researcher in her own right said, *"If ever a person deserved a Nobel Prize, Archie did, but because so much of what he 'practiced' as medicine, made fools of the medical system as it is today, his only nominees would be the people whose lives he saved, and those who knew him intimately."* Read her tribute at: http://www.beyondconformity.co.nz/_blog/Hilary's_Desk/post/Archie_Kalokerinos_-_This_is_your_Life/

Archie Kalokerinos will be deeply missed by everyone whose lives he touched.

The "medical time bomb" predicted by Dr. Robert Mendelsohn 30 years ago is now exploding in our faces. Alongside Mendelsohn and Kalokerinos, Dr. Harold Buttram began voicing similar concerns in the 1980's. He continues to write extensively about vaccines and autoimmunity, Shaken Baby Syndrome, vaccine associated genetic mutations and autism. All three physicians warned that mass vaccination was causing brain injuries, autoimmune diseases and death in increasing numbers of susceptible children around the world. Their voices and writings echo the time honoured medical oath of **"first do no harm"**.

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Decades ago, when these pioneers were sounding the alarm, few believed that vaccines were anything to be concerned about. Today, there is a groundswell of tens of thousands of families who have seen their once healthy children succumb to complex neuroimmune illnesses following vaccination. They seek a new breed of medical practitioner willing to listen to their concerns and work in partnership to help heal the children.

These practitioners have the courage and heart to 'cross the line', to break rank with monopoly medicine. They are reaching beyond the brittle logic of corporate controlled medicine and its denial that vaccines pose unacceptable risks. Their writing graces the pages of the VRAN Newsletter and our website. Their investigative research into the emerging

/neurological/immunological/bio-medical literature is often cited and their articles circulate in the ever widening community of people who suffer from 'iatrogenic' injury, i.e. doctor or drug caused injuries. They are alerting parents and the public to the iatrogenic risks associated with vaccines and many are helping to heal vaccine injured children.

The numbers of brain and immune injured children has grown parallel to the explosive increase in vaccines added to the infant schedule since the 1980's. Rather than subject vaccine policies to critical unbiased scientific review, health officials have chosen to obfuscate, deny and cover up their complicity in this health disaster. Instead of studies on the cellular level to determine biological mechanisms of vaccine injuries, they churn out useless epidemiological studies, often of poor design, even falsifying outcomes to sanitize the vaccine damage. Prime examples of studies with falsified data are the CDC's Vaccine Data Link study on mercury and the Danish autism studies, still cited by doctors to exonerate vaccines. **"Sometimes the truth is so important it must be surrounded by a bodyguard of lies"**, observed Winston Churchill.

The latest statistics released by the U.S. Centers for Disease Control (CDC) show that 1 in 88 children (1 in 54 boys) is autistic. Grim as they are, even as these numbers were released, they were already out dated. These stats collected in 2008 on children born in 2000 do not reflect autism today. Damage control response from health officials denies that autism rates have increased—it's just better diagnosis they say. They lie through their teeth and we all know it.

In a recent interview, Dr. Wakefield estimated that, **"If you extrapolate the risk of developing autism to a child born today, you may be looking at something as high as 1 in 25 or 1 in 29. That's an absolutely staggering level... and... because the numbers have continuously escalated, children born in 2012 are likely at much higher risk."** In the interview, Wakefield reiterated his belief that the autism epidemic is environmental (not genetic), and vaccines are a prime culprit.

While the Public Health Agency of Canada (PHAC) draws a blank on autism rates in this country, it continues to pile on more vaccines. Today a baby in Canada can receive up to 41 doses of 14 vaccines in the first 18 months of life. Canadians still don't have access to statistics on vaccine reactions and injuries occurring in this country. The PHAC persists in withholding this vital information from public scrutiny.

It's predicted that for the first time in recent history, many parents will outlive their children.

For the first time, children today are sicker than the previous generation. Their sickness is often on a deep level—they are metabolically, immunologically and neurologically wounded. Our wounded children are the acceptable collateral damage in the bogus war on disease, sacrificed for the greater good of the herd.

In a February, 2012 presentation, NVIC's Barbara Loe Fisher urged the U.S. Institute of Medicine (IOM) to assess *"the feasibility of conducting studies to evaluate health outcomes among children, who have and have not been vaccinated according to the federally recommended vaccine schedule."* She reminded them that, *"Today, 1 child in 6 is developmentally delayed; 1 in 9 has asthma; 1 in 10 is diagnosed with ADHD; 1 in 450 becomes diabetic. Millions more have life threatening food and environmental allergies; seizures, mood and behavior disorders; inflammatory bowel disease; juvenile rheumatoid arthritis and other kinds of autoimmune and neurological problems marked by chronic inflammation in the body"*.

Beth Clay, former assistant to Dan Burton's Congressional hearings into vaccine injuries recently wrote, **"If we continue to do nothing to change where things are going, by 2020, when children born this year are evaluated by the CDC, the rate is calculated to be 1 in 22."**

She goes on to say, *"I have no doubt that history will not look kindly at how the government has handled this issue. They*

will include this decades long vaccine experiment in the same discussion as the Post Nuremberg medical research atrocities, such as the syphilis research in Tuskegee, the STD research in Guatemala, the high oxygen experiments on newborns which led to blindness and the Cincinnati radiation experiments. A century from now the medical community will be appalled that toxic ingredients such as mercury and aluminum were injected into babies within hours of birth and that it was the medical establishment that fought to keep mercury in medicines injected into infants and pregnant women. Future generations of doctors will rail in medical journals against the government authorities that protected policy to the detriment of so many children. At the end of the day, whether or not the autism epidemic is related to vaccine injury, there is still a national and international crisis. And what are we going to do to help stem the rising tide of the epidemic? Will you be part of the solution?"

The work of VRAN continues because you, our members, believe that we are part of the solution to this epidemic of iatrogenic vaccine damage largely caused by a medical profession mired in a permanent state of denial.

We thank you for your ongoing support, Edda West, VRAN co-ordinator

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The VRAN Annual General Meeting will be held by telephone conference on June 26th. Contact Edda if you are interested in participating: 250-355-2525 or email: info@vran.org

As mentioned in our Fall 2011 AGM report, we now have a Facebook page on which we post important news items, and Rita Hoffman, our webmaster also tweets the news.

VRAN Membership Renewal & Fundraising—We thank all members for your continuing support, your generous response to our recent Fall fundraising drive, and appreciate the many membership renewals which enable us to keep bringing you news updates in 'vaxworld'.

VRAN fundraising is a year round effort. **For a donation of \$150 or more**, you can select a book bonus. You can email us or call for available bonus items. **Please send your donations to: VRAN Fundraising - P.O. Box 169, Winlaw, BC, V0G 2J0**

Please note: Donations are in addition to annual membership. ✓

lasts at least 30 years, whereas the immunity from a vaccine lasts 3 years, and after adult boosters, all antibodies have disappeared within a year. The risk of vaccination with unpredictable waning “immunity,” and vaccine failure, is not as reliable as what nature has set forth, and it never will be.

Whooping cough is everywhere; the vaccine has been a miserable failure in the sense of eradication or prevention. Pertussis is admittedly, even by the vaccine enthusiasts, primarily spread by vaccinated children, adolescents and adults, who have inadequate immunity. Regardless, they will still say the problem is not with the vaccine, but rather with too few doses of vaccine. However, conventional medicine’s own scientific studies⁽³⁾ demonstrate that bacterial clearance and immune response is not as efficient in the vaccinated, in particular with the acellular pertussis vaccine.

The reason the vaccinated can spread the disease by virtue of taking them much longer to clear the bacteria, is due to an immune system that has been misprogrammed by a vaccine. *Vaccinated babies, children, and adults are not able to mount the comprehensive bronchial and cellular immunity*⁽⁴⁾—which an unvaccinated person naturally develops in the course of the disease. The vaccine only primes the body to fight pertussis toxin and sometimes a couple of other cell antigens, in the blood, not the lung. It does this by stimulating an unnatural balance in immune cell populations. This incorrect immunity “learned” from the vaccine (referred to by Dr James Cherry as “original antigenic sin”⁽⁵⁾), is then the same way the body then responds to a subsequent infection. If the first stimulation was to vaccine antigens, then upon the exposure to the disease, the vaccinated person will mount an inferior response, compared to a child who has convalesced from a natural infection. It is well known that pertussis convalesced children, who have never been vaccinated, develop important antibodies that the vaccinated do not⁽⁶⁾.

The vaccinationists have used this phenomenon to support the need for designing vaccines with multiple antigens. The point they miss is that it is only natural complex cellular and bronchial responses, which give the full protection. It has been shown that response to pertussis toxin⁽⁷⁾ and adenylate cyclase toxin⁽⁸⁾ is far more intense in the unvaccinated, than the vaccinated.

The naturally immune clear bacteria upon re-exposure far more rapidly than the vaccinated. There is an enormous difference between broad, long-lasting immunity from the normal disease, and limited antibody development and short-term pseudo-immunity from the vaccine.

Dr. James Bass discusses the rapid clearance of pertussis in the unvaccinated, and the carriage state in the vaccinated, in a letter to the Lancet⁽⁹⁾: “...subclinical infections were seen most often in partly immunized children or in individuals whose vaccine-induced immunity may have waned with time.” And, this was written back when whole-cell pertussis vaccines were used, which are known to have been more dangerous, but possibly more efficacious, than the acellular vaccines used today.

Homeopathic remedies can be used in cases of whooping cough, but they may not always be successful. Here’s why: Many people do not diagnose whooping cough in time to get a good homeopathic constitutional, or a specific acute remedy followed by a constitutional remedy, which is probably the best way to go. By the time you realize it is whooping cough and do get a successful remedy, there could have been some damage to the hairs (cilia) that line the windpipes, and so it helps to have the vitamin C for reasons outlined below. Even if you get a homeopathic remedy, your body will still probably be vitamin-C deficient for reasons we discuss below, too—it essentially will be eaten up rapidly by your body processing the illness from the time it has begun. Some practitioners report that after a homeopathic remedy, there is still the possibility of whooping cough recurring. In my opinion, this could definitely happen, especially if the remedy used was suppressive, as acute remedies can sometimes be.

Homeopathic remedies can act suppressively when they are used allopathically, i.e., “this remedy for this problem.” We are all different, so while there will be a couple of remedies that come up in every epidemic, there are also the refined remedies based on the person’s susceptibility. The more refined the remedy for the ill person, the more curative the remedy will be. If a disease recurs, it says more about the method of prescription than the power of the remedy. The right remedy prescribed under homeopathic principles, in time, will boost immunity, and the cough will not return. So if your infant was exposed, continue breastfeeding, make sure she has

gotten some vitamin D from drops and get a homeopathic consult pronto. But anyone who whoops needs Vitamin C.

If your child has whooping cough, do not regret it, because you have the opportunity to control it the first time, so that you don’t have to worry about it for several more decades. There are parents all around the world who know that any baby, at any age, can be managed if a mother is supported and knows what to do. A rocking chair is a must for mothers to conserve their own energy, and be able to easily rock very young babies. This will serve to keep the infant relaxed and the mucus moving.

Interestingly, well-controlled pertussis has value, and there are many children who have permanently lost their asthma or other conditions after successfully dealing with natural pertussis. Conversely, there are many children who went through pertussis on steroids and antibiotics and now have both chronic lung damage, and allergies.

If your child has whooping cough, the doctor will try to make you give her antibiotics. Even our alternative doctor suggested it for our kids. Doctors do this because it is what they have learned, not because they see it be fetchingly effective. The medical culture does not seem to understand the damage incurred by antibiotics. And, antibiotics do not shorten, or do anything, to lessen the course of the disease⁽¹⁰⁾.

Antibiotics can, however, make the pertussis more severe by releasing LPS from other gram-negative bacteria during the “die-off” that happens with antibiotics on the gut. They say it stops the baby from coughing as much bacteria into the environment for others to catch. But it can also really sicken the gut, and make babies hyperirritable. Many people recognize right away that the antibiotics are not helpful and see the child getting worse on them, and often throw them in the trash.

You can politely take the Rx from the doc, if you go to one, and do with it what you think best. I do not recommend trying to convince a zealot medical professional to back off their antibiotic dependence, when your child is ill. If you’re brave, you can go back and do it later.

Clinical scenario

Whooping cough has two stages. The

first stage, colonization, is like a cold, with fever, malaise and coughing, which increases in intensity over about a 10-day period. Then it seems like the cold is gone and there is nothing to worry about. The second or toxemic stage of pertussis begins gradually. The child starts the odd cough, and after about two weeks, the cough starts to get strong, with prolonged and paroxysmal coughing that often ends in a characteristic inspiratory gasp (whoop). The cough is often more prominent at night. If the cough changes, and becomes more of a bark, and more regular- developing a pattern at night of “every hour, on the hour”- you have to consider that it could be whooping cough.

If you need a laboratory diagnosis, PCR (polymerase chain reaction) and bacterial culture are both available. Both have advantages and disadvantages. While PCR is increasingly used as the sole diagnostic test for pertussis, CDC recommends that PCR be used alongside culture, rather than as an alternative test.

As the cough becomes more severe, various situations can trigger it. A classic way of diagnosis is to touch the middle of the tongue with your finger to see if this starts the cough, or if eating (i.e., passing food over the tongue) starts a cough, consider whooping cough. If a child happens to be breathing in, as well as eating when the food touches the tongue, and the cough starts on the inhale, there is a possibility of food going down the wrong way. If this happens, you may have to do a gentle push under the diaphragm to have them pass the food back up. Running around is another trigger. If you watch them, they go cough, cough, ...cough, cough, cough, cough, cough (and at this point are starting to go pink in the face, and are starting to wonder when they can have an in-breath) cough, cough, and then right at the end, they stop coughing, and the in-breath is really fast, because they want to expand their lungs, and the result can be a “whoop.” Older children don’t whoop much, if at all.

At the end of the cough, (about a month in), they might bring up a glob of fairly-thick mucus. This is because it pools down at the bottom of the lungs, because the toxin from the bacteria has finally cut off most of the hairs in the bronchioles that sweep the mucus up and around, like a non-stop river to keep the surfaces moist. The earlier in the illness you get the vitamin C going, the less bronchial hairs will be lost. Once bronchial hairs are lost,

the cough sounds dry, and that’s because the mucus membranes aren’t being kept as regularly moist as normal.

Most children, so long as they constantly get that mucus up, and do not pool it (where secondary bacterial infections can set in) only have “problems” when they are coughing. The rest of the time they are normal.

Taking care of the caretaker

First, let’s talk about you, the parent. You might have been subtly influenced by the huge field of fear that exists out there and you may not believe that you can’t do this without a doctor, with a prescription pad, who may also chide you for not vaccinating.

The first thing you need to do is take some deep breaths and visualize your child fully recovered and fully immune for 30 years. If at first, your emotional scale is off the Richter line, that is natural—it can happen to anyone. But it doesn’t help the thinking process. You need to stand back and think clearly, and have a belief system that supports what you are doing.

Get a sheet of paper and a pen where it isn’t going to get covered up and write down exactly the progression, leaving spaces, because you would be amazed at what you remember as time goes by. (If you do need professional help, this record becomes invaluable. Tell them to read it.)

Watch the child carefully throughout the day, and write down everything, including how you are feeling. If the child feels hot, go ahead take her temperature, but that won’t mean much. Under no circumstances use acetaminophen or its like, or any cold medicine. Parents have been conditioned to fear fever, but fever is the body’s innate means to heal. Without the ability to have a fever, we would not survive. The febrile seizure is the greatest fear, but even as the conservative NIH says, the concern is unwarranted⁽¹⁾.

Do not use antibiotics: the side-effects of that outweigh the advantages, particularly since antibiotics don’t work for whooping cough. But they do suppress the immune system and alter the colon, which provides 70% of immunity.

Caretakers/parents can take a large dose (one tablespoon) of cod liver oil, and about 10 grams of vitamin C spread out over waking hours. I use powdered sodium ascorbate, and I mix it (10 grams = 2 heaped teaspoons) in with 1.25 liters of water. Drink it gradually throughout

the day. I would also give myself a loading dose of 5 grams in half a glass of water. If this gives you loose bowels, cut the dose back.

Breastfeeding moms can express some breast milk into a cup, and put a pinch of vitamin C powder into it, and mix it. Then, using a plastic eyedropper, dribble this into the baby’s mouth gradually over a few minutes. Don’t squirt it in - just drip it in, bit by bit. Or you can insert the dropper in as she breastfeeds, which would make it easier. If your baby is formula fed, load the vitamin C in the formula.

Don’t rely on any vitamin C you take to get to your child. It takes about 8 hours for the vitamin C you have taken to get through to the breast milk, and if your infant happens to get whooping cough, you don’t want that gap, and your own need may have increased, so less will get through into your breast milk.

A pinch is about 250 mg. Bear in mind that mainstream doctors prescribe antibiotics on the basis of 350 mgs per kg of body weight. So 250 mgs is miniscule, really. If I thought my baby was really sick, then I would calculate vitamin C for her at 375 mg/kg of body weight, and give that over waking hours, making sure that a larger dose is given just before night, to tide the baby over longer hours.

It is also worth considering using lipospheric vitamin C in babies and children at night, because that builds up greater concentrations in the blood and appears to hold them stable for those night hours. It can be mixed into a small amount of fruit smoothie.

Vitamin C toxicity?

I find it amusing in the wake of pharmaceutical disaster after disaster in all areas of medicine, including my own specialty, that there is even discussion of a toxicity level for vitamin C—especially for a sick person.

Toxicity of anything can only occur with unused excess which acts as a “poison” in the body, and is retained. Vitamin C is **never** a poison in the body, because every single function of the body requires it, and when there is too much, the person has a one-time episode of loose bowels, as the excess is removed from the body. This is how you know you’ve had enough vitamin C.

For anyone to consider that vitamin C could have toxicity means that they have

no understanding of the various roles that vitamin C has in the body. There is a full body of research literature supporting the truth that vitamin C is nontoxic and safe in indicated circumstances in megadose quantities. There is much evidence indicating that vitamin C metabolism changes during infections and this may affect the relationship between doses and adverse effects (Hemilä 2006 pp 6-7) ⁽¹²⁾, meaning that if you are burning through vitamin C and your body is requiring more and more, you will not suffer from toxicity. You will suffer from lack of it!

One of the biggest problems is that people are **scared** to use the sorts of doses they need to. They have been brainwashed about how **dangerous** vitamin C is in large doses. They see 20-30 Grams for an adult or 5 -10 grams for a child to be a megadose. But when the body has the level of need that someone with so much bacterial exotoxin and oxidative stress has, these seemingly high doses often just keep up with the ongoing need. To help with the pertussis, you have to give a big enough dose, because it's going to be used up hand over fist. It's like pouring water into a bucket with leaking holes. The pace has to keep up with the "use."

It has been reported that people with serious infections can ingest over 50 g/day of vitamin C without gastric problems (Luberoff 1978; Cathcart 1981) ⁽¹³⁾. The same principle whereby use of a necessary substance cannot cause toxicity, applies for a few other nutrients during infection, like vitamin A. You can give a child with measles vitamin A in levels which would normally be considered toxic, because the action of the measles virus pulls vitamin A out of the body hand over fist. All you are doing there is replacing what the body is mining. Therefore in the context of measles, high doses of vitamin A will not be toxic.

Vitamin C cannot be toxic when used to treat any disease where it is required. You wouldn't be using megadoses when you are super healthy, but only when such doses are required.

The whooping cough bacteria

First let it be known that Bordetella pertussis, the bacteria responsible for whooping cough, has properties that not all bacteria have, and that is what makes it such a whopper to deal with: It secretes several toxins, and has adapted to stick to the cells of the airway.

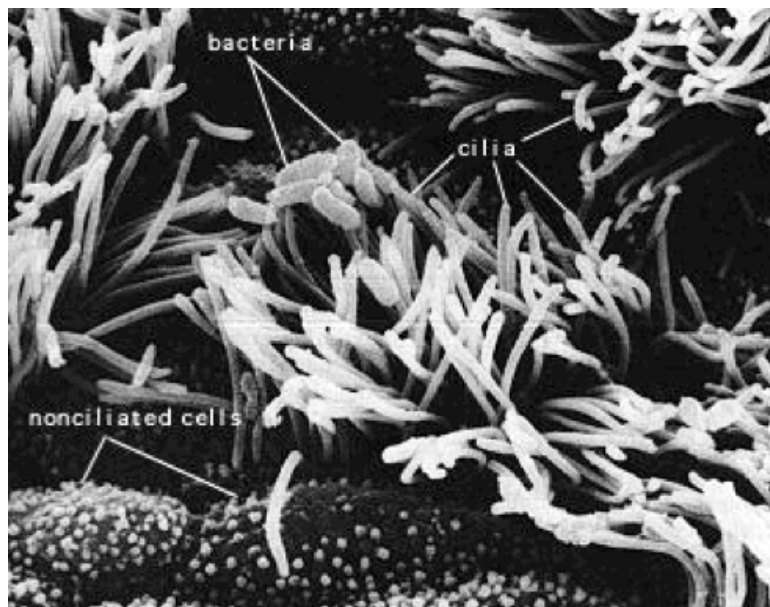


Photo: "nonciliated cells" are the damaged ones.

Most of the respiratory tract lining (from the nose to the bronchi) is covered with hair-like (ciliated) epithelial cells. The cilia beat in one direction, moving mucus towards the throat where it is swallowed. Moving down the bronchioles, the cells change in shape but are still ciliated. In health, the bronchial hairs are moving mucus around all the time. It is this continuous movement that keeps the airways free of invasive pathogens. If it didn't do this, then we would be overcome by the bacteria and viruses we breathe every day. This mucus is part of the innate immune system and is loaded with immune globulins. So you must keep the mucus moving, especially in a sick child. Once the pertussis bacteria have a hold in the hairs, it secretes tracheal cytotoxin, which cuts the hairs off, stops them from beating, and destroys the cells underneath ⁽¹⁴⁾. The mucus then stops moving normally and instead, it pools at the bottom. Then it builds up, breathing becomes harder, and the body signals coughing to try to move the mucus out of the way, for proper breathing to occur. As long as you keep the mucus moving, your baby should not get a secondary infection. Vitamin C and hydration will help to keep the mucus thin. When you first start to use vitamin C, the mucus may thin out quickly and the person coughing may bring up large quantities in the first 24 hours.

There are two first-line bacterial toxins ⁽¹⁵⁾; Pertussis (PTx) which stops the body from sending neutrophils (immune cells) to kill the bacteria, and Adenylate Cyclase Toxin (ACT). ACT inhibits the immune cell function and poisons the immune response ⁽¹⁶⁾, acting as a "force-

field" to shield the bacteria from the immune system while the bacteria start stripping the bronchiolar cilia off of the epithelial cells. Vaccinated children cannot mount antibody to ACT ⁽¹⁷⁾. Vitamin C will neutralize these toxins while the body is mounting a proper immune response, which takes weeks.

If the disease goes out of control, toxins can enter the blood-stream and irritate the body. If the baby's immune system is not so good, then this toxin can get to the brain as well, but this is very rare. This is why 1 in 200 babies die from it—their figures, which I am repeating back to you.

The truth is that it is 1 in 200 babies who have received standard medical treatment, or no treatment whatsoever, who might die. These numbers are used often to frighten parents into vaccinating, but the numbers are generated by counting children who've been treated allopathically, not by those of us who have successfully treated alternatively, as those children rarely land up in the hospital, and thus are not counted in the stats.

If the mucus is not expectorated, bacteria will grow and cause a secondary bacterial infection, which doctors will want to treat with antibiotics. They say whooping cough, in rare cases, can cause long-lasting bronchial problems. Yes it can, if you treat it the way the doctors do, doing nothing other than antibiotics. Just using antibiotics does not deal with the pooling mucus, or manage it, or deal with the toxin. If you keep the mucus moving (you can also use gentle postural drainage if you want), there should be no further problems other than the cough itself.

Vitamin C's action

The vitamin C neutralizes any toxins in the blood and should stabilize the child. If you are breastfeeding, you will have to take it yourself and/or give it until the coughing stops. It is easier

and cheaper to give it directly to babies, rather than trying to guess how much is coming through breast milk. If you take it yourself, you can never be sure your baby is getting what it needs, because you might be more stressed than you think, and your body may be using up more than you estimate.

The vitamin C will **not** kill the bacteria. The vitamin C **will** mobilize the neutrophils and phagocytes (the immune cells that process the infection) which grind to a halt without vitamin C, which is their fuel. The toxin forms a “barrier” to the immune system. In using vitamin C, you are clearing out the barrier and allowing the immune system to get in there easily and deal with the bacteria. It will take the same length of time to deal with the bacteria—the whole 100 days, but the child will NOT have as serious symptoms, because you are keeping the system clean, and the immune pathways functioning properly

The functions of vitamin C in any toxin-mediated disease (which includes tetanus, diphtheria, whooping cough, Staph. aureus, Strep. A, meningococcal invasive disease, pneumococcal invasive disease, etc.), are several.

Three of the fundamental functions of vitamin C are strengthening cellular and vascular collagen bonds, detoxifying the body, and keeping mitochondria running properly. The very common reason why people who are ill for a long time have extreme lethargy—is lack of vitamin C⁽¹⁸⁾. You can’t have functioning mitochondria without vitamin C. And it’s no fluke that if a doctor tests babies with SIDS, they can often find **zero** vitamin C⁽¹⁹⁾.

Here are a **few** functions of vitamin C, using whooping cough as the example:

1. The front line function of vitamin C is to bond with, and neutralize, circulating toxin, which is then removed from the body—by the kidneys. With whooping cough, the body manages the toxin until it runs out of vitamin C. Then the toxin builds up, the cough intensifies, and there is breakthrough into the blood. In babies with sub-clinical scurvy, (which the doctors never recognize, because they think all forms of scurvy disappeared with Captain Cook’s discovery), the blood brain barrier weakens significantly—which can result in toxin going into the brain.
2. When the “whooping” body runs out of vitamin C, two things happen. If

the mother is observant, she will notice that the child’s gums may go red around the edges—a first sign of scurvy. Then, the cough gets much worse, because the neutrophils aren’t able to attack the bacteria anymore, because the vitamin C has run out. So the bacteria spreads through the bronchioles, eroding the bronchial hairs, which means that instead of the mucus flowing up the bronchioles and recycling and keeping the area clear, it now pools at the bottom of the bronchioles, and toxin rules the area. At this point, vitamin C in large enough doses eliminates the toxin, **but** it won’t stop the need to cough, because the hairs aren’t there, so the child still has to cough up that pooled mucus. The other thing the vitamin C does is **thin** out the mucus, making it much easier for the child to cough it up, so you don’t get to the red-in-the-face stage, because the mucus isn’t thick anymore, and moves up easily. However, because the mucus moves up quickly, you may get the odd “vomit” session, particularly if the child has just eaten.

3. Vitamin C strengthens collagen intracellular bonds. If no vitamin C is given, the integrity of the body’s collagen intracellular bonds start to weaken, and the child will get pink eyes from the cranial force, and the lungs will start to become congested, the blood-brain barrier becomes permeable...all for the lack of vitamin C.
4. Vitamin C is a great antioxidant. Without vitamin C, the neutrophils and liver won’t be able to deal with the free radicals and toxins being thrown at the body⁽²⁰⁾. (And yes, lack of vitamin C has a huge role in preventing and dealing with cancer.)
5. Vitamin C has a large role in mitochondrial function. The patient can get exhausted without vitamin C, because carnitine won’t pull fatty acids into the mitochondria, and will thus produce less energy.

The fact that vitamin C is the basis of “life” is why scurvy was such a killer for sailors. Without vitamin C, the **whole** of the body’s core functions gradually shut down, and if it is not replaced, there is **only** one result, and that is death. You can toss everything else into a human—every other “good” food... but if there is **no** vitamin C in any of that food, that human is dead.

If you are using vitamin C to “bond to and neutralize” toxins in whooping cough or any other disease, you use as

much vitamin C as the body will soak up, to get all the functions going and complete the process. Everything you put in is utilized to join with exotoxin and flush it out; to keep the neutrophils moving around and dealing with waste; to keep the liver protected; to keep the mitochondria functioning properly.

The Protocol

The information provided here stems from a wide body of literature that demonstrates vitamin C to be extremely safe and instrumental in the biochemical recovery from Bordetella pertussis (whooping cough). Those who have used this approach are proof of the truth, that natural recovery from whooping cough has advantages for an entire life. The pertussis vaccine is one of the most ineffective vaccines, has many disadvantages, and requires numerous doses and boosters. One episode of natural whooping cough renders the recovered immune for at least 30 years. Subsequent whooping cough in convalesced adults will be a nuisance cough.

If you have a cooperative medical provider, this document can serve as a guideline for them and you to work together.

Powdered **sodium ascorbate** or **lipospheric vitamin C** is what you want, when using high doses. You should always have this in your house regardless, since it has so many good uses. It is available to you, from your health food store or online.

Pertussis toxin can be neutralized in 12 hours with correct vitamin C dosing. **You have to continue the vitamin C for up to three months.** It does not stop the disease. Vitamin C clears away the toxins, and makes the coughing much, much milder, and increases the ability of the body to deal with the bacteria and develop immunity naturally.

The starting dose in children is 200-375 mg per kg over 24 hours. If they are coughing until they are purple, then your doses of vitamin C are much too small. Bump them right up to the level of 375 milligrams per kilo of body weight over the waking hours, as a starting dose. If you use pounds, know that one kilo is equal to 2.2 pounds. So get a calculator and weigh your child.

Here is how you arrive at the amount of milligrams, which will be spread out over

24 hours, in multiple doses. You may want to give more towards the end of the day, or whenever the coughing tends to be worse. This dose is just the one to start working with. You may determine that you require more or less. This is explained below.

If using pounds, use this equation: (weight in pounds divided by 2.2) times 375 = for the 24 hour dose, in mg per kg.

Example: If your child weighs 20 pounds then you have 20 divided by 2.2 times 375= 3409 mg of vitamin C powder in a 24-hour period.

If using kg, just use wt in Kg times 375= your dose for 24 hours in mg per kg.

If you are having any trouble or doubt on the dose, please check with someone who can do this calculation for you.

Once you start using vitamin C, the mucus will thin out considerably. The first 24 hours may be a time when mucus seems to come out in great abundance, as it thins.

If your dose is right, within 8 hours there should be a two-third reduction in the coughing. **If you start to taper the vitamin C too soon, e.g., before four weeks, you could see an increase in cough. You will then have to go back up to the old dose. It is probably not a good idea to even try stopping before 4 weeks.**

If your child develops loose bowels, then you may be giving too much. In this case cut back by 50% and monitor.

The cough in most children will decrease to at least a quarter the intensity it was if proper doses of vitamin C are given. But you still have to know how to manage the quantity of mucus whooping cough produces, especially in babies. *The babies' relative inability to use the stomach muscles to cough properly and their narrow bronchioles put them at a physical disadvantage compared with older children.* If that mucus is not shifted, then secondary bacterial infections set in, and it is these, which can cause the problems.

Babies

With any cough, particularly whooping cough, turn the baby around, with its back to your abdomen. Split your legs, so the baby is supported around the abdomen but the legs are straight down between your thighs. Your hands make a gentle net around the baby's ribcage and abdomen, and when the baby coughs, you lean forward slightly to angle the baby, allowing the baby to have some-

thing for the abdominal muscles to push against as it coughs. You give the baby some pressure to use, but do not press in yourself. They haven't learned to control their muscles to get an efficient cough yet, so your hands give them a wall to push against, and make it much easier for them. With whooping cough, you will get a clear mucous glob ejected onto your floor. Better out than in. Don't attempt to catch it, or you may drop the baby. With whooping cough, the cough will become more regular, first at night. Maybe every hour, on the hour. This is because it takes around an hour for the mucus to pool at the bottom of the bronchial tube.

Later, the cough will become more common in the day as well. Once the cough is regular in the day, that's usually when parents start to suspect whooping cough.

If you think it is whooping cough, write down the time of each coughing spell at the beginning, to see if a pattern establishes. This will help with diagnosis.

Why write it down? Because life will become so hectic you won't be able to remember and your paper pad will be your memory. It will enable you to look back clearly, without panic, and see what the progression is.

If your child's cough is whooping cough, it will last the normal time—supposedly 100 days..., but the cough will be a nuisance only. If you are breastfeeding, you will notice that each time you feed, this will provoke a cough, usually during a brisk “let-down”. Deal with the cough first—let the milk spray if need be. Get the mucus up, then put the baby back on the breast straight away, and there will be no cough because the mucus has gone, and she will take the full feed. But you both might be wet and sticky, on your front and her back. Babies with whooping cough sleep lightly. An experienced mother who has gotten several babies through whooping cough says this:

“I organised the house so that I sleep with the babies in a huge double bed (on the floor, not raised) and during the day, apart from toilet stops, well planned... I spent most of the day in the rocking chair if the baby was asleep, or put them in the back-pack if I needed to do a job, though I got a couple of well-placed mucus globs down the back of my neck.

Everything was organized so that I got the maximum sleep, as sleep deprivation for the mother is the main problem. Little ones seem to be forever bounding with energy, even though they are coughing—somehow they cope with sleep in

short burst better than we do. Cleaning—went out the window—I concentrated on cooking, dishes, and keeping up with the washing. A bath or shower was when hubby was at home, and on hand to help—to do baby as well.”

WARNING: If you stop the vitamin C too soon, you will soon find that the cough quickly becomes much stronger. Once kids know that it's the vitamin C that holds the cough intensity down, and parents stop it too soon, the kids will come back and plead for it. It needs to be used for several weeks, or else you will have a continuous relapsing and seeming recovery cycle. A properly-managed baby or child with whooping cough should not lose any weight at all.

The recovery period

If your child gets a cold from 6-9 months after having recovered from whooping cough, the child will start to “whoop,” or cough, the same way as when processing the pertussis. The reason for that is that it takes a long time for the hairs to grow back. Any infection without proper hairs in the bronchioles, will result in mucus pooling. Because there has been loss of the hairs in the bronchioles, this mucus pooling is necessary to trigger a cough strong enough to get the mucus from the bottom of the bronchioles up to the top. Do **not** use cough suppressants or you will end up with pneumonia.

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About the author: Dr. Suzanne Humphries, MD is a medical doctor who successfully participated in the conventional medical system for 19 years, witnessing first-hand how that approach fails patients and creates new disease time and again. She views allopathic medicine as an overused system- that when implemented as first line treatment across-the-board for mild illnesses and symptoms, will mostly just drive chronic illnesses deeper and more seriously into the patient. Dr. Humphries has re-dedicated her life as a doctor and recently moved beyond mainstream medicine, and is utilizing nontoxic means to help restore health in those who seek her assistance.

Note: This article was first posted on the International Medical Council on

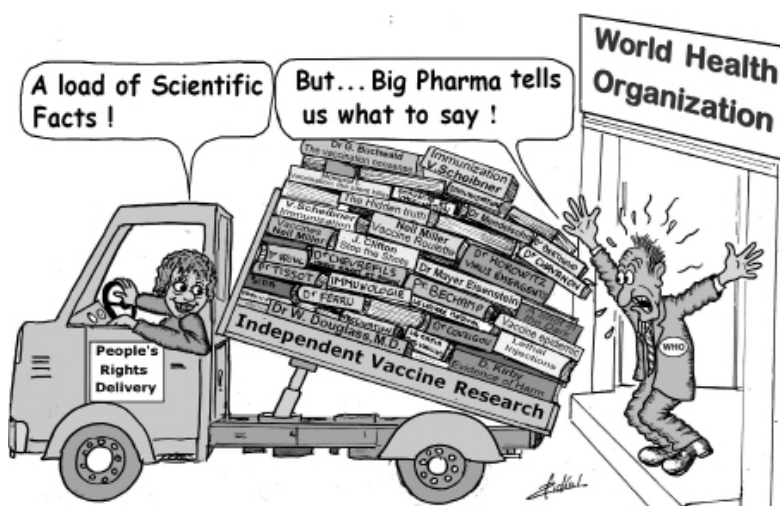
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The king conveyed to parliament his desire that Jenner be awarded a benefaction out of the public purse and the equivalent of half a million dollars was awarded. From then on vaccination spawned an army of paid vaccinators who enforced the practice with zeal.

Cases of smallpox following vaccination began to occur with alarming frequency. Winterburn cites numerous instances. For example, “The Smallpox Hospital, London, is believed to be a fair representative of English experience: the number of cases of smallpox after vaccination has steadily risen from about 5% at the beginning of this century to 44% in 1845, 64% in 1855, 78% in 1865, 90% in 1875, and is now (1885) about 96%.”⁷⁵

Not only were there more cases of smallpox, there were more deaths from it. The report of Dr. William Farr, Compiler of Statistics of the Registrar General of London stated: “Smallpox attained its maximum mortality after vaccination was introduced. The mean annual mortality for 10,000 population from 1850 to 1869 was at the rate of 2.04, whereas after compulsory vaccination in 1871 the death rate was 10.24. In 1872 the death rate was 8.33 and this after the most laudable efforts to extend vaccination by legislative enactments.”⁷⁶

Despite these figures and numerous others reported, pro-vaccinists continued to pronounce that vaccination prevented smallpox. They still do.

After a disastrous smallpox epidemic in 1872, a Royal Commission on Vaccination was appointed in 1889 to look into the whole matter. Seven years and 136 meetings later the Commission issued “five principal reports, consisting of closely printed matter, together with the eight bulky appendices, weigh altogether more than 14 lb. avoirdupois!” Despite this weighty contrary evidence, it failed “to make a dent in their triple-plate conviction that in spite of everything vaccination does prevent smallpox!”⁷⁷

Dr. Maclean, a well-known medical authority of the time, offered an explanation for the “triple-plate conviction” when he said, in 1810, “It will be thought incumbent on the vaccinators to come forward and disprove the numerous facts decisive against vaccination stated on unimpeachable authority, or make the amende honorable by a manly recantation. But experience forbids us to expect any such fair and magnanimous proceed-

ing, and we may be assured that, under no circumstances, will they abandon so lucrative a practice, until the practice abandons them.”⁷⁸

Maclean’s words are still true. The same conviction that vaccines prevent disease persists today, a conviction accompanied by the same downplaying of any evidence to the contrary.

In 2012 research reported by Reuters reveals that whooping cough outbreaks are higher among vaccinated children compared with unvaccinated children. This conclusion is based on a study led by Dr. David Witt, an infectious disease specialist at the Kaiser Permanente Medical Center in San Rafael, California.

Witt reported that in early 2010, a spike in cases appeared at Kaiser Permanente in San Rafael, and it was soon determined to be an outbreak of whooping cough—the largest seen in California in more than 50 years. Witt had expected to see the illness target unvaccinated kids, thinking they are more vulnerable to the disease. “We started dissecting the data. What was very surprising was the majority of cases were in fully vaccinated children. That’s what started catching our attention.”⁷⁹ Witt should be congratulated for admitting this fact.

We have figures from the 1800s showing that large percentages of smallpox cases had been vaccinated and we have figures from 2010 showing that the majority of pertussis cases had been vaccinated, yet people continue to believe that vaccination prevents disease. How many more lessons do we need?

Not only did cowpox pus not prevent smallpox, it fostered its spread and produced numerous adverse effects. In 1807, Mr. Birch, of St. Thomas Hospital and Surgeon Extraordinary to the then Prince of Wales, said, “It is no infrequent thing, however, to hear a public vaccinator say that he has vaccinated a certain number of thousands and has never seen the slightest evil resulting. Well, one need not see the sun, if he will only reso-

lutely shut his eyes. Again, I am sorry to say, that many medical men who recognize evil results, imagine that they may be covered up by prevarication. As if any good was ever done by a lie.”¹⁰

Today, only a fraction of adverse events following vaccination are reported. In the US, Congress passed its National Childhood Vaccine Injury Act in 1986. The Act required all doctors who administer vaccines to report reactions to federal health officials. However, the Food and Drug Administration (FDA) estimates that only 10% of doctors report such incidents.¹¹

Former FDA Commissioner David Kessler estimated in a 1993 article in the Journal of the American Medical Association that although the FDA receives many reports of adverse events, these probably represent only a fraction of those encountered by providers.¹²

Only adverse events that present within a few days of vaccination are considered to be the result of the vaccine; more chronic effects, such as asthma, are not associated with vaccination by the Authorities. A comparative study of vaccinated and non-vaccinated children would answer many questions but for some reason Health Authorities refuse to do it.

Two small comparative studies have been done by parent groups: one in New Zealand^[13] and one in California^[14]. Both studies showed that chronic conditions, such as autism, asthma and eczema, were more prevalent in vaccinated children. Whatever the results, why should parent groups have to conduct research that should be done by Health Authorities?

Back in the 1800s the injection of cowpox pus under the skin caused many diseases: syphilis, tuberculosis, and leprosy in particular. Records of this secondary infection include, for example: in 1867, M. Depaul, the chief of the Vaccination Service of the French Academy of Medicine, published an essay on the danger of syphilitic infection through vaccination. He enumerated half a dozen outbreaks of vaccinal-syphilis, in the course of which 160 children had been infected.¹⁵

Dr. A. Wilder, Professor of Pathology and former editor of The New York Medical Times, went so far as to say in 1901, “Vaccination is the infusion of a contaminating element into the system, and after such contamination you can never be sure of regaining the former purity of the body. Consumption (TB) follows in the wake of vaccination as certainly as effect follows cause.”¹⁶

Today, only a fraction of adverse events following vaccination are reported. The [National Childhood Vaccine Injury Act] Act required all doctors who administer vaccines to report reactions... However, the Food and Drug Administration (FDA) estimates that only 10% of doctors report such incidents.

Today's children will certainly never regain their former "purity of the body" after being assaulted with vaccines from Day One. Not only do they suffer from chronic diseases such as asthma, diabetes and eczema but in 2012 the autism rate was 1:88 children and, as boys are more affected than girls, their rate is 1:54.

Instead of a massive research effort to explore the reason for this epidemic governments and the corporate press go to extraordinary lengths to deny any link between autism and vaccination despite the proven fact that metals such as aluminum and mercury, used in vaccines, cause neurological damage.

But a \$17 billion a year industry is threatened.

2. Scientific Debate About Vaccination

That people can discuss issues, basing their arguments on verifiable data, is crucial in all fields of endeavor but more so in issues affecting health and well-being. One has only to look at the discussion forums around vaccination, whether for or against, to quickly realize that ignorance, prejudice and ad hominem attacks prevail.

For example, from Rational (sic) Wiki, "Suzanne Humphries is a nephrologist (kidney doctor) who has recently become a vocal proponent of pseudoscience and quack medicine. Humphries has been involved with the International Medical Council on Vaccination, a front group for vaccine hysteria ..."¹⁷ The author is anonymous and has repeatedly reversed sections of the webpage after Dr Humphries attempted to correct her credentials and other overtly false information about her publications.

That Dr. Humphries is an internist and board-certified nephrologist, who enjoyed a successful career until she spoke her truth about vaccination, and that the IMCV is composed of highly credentialed people may, of course, be discounted when it comes to vaccination. Furthermore, any zealot with computer access feels free to hurl abuse at our most educated citizens because they, presumably, are in possession of irrefutable knowledge relayed by Fox news and can follow the democratic principle that my ignorance is equal to your expertise.

This low level of discourse is not new. Winterburn writes in 1885, "It seems ludicrous that a question of so much import, and of so purely a scientific nature,

should be a matter of partisan clamor, but it ceases to be comic, and becomes painfully embarrassing, when men cannot discuss a question of vital importance to themselves and the race without being accused of sinister motives or of mental unsoundness. And yet this is just what has happened ever since the earliest years of Vaccination."¹⁸

Being accused of mental unsoundness if you question vaccination goes on today. For example, a January issue of Canada's Maclean's magazine^[19] proclaims on its cover, "How Vaccine Cranks Put Your Kids at Risk P.50." The article inside is a wonderful example of Public Health propaganda parroted by an ignorant journalist and without a shred of evidence to be seen.

Winterburn, an American MD, Ph.D, is quite clear about the cause of this decline in the standards of scientific discourse. "Jenner began it in his efforts to suppress every fact which told against his theory, and his mantle has passed with the passing years to men of like aptitude for the suppression of disagreeable truths."²⁰

3. Mass Vaccination

Vaccinating people was the first time that physicians treated, and billed, healthy people. Dr. Hadwen said in his address in 1896, "I declare that when a person is ill, the doctor, is justified in doing all he possibly can for his patient; but when a person is well he has no right whatever to interfere with the normal functions of the human body as he does when he introduces disease, especially the disease of an inferior animal."²¹

Hadwen's warning is just as applicable today but is it incorporated in the current medical ethos?

In 1850, Sir James Paget warned, "I think it may be laid down as an invariable rule of practice, that no one should be vaccinated except after the most rigid scrutiny. The carelessness of the Health Authorities in this particular is amazing. Vaccination is performed, with the easy nonchalance of the impossibility of doing harm, upon multitudes without the slightest inquiry as to their physical condition or antecedents; and this among the very class, where the greatest danger always lurks—the tenement house population. Vaccination to be effective, pervades and alters the entire constitution."²²

Today's equivalent of the "tenement house population" is the poor of Africa who not only suffer from chronic

malnutrition, diarrhea, tuberculosis and parasites but gifts of vaccines from the West, which have added to their burden by increased chronic disease. The WHO admits its mass vaccination programs are causing epidemics of diseases that are no less serious than the ones third world populations are being vaccinated against. It admits that worldwide, the 16 billion injections administered either for vaccines or drugs in the developing world each year cause an estimated 21,000,000 cases of Hepatitis B, 2,000,000 cases of Hepatitis C, and 260,000 cases of HIV.^[23]

Health Authorities are just as cavalier today. Once a vaccine schedule has been written it is observed like an edict from on high, particularly by nurses who are trained to follow orders. In many cases the notion that vaccines are harmful is simply absent. Not only that, the accepted ethical principle of informed consent does not apply to vaccination. Instead, coercion and guilt trips are laid on people, parents in particular, who refuse vaccination.

A recent example of administration of vaccines with "easy nonchalance" happened in Belgium in January, 2012. Nine-week old twins, born one month premature, were each given nine vaccines in one day. One of the twins had a cold on that day but apart from that, premature babies, with their immature organs, are extremely vulnerable. One week later, that twin died. Medical personnel denied a link to the vaccines.^[24]

4. Compulsory Vaccination

As the British government failed to recognize that smallpox vaccination did not prevent the disease, it passed a compulsory vaccination act in 1856. Between 1870 and 1872 one of the worst smallpox epidemics took place.

Dr. Hadwen, that wise physician, quoted earlier, said, "The very moment you take a medical prescription and you incorporate it in an Act of Parliament, and you enforce it against the wills and conscience of intelligent people by fines, distraints and imprisonments, it passes beyond the confines of a purely medical question—and becomes essentially a social and political one."²⁵

Ironically, today, the most mandates for vaccination are passed in the Land of the Free. For example, Rick Perry, Governor of Texas, tried to mandate that Gardasil be given to all girls and boys in the state.

Gardasil is a questionable vaccine that is given to adolescents purportedly to prevent cervical cancer in 30 years. Naturally, no one knows if that's the case.

In September, 2011, the Centers for Disease Control (CDC) published figures of the side-effects of Gardasil, introduced in 2006. In those five years, there had been reports of 71 deaths. Other serious events, like paralysis, were not attributed to the vaccine by the CDC although they have been reported elsewhere.^[26]

Cancer is not a communicable disease. Yet a politician signed an order compelling the vaccine to be given to Texas youngsters. Why? Could it be that days after Perry signed the order, the drug maker gave him a hefty campaign donation?^[27]

Why does the medical profession allow politicians to order medical prescriptions? Are these politicians not practicing medicine without a licence?

Summary

George Santayana, in his Reason in Common Sense, The Life of Reason, Vol.1, wrote, "Those who cannot remember the past are condemned to repeat it." We are, indeed, repeating past errors in the practice of vaccination.

There are many lessons from the past to be learned but the ones addressed in this article are: The belief that vaccination prevented smallpox is now in the realm of myth. Until Medicine, (a term that includes all health professions), opens its eyes, examines the data of the past and, recognizes the facts, it will continue to believe the legend that cowpox prevented smallpox. The data clearly show that vaccinated people contracted smallpox and that increasing numbers died from it. In 1807, Mr. Birch warned medical men to open their eyes and recognize the "evil results" of vaccination. In 1810, Dr. Maclean told us that it is incumbent on vaccinators to come forward to disprove the evidence against vaccination. Today adverse events are rarely reported.

In 1901, Dr. Wilder said that after vaccine contamination, the former purity of the body can never be regained. Today we have a generation of children whose health has been ruined by vaccines.

In 1885, Winterburn said that it ceases to be comic when a scientific matter cannot be rationally discussed without an educated questioner being accused of mental unsoundness. He attributed the

decline in rational discourse to Jenner who ignored or suppressed the fact that cowpox did not prevent smallpox. The "partisan clamor" of today is noisy and nasty and adds nothing to the debate.

We have accepted that Medicine has the right to interfere with the normal functioning of the human body despite the warning of Dr. Hadwen in 1896. Sir James Paget expressed dismay in 1850 that individuals were vaccinated without undergoing a thorough medical examination. Today we see children being lined up for jabs with no questions asked.

In 1896, Dr. Hadwen noted that mandated vaccination is a political issue, not a medical one. Today, we have politicians not only denying parents the right to decide for themselves but they make vaccination compulsory. No questions are asked by Medicine when politicians mandate a medical prescription. In other circumstances they would be accused of practicing medicine without a license.

Conclusion:

The idea that putting noxious substances under the skin will prevent disease is based on a false premise, the premise that cowpox prevented smallpox. Despite the huge volume of contrary evidence, this myth is still believed.

The idea that putting noxious substances under the skin will prevent disease is based on a false premise...

Dr. Maclean told us in 1810, "experience forbids us to expect fair and magnanimous proceedings and we may be assured that, under no circumstances, will vaccinators abandon so lucrative a practice, until the practice abandons them." The growing numbers of parents with vaccine-damaged children are the only ones likely to alter the current state of affairs. As consumers they can exert their power and refuse the product and thus allow the practice to abandon the vaccine makers.

Note: Jenny Craig's ongoing historical research documenting the disastrous consequences of smallpox vaccination is a 'wake-up call' to the fallacy of the vaccine paradigm. An accurate reading of history reveals that the "belief that vaccination prevented smallpox is now in the realm of myth". We are grateful for her kind permission to reprint her article which first appeared on the International Medi-

cal Council on Vaccination: <http://www.vaccinationcouncil.org/2012/04/17/history-repeats-itself-lessons-the-vaccinationists-refuse-to-learn-by-jennifer-craig-phd/>

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Gardasil (HPV Vaccine): Fraud in Plain Sight

By Dr. Julian Whitaker, MD

Of all the dangerous nonsense perpetuated by Big Pharma and its savage attack dogs in federal and state government, the human papillomavirus (HPV) vaccine is surely the most fraudulent and wasteful.

I've spoken out against this debacle since Gardasil, Merck's HPV vaccine, was approved back in 2006. Now it's in the news again, ever since Michele Bachmann dusted up Texas governor Rick Perry during a presidential candidate debate for issuing an executive order to require vaccination of all 11- and 12-year-old girls in Texas. (This was later revoked by the Texas state legislature.) Mike Toomey, Perry's former chief of staff, was a lobbyist for Merck at that time. If that isn't quid pro quo, I don't know what is.

Nevertheless, all females as young as age 9 through age 26 are being urged to get this vaccine—with or without parental consent or knowledge in some states. They're even recommending it for pre-adolescent boys and young men!

The whole thing stinks to high heaven, and the most repugnant odors are the clear lack of scientific validity, astronomical costs, and, most of all, the horrific harm inflicted on our children.

Lack of Scientific Validation

The purpose of Gardasil and Cervarix (GlaxoSmithKline's HPV vaccine), according to the fuzzy logic of Big Pharma, is to prevent cervical cancer. Regardless of what the drug companies, the Centers for Disease Control and Prevention (CDC), or your child's physician says, not only is there no firm scientific data to support that widespread contention, but the whole concept is irrational.

The vaccine has been shown to prevent precancerous changes of the cervix, but to assume that these changes will progress to cancer is dishonest and manipulative. Ninety percent of HPV infections clear up spontaneously.

USPSTF Agrees

Recognizing this, in October the US Preventive Services Task Force (USPSTF) issued new guidelines recommending that women be tested for cervical cancer with Pap tests (not HPV tests) every three

years rather than annually because more frequent testing leads to overtreatment of low-grade changes that would in all likelihood not turn out to be cancerous. The Task Force further bolstered the stupidity of vaccinating young girls when they changed the screening guidelines to include only women ages 21 through 65, noting that cervical cancer is exceptionally rare in women under age 21. In any case, cervical cancer is very slow growing, so we won't know whether mass vaccination reduces death rates for 20–30 years! It's all presumption, a huge lottery in which there may well be no winners—other than the drug companies.

Skewed Statistics

Even more damning are the infection statistics. The vaccine camp underscores the need for mass inoculation by trotting out government statistics showing that more than a quarter of American females ages 14–59 and nearly 45 percent of those ages 20–24 have been infected with HPV.

However, they fail to mention that there are 40 sexually transmitted HPV strains, and those targeted by Gardasil (types 6, 11, 16, and 18) and Cervarix (types 16 and 18) are rare. HPV types 6 and 11, which can cause genital warts, were detected in 1.3 and 0.1 percent of women, respectively, and types 16 and 18, which are linked with some cases of cervical cancer, were present in only 1.5 and 0.8 percent!

Bottom line: very, very few women who have HPV are infected with high-risk strains, and far fewer get cervical cancer. Every year in the United States, about 12,000 women are diagnosed with this cancer, and 4,000 die of it. Of course, any premature death is a tragedy, but we cannot lose sight of the fact that, according to the latest statistics from the National Cancer Institute, only 0.68 percent of women will ever be diagnosed with, let alone die of, cervical cancer.

Number Needed to Treat

To further underscore the absurdity of universal HPV vaccination, let's look at the concept of “number needed to treat,” or NNT, an extremely useful statistic for evaluating any medical treatment. Simply stated, NNT tells us how many

people need to be treated with a given therapy to get the desired benefit in one patient. The lower the NNT, the more effective and predictable the treatment.

For example, peptic ulcers are primarily caused by *Helicobacter pylori* bacteria, and antibiotics that eradicate it are an extremely effective therapy. For every 11 patients with *H. pylori* who are treated with antibiotics, 10 are cured of their peptic ulcer. Therefore, the NNT is 1.1 (11 divided by 10).

Another example is statin drugs, which are prescribed to millions of people to lower cholesterol. According to a recent study, in order for statin drugs to prevent one heart attack, stroke, or cardiovascular death (the desired outcome of cholesterol-lowering), they would have to be taken by 1,000 patients, making statins' NNT 1,000 (1,000 divided by 1). The other 999 people per 1,000 who take these drugs and are subjected to their adverse effects get no benefit at all.

Unacceptable, Sky-High NNT

So what is the NNT of the HPV vaccine in terms of preventing cervical cancer deaths? Even if it completely wiped out cervical cancer—which no one expects it to do—thousands would have to be vaccinated in order to prevent one death. The others would obtain no benefits, yet would be needlessly exposed to the inherent risks of this vaccine. Most statisticians agree that an NNT over 40 is no more than a crap shoot. An NNT in the thousands is an unmitigated fraud, and there's no evidence that the vaccine will save even one life!

We already have a system in place for preventing cervical cancer that works very well: regular Pap tests (every three years for women ages 21–65). Even the most vocal vaccine proponents admit the vaccine doesn't eliminate the need for Pap testing—or that most cervical cancer deaths occur in women who haven't been screened in the past five years. This system has reduced the incidence of cervical cancer from 15 in 100,000 women in 1975 to 6.6 per 100,000 in 2008. Why fix something that isn't broken? The answer is obvious: Follow the money.

Astronomical Costs

In the United States, there are roughly 30 million females between the ages of 9

and 26 who are “eligible” for HPV vaccination, which requires three doses spread out over six months at a retail price of \$130 each (\$390 total). That’s nearly \$12 billion right into the pockets of Big Pharma.

Now, let’s add in physicians’ fees and average the cost for the three-dose course at \$500. (Some doctors will charge more, some less.) So \$500 x 30 million patients = \$15 billion. Imagine spending \$15 billion on a vaccination program with no hard evidence that any lives will be saved!

Let’s take it a step further and assume this lavish blanket of presumed protection actually works and cervical cancer is eliminated. (Nevermind that a miniscule percentage of HPV-infected women ever develop cervical cancer, that 30 percent of women with cervical cancer have not been infected with HPV, and that we won’t even know if the darned thing works for decades.) Guess how much it would cost per life saved in this best-case scenario? \$7.5 million!

If we took that \$15 billion and put it towards food subsidies and other proven health interventions, we could save tens of millions of lives. But, incredibly, the powers that be prefer to waste it on a fraudulent vaccination program that funnels the money into the coffers of Big Pharma!

Now They’re Going After Boys

As if 30 million girls and young women weren’t enough, Merck tried to get Gardasil approved for women up to age 45, but even the Food and Drug Administration (FDA) recognized this absurdity for what it was. However, Big Pharma also has males in their sights, arguing that they too must be vaccinated to prevent the spread of HPV to their sexual partners.

If vaccinating females makes no sense, going after males is a crime against humanity. HPV is almost always an inconsequential infection in males, so the NNT for them is infinity! No male gets any benefit at all. Unfortunately, they are not immune to the adverse effects of the vaccine. In fact, they are likely at greater risk of damage—at least that’s what we’ve learned from the standard childhood vaccinations, which negatively affect two to three times more boys than girls.

As for costs, don’t get me started. We would spend another \$15 billion

vaccinating all males in the target age range—with zero benefits to them and absolutely no assurance or evidence that this “experiment” would ultimately reduce the rate of cervical cancer in women. There’s only one given: Any amount of money spent on such an ill-advised campaign would be 100 percent waste to the public, yet hugely profitable for Big Pharma.

Horrific Damage to “Gardasil Girls”

I predict that the entire HPV vaccine folly will not only be a colossal failure in terms of health benefits, but it will also leave an expanding wake of “Gardasil girls” suffering with seizures, strokes, chronic headaches, and worse. One of these girls is Zeda Pingel, whose mother Amy Pingel chronicles her daughter’s destruction in the excellent, must-read book *Vaccine Epidemic: How Corporate Greed, Biased Science, and Coercive Government Threaten Our Human Rights, Our Health, and Our Children*.

In 2008, 13-year-old Zeda was a happy, healthy straight-A student and cheerleader with a bright future when, during a routine well-child checkup, her pediatrician suggested she have the Gardasil vaccine. Although neither Amy nor Zeda knew much about it, they went along with the doctor’s recommendation. The problems started a week later, and within three weeks, Amy reports, “I began to lose my precious daughter. Zeda stopped talking, stopped eating, stopped walking, and... lost control of her bladder.”

Doctors in Denial

Despite spending months in a top-notch children’s hospital specializing in neurological problems and undergoing hundreds of tests, Zeda’s doctors couldn’t find a single explanation for her rapid deterioration. Given that it started after Zeda was vaccinated, Amy thought it could be related to Gardasil, yet every time she brought it up, the medical team aggressively denied that it could have been involved.

Their denial borders on the diabolical. For weeks, the doctors and nurses accused Zeda of faking her symptoms, even though she was having frequent grand mal seizures. Even worse, they suspected her mother was coaching her to keep up the pretense and went so far as to install 24-hour surveillance cameras in

hopes of “proving” that the mother and daughter were involved in a hoax.

Today, Zeda is fed through a gastric tube, breathes through a tracheotomy, and lives in a vegetative state in the living room of her mother’s home. Her tragedy is not an isolated incident. Tens of thousands of adverse reactions to the HPV vaccine have been documented—including over 100 deaths.

Bypassing Parental Consent

One of the most disgusting aspects of this entire charade is the lengths to which they’re going in order to force this vaccination program down our throats. Several state governments have enacted laws that require schools to hand out information on the vaccine to sixth graders and their parents and insurance companies to provide reimbursement. For example, the state of New Jersey delivered HPV vaccine propaganda to parents via their children’s backpacks. And, here in California, Governor Jerry Brown recently signed legislation that enables children as young as 12 to be vaccinated against HPV and hepatitis B without a parent’s knowledge or consent.

Imagine, parents have to sign waivers for their children to go on a school picnic, but 12-year-olds, without parental knowledge or consent, can have toxic substances injected into their growing bodies. This combination of Big Pharma plus government is, in a single word, evil. There is no other way to describe it.

Parents, It’s Up to You

Unfortunately, you can’t count on your doctor to help you make educated decisions on the HPV vaccine. Virtually all pediatricians follow the dictates of the American Academy of Pediatrics, CDC, and other handmaidens of Big Pharma and vigorously support every vaccination program that comes down the pike. Their refusal to rock the boat by acknowledging the growing body of evidence about the dark side of vaccines is safe for the doctor but terribly dangerous for your child. (Just imagine what it would be like if you were Zeda’s mother, Amy Pingel.)

Parents, it’s up to you to protect your children. Keep the lines of communication open and make sure your kids understand the extreme risks and no

proven benefits of the HPV vaccine. As Amy Pingel says, "...people who pressure you to vaccinate don't own the consequences. Only you, as parents, do."

In Summary

Folks, it's going to get worse before it gets better. In addition to blowing the cervical cancer angle way out of proportion, vaccine proponents are now fabricating additional "benefits" in order to sell their wares. When a recent small study demonstrated a potential, preliminary link between HPV infection and risk of heart attack and stroke, headlines across the country screamed that the vaccine protects against cardiovascular disease! Now, that's a stretch if there ever was one.

It may take many years and, unfortunately, countless injuries and untold numbers of deaths, but we're not as naïve or stupid as Big Pharma takes us to be. Mark my words. The public will eventually wake up and see the HPV vaccine for what it is—a dangerous, money-grabbing, scientifically invalid fraud.

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Autism Epidemic

By Susan Fletcher, April 2012

On March 29th the US CDC announced "new" rates of autism spectrum disorder (ASD) of 1/88 children: 1/54 boys, 1/252 girls. ⁽¹⁾ Er...well, the stats aren't really new (or reliable) but rates of ASD estimated from identification of these disorders in children who were born in 2000 and living in fourteen separate areas of USA in 2008, the data collection year. The population studied represented over eight percent of the US population. **The breakdown according to type for the latest stats is: 44% autism, 47% ASD/PDD and only 9% Asperger Disorder.**

While the US stats are extraordinarily late in coming, Canada doesn't publish any. In fact, **a search for "autism" on the website of the Public Health Agency brings up nothing!** But a Health Canada October 2011 message from Minister of Health, Leona Aglukkaq gave an estimated ASD rate of 1/150. ⁽²⁾ At that time, she informed that a national surveillance system would be set up, "to determine how common ASDs are and how the rates differ across Canada; describe the population of Canadians living with ASDs; and understand changes in the number of children being diagnosed over time." And shortly before the news about the US rates broke, it was announced that the CIHR Institute of Neurosciences, Mental Health and Addiction in partnership with Autism Speaks Canada, the Canadian Autism Spectrum Disorders Alliance, Health Canada, NeuroDevNet and the Sinneave Family Foundation will be funding a Chair in Autism Spectrum Disorders (ASD) Treatment and Care Research Program. ⁽³⁾

Referring to the US rates, the CDC states: "Some of the increase is due to the way children are identified, diagnosed and served in their communities, although exactly how much is due to these factors is unknown." and, "The number of children identified with ASDs varied widely across the 14 ADDM [Autism and Developmental Disabilities Monitoring] Network sites." Utah had the highest rates amongst the fourteen areas surveyed: 1/47 children. And, in a curious twist, the rate for ASD among Utah's white children was much higher than that among non-whites: 1/25 compared to 1/154 respectively. ⁽⁴⁾ New Jersey had the second highest rate of the fourteen areas and the highest rate for boys: 1/49 and 1/29 respectively.

A WebMD analysis reveals that, "Study sites that relied only on health records to identify kids with autism had significantly lower autism rates than sites that had both health and education records."⁽⁵⁾ Was this due to the fact that teachers must face the daily challenges of ASD whereas public health officialdom can ignore and avoid these? Possibly with a thought that there are other pressing health challenges to be dealt with as well, WebMD remarked: **"At the new 2008 prevalence rate of one in 88 American children, autism costs the U.S. \$137 billion a year."** Even at that, Coleen Boyle, director of the CDC National Center on Birth Defects and Developmental Disabilities, assured, "One thing we do know is we don't overestimate autism prevalence." That, for sure, was an understatement.

A WebMD analysis reveals that, "Study sites that relied only on health records to identify kids with autism had significantly lower autism rates than sites that had both health and education records."

Boyle claimed that the Center's surveillance method "is really the gold standard for tracking autism." Others disagree. A table in the CDC article announcing the latest ASD rates lists historical rates beginning with children born in 1992. Marl Blaxill, longtime advocate for families of children with ASD, wrote a blistering critique three years ago detailing the dishonesty regarding the 1992 cutoff point and more. ⁽⁶⁾ In it, he argues, **"Nowhere is the institutional pattern of negligence, deception and propaganda surrounding autism more apparent than in the work of the Autism Developmental Disabilities Monitoring (ADDM) network..While there is no evidence of fraud in the preparation of the ADDM data, that's about the only good thing you can say about the work. To be blunt, every ADDM publication so far has betrayed a fundamental dishonesty, reporting analysis that has been twisted for bureaucratic purposes to mask and suppress the magnitude of the autism problem."** Blaxill convincingly shows that this is true. He points to omission of the much lower pre-1992 birth year rates from rate comparisons; ignoring the inclusion of Asperger's syndrome in ASD in 1994, thus making rate increas-

Smoke, Mirrors, and the “Disappearance” Of Polio

By Suzanne Humphries, MD

“The tendency of a mass vaccination program is to herd people. People are not cattle or sheep. They should not be herded. A mass vaccination program carries a built-in temptation to oversimplify the problem; to exaggerate the benefits; to minimize or completely ignore the hazards; to discourage or silence scholarly, thoughtful and cautious opposition; to create an urgency where none exists; to whip up an enthusiasm among citizens that can carry with it the seeds of impatience, if not intolerance; to extend the concept of the police power of the state in quarantine far beyond its proper limitation; to assume simplicity when there is actually great complexity; to continue to support a vaccine long after it has been discredited;... to ridicule honest and informed consent.^[1]”

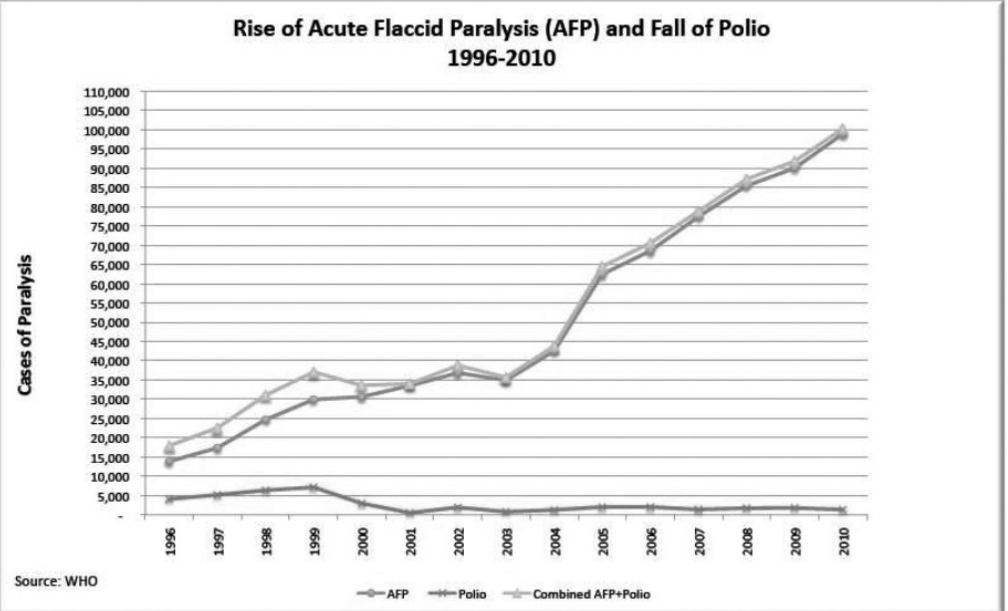
There is plenty of confusion on the topic of vaccination, especially amongst brainwashed doctors who trusted their medical schools. Then the unsuspecting, trusting public trusts them...because the medical establishment must know best, right? And doctors are nice people, trying to do a good thing. True. I was once one of those brainwashed doctors who believed in the benevolence of the medical system and believed that all I learned was the best that modern times had to offer. It is blazingly clear to me now though, that much of what is taught in medical school is enormously limited. I now see that most doctors are little more than blind slave-technicians who follow the dogma they were taught and were rewarded for repeating, even as the truth unfolds in front of them dictating otherwise.

Unbeknownst to most doctors, the polio-vaccine history involves a massive public health service makeover during an era when a live, deadly strain of poliovirus infected the Salk polio vaccines, and paralyzed hundreds of children and their contacts.

Unbeknownst to most doctors, the polio-vaccine history involves a massive public health service makeover during an era when a live, deadly strain of poliovirus infected the Salk polio vaccines, and paralyzed hundreds of children and their contacts. These were the vaccines that were supposedly responsible for the decline in polio from 1955 to 1961! But

there is a more sinister reason for the “decline” in polio during those years; in 1955, a very creative re-definition of poliovirus infections was invented, to “cover” the fact that many cases of “polio” paralysis had no poliovirus in their systems at all. While this protected the

evl had)^[4], Chinese Paralytic syndrome, Chronic Fatigue Syndrome, epidemic cholera, cholera morbus, spinal meningitis, spinal apoplexy, inhibitory palsy, intermittent fever, famine fever, worm fever, bilious remittent fever, ergotism, post-polio syndrome, acute flaccid



reputation of the Salk vaccine, it muddied the waters of history in a big way.

Even during the peak epidemics, unifactorial poliovirus infection, resulting in long-term paralysis, was a low-incidence disease^[2] that was falsely represented as a rampant and violentcrippler by Basil O'Connor’s “March Of Dimes” advertising campaigns. At the same time as Basil O'Connor was pulling in 45 million dollars a year to fund the Salk vaccine development, scientists started to realize that other viruses like Coxsackie, echo and enteroviruses, could also cause polio. They also discussed the fact that lead, arsenic, DDT, and other commonly-used neurotoxins, could identically mimic the lesions of polio. During the great epidemics in the United States, the pathology called polio was reversed by alternative medical doctors who attested to great success, using detoxification procedures available at the time—yet they were categorically ignored^[3].

Now it is admitted in the medical literature that other viruses can cause polio, yet few people on the street have any idea.

Prior to 1954, the following undoubtedly hid behind the name “poliomyelitis”: Transverse Myelitis, viral or “aseptic” meningitis, Guillain-Barre Syndrome (GBS—(what Franklin Delano Roos-

paralysis(AFP).

Included under the umbrella term “Acute Flaccid Paralysis” are Poliomyelitis, Transverse Myelitis, Guillain-Barré syndrome, enteroviral encephalopathy, traumatic neuritis, Reye’s syndrome etc.

Before you believe that polio has been eradicated, have a look at this graph of AFP and Polio. If you are wondering why there is no data prior to 1996, go to the WHO website for AFP and you will see that there is no data prior to 1996, and note that AFP continues to rise in 2011. Acute Flaccid Paralysis (AFP) is just another name for what would have been called polio in 1955, and is used to describe a sudden onset of paralysis. It is the most common sign of acute polio, and used for surveillance during polio outbreaks. AFP is also associated with a number of other pathogenic agents including enteroviruses, echoviruses, and adenoviruses, among others. But in 1955, there was no attempt to detect anything other than polio in cases of AFP. Once the vaccine was mass marketed, the game changed.

When people ask me where all the children on iron lungs are, I would answer that they should ask Dr. Douglas

Smoke, Mirrors, and Polio cont. on page 17

Kerr from Johns Hopkins, who stated on pg. xv in the Forward to Donna Jackson Nakazawa's book "The Autoimmune Epidemic"...

"Infants as young as five months old can get Transverse Myelitis, and some are left permanently paralyzed and dependent upon a ventilator to breathe... my colleagues at the Johns Hopkins Hospital and I hear about or treat hundreds of new cases every year."

Does the public have any idea that there are hundreds of cases of something that would once have been called polio, and some of those children will be dependent on a modern version of the iron lung? No. Parents today think that the Salk vaccine eliminated any need for ventilators, because the pictures of all these children on iron lungs are no longer paraded in front of people in order to create fear. Besides which, today's "iron lungs" don't look like a prototype submarine. They are barely recognizable as today's "ventilators."

The polio vaccine had the fastest licensing in FDA history. It was approved for commercial production after only a two-hour deliberation amongst the Licensing Committee, in a pressured environment. These scientists witnessed a vaccine that was escorted to market, before academic and community doctors had a chance to read any published reports on the safety studies, and before the results of the big polio vaccine trial made it into any medical journal. If these scientists had had more say, it is likely that the "Cutter" disaster and the "Wyeth problem," both events that led to crippling or death of vaccine recipients just weeks following the hurried vaccine licensing—could have been averted.

"Previously it [the vaccine] had been distributed as an experimental product, not a licensed product...the committee was asked to come to a decision very quickly...there was discussion of the report that Dr Francis had given, but we were not in a position to discuss it very intensively because we had not seen the report prior to this morning and the report was distributed to us after the presentation...we were pressured in the sense that we were told that speed was essential, and when we came up toward the 5:00 time, some of us felt we would like to discuss this matter more. We were told that to discuss the matter further it would have to go into the following week, and we would have to go to Washington or

Bethesda and most of the members were unwilling to do so. We were in effect pressured into an earlier decision than we ordinarily would have made. ...It was part of the pressure of events, put it that way^[5]"

And that is only the beginning of the polio story, the likes of which currently serve as the foundation of modern belief in vaccination, even by those who may have doubts regarding current vaccine policy.

No vaccines are safe. Having "ef-

Do you know how much doctors learn about vaccines in medical school? ... We are indoctrinated with the mantra that "vaccines are safe and effective"—neither of which is true.

ficacy" means an antibody response is generated, not that they keep you from getting sick. There are many other ways to keep children healthy other than injecting them with disease matter, chemicals, animal DNA, animal proteins, detergents and surfactants that inflame and weaken the blood brain barrier, potentially causing inflammation and other problems.

Do you know how much doctors learn about vaccines in medical school? When we participate in pediatrics training, we learn that vaccines need to be given on schedule. We learn that smallpox and polio were eliminated by vaccines. We learn that there's no need to know how to treat diphtheria, because we won't see it again anyway. We are indoctrinated with the mantra that "vaccines are safe and effective"—neither of which is true.

Doctors today are given extensive training on how to talk to "hesitant" parents—how to frighten them by vastly inflating the risks during natural infection. They are trained on the necessity of twisting parents' arms to conform, or fire them from their practices. Doctors are trained that NOTHING bad should be said about any vaccine, period.

Historically it has been commonplace, since the times of the deadly smallpox vaccines—to discourage or silence scholarly, thoughtful and cautious opposition to mass vaccination policies. This is politics, plain and simple, in the environment of cronyism and corporatism that has invaded the supposed health-care industry.

The opinions of learned anti-vaccinationist doctors are not permitted on CNN, Fox News, or in mainstream literature. Probably because if they were broadcast

on such media outlets, the unsuspecting public would do an about-face. Instead, the publicity that mainstream media concedes, often involves a parent who is opposed to vaccination, after a child becomes vaccine-injured, matched up with a celebrity talking-head doctor.

The standard approach on commercial television is to pretend that there is no anti-vaccinationist doctor to match the celebrity doctor, or those of the Paul Offit genre. Therefore, they can only invite and publicly defeat those whom they underestimate. Cheers to JB Handley for getting an edge in on the "Doctors" show. [video link is available on the online version of this article]

This is simply how the game of vaccination has always been played; keep the opinions of thoughtful and informed doctors and scientists out of the way of the cameras and peer-reviewed journals, and only allow the anti-vaccine perspective limited representation.

If you have doubts on the safety and effectiveness of vaccination, please keep your curiosity up, since the lives of your children may depend on it. You will probably have much deprogramming to do, just like most of us.

Note: The article is reprinted with the kind permission of Dr. Suzanne Humphries and first appeared on the website of the International Medical Council on Vaccination: <http://www.vaccinationcouncil.org/2011/11/17/smoke-mirrors-and-the-disappearance-of-polio/>

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Paralysis/Death Surge

By Susan Fletcher, April 2012

A new study⁽¹⁾ from India denies that paralytic disease has been absent in that country for the last year as many would infer from the WHO statement⁽²⁾ that there have been no new cases of polio there since Jan 13, 2011. The fact is that toxins and a multitude of other pathogens and factors can cause acute flaccid paralysis (AFP) as well as polio virus. A 2000 study⁽³⁾ in *Epidemiologic Reviews* devotes thirteen pages to the differential diagnosis of AFP in thirty or more paralyzing conditions and countless sub-types and describes it as a “clinical emergency”.

Referring to 1997 and 1999 publications, the study notes that, “in the absence of wild virus-induced poliomyelitis, the acute demyelinating form of Guillain-Barré syndrome accounts for at least 50 percent of AFP cases globally, followed in frequency by paralytic non-polio enterovirus [virus which thrives mainly in the digestive tract] infection, the motor axonal form of Guillain-Barré syndrome, transverse neuritis, and acute transverse myelitis.” It states: “Nonpolio enteroviruses have been associated with polio-like paralytic disease, frequently accompanied by other clinical syndromes, such as aseptic meningitis, hand-foot-and mouth disease, and acute hemorrhagic conjunctivitis.” Enteroviruses include coxsackieviruses A and B, echoviruses and enteroviruses 70 and 71. The study notes that, “Muscle weakness and wasting associated with enterovirus 70 is usually severe and permanent.” and that, during a severe Bulgarian epidemic of central nervous system disease in 1975, “Of 705 patients infected with enterovirus 71 in Bulgaria, 149 (21 percent) developed paralysis, and 44 (29 percent) of those persons died. Young persons under 5 years of age were most frequently affected.”

Contrast those stats and descriptions with the statement that, “When non-immune persons are exposed to wild poliovirus, inapparent infection is the most frequent outcome (72 percent)... Only 1/1,000 to 1/100 infected individuals develop paralytic disease...the case fatality rate is generally 5-10 percent.” And the dreaded ‘iron lung’ of the past? In ‘The Autoimmune Epidemic’, Douglas Kerr MD, PhD states: “I founded and continue to direct the Johns Hopkins Transverse Myelitis (TM) Center, the only center in the world dedicated to de-

veloping new therapies for this paralyzing autoimmune disorder. Increasingly, I see more and more patients are being felled by this devastating disorder. Infants as young as five months old can get TM and some are left permanently paralyzed and dependent upon a ventilator to breathe. Currently, my colleagues at Johns Hopkins Hospital and I hear about or treat hundreds of new cases every year.”

The newly published Indian study by Vashisht and Puliyl recounts that, “in 2005, a fifth of the cases of non-polio AFP in the Indian state of Uttar Pradesh (UP) were followed up after 60 days. 35.2% were found to have residual paralysis and 8.5% had died...Sathyamata examined data from the following year and showed that children who were identified with non-polio AFP were at more than twice the risk of dying than those with wild polio infection.”

Furthermore, “Data from India on polio control over 10 years, available from the National Polio Surveillance Project)...shows that the non-polio AFP rate increases in proportion to the number of polio vaccines doses received in each area. ^(4,5) Nationally, the non-polio AFP rate is now 12 times higher than expected. In the states of Uttar Pradesh and Bihar, which have pulse polio ⁽⁶⁾ rounds nearly every month, the non-polio AFP rate is 25- and 35-fold higher than the international norms. ...In 2011, an additional 47,500 children were newly paralyzed in the year, over and above the standard 2/100,000 non-polio AFP that is generally accepted as the norm. ...These findings point to the need for a critical appraisal to find the factors contributing to the increase...perhaps looking at the influence of strain shifts of enteropathogens induced by the vaccine given practically once every month.”

And, of course the stats comparing rates of non-polio AFP with rates of polio AFP would be even lower except for the fact that the live virus oral polio vaccine can cause polio. A 1991 *Lancet* study⁽⁷⁾ is titled, ‘Outbreak of paralytic poliomyelitis in Oman; evidence for widespread transmission among fully vaccinated children’. In his book, ‘Vaccine Safety Manual’, Neil Miller explains, “In 1993, Dr Radu Crainic of the Pasteur Institute, discovered that strains of the polio virus have the ability to spontaneously recombine with themselves and create new strains. Crainic showed that if you vaccinate a child with strains 1, 2, and 3, you can produce a new strain, strain 4 out

of the child’s stool. Crainic concluded that the polio vaccine creates favorable conditions contributing to the evolution of viral “recombinations”. ... In October 2000, virologist Hiromu Yoshida of Japan’s National Institute of Infectious Diseases in Tokyo reported finding a new infectious polio virus in Japanese rivers and sewage. Genetic sequencing confirmed that the virus had mutated from the polio vaccine and regained much of its original virulence. According to Yoshida, it poses a “persistent environmental threat”.

Persistent indeed! Table 4, pg 3 of the latest bulletin from the Indian National Polio Surveillance Project shows detections of wild polio virus and vaccine type polio viruses found in AFP samples tested by seven laboratories. During 2011, only one sample contained the wild virus; a total of 2468 samples contained one of the three vaccine type viruses, 714 had a mixture of vaccine type viruses, and 7 had vaccine derived polio virus (VDPV), ie virus which had originated from the vaccine but had mutated.

To top that off, Vashisht and Puliyl inform us that, “in 2002 scientists had synthesized a chemical called poliovirus in a test tube with the empirical formula C332,652H492,388N98,240131,196P7,50152,340. It has been demonstrated that by positioning the atoms in sequence, a particle can emerge with all the properties required for its proliferation and survival in nature. Wimmer writes that the test-tube synthesis of poliovirus has wiped out any possibility of eradicating poliovirus in the future.”⁽⁸⁾

Of course, instead of switching attention to the pressing non-polio AFP problem, very keen vaccine proponents might suggest continuation of polio vaccination using the Salk killed virus vaccine, the one used in Canada and other western countries. But that too would be very problematic. The *Epidemiologic Reviews* study referred to earlier states that, “several factors have been shown to increase the risk of acquiring paralytic manifestations, including intramuscular injections...The term “provocation paralysis” describes the enhanced risk of paralytic manifestations that follows intramuscular injection, and it occurs when inflammation in muscle coincides with poliovirus infection; entry of poliovirus to nerve endings in the muscle is facilitated, and paralysis occurs 4-30 days later.”

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Concerning poliomyelitis, the 1982 Merck Manual states: "Primary multiplication of the virus occurs in the pharynx and intestinal tract... Factors predisposing to serious neurologic involvement include increasing age, recent tonsillectomy or inoculations". As an aside, since intramuscular injections "increase the risk of acquiring paralytic manifestations", perhaps these have contributed to the cases of Transverse Myelitis which Dr Kerr has seen in patients "as young as five months old", patients who probably had been injected with polio vaccine and many others according to recommended schedules.

Apart from the risk of polio or other AFP it's questionable that injection of Salk vaccine could prevent infection with polio virus (wild or otherwise) if it happened to materialize. That vaccine lacks the immune stimulating effects of adjuvant and live virus. In fact, immunity to polio is most easily and effectively achieved in situations where youngsters are exposed to the wild virus due to poor sanitation.

Injections of polio vaccine bypass the pharynx and digestive tract where "primary multiplication of the virus occurs", causes inflammation and, especially in babies and toddlers, allows easy access to the brain.

Injections of polio vaccine bypass the pharynx and digestive tract where "primary multiplication of the virus occurs", causes inflammation and, especially in babies and toddlers, allows easy access to the brain. A much more reliable and less risky strategy would be to strengthen gut immunity by breastfeeding infants and toddlers and fortifying older children with highly nutritious diets.

Unknown to most, grossly inaccurate statistics prop up the popular belief that vaccines were the reason polio disappeared from the Western Hemisphere by 1991. In Canada, a major example is the Dominion Bureau of Statistics' 'Poliomyelitis Trends, 1958. This official bulletin reported the few cases of paralytic polio only; it noted that the much more prevalent non-paralytic cases had been renamed meningitis following recommendation of same by the Dominion Council of Health in 1958.

In a 2004 article ⁽⁹⁾ in which he describes the 1954 Salk Polio Vaccine field trials, statistician Paul Meier remarks that, "the polio study was the most elabo-

rate trial that was ever done, and you had to do it that way because polio was very scarce. ...physicians reported the cases they thought were polio...Now, about half those cases were probably not polio at all...the results were consistent, more total cases and more paralytic cases in the control group." [!] But by 1960, five years after nation-wide polio vaccination was introduced, viral testing of stool samples was required for determination of polio cases, not just guesswork. A similar pattern occurred in developing countries: statistics used to justify the introduction of the Global Polio Eradication Initiative were collected from 'lameness surveys' which used inconsistent methods of diagnosis and ignored the possibility of non-polio forms of AFP. Once routine use of polio vaccine began, much stricter criteria for diagnoses were required.

The twenty-four year struggle known as the Global Polio Eradication Initiative has consumed untold man/woman years of time and effort and multiple billions of dollars of funds. India's Pulse Polio Initiative to eradicate polio resulted from a \$0.02 billion grant from overseas offered as a carrot to entice it to begin the program. It is shameful that, since the program's inception in 1994, India itself - one of the world's poorer nations still needing upgrades to basic public health requirements such as sanitation and clean drinking water - has found it necessary to infuse over \$2.5 billion more to continue the program to date.

Celebrating the 107th anniversary of Rotary International on Feb 23, 2012, Pakistani Rotarians joined their comrades worldwide in dramatizing their contributions to polio eradication. As lights emblazoned Karachi's historic Frere Hall with the Rotary insignia and the message, "END POLIO NOW", Pakistan's 'Tribune' news was preparing a report Crippled for life: Two children get polio, as father blames vaccine. ⁽¹⁰⁾

Vashisht and Puliyeel have remarked, "Caplan, in his essay entitled 'Is disease eradication ethical?', has noted that eradication may be public health's greatest rhetorical weapon and unmatched in its ability to command funding, popular support, the attention of politicians and positive media coverage. The stakes involved portend relief forever as well as the ability to relax humanity's guard against the disease." The authors point out that the huge diversion of India's limited funds to polio eradication has taken away from otherwise possible national

health initiatives of much greater priority. In his book, 'The Health of Nations: True causes of sickness and wellbeing', Leonard Sagan MD expresses his view that resistance to disease overall may be more important than the eradication of any one specific infectious disease. The survival of humans beyond the eras of pre-vaccine plagues such as the bubonic plague and their survival through the era of scarlet fever, an infection without a vaccine, appear to attest to this.

Note: This article is available on the VRAN website at: <http://vran.org/in-the-news/paralysisdeath-surge/>

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es past that date seem lower than they really were; cherry picking sampling locations and numbers of locations, even to the extent that these changed from one report to another and comparing rates of years when sample sizes and locations differed; and simply omitting to make a report according to the usual two year schedule.

Concerning the historical rates, F Edward Yazbak MD, FAAP has told of a graph based on thousands of records reviewed by Bernard Rimland PhD for the Autism Research Institute. Yazbak explains:⁽⁷⁾ “That very simple graph was remarkable. It showed two intersecting lines: a dotted line representing the *Regressive Autism* cases, with onset of symptoms at 18 months, running for years below the *Early Onset Autism* solid line and suddenly taking off in the late seventies/early eighties and steadily rising until it intersected the solid line by the mid eighties. By the late nineties, the dotted line was much higher than the other line and *Regressive Autism* cases represented around 80% of the ARI’s total case load.” Was it just a coincidence that the reversal occurred at the time when injection of MMR became common? In 2000, Rimland testified to a US Congress House Committee that, “Late onset autism was almost unheard of in the fifties, sixties and seventies; today such cases outnumber early onset cases 5 to 1, the increase paralleling the increase in required vaccines.”

So, does the CDC acknowledge that at least some of the rise in ASD could be due to vaccines? On a page of their website last updated February 23, 2011 is included the following carefully veiled admission of the capability of MMR and MMRV (eg Priorix-TetraTM) vaccines to cause ASD symptoms: “Two studies have shown that children who have febrile seizures after receiving an MMR vaccine are no more likely to have epilepsy or learning or developmental problems than children who have febrile seizures that are not associated with a vaccine. Experts believe it is likely that this finding for MMR vaccine applies to MMRV vaccine as well.”^(8,9)

Oh, if only Wakefield could comment! A Canadian study led by Dr. Kumanan Wilson examined reactions to MMR with the stated objective of determining the risk of serious adverse events in all children vaccinated in Ontario at 12 and 18

months of age with recommended pediatric vaccines. An increase in fever, rash, febrile seizures and ER visits was found.

Data was studied on 271,495 toddlers who got the 12-month shot and 184,312 children who got the MMR booster shot at 18 months and crossed it with hospital visits data for the same children. The study shows totals of 11,167 ER visits and 686 hospitalizations for the 12 month vaccination period; 4288 ER visits and 269 hospitalizations for the 18 month period. **Approximately 1 in 168 children was sick enough to be taken to a hospital emergency department following MMR vaccine.** A sharp increase in symptoms and ER visits peaked 8-12 days after the shot.^(10,11)

“*This is the vaccine working,*” said Dr. Kumanan Wilson, who has done a number of studies looking at parental attitudes towards vaccination. “*It’s expected and necessary. This is the immune system working.*” An additional review of 184,312 children who got the MMR booster shot at 18 months did not show the same trend. However, it didn’t find anything which would suggest future ASD since, despite its lofty objective, only paediatric records up to two weeks post vaccination were examined. We wonder why!^(10,11,12)

This study is an exercise aimed at reassuring parents and the public that bad reactions to MMR vaccine are normal. It begs the question - what overall health outcome might be revealed if the children who suffered vaccine reactions were followed over the long term of 5-10 years? And how would their health compare to children who have never been vaccinated?

But it’s not only MMR that’s suspect. Aluminum adjuvants; the mercury preservative, thimerosal; and the huge number of vaccines now injected into infants and toddlers are all suspected of causing or contributing to ASD. **And, if the current trend to inject more vaccines into pregnant women continues, we can expect to see high rates of early onset autism as well as regressive autism.**^(13,14,15)

Since the “new” US stats on ASD

“Autism becoming the new normal sounds like a joke, but believe me... I can see how fast people forget what normal behavior in children is. To make it worse, it is now clear that doctors, or very few of them ever knew what behavior was normal in children.”

rates were announced last Thursday, there’s been an enormous outpouring of rage and anguish on the internet. An Age of Autism post of April 1st by Natasha elucidates: “Autism becoming the new normal sounds like a joke, but believe me, as someone running a nursery school in India for the last 40 years, I can see how fast people forget what normal behavior in children is. To make it worse, it is now clear that doctors, or very few of them ever knew what behavior was normal in children. It sounds bizarre, but it would be very nice for someone to collect as fast as possible all the reliable material they can find on what is normal behavior in the human infant and child.”

Back in December 2009, Julia Obradovic posted a comparison between the rise of ASD and the Argentinean military dictatorship’s late 1970s to early 1980s reign of terror which resulted in the disappearance of tens of thousands. She wrote: “I entered this seemingly parallel universe of autism... In my darkest times one of the things I remember is that even this dark chapter in Argentina came to an end. Eventually the truth was too overwhelming to deny anymore. Too many people affected. Too many lives destroyed. At one point in 1995, the country declared there was no way to ever make it right and that the country had to forgive and move forward. In the last few years, however, that has changed. Those in leadership positions at the time are being jailed and prosecuted. Justice has been delayed, but it is happening. I don’t often cry about Autism. ... But today... when I read this? When I read the real incidence numbers of Missouri and Arizona? What is it, 1 in 42 or 45 boys? Well, the tears just came. The magnitude of this human disaster hit me in the gut and sucked out my breath.”

In ‘Vaccine Epidemic’, investment strategist Michael Belkin, father of a baby girl who died at five weeks of age from encephalitis due to hepatitis B vaccine, writes about the ‘vaccine bubble’: “Every bubble contains an element of crowd psychology, or a collective conception that shepherds unsuspecting individuals into wholeheartedly participating in an ill-fated popular delusion.” Let’s hope that bubble bursts before we have a worldwide pandemic of brain damaged children and a dwindling adult population to care for them.

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Considering that records of 413,957 children were examined for the study, the grand total of 16,410 events calculated from the Table 3. figures provides a hint of how likely it is that some possible vaccine adverse events were not discovered by this study. ✓

When life throws us curve balls...

By Julia Bronfman, DHom, ND

I grew up believing that doctors were to be trusted. After all, they had taken the Hippocratic oath, “I will prescribe regimens for the good of my patients...and never do harm to anyone. I will give no deadly medicine to any one...” and so on. Yes, I was raised to listen to my doctor, as he was far more knowledgeable than I in regards to health and wellness and the prevention of disease.

My son was born in 1994. I gave birth naturally, and for his first two months he was healthy and happy. But then, at two months of age he received his first set of vaccines (the whole cell DPT, Hib and Sabin), and soon afterwards came down with his first of many infections. At four months he again received the DPT inoculation and one hour afterwards suffered a cri encephalique* that lasted two hours, accompanied by seizures. I felt totally helpless as I witnessed my baby’s eye roll back, his piercing scream penetrating my very core. Yes, at that very moment I knew that our lives were forever changed.

And as you might expect, given the severity of his response, as time went by my child began struggling with numerous immunological and neurological challenges. I knew in my heart that the DPT vaccine was to blame, but my words fell on deaf ears. The “experts,” I took my son to, dismissed my observations and my beliefs. They had been to the conferences and they had read the research papers, and they were doctors.....who was I? I was just a mother who was heartbroken over her son’s situation, and trying to make sense of it! In fact, I was so intimidated by our pediatrician that I was bullied into revaccinating my son yet again at 6 months, 12 months and 18 months. Yet during this time my son just got worse and worse until I finally had enough conviction to say “enough!”

When my child was diagnosed with Autism Spectrum Disorders I cried for three months. My husband had to take a leave of absence from work because I couldn’t leave my bed. I was devastated. And I felt that I was somehow to blame. I knew that the vaccines had injured my child, yet I continued to allow him to be vaccinated. I trusted the doctors and the pharmaceutical companies and they had betrayed me. Additionally, I felt terribly guilty because I hadn’t listened to my in-

stincts, thus permitting this to happen.

I must have cried an ocean of tears... my sorrow, my anger and my remorse had completely taken me over, leaving little room for anything else. I was truly drowning in despair. Yet somehow, during those three months anguish, something began to change in me. Honestly, I cannot say exactly what it was, or how it happened, but during my darkest days I made a decision that would change our path. I felt that I was somehow responsible for getting my child into this terrible state, and I was going to do whatever it took to get him out of it. I was going to get my child better; I was going to make the impossible possible!

As I mentioned above, my son was born in 1994. The Defeat Autism Now! movement began just a year later in ’95. I was there from the beginning, moving alongside it as the biomedical approach progressed from infancy, through toddler years, to where it is today. When a new book came out I bought it, when a new protocol came out, I considered it, and if it made sense, we tried it (with the help of naturopaths, homeopaths, Chinese medicine practitioners and finally DAN!s, when the first one opened her doors in Montreal).

I was a mother on a mission. We did it all, from diets, chelation and methylation support, to me even volunteering myself up for the first LDN study, using the mothers. And of course there were the numerous therapies from the traditional (OT) to the less conventional (HBOT, Interactive Metronome, therapeutic listening). Yet always I returned to the vaccines. Everything that I had been doing, including the biomedical, was aimed at symptoms... heavy metals, leaky gut, poor coordination, difficulty with focusing and awareness and processing and so on. But these were all due to vaccination injury. This most important piece of the puzzle had yet to be addressed.

While scouring the internet, back in the mid-nineties, I fell across the website of Dr. Tinus Smits of the Netherlands. We all have ah-ha moments, and this was one of mine. Here was this man, on the other side of the planet, who had figured it out! He wrote of post-vaccination syndrome. He wrote of children just like mine. He spoke to my heart. I knew that this is what I had to do to help my son. Unfortunately his work had not made it to this side of the Atlantic, so we did the best we could,

Life Throws Us Curve Balls cont. from page 21
working with local homeopaths to clear the damage done by the inoculations.

As the years went by my son improved immensely and my focus began to shift. I had amassed a great deal of knowledge over the past decade and I began to share my experiences with others, helping them help their children. I returned to school to study naturopathy. I became a founding member of Generation Rescue, and a rescue angel to hundreds of parents, helping them find doctors, follow diets, teach their children to swallow supplements, and so on. And I did my Defeat Autism Now! practitioner's training.

Things were going well for my son and we began to see the light at the end of the tunnel... but we weren't quite there! Despite our many successes along the way, I was always drawn back to the fact that he had never been well since his vaccinations... in my heart I knew that they were at the root of his many challenges and that they were the cause of his severe regression. Tinus' work in post vaccination syndrome had captured my attention, and I was determined to do for my child as Tinus had done for so many. So ultimately I made an important decision. If there was no one in Canada working as Tinus Smits does, then I guess that I would have to blaze a trail; I would have to do it!

In all honesty I think that the universe was helping me on this journey. A new homeopathy school was just about to open its doors in Montreal (the Montreal Institute of Classical Homeopathy), and the timing could not have been better. It was truly meant to be! Not only was I in the first graduating class of MICH, but I collaborated on a thesis titled Healing Children with ADHD through Autism using Homeopathy!!!

And no sooner had I completed my requirements for my diploma then I was on my way to Europe to study with Tinus... as a colleague!!!! I was living a fairy-tale and had to keep on pinching myself to confirm that this was all real. I couldn't quite believe that I was actually there, a fellow homeopath, learning from the master! We were fifteen homeopaths in total: twelve Dutch, one Austrian, one Hungarian, and me. Our course was at his farm in the majestic Dordogne region of France. I sat next to him the entire time, helping him with English, and asking hundreds of questions! I wasn't going to let this chance of a lifetime pass me by!

Tinus was the gentlest of souls... self-effacing and unpretentious; a true

visionary, yet so humble. He was a man who sincerely wanted to make a difference because he cared so much. And I think that I knew this about him even before we had met. He was always so generous with his thoughts and methods on his website, which were free for all to see and learn from.

CEASE stands for the Complete Elimination of Autism Spectrum Expression. It is really an approach... to energetically remove the "causes" of autism using a form of homeopathy called isopathy. The causes are seen as the many toxic assaults to the body, namely medications, environmental chemicals, and most importantly vaccines.

I formed a special friendship with Tinus and have the privilege over the next few months to be one of the editors of his upcoming book CEASE Autism Beyond Despair. CEASE stands for the Complete Elimination of Autism Spectrum Expression. It is really an approach, which Tinus created, to energetically remove the "causes" of autism using a form of homeopathy called isopathy. The causes are seen as the many toxic assaults to the body, namely medications, environmental chemicals, and most importantly vaccines.

Our world is full of pollutants; we are bombarded every day with toxic chemicals in our food, air and water. Toxins love fatty tissue, and they embed themselves into our livers and our brains, among other parts. When a woman becomes pregnant she is already carrying around a certain toxic load. If she received fertility drugs, or took medication during her pregnancy, then these substances can be passed on to her baby. If the mother was chronically stressed during her pregnancy, or had been on antibiotics, or had digestive issues, then her microflora might not be optimal, affecting the baby's immune system (a baby's gut is sterile, and it is through passing through the vaginal canal that he/she becomes swathed in bifidobacteria, necessary for building the immune system. If the baby is born by caesarean, then the first bacterium that the baby receives is from the sick air of the hospital). If the mother was then induced or received an epidural, these could also potentially impact the baby's health, possibly congesting his/

her liver, thus affecting his/her detoxification pathways.

Then at two months the baby receives, on average, six vaccines. If the child's immune system or detoxification pathways have been compromised, then they are less capable of rising to the occasion of having a healthy immune response and then fully clearing the remnants and preservatives of the inoculations. I believe that this can lead to auto-immunity (Th1/Th2 rigidity) and toxic bodies. Sadly many doctors recommend that the baby receive a dose of acetaminophen before his/her jabs, in order to ease the pain, and reduce fever. I feel that this is unfortunate as Tylenol/Tempra is known to reduce glutathione levels, and glutathione is our #1 antioxidant, and necessary for detoxification. If we are injecting aluminum, formaldehyde and antifreeze into our babies, should we really be giving them something to suppress their detox pathways? I am also confused as to why one would want to suppress the immune response (fever) when the very reason we give vaccines is in order to provoke an immune response!

Like my son, many children begin developing infections during their first two years of life. Often these are ear infections, requiring antibiotics which then contribute to dysbiosis and a further compromised immune system. Interestingly, some of the otitis cases that are treated are not truly infections. From the way that Tinus put it, these children are trying to detoxify through their ears, as it is the closest opening to the brain. Could it be possible that the liquid that we are suppressing and trying to clear up with antibiotics is actually the body's attempt to heal itself?

In the spring of 2010 I attended the first international (English language) course on CEASE, in the Netherlands. It was all a little too good to be true, as the reality was that Tinus was dying. He had forewarned us in the summer, when we were in France, that he had been diagnosed with kidney cancer, and it had progressed to his lungs. While we worked together, editing his upcoming book, his health continued to deteriorate. Tinus passed away in his bed, while we were there in his little village of Waalre, on the fourth day of class. We formed a circle, and we cried. We visited him, in his home, and spent time with his family. It was as if Tinus waited until we were

Life Throws Us Curve Balls cont. on page 23

all there, ready to take the reins and continue his ground-breaking work in post vaccination syndrome, to let go.

I am the only Canadian to have ever studied with Tinus Smits. I helped him with Autism Beyond Despair, and I was among the first CEASE therapists. I take this very seriously. Just as I had done everything in my power to help my son heal from his struggles, my purpose is also to continue where Tinus left off and do the same for so many others. We are capable of healing... we just get a little lost along the way. CEASE is an approach which can bring us back on track. How is it done? First and foremost is the isopathic detoxification of the "causative agents." In laymen's terms this means the homeopathic drainage or clearings of the imprints left by medications, environmental toxins and vaccines. Secondly we give constitutional remedies. Through understanding what is truly core to the person as a unique individual (mentally, emotionally and physically), we can give single remedies which resonate with the vital force, triggering the organism to shift, and adjust and balance. And thirdly, we support the individual during their healing process. CEASE therapists routinely suggest vitamin C, fat soluble vitamin C, called ascorbyl palmitate, as antioxidants, omega 3 fatty acids to support the brain, zinc to support the gut and immune system and magnesium to nourish the nervous system, just as Tinus recommended. We will also use homeopathic support remedies, to assist the liver, or help to maintain intestinal symbiosis.

Do I think that it is ever too late to benefit from CEASE? Not at all! I know that our bodies heal faster when we are young. But I also know that our bodies have incredible wisdom; we have mechanisms in place to destroy pathogens and mend wounds. Our bodies are constantly attempting to be in homeostasis. And I personally believe that even if we were injured decades ago, by both physical traumas and vaccinations, our bodies have the capacity to heal... we just may not have the best terrain, or the reserves in place.

I like to use the analogy of a tree. If it is growing in toxic soil, and irrigated with polluted water, it cannot thrive. It will wilt, and it will be susceptible to disease and infestations. And if a branch breaks, it will struggle to repair itself; its healing capacities compromised. But no matter how old the tree is, if we replace the soil, and feed it fresh, clean water, and we nourish the tree with what it requires,

the tree can regain its strength, health and splendor. And then it is in a position to be able to grow long deep roots, and a magnificent crown.

Rollin Becker wrote that health is never lost. I never understood this statement until recently... but now I do. Even in the most desperate of situations, health is there. It may be extremely hidden, and despite our many efforts, we may not be able to see it. But given the right circumstances, our bodies can repair themselves, and regain balance.

Life has a way of throwing us a lot of

Life has a way of throwing us a lot of curve balls... I never imagined that following my doctor's and society's recommendations of inoculating my children, to benefit their health and well-being, would lead to such severe and desperate circumstances.

curve balls. Certainly having had my son vaccinated is my biggest regret. I never imagined that following my doctor's and society's recommendations of inoculating my children, to benefit their health and well-being, would lead to such severe and desperate circumstances. Sadly so many people are threatened by this reality. They are so committed to the notion that vaccines are one of humanity's greatest contributions to public health that they refuse to acknowledge that they are not a panacea. The belief that vaccinations are completely safe, and devoid of any risks, is indisputable for most. And as a result, when they or their loved ones are injured by inoculations, they are unable to make the correlation. Yet if one is unable to find the cause or root of one's injuries or illnesses (or admit it), it is much harder to assist the body in its healing. Fortunately I was able to take the road "less traveled by." And by taking the path of addressing head-on post-vaccination damage, my son benefited, I benefited, and now the many individuals that I work with, have benefited. I guess that you could say that life threw us a curve ball, and we hit it out of the ballpark!

Note: *cri encephalique, also known as encephalitic cry refers to an infant's high pitched screams that signal brain inflammation and injury.

Julia Bronfman DHom, ND is a classical homeopath and CEASE therapist, living in Montreal. Julia can be reached for consults through her website: <http://www.montrealhomeopaths.com/> ✓

While Rome Burns

By Alison MacNeil—Thinking Moms Revolution

***(Ring, ring)—Hello, this is Emergency, how may I help you?
(Mom, breathless, anxious)
My child has stopped speaking. He could talk two weeks ago but now he can't. He doesn't notice if I walk in the room anymore. He's screaming constantly and I can't seem to console him. He has constant diarrhea. He keeps arching his head back. I can't figure out what's going on. Something happened to my child.
"When did this start?"
"About two weeks ago right after his 15 month shots."
"What does your pediatrician say?"
"He says not to worry about it."***

This is a vaccine injury and it is not treated like an emergency. Why do pediatricians respond to a child's regression into Autism with such complacency? Why aren't pediatricians panicked by the number of times this happens in their practice? Why aren't they asking themselves how come every year they are seeing more and more children falling apart physically and developmentally between their 1st and 2nd birthdays?

One case of Measles on an airplane was a crisis. We later discovered the person was fine. Lettuce tainted with Salmonella is such an emergency that they can trace down the source of the outbreak within three days. But a child diagnosed with Autism every 20 seconds is not considered a crisis.

My daughter was born in 2000. She is typically developing and in the 5th grade. Her teacher told me this fall that her grade contains the largest number of learning issues they have ever seen in one year at her school. Her school nurse recently told me that about 12 years ago she used to have one or two student's Epi-Pens in her office each year. Now she has over 40 per school year. I don't think the average parent of a child with a life-threatening peanut allergy, or a Ritalin prescription connects the dots to environmental injury. One out of every 6 children has a learning issue in America today and 1 out of every 5 children takes a medication for chronic illness. But this

This is surreal for me. As surreal as adults walking by a burning house with children inside. No one is stopping to help. And the adults are Firemen. We are in the middle of a crisis in children's health, but no one is worried. The house has always been on fire. Everyday a certain number of children die in house fires. We don't know why, it's a mystery. There is no research that proves that dying in a house fire would be painful.

It is beyond comprehension that anyone could look at this situation and not be terribly worried about children's health. But as a nation we are not. Michelle Obama is worried about obesity even though her husband continually appoints former Monsanto (makers of High Fructose Corn Syrup) folks to positions of power within the food safety ranks. Her husband is worried about everything except Autism and how to get re-elected. It seems the only people truly worried about children's health are the ones with the least to lose at this point, those of us whose kids are already environmentally sick with Autism.

As a mother of a vaccine-injured child when I talk to parents about taking great care with vaccination urging them to read and research and really consider the choices they make, I take for granted that they may not listen to me. Like a gift, you have to let go of advice the minute you give it. You have no control over how the gift is received or whether the advice is appreciated. Sometimes, parents will come back to me and tell me they wish they had listened.

I would never say, "I told you so" to a parent; however, I feel differently about my conversations with medical providers. I've talked with many of Nick's doctors about my concerns involving vaccine and antibiotic safety. I've also talked with lots of friends who are doctors and scientists. With the exception of a rare few, their usual reaction is polite disdain.

Medical providers... have the time to critically analyze the studies on this subject for flawed design, author bias, and affiliation of practice, pharmaceutical ties and relationship to the vaccine industry.

Medical providers of small children have tremendous power and responsibility in the Autism/vaccine debate. They

do have the time to critically analyze the studies on this subject for flawed design, author bias, and affiliation of practice, pharmaceutical ties and relationship to the vaccine industry. Autism mothers find time to do this and we are the busiest people on earth. Pediatricians must demand better leadership from their professional organizations in the area of vaccination safety practices and get help standing up to pharmaceutical interests that infiltrate the way they practice medicine.

When the Autism/Vaccine shit hits the fan, which is inevitable, I will shout, "I told you so" to every one of these arrogant S.O.B.'s. because it has been on their watch that more children have been harmed. Whether through their denial, passivity or stubborn adherence to medical orthodoxy, they have ignored innumerable attempts to raise their awareness of the risks of the current vaccine schedule. They will have more blood on their hands if they do not ac-



knowledge this crisis in children's health now and make adjustments to the way they practice. How will they justify their actions ten years from now? "We just didn't know" might have been acceptable in the early '90's. In 2012 we know. How will they live with the shame? Will they be able to forgive themselves for the damage they are inflicting today?

If they haven't heard us, it's because

they are choosing not to listen. Our voices and our stories are everywhere.

Autism Moms make massive sacrifices. We give up everything: sleep, money, time, joy, careers, friends, and our health. But we do not have to sacrifice our voices or our stories and we mustn't let them go unheard. I will never forgive myself for listening to my pediatrician. I know what happened to my child. We Moms know what happened to our children. We know what we saw. No amount of denial or scorn takes away the mother's visceral experience of watching her baby fade away from her.

So what happens when people speak up?

They get Wakefielded!

And it's effective. Parents have been kicked out of pediatric practices and schools, have had child protective services sicked on them, and healthcare workers have lost their jobs or found research budgets eliminated. These bully practices work like an army leaving the severed head of a

villager on a post at the edge of a town they've just demolished. The message behind these tactics is clear: "Challenge vaccine doctrine and this will be you."

Who am I talking about when I say 'They'? I'm talking about the medical industrial complex that includes the pharmaceutical industry, their paid lobbyists and the medical lobbying groups like the American Psychiatric Association and the American Academy of Pediatrics, the large bureaucratic institutions like the CDC, NIH and FDA, right down to your pediatrician.

This business of removing children from families or wheeling out the old 'Munchausen by Proxy' threat goes right to the heart of the Mother, "We will take your children away from you." I hope the history books will be appropriately vicious when they describe this practice and those who employed it.

I think the antidote to these bully prac-

tices is transparency because this level of aggression doesn't sit well with the general public. My neighbor may not like my vaccination choices, but it goes against his moral compass that my child should be removed from my care.

I say we have to speak up; we have to use our voices.

But you worry, "They will take my child away from me, they will hurt my loved ones."

I say they already have.

What would you say about how your child got sick if you didn't fear the repercussions?

Our voices alone are small and frightened. But together in a unified voice we are powerful. We have the strength of our numbers. We can say what we know to be true. Our children were born healthy. Through the course of vaccination, antibiotics and environmental insult they became sick.

Rinse. Repeat. Re-use.

Although, the medical community at large may be ignoring the crisis in children's health, parents are not. They are tuning in, in greater numbers all the time. They see our Autistic children everywhere. They hear our heartbreak and they are heeding our warning, one Mom at a time. This is what's working, and it's working despite the fact that the medical industrial complex spends \$30 billion a year trying to get you to think otherwise. Mom-to-Mom, one conversation at a time has resulted in 1 out of every 4 parents linking risk of Autism with vaccinations.

Now tell two friends, and so on and so on.

Speak up. Don't be afraid. Stay with the group. Don't go it alone. Tell your story.

We are Thinking Moms, and we are the revolution!

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Alison MacNeil, also known as Mama Mac on the Thinking Moms Revolution website: <http://thinkingmomsrevolution.com/2012/03/16/while-rome-burns/Meet-Allison's-family-on-the-Autism-Now-series-on-PBS>: <http://video.pbs.org/video/1884325580/>. Alison invites you to follow her healing journey with her son Nick, while she gently guides her typically developing daughter through the trials of middle school, and pushing for change in the politics of Autism everyday. ✓

Hepatitis B Vaccine Damages the Liver it is Supposed to Protect

By Sayer Ji - Feb. 29, 2012

"According to Hippocratic tradition, the safety level of a preventive medicine must be very high, as it is aimed at protecting people against diseases that they may not contract."
~ Marc Girard, Autoimmune hazards of hepatitis B vaccine.

Startling new research published in the journal Apoptosis indicates that hepatitis B vaccine, which is designed to prevent Hepatitis B virus-induced damage to the liver, actually causes liver cell destruction. In the study titled "Hepatitis B vaccine induces apoptotic in Hepa1-6 cells," researchers set out to "...establish an in vitro model system amenable to mechanistic investigations of cytotoxicity induced by hepatitis B vaccine, and to investigate the mechanisms of vaccine-induced cell death."

They found the hepatitis B vaccine induced a "loss of mitochondrial integrity, apoptosis induction, and cell death" in liver cells exposed to a low dose of adjuvanted hepatitis B vaccine. The adjuvant used was aluminum hydroxide, which is increasingly being identified as a contributing cause of autoimmune disease in immunized populations.

The discovery that the hepatitis B vaccine damages the liver (hepatotoxicity) confirms earlier findings (1999) that the vaccine increases the incidence of liver problems in U.S. children less than 6 years old by up to 294% versus unvaccinated controls.

Another study published in the journal Hepatogastroenterology in 2002, observed that Hepatitis B vaccination was statistically associated with gastrointestinal reactions including: hepatitis, gastrointestinal disease and liver function test abnormalities in comparison to other vaccine control groups.

This, however, is only the tip of the iceberg...

In a revealing study published in June 2011 in the journal Molecular Biology Reports, researchers demonstrated that hepatitis B vaccine alters the expression of 144 genes in the mouse liver within 1 day of vaccination, 7 of which are related to inflammation and metabolism. The authors noted:

"Pharmaceutical companies usually perform safety testing of vaccines, but all requirements of the World Health Organization and drug pharmacopoeias

depend on general toxicity testing, and the gene expression study of hepatitis B vaccine is not done routinely to test vaccine quality."

Could the gene-expression altering affects of hepatitis B vaccine be one reason why there are over 60 serious detrimental health effects associated with the vaccine as documented in the peer-reviewed and published biomedical literature, including sudden infant death? Other potential mechanisms of action behind hepatitis B vaccine's dangerous side effects, are as follows...

Hepatitis B vaccines may contain Hepatitis B Virus polymerase as a contaminant, which may trigger an auto-immune process against the myelin (protective coating on the nerves) in some vaccinated subjects.

Hepatitis B vaccine may induced autoimmune demyelinating disease through the molecular mimicry that exists between the vaccine antigen, Epstein-Barr virus and human myelin.

Why Are They Vaccinating Infants For Hepatitis B Virus?

The real danger here is that universal vaccination against Hepatitis B virus may be causing far more harm than good. It is actually our youngest -- infants -- who are most at risk of being irreparably harmed, as the CDC's vaccine schedule requires Hepatitis B vaccination at birth, 1-2 months, and then again at 3-6 months of age.

Universal hepatitis B vaccination was recommended for U.S. newborns in 1991, despite contradictory safety findings. Perhaps not coincidentally, the prevalence of autism today is 1500% higher than that occurring in the period immediately before its introduction. While there is no such thing as a "genetic epidemic," in the traditional inheritable sense of the word "genetic," there is such a thing as environmentally induced gene-expression changes, as described above. In other words, vaccine adjuvants (e.g. mercury

Hepatitis B Vaccine Damages cont. from page 25 and aluminum) and vaccine antigens are **capable of profoundly affecting the stability of the genetic infrastructure** upon which our health depends.

According to one review published in the Journal of Toxicology and Environmental Health in 2010, male newborns vaccinated with hepatitis B prior to 1999 had a 3-fold higher risk for parentally reported autism. Why before 1999? On 8/27/99 the CDC, in tacit acknowledgment of the profound neurotoxicity associated with the use of thimerosal (organomercury), approved the first thimerosal-free hepatitis B vaccine. Sadly, even after the removal of mercury (which was replaced by another neurotoxic agent aluminum hydroxide), autism prevalence is still several orders of magnitude higher than it was before the CDC's increasingly overwhelming vaccine schedule (60+ by age 6) reached its present-day proportions.

Another glaring problem with HepB vaccine in infants is that Hepatitis B virus is only transmitted through blood or semen by those who are infected, which are two routes of exposure an infant—certainly not one born in a hospital—should ever be exposed to; unless, of course, the mother is a carrier, and therefore can transmit it vertically to her offspring. But hospitals can and should screen mothers for Hepatitis B, therefore making it unnecessary to vaccinate every infant blindly. In addition, there are no randomized controlled trials that have assessed the effects of hepatitis B vaccine during pregnancy for preventing infant infection, despite the fact that pregnant women are being given the vaccine for exactly this reason.¹ There is also research indicating that immunization for Hepatitis B does not guarantee protection against becoming infected with it; i.e. it may not truly fall within the category of a vaccine-preventable disease.²

Reprinted with appreciation from GreenMedInfo.com

<http://www.greenmedinfo.com/blog/hep-b-vaccine-damages-liver-it-supposed-protect>

Editor's note: Despite contradictory safety findings, universal hepatitis B vaccination was recommended for all U.S. newborns in 1991. Canada followed suit a few years later, even though all mothers are routinely screened for hepB infection during pregnancy. Given an extremely low incidence of hepatitis B in newborns, young children and teens in Canada,

there is no medical justification for vaccinating young infants with hepB vaccine. Nevertheless, Canadian health officials now recommend 3 doses of hepatitis B vaccine in early infancy, starting at 2 months of age, and in some areas at birth. A follow-up drag-net of school based catch-up vaccine campaigns insures that young teens are also targeted for hepatitis B vaccination.

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LETTERS

Myths over HPV vaccine linger despite facts, April 28, 2012

Response to Ottawa Citizen article:
<http://www.ottawacitizen.com/Health/Family-Child/6532398/story.html>

Shelley Page opens her vaccine article with the question "Why wouldn't a parent rush to protect her child from getting cancer?" A quick check with "Dr. Google" will direct any concerned parent to Merck's own website and their detailed product monograph for Gardasil, Merck's HPV vaccine. This monograph states "GARDASIL® has not been evaluated for the potential to cause carcinogenicity or genotoxicity". So perhaps a more appropriate question might be "why would any parent subject their child to an injection of a product that has not been tested for carcinogenicity?"

I have yet to meet a non-vaccinating parent who is an ill-informed quack; most parents who have chosen this route have done so after exhaustive research. It's never an easy decision, especially given the intense social pressure and equally intense concern for one's child. But Ms. Page glosses over suggested HPV vaccine concerns in one paragraph, without seeking quotes from non-vaccinating parents as to their actual reasons.

I am not concerned about my daughter using the vaccine as an excuse to become promiscuous. I AM concerned about the fact that the HPV vaccine has not undergone any testing for long term safety. I am concerned about the inclusion of known neurotoxic ingredients such as aluminum. I am concerned about the lack of studies comparing health outcomes of vaccinated groups with unvaccinated

groups. I am also concerned about the marked increase in chronic illnesses and neurological damage in children coinciding with the increase of vaccines added to the recommended vaccine schedule in the last few decades. You may not agree with these concerns and I respect the differences of opinion in a very complex and emotionally loaded topic. However, writing the concerns of parents off as 'myths' without doing the necessary research or interviews, not only compromises the integrity of objective investigative journalism but actually reinforces parental convictions that none of their concerns are being addressed by health officials. Trust me, non-vaccinating parents would love nothing more than to be proven wrong. Unfortunately, we're still waiting.

Lauren Brown, Ontario

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Children's Medical Holocaust

It gets beyond frustrating to keep hearing that more and more children continue to suffer and those in a position to help refusing to do anything. Adding insult to injury is the denial of the suffering.

I feel adamant that we can legitimately define our children's experience as a medical holocaust. Webster's Dictionary describes holocaust as "a great or complete devastation," "a sacrifice consumed by fire," "any reckless destruction of life." Our children have been sacrificed against our will and are consumed by a fire of inflammation. The tip of a needle is just as devastating as a gun or an oven.

Our children have been the victims of an immoral world-wide public health ideology that not only condones but promulgates a hit-and-run response to vaccine adverse effects. The complicity of not acknowledging the physical devastation, then denying proper medical treatment to suffering children, is torture.

A reckless vaccination program based on an ideology that elimination of infectious disease demands (mandates) the suffering and elimination of children. So ingrained is this ideology that the majority of the bench of the U.S. Supreme Court has decided that anyone who produces vaccines or administers the vaccine program can be negligent and reckless in their actions yet not be held accountable and so immune to legal liability. Well, they are still accountable to me, and God, for their moral liability. How people in this day and

Letters cont. on page 27

age can carry on without conscience with what is happening reminds me of a book I read entitled, "Hitler's Willing Executioners." And I believe there will be a day of reckoning too.

My parents' and grandparents' families lived through all of these infectious diseases with no resulting disability or chronic illness. Among all of my relatives, the only person to succumb to any infectious disease that my children were vaccinated against was my grandmother's brother. He died from diphtheria while living in a tent in a logging camp in the middle of winter in the 1920's (before antibiotics were invented). My extended family knows of more children sick or dying of chronic diseases from non-infectious causes than they know of children in their lifetime ever suffering from extreme sickness and death from infectious diseases, including the time before vaccines and antibiotics. I believe the biggest piece of propaganda we've been sold is that the risk of infectious disease is greater than the risk from the vaccine.

Donna K response to article at: <http://www.ageofautism.com/2012/01/autism-the-disease-of-a-thousand-cuts.html#more>

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Dear VRAN,

I just wanted to let you know that I live in Timmins, Ontario. I have had the same "bullying" problem with our local health unit regarding my children's vaccinations. I had to look everywhere to even find Form 2 (thank goodness for your website). When I called our local health unit and spoke to the public health nurse, we got into a heated argument about how the vaccine consent forms misled me into thinking I had no choice or my son would be suspended from school.

She told me that all I had to do was call her and she would have sent me a package. When I went through this same issue with my daughter 3 years ago, I did NOT know I had another option, and was NOT given any package explaining possible exemption. As a chartered herbalist, I am SEVERELY AGAINST vaccines.

She told me that, "It's not like we can go around telling everyone they can be exempted". She was also very interested as to where I even found the exemption form online, which I did not get into, but I did tell her that it was very fishy that it is so difficult to even find information on

this exemption option. She just danced around the issues and tried to make me feel like a bad parent that would be the cause of an outbreak one day. I was appalled at the blatant lack of respect for the general population, and for my personal rights. It is against our BASIC HUMAN RIGHTS to be forced into a decision, especially a medical decision, without all the information. We are trying to teach our children not to bully people at school, yet our own government does it to us every day. It's nice to see that there is an organization out there that is here to help. I will tell everyone that I know with school aged-children that they do have options. Many thanks, and keep fighting the good fight!

Renee M, Ontario, Feb. 2012

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Vaccine bullying in Saskatchewan – January, 2012

I would like to say thank you for your insightful webpage. I did not want to vaccinate my son but the doctor bullied me into doing so. He made me feel as though I was a horrible mother and didn't know what I was talking about when I questioned him on the preservative in the vaccines. He assured me that it was perfectly safe and that this is the only thing that will protect my son from dying. So I let him do it!! I felt terrible about it as I watched my baby get the shots. Everything in my gut said to STOP! Then I was told about your website and I started reading. I received your package in the mail and I was so glad to read articles that were not only done by researchers but doctors themselves. I needed the scientific facts to be truly convinced. I just wanted to say I am not going to be bullied anymore and I feel more empowered now that I have educated myself. You are doing a wonderful thing! PS: It would be great if you'd include material on how children survive without the vaccines (just a thought).

Regards, Melissa

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HPV vaccine unsafe

**Letter submitted to
Coast Reporter, Apr. 22, 2012**

The announcement that taxpayers will now fund "free" HPV vaccine for 18-21yr old females fails to advise that this will be 'Cervarix', not the 'Gardasil' being injected into schoolgirls. The statement by

BCCDC's Dr. Monica Naus, "The HPV vaccine is a safe and highly effective vaccine for prevention of cervical cancer." is irrational and misleading. In a 2011 study in Annals of Medicine, UBC researchers, Drs Tomljenovic and Shaw reveal that, "while the world's leading medical authorities state that HPV vaccines are an important cervical cancer prevention tool, clinical trials show no evidence that HPV vaccination can protect against cervical cancer." In fact, cervical cancer develops so slowly that neither the trials nor post marketing experience have lasted long enough for prevention to be shown.

Both 'Gardasil' and 'Cervarix' contain aluminum adjuvant, but 'Cervarix' also contains oil adjuvant which may be even more dangerous. From the Annals study we learn that trial deaths which occurred more often in participants injected with 'Cervarix' than those injected with so-called "controls" (Hep A vaccine or aluminum adjuvant) were related to new abnormal growths, autoimmune disease, infections and cardiovascular disorders. Astonishingly, "In the Netherlands, the reported rate of serious ADRs [adverse reactions] from Cervarix per 100,000 doses administered is nearly 4-fold higher than the age-standardized death rate from cervical cancer." and, "the total number of ADRs reported for Cervarix appears to be 24-104 times higher than that reported for any other vaccine in the U.K. immunization schedule." An example of a UK ADR is the case of Ashleigh Cave who, nine months after a Cervarix vaccination, was still in hospital unable to stand unaided and without bladder control at the age of thirteen.

Susan Fletcher, Sechelt, B.C

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Dear Edda,

Please find enclosed my cheque for my annual renewal to VRAN. As I read the VRAN newsletter, I'm so glad I'm not a new parent in the 21st century. Also glad that I stopped immunization when I did.

Management at work still forbids us to tell the other side of immunizations even though she doesn't take flu shots. Says she has an "egg allergy", yet eats them. Last week one of the health units was pushing for people to still get the flu shot due to outbreaks of norovirus with vomiting and diarrhea. It if weren't so sad it would be funny. Anyway, I look forward to receiving your newsletters. May you have another good year,

Regards, Janet M

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VRAN Membership and Order Form

Suggested Annual Membership—\$35 or \$75 professional
Includes 28 page Newsletter 2X a year & ongoing support of vaccination risk education
P.O. Box 169, Winlaw, BC, V0G 2J0—phone: 250-355-2525, E-mail: info@vran.org
VRAN website: www.vran.org

Name/Organization: _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

Reason for Interest:

Your Questions, Personal Stories:

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

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

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

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

_____ VRAN Membership—suggested donation—\$35.00 (family) or \$75.00 (Professional) _____
(Please renew your membership annually at the beginning of the calendar year)

_____ New Parent information package—(over 50 pages of articles)..... \$10.00 + \$3.00 (postage) _____

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

_____ “Five Vaccines in One: Your Baby’s first Shot”— Overview of the vaccines & diseases
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_____ Back Issues of VRAN Newsletter available for Members on our website or \$8.00 each for
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By Canadian author, Catherine Diodati M.A “A must read for those who wish-
to be aware, responsible and informed” Dr. E.S. Anderson-Peacock

TOTAL: _____