VRANewsletter

Vaccination Risk Awareness Network Inc.

Autumn 2012

Vaccine Illusion—How Mass Vaccination Compromises Immunity

By Tetyana Obukhanych, PhD

Dr. Tetyana Obukhanych earned her PhD in Immunology at the Rockefeller University, New York, NY and has done postdoctoral research at Harvard Medical School, Boston, MA and Stanford University School of Medicine, Stanford, CA. Tetyana is the author of a new book "Vaccine Illusion," in which she presents a view on vaccination that is radically different from mainstream theories. The birth of her child inspired her to probe deeply into the vaccine paradigm, which made her realize the flaws in the interpretation and application of immunologic theory. She is an educator on immunity and vaccines. The following excerpts from Vaccine Illusion and highlights from her recent interview with consumer health researcher and author, Catherine J Frompovich reveal the disparity between natural and artificial immunity.

Introduction

Concerns about vaccine safety and efficacy are being raised by an increasing number of scientists and medical professionals with a wide range of professional expertise and perspectives on vaccination issues. My own expertise is in the field of Immunology, the centuries-old research discipline that has brought us the vaccine invention.

I never imagined myself becoming critical of vaccination, least so in the very beginning of my Ph.D. research training in Immunology. In fact, as a graduate student, I was very supportive of vaccination, just like the rest of my field still is. Originally, I felt very strongly that the immunologic theory provides strong foundation for the practice of vaccination, and based on that textbook-instilled feeling, I saw no reasons to question or scrutinize the proclaimed virtues of vaccination. To my dismay, I have later realized that the justification of vaccination is based on incomplete and often misapplied knowledge of the immune system. Furthermore, this justification persists by disregarding much of the unfitting experimental and epidemiologic evidence.

My impetus for re-evaluating immunologic paradigms and their applicability to health started at the professional level and was further bolstered by a personal necessity: I have myself become a parent determined to raise a healthy child. After all I have learned in the doctoral and postdoctoral research training programs in immunology at renowned US research institutions, I had to admit to myself that in its current state of development, immunology offers little help in understanding what one can do to strengthen the immune system. I gradually came to realize that immunology is ultimately not a science about health but rather a science about vaccination.

As we hear more and more about vaccine injuries, many individuals are starting to view vaccination as a necessary evil that has helped us initially to overcome raging epidemics of deadly diseases but now causes more damage than benefit to our children. As an immunologist, I have a different and perhaps a very unique perspective. I have realized that the invention of vaccination in the 18th century has precluded us from seeking to understand what *naturally acquired immunity* to diseases really is. Had we pursued a different route in the absence of that shortsighted invention, we could have gained a thorough understanding of naturally acquired immunity and arrived at a truly effective and safe way of disease prevention compared to what vaccination can possibly offer. As of now, we still do not understand how *immunity* is acquired naturally.

The term *immunity* refers to a widely observed phenomenon of becoming

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INSIDE THIS ISSUE

The Tyranny of Forced Vaccination

By Edda West

Everywhere we turn, the pressure to vaccinate is intensifying. VRAN receives more inquiries from adults seeking vaccine exemptions for employment and for post secondary education than any other vaccine question. Forced vaccination for employment and college level schooling has become the new tyranny.

With flu season officially launched, healthcare workers are increasingly under the gun to submit to flu shots and nowhere more so than in British Columbia where officials are about to launch a draconian forced flu vaccine policy. Anyone who works directly with patients will have to submit to the policy and wear a badge indicating they've had the shot. The policy targets just about anyone who works in any facility where patient care is given. Healthcare workers across the province are up in arms and resistance is mounting.

When BC health bureaucrats announced plans to impose mandatory flu vaccination on healthcare workers or alternatively, the option of wearing a mask at every shift for months at a time, the

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VRAN NEWSLETTER
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Statement of Purpose:

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

VRAN's Mandate is:

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

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

VRAN Annual General Meeting

VRAN annual general meeting was held by telephone conference on June 26, 2012. In attendance were Board members & Executive, Mary James, Rita Hoffman, Susan Fletcher and Edda West. After many years as VRAN President, Mary James resigned her post. Board members thanked Mary for the many years she has dedicated to vaccination risk education outreach both provincially in Manitoba and nationally in Canada. Mary is a founding member of both VRAN and the Association for Vaccine Damaged Children. We are grateful that Mary has chosen to remain on as a Director on the VRAN Board.

Elections for Executive positions were held for a 3 year term, and long term Board member Susan Fletcher was acclaimed as President. Rita Hoffman was re-elected as Vice President, and Edda West continues as secretary-treasurer.

We welcome Susan as VRAN's new president! With her science background, Susan is able to analyze and interpret complex scientific articles. She is a prolific and enthusiastic writer who critiques vaccine studies and makes her findings known to various editors, including publications as the Canadian Medical Association Journal (CMAJ). See her recent flu vaccine critique at the CMAJ website: http://www.cmaj.ca/content/184/17/1873/reply#cmaj_el_713530

Board members discussed ways to increase membership and names of contacts were put forward to contact. As well, the Board would like to invite members who are interested in advancing the VRAN mandate to join the Board. Please contact Edda if you're interested in helping—info@vran.org or call 250-355-2525

Mary reported that she wrote an article for a book being written by David Newton for young adults on vaccination. The article was from the perspective of a parent whose child suffered a severe and fatal reaction to the oral polio vaccine.

Susan gave an update on John Jones' study on infant mortality rates as relates to vaccination. The study was completed some months ago and submitted for peer review. The writer was advised by the reviewers to rework the study from the perspective that infant mortality rates (IMR) hinge on standard of living more than any other factor and that vaccines have not reduced infant mortality rates. The study will then be submitted to medical journals for publication.

Rita Hoffman also serves as VRAN's webmaster and does regular uploads to our Facebook and Twitter pages. She creates and sends out HTML E-Bulletins on a regular basis. The first E-Bulletin with the new design was sent in July. It's colourful and bright, and has a professional look. Thank you Rita! We are very grateful to longtime VRAN member, Scott Hunter for designing the new logo. It's beautiful. Thank you Scott!

Edda presented the annual financial report which is available to all members in good standing on request. Fundraising was discussed, as it is at every AGM. Fundraising is an ongoing challenge and we ask that people renew their annual membership at the beginning of each calendar year. VRAN needs a fundraising Director. If you are interested in helping with fundraising, please consider volunteering for this position.

Fundraising

VRAN fundraising is an ongoing effort. VRAN is solely supported by the generosity of our members. Being independent of government and corporate funding means our commentaries on this complex issue are free of conflicts of interest. Unhampered by the constraints of government & corporate policy makers, we maintain the intellectual freedom to explore emerging research on the effect of vaccine policies on human health. Our existence hinges on your commitment to insuring that we remain an independent knowledge base accessible to all Canadians.

For a donation of $150, please select <u>one</u> of the five fundraising bonus items listed below. Please send your donations to: VRAN Fundraising, P.O. Box 169, Winlaw, BC, V0G 2J0 Please note: *Donations are in addition to annual membership*

BONUS ITEMS

- **The Greater Good**—A new documentary—an excellent tool to help further awareness of the health risks posed by vaccines. "There are severe consequences due to our current vaccine policy and schedule, many of which are simply dismissed as coincidence or diagnosed improperly." The

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film highlights personal stories of vaccine injuries and includes interviews with scientists and medical doctors on both sides of the issue. A good introductory film for anyone who has not given much thought to this issue.

- **The Vaccine Religion,** by Walene James. In this book, the author transcends the 'debate' pro and con vaccination. She sheds a new light on the belief system that keeps the practice alive, the fear which feeds the need for such a belief, the exploitation of this fear, and the way in which we are all recruited as willing soldiers in the 'mission'. Please see the book review in this issue of the newsletter.
- **Fooling Ourselves On the Fundamental Value of Vaccines,** by Greg Beattie**.** Beattie meticulously documents the historical decline of infectious diseases prior to mass vaccination and reveals the fallacy of the cultural belief in the practice. This book should be placed into the hands of anyone who is still locked into the belief that vaccines=disease prevention. A small book packed with powerful information.
- **Vaccine Epidemic**—The contributing authors explore how corporate greed, biased science and coercive government threaten our human rights, our health, and our children. The second recently expanded edition is now available with added chapters. Over 20 authors expose the bitter truth about the impact of vaccines on their lives and society as a whole.
- **Vaccine Safety Manual**, by Neil Miller—A complete guide to all childhood vaccines, the diseases and the risks entailed by both. It is an important reference manual for all parents, and is a scholarly resource that presents material in a clear and concise way.

Ontario Ombudsman Initiative

For many years, Rita Hoffman has painstakingly gathered evidence of the failure of Ontario health units and the Ministry of Health to adequately inform students and their families of the availability of legal vaccine exemptions which all students and children in daycare are entitled to. On behalf of VRAN, Rita has initiated a complaint to Ontario Ombudsman Andre Marin, accompanied by an extensive dossier of several hundred pages of evidence demonstrating how health officials, school officials and the media routinely omit information about legal vaccine exemptions when vaccine update notices are distributed in schools

The philosophical exemption clause has been a part of Ontario's Immunization of School Pupils Act since 1984.

Health units across the province routinely omit exemption information from vaccine demand letters in which they threaten students with expulsion if they are not up to date with vaccines. They know that fear works, and they use coercion and intimidation to achieve their goal of vaccine compliance.

School administrators and teachers are also unaware of the availability of legal exemptions, largely because health officials subvert the information in order to force compliance with vaccine regulations embedded in the Act. Today, 28 years after the Act was amended to include philosophical exemption from vaccines, the majority of parents in Ontario still don't know they have the legal right to refuse vaccines for their children, and that children can still go to school whether they are partially vaccinated, or unvaccinated.

In her 10 page cover letter to the Ombudsman, Rita frames the complaint as follows: **VRAN (Vaccination Risk Awareness Network) complains that the Ministry of Health and Long-Term Care fails to ensure that Ontario citizens are adequately informed of their right to exemption from the vaccination requirements as set out in the Immunization of School Pupils Act (Ontario) and the Day Nurseries Act (Ontario).**

VRAN's initiatives over the years to remedy the following concerns:

- Legal letter sent to the Ministry of Health requesting that vaccine exemption information be included in all vaccine related literature distributed across the province to schools and parents,
- Outreach to all school Trustees in Ontario advising them of students' legal right to vaccine exemptions, media articles that carry suspension threat messages from health units which exclude exemption information,
- Contacting regional Medial Officers of Health outlining our concerns that vaccine exemption information is excluded from vaccine demand letters
- Letters to media requesting they correct factual errors in articles that report on "mandatory" vaccination and school suspensions, but fail to inform the public of legal vaccine exemptions.

Additional Concerns:

- Informed Consent violations—the absence of risk disclosure to students prior to vaccination is particularly worrisome and the fact that students are prevented from exercising their right to fully Informed Consent prior to a medical procedure which carries documented risks.
- Most parents are unaware that their children can be vaccinated without their permission at school. Under the Health Care Consent Act, the health professional providing the treatment determines whether the person is capable of consenting to a medical treatment. Commonly referred to as the "Mature Minor Ruling", children as young as 11 or 12 are encouraged to consent to vaccines without having the maturity and life experience to even know how to question it.
- Media lack of disclosure—it should be mandatory for Health Units to include clear exemption information in their press releases when speaking to the media

VRAN makes important recommendations:

- All consent forms should clearly advise that there is no vaccine injury compensation in Ontario
- Parents and students to be directed to sources, i.e. manufacturers' package inserts for full disclosure of risks and side effects
- All Health Units should have clear and concise information regarding vaccine exemptions in all print material and websites targeting students and parents
- Health Units should be required to include clear exemption information in press releases, print material, and videos when being interviewed by media
- The Ontario Ministry of Health and Long Term Care should at the very least have a link to the "Form 2" exemption form on their website, 'Immunization: Your Best Protection'. Links to manufacturers' package inserts should also be available.

We do plan to upload the entire Ombudsman's complaint to the VRAN website. Please do contact us by email or phone if you'd like to obtain more information on the broad spectrum of issues covered in this report. √

Autism and allergy… it seemed to happen overnight

By Heather Fraser

Confused and worried parents see the growing number of allergic and autistic children in their schools. You can hear what they are thinking. "We didn't have this when I was at school. What's happening? And it seems to have happened almost overnight."

In fact, something did happen in many western countries about 20 years ago to make many children suddenly unwell:

- **Severe food allergy:** teachers, principals were surprised by a surge of severely allergic children entering kindergarten in the early 1990s. Children born in the late 1980s and early 90s were the first wave. Confirmed by hospital ER records – kids were reacting to foods, bee venom. Cohort studies on peanut allergy in the UK made news "Rise of the killer food".
- Autism: In the early 1990s, increasing reports of autism alerted the CDC. One startling report of a 'cluster' of autism in Brick Township, NJ drew the attention of the CDC in 1997 (see Blaxill and Olmsted, *Age of Autism* (2010). Children born in the late 1980s and early 90s were most affected.

This was the beginning of the allergy and autism epidemics. Today, across the US and Canada about 1 in 13 children (8%) under 18 have food allergies with 1 in 40 (2.5%) being life threatening. 1 in 88 children have an autism spectrum disorder.

Denial of the epidemics

The sudden surge of severely allergic kids took educators by surprise in the early 1990s.

One principal in Ontario, Canada who had observed the trend decided finally to poll other elementary school principals in The Prince Edward and Hastings board to confirm her suspicions. The results of her confidential 2000 survey revealed that in the 26 responding schools there were 86 children with severe allergy. The children were born between 1987 and 1996: 40 were allergic to nuts and 30 were allergic to bee stings.

The principal buried her survey, long forgotten until it made its way to me 11 years later. A stray photocopy had been tucked into the files of a local anaphylaxis group. Naturally, I contacted the principal. She refused to comment.

Denial and avoidance of the growing allergy problem has persisted. When I began writing about peanut allergy two years ago I received several emphatic emails from a Canadian allergist Dr. Weisnagel. He wrote: "There is no such thing as an epidemic of peanut allergy!!"

Dr. Weisnagel is a medical advisor to Anaphylaxis Canada. He claims that the epidemic is an illusion caused by false over-diagnoses of peanut allergy. Dr. Weisnagel writes on his web site:

... according to published reliable articles in the medical literature, there is no such thing as an epidemic of peanut allergy. There is an increase in peanut allergy as other food allergies but as documented, it is a reflection of the increase in allergy generally over the years. There is no documented evidence that the so-called epidemic is caused by or related to immunizations (or vaccinations).

In contrast, Dr. Scott Sicherer's 11 year follow up survey indicates a tripling of the allergy among US children between 1997 and 2010. The CDC has reported a 265% rise in food allergy hospitalization among children.

The same peculiar denial emerged as the prevalence of autism climbed during the 1990s. We've always had debilitating autism, the doctors claimed. The difference now is that we're better at diagnosing it… which then had doctors out looking for the hidden hordes of autistic adults. They were never found.

Undeniable disaster… leads to disaster capitalism

The massive rise in allergy and autism in children is today undeniable for most doctors. In the 20 years since the first huge wave of injured children 'progress' has been made in treatments. The epidemics are a windfall for investors in pharmaceuticals.

In a 2009 *Wall Street Journal* article "Save the children (and make money)" writer James Altucher noted the massive rise in the last two decades in peanut allergy, asthma, Crohn's disease and more among children. This was something older investors were barely affected by these when they were kids, he observed.

Sadly, the trend is deepening, Altucher continued. The kids are sick and getting sicker. So, he thought an "Autoimmune Index" would be a good idea:

Such an index would consist of the best mix of stocks that have good lower multiples that will supply the arms in our ongoing war against autoimmune diseases.

The author goes on to list the drugs created for these conditions, their manufacturers, the status of their stocks and their billion dollar profits.

And then without flinching he offers up causes for the pediatric epidemics:

The increase in autoimmune illnesses and allergies in children may be due to high exposure to antibiotics and vaccines at an early age…

Inferred is that the products making the children sick are made by the same companies making more products to treat them. You can make money at both ends of the epidemics, if you want to.

Naomi Klein calls this disaster capitalism.

Unsustainable traditions

We want answers, we want the epidemics to stop now and the children to recover. These goals are at odds with those of our own institutions and traditions. Parents sense and many are even convinced of the connection between the epidemics and pharmaceuticals and chemicals—toxic insults from vaccines, antibiotics, pesticides, chemicals in the environment, our air, water and food.

Allergist Dr. Sicherer now in theory implicates vaccines and antibiotics in altering the microbiome of children, their gut flora leading to life threatening allergy. He was quoted on US National Peanut Day by *Fox News* (Sept. 12/12):

The leading theory is about hygiene—with less infection thanks to city living, smaller families, vaccines, sanitation, antibiotics, etc., the immune system is less 'busy' with germs and may become more prone to attack harmless food proteins…

In fact, history shows a correlation between the use of the Hib b conjugate vaccine in a five-vaccine combination and the rise in peanut allergy. This coincidence was documented first in western countries including the UK, the US, Canada, ACT Australia where the allergy emerged in children with fast rising prevalence starting around 1990.

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Peanut Allergies on the Rise

Yet another study confirms that peanut allergies are on the rise. In September, a Reuters newsclip reported that "Researchers reviewed the medical records of several hundred children in Olmsted County, in southeastern Minnesota, and found that new diagnoses of peanut allergy rose from two out of every 10,000 kids in 1999 to nearly seven out of every 10,000 in 2007. It's believed that food allergies affect 8% of American children, with the most common culprits being cow's milk, wheat, egg, soy, peanuts, tree nuts and some seafood.[9]

Why this ominous trend? The leading current theory centres around the "hygiene hypothesis", which proposes that a "cleaner" life style, smaller families, less infection, less exposure to dirt, means we have fewer challenges to the immune system. According to the theory, when our immune systems are "less busy" dealing with germs, they are somehow more prone to attack by harmless food proteins.

The fact that most children are injected with multiple vaccines containing traces of food proteins in early infancy when the immune system is still immature, is not seriously considered as a contributing factor to the epidemic of allergic disorders. Yet Charles Robert Richet won the 1913 Nobel Prize for discovering that our immune systems are so constituted that "we can never receive other proteins into the blood, than those that have been modified by digestive juices." Medical science has known for 100 years ago that you cannot inject proteins into the body without risking severe allergic reactions like anaphylaxis.[10] Yet we continue to do exactly that, and wonder why our children are so sick.

Are vaccine food antigens linked to the rise in food allergies?

By Lawrence B. Palevsky, M.D

There is adequate scientific evidence that peanut oil has been used in vaccines since the 1960's. If current vaccine package inserts do not contain the specific evidence that peanut oil, or peanut meal, is contained within the final vaccine product, it does not mean that peanut antigen is not in the final vaccine product. Vaccine manufacturers use different growth media on which to manufacture the vaccines. They do not report, and I believe are not required to report, the exact ingredients in all of the growth media. Therefore, we may not know whether peanut antigen is used in the vaccine manufacturing process just by reading through the package inserts. Our lack of knowledge about it does not mean it isn't knowledge waiting to be discovered. And, it may, or may not, have anything to do with an attempt to purposely hide the information that peanut antigen is present in vaccines.

...I do believe it is a screw-up on the part of the FDA, CDC, and all other agencies in charge of reviewing vaccine constituents prior to licensing, to turn their heads away from the role vaccine food antigens play in contributing to the significant rise in food allergies in the pediatric and adult populations, and thus the rise in chronic disease.

Nonetheless, I do believe it is a screw-up on the part of the FDA, CDC, and all other agencies in charge of reviewing vaccine constituents prior to licensing, to turn their heads away from the role vaccine food antigens play in contributing to the significant rise in food allergies in the pediatric and adult populations, and thus the rise in chronic disease.

The tetanus portion of any DaPT, tdaP, Dt, Td or Tt vaccine is grown on a Fenton-Latham medium derived from bovine casein, which can still remain as an antigen in the final vaccine product. [1] Children receive 6 of these vaccines by the time they are 11 years old, and then as adults once every 10 years. Milk allergies and sensitivities have been exponentially on the rise, and these sensitivities are found to contribute to the inflammatory symptoms found in children and adults with many different chronic illnesses such as chronic otitis media, eczema, asthma, autism, and even bipolar disease and schizophrenia.[2]

Another source of casein that is potentially injected into the body is from the Menactra vaccine. Casein hydrolysate is used to make the Mueller-Hinton agar [3], which is the growth medium for the manufacturing of the Menactra vaccine, the meningococcal A,C,Y, W-135 polysaccharide, diphtheria toxoid conjugate vaccine.

The MMR is one of a few vaccines that contains egg protein[4], and despite a recent study claiming that it is safe to give the MMR to children with egg allergies, children who are allergic or sensitive to eggs still have significant inflammatory reactions after the injection of the MMR. The lack of an anaphylactic response in children who ingest egg protein after they've been sensitized by an injection of egg protein in the MMR, does not mean they lack a reaction to, or lack the development of inflammatory symptoms as a result of the injection and ingestion of egg protein.

The Prevnar vaccine contains soy protein, and we've seen a large rise in allergies and sensitivities to soy protein in the population.[5]

A large subset of patients with Inflammatory Bowel Disease have positive antibodies to Saccharomyces cerevisae, a known marker for diagnosing Crohn's Disease.[6] Saccharomyces cerevisiae is brewer's yeast, and is used in the manufacturing of several vaccines, specifically, the Hepatitis B vaccine, where up to 5% of the vaccine can still contain this yeast.[7] Children receive 3 Hepatitis vaccines, starting at less than 12 hours of life. Brewer's yeast is used a lot in foods and in the manufacturing of supplements, so an inflammatory immune response to ingested Sacchraromyces can flare up into major symptoms of disease in a subset of patients who have developed a significant immune reaction against the injected Saccharomyces from vaccines.

The ingestion of food proteins, that are also found as antigens in vaccines, and are injected into the body and automatically perceived by the immune system as foreign proteins, especially in the presence of an adjuvant like aluminum, is going to contribute to inflammatory symptoms that manifest in a myriad of ways, depending on the genetics and the constitution of each person affected. Some of these immune responses may not be IgE reactions. This is basic Immunology 101.

Peanut allergies are on the rise. Gluten sensitivities are on the rise. By an extension of how much we already know that vaccine food antigens are a likely contributor to the development of food allergies and sensitivities in children and adults, and a contributor to the development of chronic inflammatory symptoms, I believe it is reasonable to question, and seek to prove, whether peanuts and gluten are used somewhere in the vaccine manufacturing process. I think it would

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The same scenario unfolded in Tasmania, Singapore and Hong Kong starting in 2001—peanut allergy coincided with the mass administration of this combination vaccine. And now in India where peanut allergy was virtually unknown, the surprising and sudden rise of this allergy again has coincided with the mass administration of the same five in one vaccine with Hib b.

The adverse impact of the Hib b vaccine itself may be a further disaster waiting still to push the prevalence of autism higher. Brian Richmand in "Hypothesis, Conjugate vaccines may predispose children to autism spectrum disorders" (2011) suggests that the Hib vaccine given in combination with 4 others starting at 2 months of age has disrupted nerve myelin in the brain:

This period of hypo-responsiveness to carbohydrate antigens coincides with the intense myelination process in infants and young children, and conjugate vaccines may have disrupted evolutionary forces that favored early brain development over the need to protect infants and young children from capsular bacteria.

But the story does not end here. Asymptomatic girls given this vaccine carry antibodies that could lead to autism in the next generation:

The passive transfer from mother to fetus of IgG1 antibodies to antigens targeted by these vaccines could result in exposure to these antibodies at an even earlier stage of brain development and, due to the effects of somatic hypermutation and affinity maturation, expose the fetus to higher affinity/ avidity IgG1 than would be produced immediately following vaccination.

Conclusion

The excessive dosing of our children with vaccines, antibiotics and environmental chemicals is a wholly unsustainable practice. An inured corporate culture, senseless investors, acquiescent doctors, unbalanced media and flawed thinking in health management has resulted in a man-made biomedical nightmare the liability for which seems to lie with no-one…. the several million affected children and their families are left to absorb the costs of damage while the rest of society looks on dazed and seemingly unmoved.

For those who are still uncertain about what's going on they might ponder again the facts of the peanut allergy epidemic: ER records, cohort studies and eye-witness accounts prove that around 1990 thousands of children suddenly developed severe allergy—again, in the same period of time, just in certain countries and just children. Society was unaware that anything had happened until these children showed up for kindergarten.

Yes, it started almost overnight ….

Note: *Heather Fraser is a historian and author of The Peanut Allergy Epidemic published by Skyhorse, NY, 2011., a powerful book that provides compelling evidence that the epidemic of severe allergies afflicting children today parallels the expansion of the vaccination schedule in the late 1980's. We are grateful for Heather's kind permission to reprint this article, originally posted on her blog:* http://heatherfraser.me/2012/08/29/part-iv-autism-and-allergy-it-seemed-to-happen-overnight/

References:

1. James Altucher, "Save the children (and make money)," The Wall Street Journal, Aug. 10, 2009.
2. Brian Richmand, "Hypothesis, Conjugate vaccines may predispose children to autism spectrum disorders," Med Hypotheses, (Dec. 2011): 940-7. √

Peanut Allergies Rising cont. from page 6

be naive of us to turn our back on the possibility, and even the probability of this link, especially since we can reasonably deduce that the current rise in casein, egg, and soy food allergies, and chronic inflammatory symptoms that improve once these foods are removed from people's diets, are due to a prior injection of these food antigens in vaccines. Just because we don't see the food antigens listed in the package inserts, doesn't mean they aren't in there.

Let's compare the number of food allergies and sensitivities to dairy, eggs, soy, peanuts, and gluten in vaccinated children, to the number seen in unvaccinated children.[8] Maybe it is a clinically significant difference . Or better yet, let's fund a study that does independent assays on all of the vaccines, looking for the peanut and gluten protein antigens residing inside them. We already know that casein, eggs, soy and yeast are in the vaccines.

It would be nice to think that experts who sit on the committees that approve vaccine safety and licensing would make note of the rise in allergies to these foods in the general population, and be able to make the link that the development of these allergies is due to the body's immune rejection of ingested food proteins resulting from a prior immune reaction to injected vaccine food proteins. It would also be nice to think that at least the proper safety studies would be done to see if the injection of these food proteins manifests in a clinically significant way in humans. Many clinicians, and parents, are already seeing this connection. I believe, however, that these experts are not doing their due diligence, and are looking right past the evidence. There seems to be a concerted effort to avoid doing the studies that would solidify our scientific knowledge. Until then, I support the precautionary principle.

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- Prevnar ingredients: http://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM201669.pdf
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- Hepatitis B vaccine may still contain this yeast: http://us.gsk.com/products/assets/us_engerixb.pdf
- Vaccine Refusal & Self-report of Atopic Disease: http://www.ncbi.nlm.nih.gov/pubmed/15805992
- Peanut Allergies Seen on the Rise —Reuters Article: http://www.reuters.com/article/2012/09/11/us-peanut-allergies-idUSBRE88A1AK20120911
- Anaphylactic Children – Canaries in the public health mine shaft?: http://vran.org/health-risks/anaphylaxis-allergies-and-asthma/anaphylactic-children%E2%80%94canaries-in-the-public-health-mine-shaft/
- Doctor Palevsky is a renowned board certified pediatrician, sought-after lecturer, and author who utilizes a holistic approach to children's wellness and illness. He courageously voices his concerns about the impact of multiple vaccines on children's health. This article is reprinted with gratitude from Dr. Palevsky's website: http://www.drpalevsky.com/articles_pages/346_Peanut_Oil_in_Vaccines_Since%20the_1960s.asp √

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steady stream of exemption inquiries VRAN receives increased dramatically. The unspoken threat hangs in the air, i.e. if a worker refuses to comply with the agenda, termination of employment could follow. In talking to nurses and others working in the 'health' field, although many have a gut level resistance to this vaccine, most are unaware that a large body of medical literature supports their aversion, and have found flu shots are an exaggerated hype.

Since 2005, large international reviews of thousands of studies have concluded that flu vaccines have little to no effect on reducing the burden of seasonal influenza-like-illness (ILI). This is because most cases of "the flu", are NOT caused by the influenza virus A or B, but are associated with many other viruses that can cause identical symptoms which **cannot be prevented by the vaccine**. The meta-analyses confirm that on average only 10% of cases of "the flu" are actually true influenza. Most cases of "the flu" (85-90%) are caused by other viruses on which the vaccine has no impact whatsoever. This information is kept under a tight lid by health officials.

What health officials don't want you to know about "the flu"

1. Health officials never inform the public that "the flu" is a term applied to a large constellation of 200+ respiratory viruses, all of which can cause influenza-like-illness (ILI) with similar or identical symptoms.
2. Without laboratory tests, doctors cannot tell whether you have true influenza or one of the other viruses that cause the same symptoms.
3. Health officials never inform the public or media that on average, only 10% of all cases of "the flu" are caused by the influenza virus.
4. Health officials never inform the public that 85-90% of cases of "the flu" are caused by the other respiratory viruses which the vaccine CANNOT prevent.
5. Health officials prefer the public remain under the misimpression that all cases of "the flu" are caused by the influenza virus in order to increase vaccine uptake.
6. Health officials fail to inform that there are no credible studies proving that vaccinating healthcare workers prevents transmission of "the flu" to patients or reduces deaths from pneumonia.
7. Mortality from influenza and pneumonia are combined into one statistic. The exaggerated claim of 4,000 to 8,000 deaths annually due to influenza is a statistical artifact unsupported by forensic or laboratory testing.
8. Health officials are able to exaggerate influenza deaths because post mortem testing to determine whether the deceased had influenza or any one of the other viruses, is not routinely done.
9. The Centers for Disease Control (CDC) in the U.S. uses a simple formula to calculate the numbers of deaths that can actually be attributed to influenza. The CDC "estimates that **only 8.5% of all pneumonia and influenza deaths** and only 2.1% of all respiratory and circulatory deaths were influenza-related."[1] Applying this formula to Canadian statistics enables us to approximate the number of deaths related to "the flu" that are actually occurring in Canada.

Flu mortality in Canada—the real numbers

In the ten year period from 2000 to 2009, Statistics Canada records of all cause mortality show that deaths from the combined category, influenza and pneumonia, ranged between 4,966 deaths in 2000 to 5,826 deaths in 2009. In 10 years a total of 52,787 deaths were counted in the combined category of influenza & pneumonia. Applying the CDC 8.5% formula, we calculate that on average, **488 people, i.e less than 500 die from influenza each year**. This is a far cry from the inflated statistics health officials use to coerce the public into rolling up their sleeves each year.[2]

More insight into the real death statistics buried in hard to find government documents: During the 2010-2011 influenza season, information obtained through the Canadian Nosocomial Infection Surveillance Program(excluding BC, Quebec and New Brunswick), **831 adults were hospitalized** of which 87% had underlying health conditions and approximately 14% of adult cases required intensive care treatment. Among these 831 adult cases, **41 deaths were reported**—the majority of which were in those older than 65.

The following season from September 2011 to end of April 2012, **858 influenza-associated hospitalizations** were reported. There were **72 influenza-associated deaths** in adults, 78% of which were in those 65 years and older.[3]

This basic information is deliberately withheld from the public and from healthcare workers in order to bolster flu vaccine uptake. The public has been duped into believing that a flu shot will protect from "the flu" and has no idea that most cases of "the flu" cannot be prevented by the vaccine. The promoters of medical dogma with a lot of help from the compliant media, have spun a sophisticated propaganda campaign to perpetuate the myth that a flu shot will protect you. It is time the propaganda and its myth be exposed and the health bureaucrats who push it down our collective throats be brought to account.

Of the arsenal of vaccines the Canadian government buys with our tax dollars, this one takes the cake as the least effective and most costly with a price tag of over $100 million annually. Imagine what could be done with this money if it weren't earmarked for drug company profits.

Lead flu vaccine researcher, Dr. Tom Jefferson at the Rome based Cochrane Collaboration offers this after many years of independent flu vaccine analyses—"*Cochrane reviews estimate that "flu vaccines could only affect at most (i.e. if they had 100% efficacy) some 7-15% of the annual flu burden, since this is the proportion of people with the flu who truly have influenza…..[and]…*"*Based on more than a decade of Cochrane reviews in adults, children, [the] elderly, and healthcare workers, there is no credible evidence that the inactivated vaccines have any effect other than saving on average half a working day in healthy adults and avoiding symptoms in those who least need it: healthy adults and adolescents. Depending on the season, you need to immunize 33 to 99 adults to avoid one set of symptoms."*

Sparks fly at the Vancouver Sun

At the beginning of November, Dr. Perry Kendall, the public face of the forced flu vaccine policy, insinuated in a Vancouver Sun editorial that even Cochrane reviews endorse vaccination of healthcare workers in order to protect patients from influenza, pneumonia, doctor's visits, hospitalizations and even death.

When asked to respond to Kendall's distortion of Cochrane findings, Dr. Jefferson fired back a scathing rebuttal saying the Cochrane Collaboration drew no such conclusion. *"In other words, we report that no effect of the influenza vaccines was detectable on influenza and its complications such as death."*

In a follow-up commentary he wrote,

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"*There is no evidence in any literature that the vaccine avoids person-to-person spread as (chief health officer for B.C.) Kendall seems to imply. Another of his statements shows just how ideologically-driven his policies are.* ***"When asked how many patients die each year because they pick up viruses like the flu, Kendall said he didn't know because the information is not routinely collected****." If he does not know how many people die because of influenza, how does he know it's a problem of such proportion to justify coercive policies? Also, how will he evaluate his policy which has caused so much resistance? If he does not know what the "before" looks like, how is he going to compare it with any "after" to assess whether Canadian taxpayers' cash is well spent*?"

Dr. Jefferson's responses prompted the B.C. Nurses Union to demand that BC health employers immediately withdraw their punitive policy on flu shots for healthcare workers, in light of scientific reviews questioning the credibility of the studies they're using to justify it.

The Union went on to say**,** "*In a devastating letter in today's Vancouver Sun, a representative of the UK-based Cochrane Collaboration effectively shredded the credibility of the rationales being put forward by provincial health officer Perry Kendall and others to try to force healthcare workers to get the shot or wear a mask for the duration of flu season.*

It's incomprehensible that the BC Nurses Union was unaware of the many Cochrane reviews published over the years and widely reported in medical journals like the British Medical Journal (BMJ) as well as mainstream media. They've been asleep at the switch while the bureaucrats run roughshod over their members.

Concluding his first volley to the Vancouver Sun, Dr. Jefferson said**,** *"It is not my place to judge the policies underway in British Columbia, but* ***coercion and forcing public ridicule on human beings (for example by forcing them to wear distinctive badges or clothing) is usually the practice of tyrants."***[4]

BC leads the way

BC is the test ground and health bureaucrats across Canada are watching to see how this plays out. If healthcare workers in BC fail to stop this fraudulently conceived vaccine policy, there'll be a domino effect across the country, just as there was when BC was the test ground for imposing hepatitis B vaccine on all children in grade 4. Within a few years, the rest of Canada followed suit with the provinces targeting various age groups starting first with primary school children in grades 4 through grade 7, then high school students if they'd been missed in the first go-around, and finally embedding hepatitis B vaccine in the infant schedule.

BC was also the first province to inject two month old infants with hepatitis B vaccine which then rolled its way across the country, and is now incorporated as a recommended vaccine in the infant schedule by the National Advisory Committee on Immunization. It is also the first province to inject babies with Infanrix, the 6 in 1 vaccine that contains DTaP+Polio+hib+hepB. How many cases of hepatitis B were there in children across Canada when these policies took hold? According to Health Canada statistics, in the five year period between 2000 – 2004, the number of children diagnosed with hepatitis B under age 19 averaged 28.2 cases a year in the ENTIRE country. Rates of the disease in the birth to age 19 group were so infinitesimal that the policy can only be rationalized as a pure marketing strategy to bolster sales for the drug manufacturers.

Increasingly, nurses and the public are speaking out against forced vaccination. There's a visceral reaction against the idea of having to submit to a drug against your will and an injected one at that. It flies in the face of human rights codes, the informed consent ethic, and the Canadian Charter of Rights and Freedoms. When government officials dictate the drugs a person must take as a condition of employment, you know the line has been crossed into tyranny.

There's something particularly unnerving about having to submit to forced medication to maintain one's employment. In these hard economic times, people are afraid of losing their jobs and find themselves between a "rock and a hard place". Defy the rules and refuse the flu vaccine, or submit to the humiliation and day-long discomfort of having to wear a mask for hours at a time, or walk away from your livelihood. So much for our democratic freedoms and the right to protection of personal safety guaranteed by the Canadian Charter.

The deceitful propaganda that health officials have been spinning for years is starting to wear thin. The deliberate distortions of research findings, cherry picked studies with biases, conflicts of interest (many studies funded by industry), and methodological errors are what health bureaucrats use to justify their coercive flu vaccine policy at a time when "evidence based" medicine is the accepted standard of care. Unsurprising perhaps in a climate in which public health agencies embrace a cozy partnership with the drug industry.

References & additional sources:

The VRAN website's In The News column offers a number of indepth analyses of flu vaccine science, and the struggle to bring truth and integrity into the debate: www.vran.org

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- Dr. Kendall's distortion of Cochrane research: http://www.vancouversun.com/opinion/letters/Mask+vaccine+ultimatum+health+care+workers+defended/7488140/story.html √

Date	Tests positive for influenza	Total samples tested	Percent influenza
12 yr totals and %	158,262	1,373,122	11.5%
2011/2012	12,191	132,667	9.2%
2010/2011	17,573	140,945	12.5%
2009/2010	39,018	204,247	19.1%
2008/2009	23,376	214,067	10.9%
2007/2008	12,256	124,953	9.8%
2006/2007	8,133	100,864	8.1%
2005/2006	7,422	87,303	8.5%
2004/2005	12,879	101,258	12.7%
2003/2004	11,435	92,998	12.3%
2002/2003	3,517	60,725	5.8%
2001/2002	6,258	58,010	10.8%
2000/2001	4,204	55,085	7.6%

Fluwatch archives show: For the last twelve flu seasons, from the end of August of one year to the end of August the following year. 2009-2010 was the H1N1 pandemic year when more flu cases where submitted for lab analysis.

The Letter I Wish I Could Send To My Old Pediatrician

Dear Dr. Asshat,

You probably haven't even noticed that I pulled my child out of your practice but I wanted to take a minute to explain why I did. You SUCK! Your lack of curiosity about my son's medical decompensation and subsequent Autism after his over-vaccination under your care is offensive. Apparently "do no harm" really means "do not care".

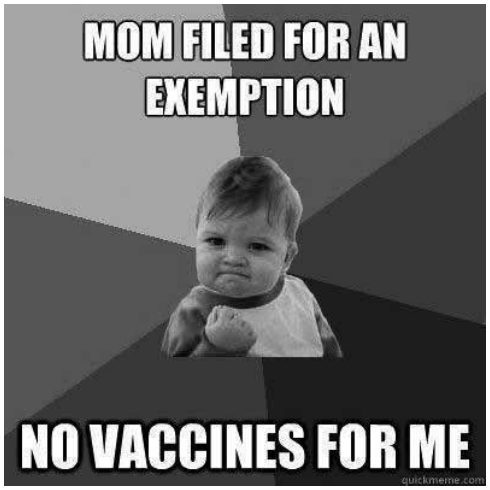
Do you know that my husband hates you so much that I can't mention your name in his presence? Yes, we blame YOU. Since the American Academy of Pediatrics (AAP) had the forethought to indemnify all pediatricians with zero legal liability before implementing the harshest vaccine schedule in the world, my only recourse is this letter. "Oh, but…" you whine, "we don't know that vaccines cause Autism." Actually, if you read the vaccine package inserts we do know and they do.

I saw that glint of panic in your eye when I brought Nick in at 18 months, three months after receiving the MMR, Dtap and Hib in one visit. Over those three months we had been in the Emergency room, spent countless hours with On-call pediatricians and Sick visits for unrelenting ear infections, bronchitis, and endless rounds of antibiotics. At that 18 month visit I told you Nick had stopped speaking and I saw the faintest shadow cross your face. That was your suspicion about what had happened. If you'd had the balls to say it out loud then; "Vaccine Adverse Event", we could have begun the healing immediately. Instead you abandoned the truth and left Nick and I helpless to figure it out.

ASSHAT

There were so many moments when you failed my son. The most shocking realization came when I called you to tell you Nick had been formally diagnosed with Autism at 21 months. You told me you had an Autistic daughter. I had asked you at Nick's 15 month shots, if you had the decision to make again for your children, would you still vaccinate with the MMR? You assured me it was safe. Guess that MMR may not have worked out all that well for you either?

When I told you Nick had been diagnosed with Mitochondrial dysfunction you replied"that's strange?" What's strange? That a mom knows the word 'Mitochondrial'? Certainly not that an Autistic child has a Mitochondrial issue? The UMF, the United Mitochondrial Foundation, estimates Mito Dysfunction is possible in as many as 80% of Autistic kids. Mito dysfunction should be one of the first things you look for in a child that regresses like Nick did.



ASSHAT

Or the office visit when we realized that Nick had gone from the 95th percentile in height and weight down to the 33rd in nine months. You told me there was no cause for alarm because obesity was the greater concern in children's health.

When I told you I had put Nick on a gluten free/casein free diet and his horrific diarrhea had decreased by 50% and he had started putting two words together you tried to dissuade me from continuing. You said "but food is social and these kids are too isolated already". Let me tell you, there is nothing social about chronic acidic diarrhea. You called it "Toddler Diarrhea" and told me I gave him too much juice. We gave him no juice. It was Clostridia that you had failed to diagnose. And the condescending CYA (cover your ass) note that you wrote in the chart about 'mom not following your advice' was a nice touch too. Following your advice not to try new bio medical interventions to heal my sick and injured baby would have had far more toxic results than anything we have tried.

ASSHAT

You broke my child. You took a healthy baby boy and by 18 months you left me with a yard sale of medical problems and neurological damage. Your response was one lousy referral to Early Intervention. Quite simply, you stole my son's future. Pediatricians should be looking harder at Autism than anyone else. They should be the most worried. You are, as a group, guiltiest of refusing to acknowledge the enormity of the Autism crisis. The silence from the pediatric community on Autism is deafening. Your colleagues are ignoring their role in the decimation of a generation of children. You are practicing a form of medicine you cannot defend. There have been no studies on the full vaccination schedule's subsequent effects on a baby. You have no research to fall back on. The studies don't exist. Pediatric medicine has left common sense behind.

It disgusts me that as a pediatrician you can get continuing education credits for seminars that teach you how to deal with parents who question vaccine safety. It's not the parent's problem that your work life as a pediatrician has become so untenable that the 15 extra minutes it takes to review a family history for the red flags of auto immunity or weigh the pros and cons of a certain vaccine could cause pediatricians so much aggravation. What other profession could survive with the 'my way or the high way' tenor of so many pediatric practices today? Can you imagine if an interior decorator took that tone? "You do the whole house in 'Retro '50's Suburban' or I walk". We are consumers of your care. We pay for your services. If we cannot partner with you in our child's health than how can we work with you?

My God I hope you are learning as children crash from vaccine damage in your practice. But if you are not, know this; The moment it hits you… the total sum of the damage you, individually, are responsible for, there is nothing I could say to you that will hurt as much as the cracking blow of that realization.

Now that I have put my anger where it's due I'm going to fill my heart with the loving energy I need to heal my son and breathe in the hope and grace of all of the courageous Autism parents I get to hang out with at Autism One next week in Chicago. Let the healing begin!

Sincerely,

Alison MacNeil – also known as Mama Mac at the Thinking Moms Revolution website where this article is retrieved with appreciation from:

http://thinkingmomsrevolution.com/the-letter-i-wish-i-could-send-to-my-old-pediatrician/ √

Will a Flu Shot Keep You Healthy?

By Alan Cassels, October 2012

The Cochrane Collaboration's examination of flu vaccines in healthy adults, a body of literature spanning 25 studies and involving 59,566 people, finds an annual flu shot reduced overall clinical influenza by about six percent. How many diseases are important enough to have their own season? Not many, but we do have one, and it strikes every year: the flu.

Arriving in the fall and exiting in the spring, flu season strikes with the predictability of clockwork. For some the flu might be a mild inconvenience, perhaps embraced as a way to stay home and get a few days couchside wrapped in the unpleasantness of high fever, aches, sniffles, and daytime reality TV. Yet for others, usually the elderly or those with compromised immune systems, the flu can be deadly. It can lead to hospitalizations, pneumonia, and sometimes death.

Victoria might be on an island but its residents are not immune to viruses. So we prepare, stockpiling flu vaccines and drugs, hectoring the public to get an annual flu shot and, with a new twist this season, giving an ultimatum to health workers: either get a flu shot or wear a mask while at work.

BC's Provincial Health Officer Dr Perry Kendall is betting that our province's health workers need such strong medicine to stop them passing on the flu to their patients, and he's launched the most aggressive flu policy in Canada, one which could set the trend for the rest of the country.

But Dr Kendall and his public health colleagues around the world are facing an uphill struggle as their anti-flu policies and public health mandates are increasingly criticized because of the strong-armed ways they are being enforced. Add to this the growing cynicism around the fear-mongering of recent flu pandemics, and the overzealousness with which vaccines are promoted, and you have a recipe for a cynical public.

But of most concern is the determination by some respected international scientists and researchers that annual influenza campaigns are likely an utter waste of time and money.

Half the story

"Don't be like me, and be taken for a fool." That's the advice that Dr Tom Jefferson offers when I ask him about his research around flu vaccines and flu drugs. He has spent over a decade examining and summarizing the evidence around one of the most stockpiled drugs in the world, oseltamavir (also know as Tamiflu), and tells me over the phone from his office in Rome: "I can only say that I have acted as an unpaid salesperson for Roche [the maker of antiviral drug Tamiflu] for the last ten years!"

Now a researcher with the Cochrane Collaboration, working on acute respiratory infections and vaccines, Jefferson essentially confirmed what I'd heard from other researchers: that much of the published research on all kinds of drugs and treatments found in peer-reviewed medical journals is incomplete. It only gives half the story.

In the case of Tamiflu, a drug that is supposed to prevent the spread and the severity of the flu, Jefferson and colleagues have proven that the drug's published dataset delivers a biased and misleading picture of the drug because the company has only released a portion of it. If your job is to find, summarize and synthesize what is in the published literature—as it is for a meta-analyzer like Jefferson—incomplete data sets are a major problem. Over the past few years he and his colleagues have frequently asked Roche to release Tamiflu's full data set, but so far the company offers up mostly "the dog ate my homework"-type of excuses for why they can't cough it up.

The scourge of hidden data is not new in medical research, but this just adds to the sense of how shaky the global influenza apparatus might be. When the companies that study the drug stand to gain billions on how that research is presented, we have a problem. Jefferson has written that poor science, coupled with "media business, pharma business, pandemic business and unaccountable decision-making," are making a mockery of global policies around the flu.

The problem starts with a semantic one, where "the flu" is equated to "influenza," a falsity which Jefferson writes "is now so ingrained in the popular and sometimes professional mind that governments and public fall prey to its greatest consequence: that of overestimating the impact of influenza, which is usually a benign self-limiting infection."

Beyond semantics, we need to consider the basic epidemiology of the flu. There are over 200 viruses that cause influenza and influenza-like illness and can produce symptoms similar to the everyday flu. It is estimated that 80 percent of flu-like illness reported during the "flu season" is not caused by influenza. As well, influenza viruses constantly evolve and mutate and since it takes up to nine months to develop the right vaccine, by the time flu season arrives, the flu shot may or may not match strains circulating.

Which is to say, fighting the flu is largely a hit-and-miss affair.

Jefferson wants to make sure flu policies affecting millions of people are based on proper, undeniable proof. Of the many health authorities around the world who support mass flu vaccine campaigns—those he irreverently refers to as "bioevangelists"—he claims the science shows they are mostly wrong: "There is no reliable evidence that inactivated influenza vaccines [the standard types of vaccines of today] affect either person-to-person spread of influenza or complications such as death or pneumonia…and [this] relates both to healthcare workers, community-dwellers and people in institutions."

The flu vs. influenza-like illness

Jefferson didn't intend to become a flu researcher. He spent the early part of his medical career as a physician in the British Army, serving tours in the Falklands, Bosnia and Croatia. A wide handlebar mustache that some said made him a caricature of the Modern Major General was perhaps a decoy, hiding the fact he was a rebel at heart.

In the spring of 1984, Jefferson was stationed in Germany with the 3rd Battalion Royal Anglian Regiment. He was ordered early one morning to report to his commanding officer, who told him that the Army had a terrible medical problem that needed his immediate assistance.

What was it? A new tropical disease needing investigation? A spate of injuries due to hostilities? No, nothing as exciting as that. The CO said that his unit had a terrible problem of acute respiratory disease, with the kind of chills, wheezing and high temperatures associated with garden-variety flu. He ordered Jefferson to "look into it."

With access to decent surveillance data collected from the barracks by the Army's medical teams, Dr Jefferson was shocked at the numbers, saying, "We had

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unsusceptible to most viral and some bacterial diseases through prior infection. Because of the phonetic similarity between the words *immunology* and *immunity*, it is tempting to assume that immunology is a science that studies the acquisition of immunity, but this is not the case. Immunology is a science that studies an artificial process called *immunization*—i.e., the injection of foreign matter into the body in order to stimulate the immune response against it.

Immunology does not attempt to study and therefore cannot provide understanding of natural infections and immunity that follows them. Yet, we are tempted to infer the knowledge about the function of the immune system during the natural process of disease from contrived immunologic experiments. Such experiments typically consist of injecting laboratory-grown microorganisms (live or dead) or their proteins into research animals to represent the state of natural infection. The immune system's real function is then viewed through the prism of unrealistic laboratory simulation of the natural process. Immunology has confined the scope of its research pursuits to the phenomena discoverable via experiments that bear very limited relevance to natural infection. The paradigms of immunology stand in the way of seeking the solution to the actual problem of infectious diseases, which is health complications and mortality.

Despite the fact that the biological basis of naturally acquired immunity is not understood, present day medical practices insist upon pre-emptive artificial induction of the immune response via vaccination as a surrogate of real immunity. However, while inducing the immune response with its inherent health burdens, vaccination is not a durable method of disease prevention—vaccine-based protection is short-lived. Yet, being limited by its own paradigms, immunology has nothing better to offer.

It has often been stated that *the greater good* that came with vaccination far outweighs any individual sacrifices of the vaccine-injured minority. However, in my view, there has never been a conflict between *the individual* and *the greater good* as far as the effects of vaccination are concerned. With mass vaccination, we have unknowingly sacrificed both the individual good of the injured minority and the greater good of the herd (i.e. herd immunity). The short-term benefits of mass vaccination against childhood diseases are dwarfed by the dangerous consequences it brings to the society in a long term, apart from individual vaccine injuries. These effects include the erosion of immunity in the adult population and irreversible destruction of the maternal immuno-protection of the young.

We have created a schism in our society between those who oppose vaccination due to vaccine safety concerns and those who oppose vaccine exemptions due to the fear of diseases. This schism has brought us enormous social strain by dividing families, friends, and health provider communities. This is unnecessary, as we all have the same goal in mind. We want to see none of our children injured by vaccines and we want our society be free of deaths and complications from infectious diseases. We do not need to choose one goal over the other. Both goals are achievable by seeking the real solution to the problem of disease complications and mortality instead of continuing to compromise the individual and the greater good via mass vaccination.

The Vaccine Paradox—Prolonged Mass Vaccination Endangers the Very Young

Let us examine how naturally acquired immunity to viral diseases works in the population to protect its most vulnerable segment, infants, against infectious diseases, and how prolonged mass vaccination eliminates such protection and thereby endangers the very young.

The immune system of infants is immature and not capable of effectively dealing with natural viruses or even with artificially attenuated vaccine viruses. This might in part be due to the reduced capacity of the immune system to produce an important anti-viral substance called interferon during the neonatal period. Instead, infants for millennia have been relying on maternal protection against common viral diseases, and such diseases were extremely rare in infants in pre-vaccination era.

Naturally immune mothers—i.e., those who have had natural exposure to viral diseases during their own childhood—protect their babies from those same diseases by passive transfer of their immunity via the placenta during pregnancy and via breast milk after birth. This passively acquired protection is robust and lasts for 6-9 months in the absence of breastfeeding (simply due to placental transfer prior to birth) and then continues for the duration of breastfeeding.

Many viral diseases are sometimes referred to as *childhood* diseases, because prior to the routine childhood vaccination, these diseases occurred mainly in children. Infants were protected from these diseases by maternal immunity (placental and breast milk), whereas adults were protected by their own permanent immunity, which nearly all of them had acquired in the childhood via disease experience. The introduction of mass vaccination has drastically changed the natural and safe pattern of disease distribution.

Vaccines do not protect us for a lifetime. They simply postpone the susceptibility to the corresponding diseases rather than extinguish this susceptibility completely. When children are vaccinated, say against chickenpox, they become vulnerable to it again once the vaccine's protective effect expires. By that time they might be adolescents or adults, when chickenpox is much more difficult to bear. Additionally, other mild childhood diseases, if pushed into adulthood, may have dire consequences. Mumps is dangerous for males after puberty due to the potential of causing sterility, and rubella is dangerous for pregnant women due to the potential of causing birth defects in the developing fetus. But we are generally not informed about the consequences of the vaccine-induced delay in susceptibility to viral diseases, both for our children and for their own off-springs. Furthermore, with prolonged childhood vaccination, we are creating a herd of vaccinated but non-immune adults—the herd non-immunity.

Let us take an example of measles. At the time when measles was still a very common childhood disease in the USA, an American epidemiologist Alexander Langmuir and colleagues in the article "The importance of measles as a health problem" (1962) describe measles as a self-limiting infection of short duration, moderate severity, and low fatality[1]. Yet, the current perception of modern American pediatricians is that measles is a dangerous even deadly disease. What might be behind such a drastic shift in perception?

The last measles epidemic in the USA happened in the 1990s. The unusual characteristic of that epidemic was that the disease was targeting an unprecedented proportion of infants (24% of measles cases), exactly the segment of population that cannot withstand measles. Remember that historically measles did not occur in in-

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fants. Furthermore, an ominous trend was documented that infants whose mothers were born after 1963 (when mass childhood vaccination for measles commenced in the USA) were more susceptible to measles than were the infants of mothers born before that year.[2]

Vaccination took away the chance of many mothers-to-be to experience measles at a safe age and to acquire real immunity that would protect their babies as well. The measles vaccine, being itself a live virus, is rightfully contraindicated for infants and pregnant women, which leaves them unprotected against measles, should exposure occur. Yet, their vulnerability to measles (and other viral diseases) is a direct consequence of forfeiting our reliance on naturally acquired immunity and attempting to replace it with vaccination, which does not produce the same effect as real immunity.

In well nourished societies, measles, mumps, and rubella were mild childhood diseases in the not-so-distant past. But they are now diseases to be dreaded and to be referred to as a scare tactic for promoting further vaccination. There is indeed a good reason to dread these diseases, just not the one being told! These mild childhood diseases now appear to be dangerous, because we made them so via prolonged mass vaccination.

What other *still* mild childhood disease is next in line to join the ranks of the dreaded diseases? Chickenpox, of course. In the US, we have started vaccinating for the *varicella* (chickenpox) virus in the mid-1990s and we will soon establish a generation of mothers and their infants without naturally acquired immunity to chickenpox before complete eradication of the *varicella* virus is achieved. It can be predicted that under such conditions, chickenpox will become a dangerous disease for the generation of our grandchildren, just like measles is today for our own babies.

Disrupting the natural cycle of the mother-infant immunity transfer is a dangerous and irreversible consequence of prolonged vaccination campaigns. The risk of contracting the disease is simply pushed from childhood into adulthood, while vulnerable pregnant women and infants are left without any protection whatsoever. The herd non-immunity among previously vaccinated but non-immune adults, masked by the lack of frequent viral expose and assured by continuing vaccination of new generations of children, then serves as a false sense of security in the minds of public health officials that "protects" whose who cannot be vaccinated.

We have come to accept that although vaccination may cause injury to a rare baby, it is still beneficial to the society as a whole. It is *for the greater good*, we are told. But we must realize that it is not. The vaccine paradox is that mass vaccination reduces the overall incidence of childhood diseases, yet makes them inherently more dangerous for the next generation of babies.

Tetyana in conversation with Catherine J. Frompovich

CJF—We know pig viral DNA (porcine circovirus) was found in Rotarix vaccine; SV40 cancer virus in the first polio vaccine used in the 1950s to early 1970s; Hepatitis A, rubella, and varicella (chickenpox) were cultured on human diploid cells WI-38 and MRC-5; and recombinant DNA was found in the HPV vaccine, Gardasil®. What do such post-marketing findings portend from your perspective as an immunologist?

Tetyana—"As an immunologist, I have a concern that the practice of manufacturing vaccines using yeast, egg, animal, or even human fetal cells implies that vaccines by necessity include some small amount of protein or other products from these cells or media, in which the cells are being cultured. I would really want to know whether and how well vaccine manufacturers test their final vaccine products for such unspecified vaccine "ingredients" and how much contamination they discover.

The reason I am concerned about such contamination is because I believe that the exposure to yeast, egg, animal, or human proteins in the context of immunogenic (antibody producing) stimuli has the potential to result in sensitization to these proteins or even to break human immunologic tolerance to "self." The latter is especially relevant to infants, since their immune system is only starting to make the distinction between "self" and "foreign." Setting this distinction the wrong way from the start, in my view, is likely to pave the road to allergic or autoimmune manifestations."

CJF—Please explain what you mean by natural immunity.

Tetyana—"Immunity is an ancient concept that refers to the observation that many acute infectious diseases occur only once in a person's life, usually in childhood. The examples of such diseases would be measles, mumps, rubella, or whooping cough, to name a few.

Naturally acquired immunity is, in a way, a tautological expression because immunity can only be acquired naturally at this point, only through the exposure to an infected individual, although occasionally such exposure would go asymptomatic while still establishing immunity. Nevertheless, because there is a common misconception that vaccines also confer immunity, it is sometimes necessary to use a qualifier "natural," when referring to immunity, to distinguish it from vaccine-based protection."

CJF—Vaccinated children are coming down with the same infectious diseases for which they have been fully vaccinated. Why do you think vaccine 'immunity'—if we can call it that—is so short lived and not adequate?

Tetyana—"We would expect that vaccinated individuals would not be involved (or very minimally involved) in any outbreak of an infectious disease for which they have been vaccinated. Yet, when outbreaks are analyzed, it becomes apparent that most often this is not the case. Vaccinated individuals are indeed very frequently involved and constitute a high proportion of disease cases.

I think this is happening because vaccination does not engage the genuine mechanism of immunity. Vaccination typically engages the immune response—that is, everything that immunologists would theoretically "want" to see being engaged in the immune system. But apparently this is not enough to confer robust and durable protection that matches naturally acquired immunity. Our knowledge of the immune system is far from being complete."

CJF—What's the difference between the focus of the science of immunology and natural immunity?

Tetyana—"Immunology does not study immunity. Immunology studies how the immune system responds to immunization—that is, to the injection of a "foreign" protein or particle (virus, bacteria). Immunologic research focuses mainly on the long-term changes that occur in immunologic organs and bodily fluids following immunization. Such changes are collectively referred to as immunologic memory.

But the question is: what makes immunologists think, as they surely do,

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that immunologic memory is the basis of immunity? I see no evidence in immunologic research to allow me to conclude that this is the case. If anything, I see immunologic memory as being the basis for sensitization rather than for immunity. I am starting to doubt that immunologic memory is beneficial to us."

CJF—What led you to that conclusion after having earned a doctorate in the science of immunology?

Tetyana—"Immunology, as a science, started with the invention of the vaccine (the smallpox vaccine) before the immune system was even defined as such. Afterwards, basic immunologic research was and still is performed in the context of injecting something "foreign" into a research animal, rather than studying natural disease or natural state of immunity to disease.

Perhaps, it is easier to design an experiment around an injection rather than around a natural disease in a laboratory setting. Perhaps, it is only a matter of expediency of research. But whatever the reason might be for conducting the study of injection (vaccination) rather than the study of natural disease/immunity, it has led us to amass the knowledge of the artificial process.

Not surprisingly, the system that we now refer to as the "immune system" is the one that responds to the injection of a foreign antigen. The immune system, in essence, got defined by the process of vaccination, not by the natural process of acquired immunity.

But if the purpose of the genuine "immune" system is to establish life-long immunity following disease experience, what is that system that does the trick? Is it the same system that responds to the injection of a foreign antigen or is it a totally different system?

This is the biggest concern I have: among all the things we have discovered about the immune system in the context of injection, is any of that even relevant to immunity? And if so, how would we even know what is relevant if we never study naturally acquired immunity directly?

You are asking me what led me to see the problem with how the science of Immunology construed the "immune" system after having earned a PhD in Immunology. You should rather ask me what miracle led me to see this problem despite earning a PhD in Immunology. I can tell you that once you commit yourself to the study of Immunology, you are so heavily invested in the "truth" of the field that the chances of seeing the problem with the most basic assumption becomes nil. The power of "believing" in definitions set up by the field is very strong."

CJF—Can we then rely on immunology to give us answers about natural immunity?

Tetyana—"I don't think so. As I mentioned before, none of the well-established and well-respected research in immunology studies the natural process directly. Instead, it sets up contrived (unnatural) models of infection/immunization in research animals and studies the immune responses within those unnatural and non-human settings.

How can we possibly be sure that such research has any applicability to natural process? We simply can't. Yet, we are tinkering with the human immune system by means of vaccines, simply because this seems to be justified by contrived immunologic models of research, even though such research can only give us partial if not completely misguided understanding of the role of the immune system in the disease process."

CJF—Wouldn't tinkering with nature with such misguided and partial knowledge be dangerous and hasn't it led to the apparent health mess a great percentage of our young children find themselves experiencing?

Tetyana—"I completely agree with such concerns. I have described some of my immunologic concerns with vaccination in Vaccine Illusion and I will summarize them here.

I am very concerned that "immunologic memory" of adjuvant-containing vaccines is actually the basis of sensitization rather than the basis of immunity. Furthermore, I am very concerned that "successful" prevention of childhood diseases by means of short-term protective effects of live attenuated viral vaccines during childhood has led to the loss of maternal ability to transfer immuno-protection to their young, thereby leaving infants vulnerable to those diseases, should the exposure occur.

I am also very concerned that vaccination campaigns work by disrupting disease transmission, which reduces the chances of exposure, rather than by establishing a population's immunity. By doing so, vaccination campaigns wipe out population's immunity to childhood diseases rather than help to maintain it. If in prior decades there was naturally established herd immunity to childhood diseases among the adult population, then I am afraid that vaccination campaigns have ensured that it is long gone.

All of this is a direct outcome of the "desired" vaccination effects, the impact of which has not been carefully thought through in advance of introducing mass vaccination. We thought that vaccines work just like naturally acquired immunity. Well, apparently they don't and we are now reaping the consequences of that.

As for vaccine safety, we are totally in the dark regarding who will and who won't suffer a severe vaccine injury and from which vaccine. No guarantees can be made. Basically, vaccinate yourself at your own risk."

CJF—Can you give us a quick tutorial on antibodies and why immunology places supposed efficacy in vaccines producing them?

Tetyana—"The concept of antibodies evolved from the research on toxins, such as diphtheria or tetanus toxins. Initially, antibodies were referred to as 'anti-toxins'—some mysterious entities that were appearing in the blood of toxin-injected research animals that could neutralize the pathological effects of those toxins.

I would like to mention that based on clinical research described in the book by Dr. Thomas Levy "Curing the Incurable," ascorbic acid (vitamin C) would fall into the definition of an "anti-toxin," as it is known to effectively curb the symptoms of most toxin-mediated as well as infectious diseases when given intravenously at very large doses.

But immunologic research on anti-toxins went into a very narrow direction and led to the idea that anti-toxic ability is restricted to a certain class of immunoglobulins, which we now call antibodies.

Immunologists then realized that such "antibodies" could be raised not only against toxins, but also against practically any substance that is presented to the immune system in a certain way. Some of the requirements for such "immunogenicity" (i.e.—ability to induce antibody production) are: 1) a substance must be of non-self origin; and 2) it must be accompanied by a "danger" signal, usually provided by an irritating or cell-damaging substance called adjuvant or by pathogen-associated pattern molecules of bacterial or viral origin.

The science of Immunology then got caught up in uncovering excruciatingly minute details of the antibody production process, none of which needs to be of inter-

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est to non-immunologists. Yet, most of the 20th century in basic immunologic research was devoted to this endeavor, encouraged and rewarded by numerous Nobel prizes. This only reinforced the notion of the importance of antibodies, creating the antibody-centered paradigm in immunology.

Needless to say, the sole purpose of vaccines is to raise antibodies that bind the microorganisms and toxins, based on the antibody-centered paradigm of protection. But seeing so many reports of disease outbreaks occurring in properly vaccinated individuals, as well as reports of the disease in vaccinated individuals with documented high titers of antibodies only reinforces my conviction that an antibody-centered paradigm needs to be re-examined with great scrutiny."

CJF—Mother's breast milk contains macrophages that kill bacteria, viruses and fungi, so why does immunology want to mess with Mother Nature?

Tetyana—"I am aware of plenty of science confirming the benefits of breastfeeding, both nutritional and in disease protection. How can it be otherwise, if we relied on breastfeeding for the millennia of mammalian evolution?

Maybe if we had more feminine involvement in science, we would have been paying more respect to Mother Nature. We would study how Mother Nature protects us from disease and would attempt to aid and reinforce that process, if it goes wrong. Instead, we are trying to override the natural process with clever artificial applications that bring very short-term and limited benefits at expense of long-term liabilities."

CJF—What is the reality for a modern-day immunologist that makes the majority of them, if not all, close their eyes to what is going on outside their labs in the vaccine-damaged world?

Tetyana—"I would like to give the readers a taste of what it feels like to be in the field of Immunology.

I found that basic immunologists, and I was like that too for a long time, do not typically educate themselves about anything other than the narrow area of research they are involved in, not even about epidemiologic research that reveals profound amount of vaccine failures. Immunologists do not "know" that vaccines fail to protect. Or perhaps, it is the collective professional pride that doesn't allow them to see that vaccination, the cherished fruit of their research endeavors to which they devote their whole lives, are so flawed compared to naturally acquired immunity.

It is a taboo to discuss public or even personal concerns with vaccination. Any attempt to bring these issues up for discussion, to raise even a slightest hint of concern about lack of properly done science behind vaccine safety, efficacy, or necessity is bound to encounter the wrath and indignation of colleagues. The mantra that vaccines are safe and effective and that they save lives is taken beyond faith and beyond the need for even slightest examination.

So, on the one hand, basic immunologists entertain themselves with the artifact-prone theory without bothering themselves to take a look at how their theory plays out when applied in the form of vaccines to the human population at large. On the other hand, epidemiologists and public health officials hardly know enough of the intricate immunologic theory to realize that vaccines do not perform as expected by the theory. They simply introduce more and more booster vaccines as a quick-fix solution for apparent vaccine failures.

This compartmentalization and this tunnel vision that permeates the science is what stands in the way of any single specialist to search for the bigger picture on vaccination and get horrified by what transpires from such a search. And what transpires is the realization that something about the virtues of vaccination doesn't quite add up. In the mainstream science, however, the impetus for taking a broad look at vaccination is definitely lacking and instead there is a lot of pressure to keep your head down in the sand.

I want to share with the readers my view on why we need to change the way we do science. We have indeed created a mess with vaccination, yet we don't have to keep ourselves in this mess. But first, I want the readers to see what perpetuates the kind of science that keeps us in the mess.

In the U.S., scientists are mere slaves of the Establishment, they can only do research on what they are funded for. Not only their research money, but also their career development and salaries depend on grants, especially during early phases of career development. Why would anyone be surprised that scientists are not able to or do not feel too secure attempting to do research that is not in line with the agenda of the funding sources that support their most basic livelihood?

It is not a secret that the vast majority of our biomedical research is funded by the government, pharma, or private foundations with very strong pro-drug or pro-vaccine agendas. This determines the priorities and the focus of biomedical research in a way that gives all the power to the funding sources, and little power of knowledge to individuals to make their own informed decisions.

Questions we must ask:

- Why don't we have science that systematically and adequately addresses parents' concerns with vaccines?
- Why don't we have science that systematically and adequately studies natural factors determining mild versus severe courses of any infectious disease or even disease susceptibility itself?
- Why don't we have science that gives us understanding of natural immunity?
- Wouldn't we, as individuals, be able to make good use of this kind of knowledge?
- If we want to have this kind of direct relationship between scientists and society, then scientists have to be sponsored differently from how it is done right now. We can't possibly expect pharma or government to sponsor the kind of science that takes their power away from them, can we?
- And we can't expect scientists to starve their families while they are trying to establish research they are not going to be funded for or promoted for, can we?
- Can we then establish the direct relationship between the scientists and society to promote research that places the power of knowledge into our own hands, not into the hands of the Establishment?

As a scientist, I personally want to be accountable to society directly and to be able to address the concerns/needs for scientifically researchable information of society without the filters that are put in-between society and the scientists by government/pharma's agendas. Just like the U.S. Constitution principle of the separation between religion and the state has brought us tremendous prosperity, imagine what we can achieve with the separation between science and the state.

I encourage everyone to pause and think for a moment how to accomplish this."

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In Memory of Walene Monson James

March 20, 1926—August 8, 2012

Walene James was 86 years old when she passed away in the morning in her home in Spirit Lake, Idaho with her daughter Ingri and husband Paul James by her side. Although her body died, her Spirit lives on in her vision for a vaccine-free world now beginning to manifest as more and more people say "no" to the vaccine religion.

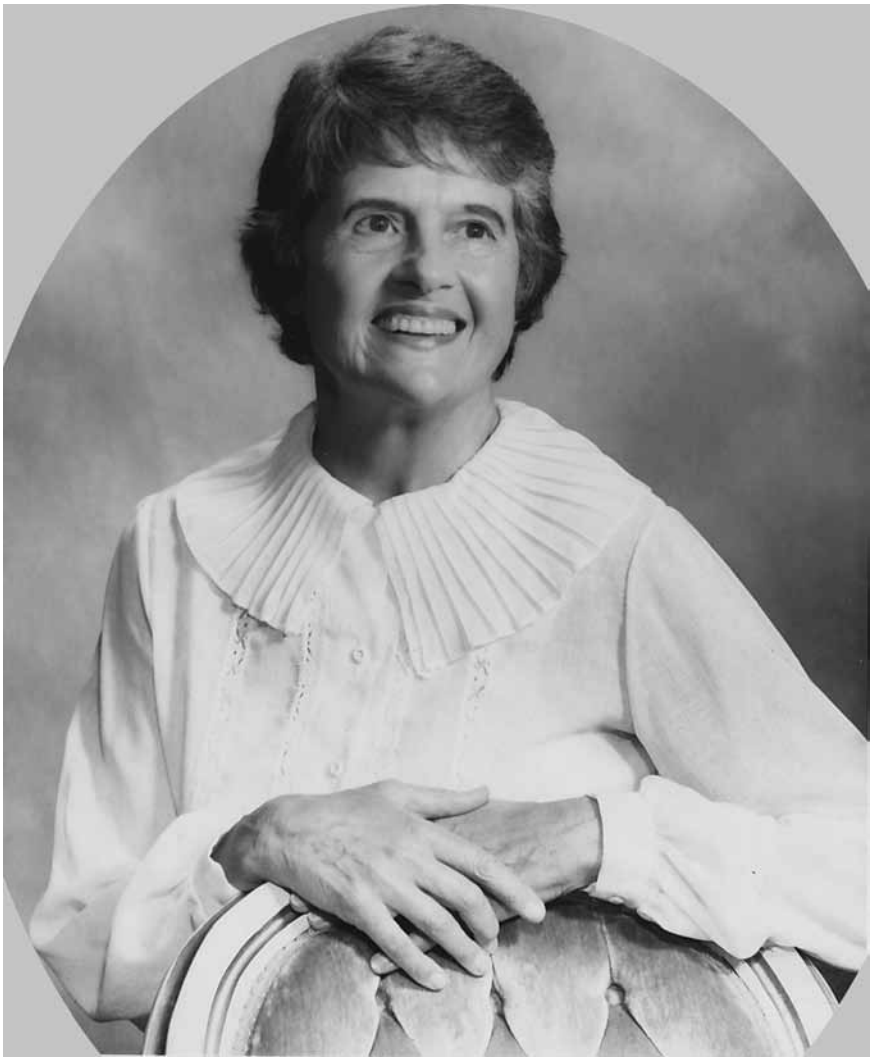
Walene James will be remembered as a courageous and passionate visionary who inspired people to open their minds—to think outside the box through her books, articles, radio interviews and lectures. Her brilliant book, *Immunization: The Reality Behind the Myth* became THE definitive guide for those seeking a deeper understanding of the immune system, and how vaccines thwart natural immunity and health.

Walene was a retired English teacher who also had a passion for music and the arts and graduated from the University of Utah with a bachelor's degree. She went on to UCLA where she received her teaching credentials and was a high school English teacher in the Los Angeles city schools for several years where she earned a reputation for inspiring her students through exposure to poetry and great English literature.

Walene was also an activist who promoted home birthing and frequently spoke out against water fluoridation, forced vaccination and infant circumcision. In 1955, she was a leader in the effort to prevent fluoridation in Santa Monica, California and became the 75th member of the National Health Federation, writing articles for their publication on the vaccine issue. She endeavored to live a holistic lifestyle in which yoga, eating organic foods and supporting farmer's markets were an integral part of her life.

In 1973, she moved to Virginia Beach, Virginia where she authored three books: *Handbook for Educating in the New Age* (1977); *Immunization: The Reality Behind the Myth* (1988, 1995); and *The Vaccine Religion: Mass Mind and the Struggle for Human Freedom* (2012).

When her oldest daughter Tanya was charged with child neglect for not vaccinating her son, Walene created several exhibits of her research into the fallacy of the vaccine paradigm which were presented to the judge. The entire experience led to her writing *Immunization: The Reality Behind the Myth* and to found Vaccination Liberation, a well-respected all-volunteer association that helps thousands annually obtain legal exemptions to vaccine mandates (VacLib.org and VaccineTruth.com.)



One example of her brilliant mind on the vaccine issue is her use of the term "stupefactions" with the first stupefaction being "the medicine I take won't work unless you take it, too".

When writing the first edition of *Immunization; The Reality Behind the Myth*, she soon *"realized that the vaccination issue was much larger than vaccinations per se. It was as though a hologram opened up for me, and I saw in the very small the very large, for the vaccination issue touches the very core of who we are and what we stand for as a nation. It also gives us a glimpse into the kind of world we seem bent upon creating."* Walene believed that vaccination is also a telling symbol of where we are in consciousness.

Walene was particularly known for her brilliant and innovative writing. Many big names in the vaccine awareness movement have noted that it was her second book, *Immunization: The Reality Behind the Myth*, that compelled them to put fulltime energy into "the most important health freedom issue of our time", as Walene would say. A few of these are Neil Z. Miller, Sherry Tenpenny, and Viera Scheibner.

One example of her brilliant mind on the vaccine issue is her use of the term "stupefactions" with the first stupefaction being "the medicine I take won't work unless you take it, too". Walene further elaborates about the idiocy of herd immunity and the concept of this "one size fits all" mindset in her last book, *The Vaccine Religion*, where you can read about all eight stupefactions as applied to the absurd thinking processes of vaccine zealots.

She abhorred the concept of war; her writing reflected the absurdity of the war mentality while advocating for peaceful solutions to our world's problems. She comments that "[t]he medical model is essentially a military model. We speak of 'fighting' disease, 'waging war' against cancer and 'battling' heart disease. Are the images and rhetoric of war compatible with the creation of health? Are they compatible with a healing attitude or presence?"

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a system to calculate the working days lost, and it was astronomical."

That clearly stoked his interest: "Most other medical researchers were interested in fancy stuff, exotic stuff, people killed in action and so on, as that was the stuff that got into the newspapers. But something as simple as colds and flu—which knocked out a brigade's worth of soldiers every year—now that was something worth looking into."

What Jefferson saw that day at the base was a sudden and inexplicable increase in ILI—influenza-like illness, and it left him scratching his head.

"I couldn't really understand what was happening. There was no real activity outside the battalion—soldiers had it, the families had it, the children had it—wives had it…and I thought, what is this?"

He recalls that at that time, a rumour was circulating that the battalion was going to be deployed to Northern Ireland, a tour of duty they completed several times in the 1970s and '80s. The regiment had lost 18 soldiers during these previous deployments, a fact fresh in the minds of the soldiers and their families. The upcoming deployment was understandably causing a lot of stress on the base and Dr Jefferson surmised that stress "perhaps explained why the battalion was hit with a high incidence of ILI."

Five years later, he was able to work alongside Dr David Tyrrell who was tutored by some of the original discoverers of the influenza virus. Jefferson says that one of the most vital things he learned from Dr Tyrrell is the imprecision of the word "flu." Tyrrell said that what people referred to as "the flu" was a "dangerous colloquialism," and he stressed it was more appropriate to call the collection of symptoms "influenza-like illness." As Jefferson says, "the confusion between influenza and influenza-like illness has led to an obsession with a single agent [the influenza virus] which is not based on any sound evidence." With most of the extra illness suffered during flu season not caused by a verifiable flu virus, the situation, says Jefferson, is "potentially dangerous and misleading" because even if the best vaccine can prevent a proven flu virus, you're only able to help a small portion of the people who become ill.

Jefferson served with the UN during the Yugoslav crisis, and reports: "I also observed the effects of ILI in terms of working days lost on British and UN soldiers." In his opinion, "High rates of ILI were associated with stress, overcrowding and, of course, combat."

Just not enough evidence

Nearly two decades later, Jefferson worries about the absence of quality research around other potential causes of flu-like illness, including the role of stress. Compared to the serious global moneymakers—the vaccines and antivirals which bring billions to the coffers of drug companies every year—something as simple as stress and its relation to the flu is simply not studied. There are some efforts to study methods to prevent virus transmission (masks and handwashing), but compared to the huge annual drug and vaccine enterprise focused on a virus, these efforts seem pitifully small.

The fact that a physician steeped in military tradition and respect for authority would turn out to be one of biggest anti-authoritarians in the influenza world is a delicious irony. Jefferson admits it is "absolutely heresy" to even imply that stress may play a role in causing the flu. He adds, it "undermines the living of very many people, and goes against the dogma of people selling vaccines and pills."

The best way to counter the dogma is to find the most reliable evidence—preferably from an overview of all relevant studies, known as a meta-analysis. And that's Jefferson's game as part of the Cochrane Collaboration (www.cochrane.org), an international organization of consumers, scientists and researchers, gathering and systematically examining all the studies ever conducted to see how well a treatment works. Cochrane's work is unique in at least two ways: it won't take money from the drug or vaccine manufacturers to fund its research, and it uses the highest gold-standard methodologies when synthesizing research.

[Alan Cassels]... currently refuses to get an annual flu shot.

The Cochrane examination of flu vaccines in healthy adults, a body of literature spanning 25 studies and involving 59,566 people, finds an annual flu shot reduced overall clinical influenza by about six percent. It would reduce absenteeism by only 0.16 days (about four hours) for each influenza episode, a small effect given that the average flu bout lasts five to seven days. What was most illuminating was the authors' conclusion: "There is not enough evidence to recommend universal vaccination against influenza in healthy adults."

Jefferson and his colleagues found that most influenza studies are poorly designed and fail to prove the influenza vaccine is effective or safe for certain groups, such as the elderly and children under two. (In Canada, parents might be surprised to hear that Canada's National Advisory Committee on Immunization recommends flu shots for kids six to 23 months old.)

Canada isn't the only country with recommendations out of sync with the evidence. Earlier this summer, the UK's National Health Service reported that they needed to find 1000 extra school nurses to give the flu vaccine to healthy children for the upcoming flu season. This was in response to government plans to expand the vaccination program to all children aged two to 17.

This decision was based on a series of computer models estimating that if 30 percent of the population were vaccinated for the flu, then there could be a reduction of 2000 deaths and 11,000 fewer hospital admissions. Expanding the program to children, seniors, pregnant women, and people who are considered at "higher risk," would cost about $150 million per year, as reported in the UK's Guardian newspaper. But will all that money actually deliver fewer deaths and hospitalizations?

The answer is "probably not." Jefferson and others contend that using a computer model as the justification for an expanded flu vaccine program is very problematic. Tweak any of the assumptions in the model and you get what you want. Such an expanded program surely would please British-based pharmaceutical giant GlaxoSmithKline, a big player in the flu game—and should remind us of the politics of money behind any large public health program.

Immunizing BC's healthcare workers

In late August, Provincial Health Officer Dr Perry Kendall announced that BC's health care workers must either wear a mask or get the flu shot this season. His stated rationale was to improve the level of vaccination amongst health

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workers, which currently hovers around 40 percent.

When I asked why so many health care workers weren't getting the shot, Kendall referred to surveys showing they avoid the shot for the same reasons as everyone else: they think they don't need it, are concerned about the side effects, or got vaccinated in the past and still got the flu.

In the press release announcing the new policy he wrote the "influenza vaccine is extremely safe and the most effective way to prevent illness from the influenza virus, helping to prevent infection in healthy adults by as much as 80 percent."

Yet like most health statistics, that 80 percent is misleading. In Jefferson's opinion, "The best-conducted and largest trials in the healthiest populations show that you need to vaccinate 33 to 100 healthy people to avoid one set of symptoms of influenza (a 'case')." Peter Doshi, a researcher whose graduate thesis from Johns Hopkins School of Medicine focused on the politics of influenza policies, wrote in the British Medical Journal: "If CDC [Center for Disease Control] viral surveillance data is correct, then in recent years true influenza viruses have only caused an average of 12 percent of influenza-like illness."

Since influenza vaccines do not work against non-influenza viruses or against all influenza strains, why do health departments around the world claim that vaccines are the "best way to prevent seasonal flu"?

This is not a trivial, or inexpensive question. BC already buys 1.1 million doses of vaccines each year to provide to those in the province who want one, at a cost of about $17.5 million. Moving to 95 percent coverage of BC's health workers (assuming about 110,000 health workers) would cost in the neighbourhood of $1 million more per year.

So will immunizing health care workers prevent the spread of the flu to patients and save their lives? Jefferson's examination at the Cochrane Collaboration of four cluster randomized trials and one cohort trial of nearly 20,000 health care workers showed "no effect on specific outcomes: laboratory-proven influenza, pneumonia or deaths from pneumonia." Another research study observed the same phenomena as he did, but noted the vaccine was effective for ILI, hospitalizations for ILI, and death from all causes.

Regarding the latter study, Jefferson and colleagues found the effects on ILI and death such an unusual finding, they said that conclusion was due to bias, poor study design and reporting, and not a true effect. Claiming that the flu shot saved peoples' lives from "all causes" strikes Jefferson as absurd: "They would have us believe that to avoid granny drowning in a pool (death from all causes) she should be vaccinated."

BC's Dr Kendall tends to agree that absurd findings often come out of observational trials and is aware of the Cochrane work, but still stands behind his recommendations for vaccinating health care workers, saying, "Overall I would say the preponderance of evidence shows a strong benefit in vaccination, particularly if you get a good match. I would still say that immunization campaigns have an outstanding safety record. I'd say they are a whole lot better than nothing."

That sounds reassuring, but in those jurisdictions with high flu vaccination rates among health care workers (some as high as 95 percent)—is there a huge number of lives saved? The real answer: no one knows. And outstanding safety? Maybe, but recent research shows things might be a bit more complicated.

Just this September, Canadian researchers revealed a study showing that at the start of the 2009 "pandemic," those who got the seasonal shot in the 2008-2009 flu season were more likely to get infected with the pandemic virus than people who hadn't received it. Because researchers had noticed the phenomenon in the early weeks of the pandemic, Dr Danuta Skowronski, an influenza expert at the BC Centre for Disease Control in Vancouver, and a strong supporter of annual flu vaccine campaigns, more recently conducted a blinded test using ferrets (a mammal with human-like susceptibility to colds and flus). She found that those ferrets who got the seasonal flu shot got sicker when they were exposed to the pandemic H1N1 virus. Such research indicates there might be many potential unknowns capable of playing havoc with our immune systems.

Health authorities routinely tell us flu vaccines are perfectly safe. But there is a problem with the word "perfectly." In Dr Jefferson's words, "The potential harms of inactivated influenza vaccines have not been seriously studied and their reporting in small formal studies is very poor." He reminds us that officials have cited "rare neurological syndromes observed after use of so-called pandemic vaccines." When you're injecting yourself with something, there is always the potential—even if very remote—for harm. Since the vast majority of people recover quite nicely on their own from a bout with the flu, are the risks worth it?

And how will we know if BC's new program for healthcare workers is working? Kendall says BC will collect data on how many wear masks, how many workers are immunized and so on, essentially the "easier to measure" stuff such as compliance, coverage and absenteeism. But we won't be measuring to see if the policy translates into fewer deaths and illness in patients, because, as Kendall says: "To do that kind of study you need a very large budget, you'd need to be able to have a substantial sampling of patients, you need to be culturing patients for influenza-like illness on admission and discharge. You could do it, but it would be a multimillion-dollar proposal." In other words we won't be measuring those things because it's too expensive to find out if the vaccination policy does what it's intended to do.

Dr Jim Wright of UBC's Therapeutics Initiative is aware of the science around the flu vaccine. He used to get his annual shot until he looked a bit closer at the science and determined that there was no proof such vaccinations reduced deaths and hospitalizations. He concluded that promoting annual flu shots is one of the biggest uncontrolled trials of our time. He told me he is willing to roll up his sleeve or recommend his patients to do so, "but only as part of a randomized placebo-controlled trial designed to determine the benefits and harms of flu vaccination." And he disagrees with Dr Kendall, saying, "A proper trial could be done with minimal expense and is badly needed to direct future flu vaccine policies."

Follow the money

Let's cast our minds back to June 11, 2009, when the World Health Organization declared the H1N1 flu outbreak a pandemic. Governments everywhere ordered billions of dollars worth of vaccines and antiviral drugs as fear of an epidemic spread like a contagion around the world. But critics accused the WHO of crying wolf and scaring member governments with predictions of a deadly pandemic. Within a year the entire en-

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terprise would be revealed as fraudulent, with two studies charging that the WHO inexplicably changed the definition of a pandemic and that WHO's decision-making was rife with conflicts of interest. We learned that the 2004 WHO committee which ordered world governments to set up immunization programs and stockpile antiretroviral drugs in the event of a flu pandemic, was stacked with scientists with ties to drug companies.

Jefferson believes that there is just too much money in, and reputations staked on, flu vaccines for many involved to be objective about them. He wrote "The main proponents are decision makers who are riddled with conflicts of interest: they make policy, evaluate it, update it, commission research and sometimes carry out—and in extreme cases have a stake in—the production of the pharmaceuticals."

The key thought here is stunning: The push from health departments around the world to annually vaccinate their populations against the flu are based on poor, incomplete, or wildly-spun evidence. Scientific bodies such as the Cochrane Collaboration that refuse to take money from the pharmaceutical industry produce reviews that challenge the grandiose pronouncements of public health authorities the world over. Unfortunately, the authorities that drive global policies around the influenza vaccine and antiviral drugs are ignoring those challengers.

When I asked Kendall if he is possibly influenced by the vaccine marketers hanging around the Ministry of Health, and whether pharma money is shaping the decisions, he denied being influenced at all. I believe him, but unfortunately too many in positions of medical leadership avoid questioning vaccines for fear of excommunication. Even though much of the vaccine research is tainted, spun and unreliable, and paid for and promoted by the very companies that stand to profit, the reason vaccines are embraced with such religious fervour, in my view, is the belief system proclaiming that since vaccines have saved lives, and have caused us to turn the corner on many childhood diseases, they must be always good, for everyone, all the time. And we need more of them.

You can't tell vaccine proponents they are wrong, or that maybe we need better and more reliable research before we start sticking everyone with a needle, because they've already made up their minds. This harkens to that saying of John Kenneth Galbraith: "Faced with the choice between changing one's mind and proving that there is no need to do so, almost everyone gets busy on the proof."

So in BC we now have a flu vaccination policy in place that affects every single health care worker in BC, in the hopes that it will save the lives of patients. We spend a lot of money convincing people to get vaccinated, and on the vaccine program itself. Yet the science is controversial and contradictory. Obviously, we need better science, but that's not likely to happen; BC's new policy won't be evaluated thoroughly to see if it's wasting our time and money.

And we certainly won't be any closer to understanding if other factors might be playing a role in who does or does not come down with the flu this season. And that's too bad. After all, the average person just wants to feel well, regardless of whether their aches, chills and headaches are caused by a virus, by stress, or by some other mechanism. As Dr Jefferson maintains, "the unknown causes and other organisms are far more frequent. They are largely ignored probably because of the fatal attraction represented by the availability of pharmaceutical interventions such as antivirals and vaccines."

" Do you ever feel we're having too many inoculations forced on us?"

Note: Article is retrieved from: http://focusonline.ca/?q=node/447 *We are grateful to Alan Cassels and to Focus Online for their kind permission to reprint this article. Alan Cassels is a drug policy researcher at the University of Victoria and the author of the recently released Seeking Sickness: Medical Screening and the Misguided Hunt for Disease. As a former Canadian naval officer and UN peacekeeper he believes he has been vaccinated for every disease under the sun. He currently refuses to get an annual flu shot.* √

Walene James Memorial cont. from page 15

Walene compiled several charts illustrating her uncanny ability to bring a spiritual dimension to the vaccine awareness movement. Her astute analyses have enabled countless people to shift their belief system from unquestioning obedience to fear based medical dogma, to the infinite health creating and wholistic principles that are in alliance with nature's intent. The charts can be found in her last two books and on the internet. A few examples are:

- Two Theories of Disease: The Germ Theory vs. the Cellular or "Terrain" Theory
- Mindfulness vs. Mindlessness
- Violent vs. Non-Violent Healthcare
- Old Versus New Immunology

One of her more famous quotes is, *"Liberating ourselves from the nursery of non-think in which blind belief flourishes is to begin the journey, not only to freedom, but to maturity."*

Walene's daughter, Ingri shares a remembrance of her mother:

"More than being my mother, Walene was my mentor and peer, both of us sharing the same passion advocating for human freedom. We loved the same music and loved sharing the same "paradigm shifting" books. "As the director of Vaccination Liberation, I have my own style communicating the "VacLib" message but have adopted many of her brilliant alliterations when I speak. Walene has been my inspiration to dig deeper for the truth and to see the bigger picture. "Walene taught me that what is most important in my life is my relationship with God and to always seek His counsel through prayer when I am troubled and need His guidance. I will always treasure the memory of my mother Walene, and her spirit for making me the person I am today." √

Book Reviews

The Vaccine Religion: Mass Mind & the Struggle for Human Freedom by Walene James is a high quality paperback, referenced and indexed, 279 pages.

The founder of Vaccination Liberation has written another powerful book on vaccines that combines the paradigm shifting information from her first vaccine book, Immunization: The Reality Behind the Myth, with even more insights into the societal trance of disease-scare. This book effectively dispels the myths of herd immunity, the germ theory of disease and the current 'one size fits all' mass vaccine program aggressively promoted to an ignorant public through the CDC and their state health department minions.

Due to the persistence of the "Vaccines eradicated smallpox and polio" myth today, pharmaceutical companies now have free rein to develop a drug for every bug and a pill for every ill. The Vaccine Religion exposes this erroneous mindset by retracing the real history of both smallpox and polio from relatively unknown historical sources. Walene also challenges the reader to take responsibility for their health through a more holistic understanding of dis-ease while discovering what creates true immunity and health. Being a former English teacher, Walene's engaging writing style makes The Vaccine Religion a fun and compelling read. This book is guaranteed to take the reader from viewing vaccines as a micro issue to the most important health freedom issue we face today.

Writer and vaccine truth activist Greg Beattie adds these words of praise:

"When Professor of Pediatrics and best-selling author, Robert Mendelsohn MD, described her first book as "the most valuable gift you can present to the mother of a newborn baby", he was echoing the thoughts of many who 'discovered' the controversy lurking behind vaccination through Walene James' ground-breaking work, "Immunization: the Reality Behind the Myth". Now the author presents her second and final volume on the issue—"The Vaccine Religion".

Walene James passed away in August 2012, shortly after this book was published. Penned 10 years previously, it exposes the mindlessness which chains many of us politically, socially, emotionally, morally, and even spiritually, to a procedure which started out as a middle-age superstition, and grew into what some consider a horrendous thorny bush sitting uncomfortably at modern science's side.

Those who have previously investigated this issue will know that vaccination is exhibited on the one hand as a cut and dried example of scientists in unanimous and triumphant agreement, while, on the other hand, it is guarded ferociously from dissenting voices. Discussion is actively stifled. It is a procedure which science can neither explain satisfactorily, nor produce robust evidence for. In fact, believers have ruled that vaccines are not to be tested via the rigorous randomised controlled experimental standards which apply to other treatments.

In this book, the author transcends the 'debate' and sheds a new light. Readers explore the belief system that keeps the practice alive. The fear which feeds the need for such a belief, the exploitation of this fear, and the way in which we are all recruited as willing soldiers in the 'mission', are all examined.

Thoreau said, "There are a thousand hacking at the branches of evil to one who is striking at the root". In this book, James guides us from mindlessness to mindfulness; from mass-mindedness to individual and responsible growth. This is the real issue. For those who feel there is no scientific justification for continued belief in vaccines, this is the only remaining issue. To understand why it continues we must understand our collective emotional needs, as well as the societal and commercial forces that operate at various levels. Only then can we map our way out of the quagmire we have fallen into with vaccines."

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Fooling Ourselves On the Fundamental Value of Vaccines by Greg Beattie

Greg Bettie's new book is another valuable contribution to the growing volume of literature that demonstrates the insignificant role of vaccines in the decline of infectious diseases. Living up to the promise of its title, Fooling Ourselves reveals the fallacy of the cultural belief in vaccination most of the world is immersed in. Beattie exposes the shaky ground upon which vaccines have been promoted as a means of disease prevention by drawing on historical data that reveals the large rate of disease decline before vaccines, and the pattern of decline following mass vaccination programs.

Beattie revisits the Germ theory of disease and illustrates quite succinctly why specific microbes cannot be equated to specific diseases, revealing that our bodies are teeming with microbes—15% of them pathogenic, yet most of us remain healthy. Beattie puts to rest through sheer logic, the shortcommings of the "microbe= disease" paradigm.

While Beattie draws on Australian disease history and archival material, the reader can be assured that the rate of decline of various infectious diseases is a universal phenomenon and what happened in Australia can be extrapolated to any other developed nation in the world whose medical systems have propandized the public to submit to mass vaccination. He recounts the bizarre history of polio and its vaccines, how its redefinitions make comparisons of numbers before and after the vaccine, utterly meaningless. Beattie writes, " The horrific iatrogenic aspect that has been acknowledged, but rarely discussed, places it as a contender for one of the greatest medical blunders of modern times".

As Ingri Cassel writes in her review of Greg's book, "For many of us who have freed our minds from the vaccine paradigm, we will want to get this book into the hands of anyone we encounter who is still locked into the belief that vaccines=disease prevention. Brilliantly crafted and well-documented, Fooling Ourselves proves to the world that the vaccine paradigm is not based on sound science." √

Vaccine Illusion cont. from page 14

With appreciation to Dr. Tetyana Obukhanych for her kind permission to adapt material from Vaccine Illusion, and to Catherine J. Frompovich for permitting us to use segments of her interview with the author. Vaccine Illusion is available at Amazon.com as a Kindle book. Catherine J. Frompovich's excellent 3 part interview with the author is published on The International Medical Council on Vaccination website: http://www.vaccinationcouncil.org/2012/06/13/interview-with-phd-immunologist-dr-tetyana-obukhanych-by-catherine-frompovich/

Disclaimer: The information presented in this article is for educational and informational purposes only and is not to be construed as medical advice. The author is not a licensed medical practitioner and does not recommend for or against vaccines.

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Breastmilk Stem Cells

By Hilary Butler – October 10, 2012

A long time ago—2007 to be precise, the first **medical article** was published showing that breast milk contained stem cells. Perhaps the mainstream media didn't know what to do with this information. After all, most discussion is about the use of stem cells from aborted foetuses, for trying to correct disease, or parents who stored their child's **cord blood**, then want to use it to cure the child of some disease.

Stem cells are a big deal!

And frankly, cord blood should not be stored, because the primary reason for stem cells in cord blood is that the baby NEEDS that stem cell transfusion at birth. It's not "medical waste" as it was once called, ... it's nature's first **stem cell transfusion.** These cord blood stem cells can go anywhere in the body, and do anything—because they are pluripotent, and can be used by the body to repair any cells. But only if the baby has them. They are no use to the baby stored in a cord blood bank.

Thirty percent of naturally born babies have intracranial haemorrhages and other birthing issues as a result of being squeezed down a 10 cm wide drain pipe... which are best dealt with by cord blood stem cells getting in there and mopping up. Nothing else will do it, as colostrum and milk is not yet on tap. In order to go anywhere though, it also makes sense that stem cells require easy thin blood to maneuver through.

The medical profession however, has this strange idea that the very thin blood which babies naturally have in the first 7 days, must be "abnormal" because it's not like adult blood, so they inject vitamin K at birth.

The problem is that this vitamin K raises the vitamin K levels much higher than in adults. **Since 1985**, the medical profession has known that oral vitamin K raises blood levels 300—4,000 times higher. The injectable vitamin K, results in vitamin K levels 9,000 times thicker than adults blood. Why? Because the medical profession says that baby blood is deficient of vitamin K which makes the blood not clot properly and can cause haemorrhages. God didn't know what he was doing. So vitamin K is given, to "thicken" up a baby's blood.

By the same token, the medical system says that older people's blood is too thick, so they prescribe warfarin, to thin the blood. How does it do that? By completely screwing with the vitamin K cycle, so that older people's blood becomes thinner than baby's blood because there is no vitamin K in it. The medical system doesn't give a thought to the fact that that also means that older people without vitamin K2 will also have bone problems as a result!

Baby's blood thickened with vitamin K, causes a situation where stem cells have to move through sludge, not nicely greased blood vessels full of blood which can allow stem cells easy access to anywhere. Maybe one day it will dawn on the medical profession that not only are cord blood stem cells important and useful to the newborn baby, but that stem cells need thin blood for a reason. But I digress...

Back to breast milk.

Recently, a Lifenews media article announced more **findings by Hassiotou,** that indeed, ... breast milk has stem cells by the truck load. Even more spectacularly, these stem cells are identical to embryonic stem cells, so that there is no need for scientists to use ethically questionable aborted babies. Naturally, the focus of the medical system appears to be the of harvesting breastmilk for drug companies.... because..... ***"Human breast milk may be more than just nourishment for newborns. It may contain hope for a multitude of diseases. Hope that does not require the destruction of innocent human life".***

Hassiotou et al, have not figured out what stem cells in breastmilk are all about in terms of benefits to the baby, but they must suspect some because they say: ***"Future research should elucidate the role of these cells for the breastfed infant, generating implications for public policy related to early infant nutrition."*** Clearly, one of the functions of stem cells also appears to be, to alter gene expression. I would suggest that the functions of stem-cells are huge. As I've always said:

Breastmilk Stem Cells cont. on page 21

Testimonial, by Edda West

When my youngest daughter suffered a severe reaction to MMR vaccine in 1977 at the age of 15 months, I was still breastfeeding her. Within about 7 days, she developed a high fever and then descended into a semi conscious delirium that lasted for days. I had never seen either of my two older children so ill through all the infectious diseases they had had, and I was very, very afraid.

Both older children had been through measles, mumps, rubella, chickenpox, whooping cough—the whole gamut of childhood illness. But the sickness brought on by the vaccine reaction exceeded anything I'd witnessed as a mother. I'd been reluctant to allow this new vaccine, only recently introduced to the Canadian vaccine schedule. My maternal intuition twinged a warning, but it was muted by the pediatrician's adamant insistence that she needed this vaccine, and without it could die. I bought into the fear tactic—big mistake!

The one bright and hopeful light was that my baby could still nurse, and through those endless hours of sickness, I held her in my arms night and day, nursing her, praying for her, and hearing my higher wisdom say, "as long as she's able to nurse, she will be fine".

When the fever finally began to break and consciousness returned, the rash began to appear. First all along the hairline, then slowly moved down her face, then to her torso and finally out to her extremities. It was a rough, grainy red rash that covered her body. I'd seen that rash before. My baby had the measles—vaccine induced measles—a severe case. Certainly not the same ordinary measles my older children had had a few years earlier which they'd sailed through. This was something different—something I'll never forget as long as I live. Deep in my maternal heart I knew had it not been for the miracle of my breastmilk, my child may not have recovered. Now I understand 35 years later, that the stem cells in my breastmilk helped repair the vaccine injury and enabled her to recover from the crisis.

Hilary Butler's message is clear and powerful. Nature has given us the means to protect our children so that they can withstand illnesses and injuries. It is up to us however, as mothers and fathers to trust in the powerful survival tools we have been given, and to be wary of medical ignorance that works against nature's intent. √

Breastmilk Stem Cells cont. from page 20

- ***Breast milk is NOT just food—Breast milk has functions which go far beyond nutrition.***
- ***Breast milk has a dramatic and long term effect not only on the immune system development, but gut flora, allergy, brain development, and other health parameters.***
- ***Breast milk is an immune regulator, a hormone conductor, a bone density wizard and a genetic blueprint scanner.***
- ***It is a gene methylator, and two years of breast milk stabilizes and solidifies the core genetic manual of health for your child, for that child's whole life.***

Add stem cells to that list.

There is absolutely no doubt that breastfed babies have completely different and far healthier health profiles than formula fed babies, both short and long term. Formula feeding parents are kidding themselves if they believe that is not the case.

Previous research had found that stem cells are present in breast milk for as long as a baby is breast fed. What does this mean for a baby in practical terms?

Let's hypothesize, since science isn't yet talking about that. If the baby for instance has an illness, what might the stem cells do? Heal the child?

If a baby is involved in a car accident, what might stem cells do? Fix brain damage? Bone damage? Liver damage?

Interestingly, in my 30 years of working with parents of children who have been damaged after vaccines, by far the worst damage I've ever seen, has been seen in formula-fed children. It's got to the point where, if a mother comes to me wanting help with a child with serious health issues showing up after vaccines, I can pretty much predict the answer to the question, "Is your baby breastfed?"

I can pretty much predict the answer to the question, "Was your baby born naturally?"

Mothers with children affected after vaccines have another trait as well. Their children are often at the doctors and are given a lot more antibiotics, pamol (acetaminophen/tyleonl) and other needless drugs than breastfed babies.

It's my contention that the "non-nutritive" functions of breast milk are far more valuable than the medical profession admits to parents, and that is why breastfed babies have far lower rates of infections, diseases and health issues short or long term, than formula fed babies.

What you eat during pregnancy can also have a big impact on the long term health of your child.

In short, real commitment to health and "lifestyle", matters. All the "little" things—nutrition, rest, plenty of sun, good water, natural birth, long term breastfeeding—avoiding all medical system interference, and doing things—dare I say it... "God's way...." add up to one very big result. Whether it's either a plus, or a minus, comes down to which voices you listen to and which choices you make.

Note: *This article is reprinted with appreciation from Hilary Butler's website, Beyond Conformity, where her cutting edge research and articles enhance a growing body of literature that contributes to the knowledge base on vaccine injuries and the means by which we can heal and protect our children. We thank Hilary for her many years of dedication to this work.*

http://www.beyondconformity.co.nz/_blog/Hilary's_Desk/post/Breastmilk_stem_cells/

Addendum: In another companion article in this vein titled, Why Immediate Cord Clamping Should Cease, Hilary Butler draws from a research paper presented to the 10th annual meeting of the American Academy of Pediatrics in 1940 which indicates they knew then that immediate cord cutting is bad. *"In view of the facts that the placenta contains one-fifth to one-fourth of the total fetal blood at birth and that all this blood does not pass into the infant at birth until all the uterine contractions have had a chance to compress the placenta, we believe that the rather common practice of promptly clamping the cord at birth should be condemned. Of course this will make it impossible to salvage placental for "blood banks". However, the collection of usable quantities of placental blood robs the infant of blood which belongs to him and which he retrieves under natural conditions."* Read the full article here: http://www.beyondconformity.co.nz/BlogRetrieve.aspx?BlogID=1598 √

Family in search of justice

On October 13, 2009 an Interim Order was issued by Minister of Health Leona Aglukkaq to allow the authorization for sale of a vaccine for the novel Influenza A H1N1 virus based on limited clinical testing in humans. By October 21 Glaxo-SmithKline's Arepanrix™ vaccine was approved and "judged safe and effective for use in Canada..." With a media blitz Ontario's Chief Medical Officer Arlene King, Public Health Agency of Canada (PHAC) head David Butler-Jones and Aglukkaq were urging Canadians to get the vaccine. Summoned to her family doctor's office, a Toronto mother May Abudu and her two children received the vaccine on November 23. On November 28, 2009, five year old Amina Abudu was pronounced dead at Scarborough General Hospital.

Amina had received a vaccine, had a fever, couldn't breathe, and was vomiting. Amina's mother and brother were also experiencing side effects. The family was perplexed as to why the cause of Amina's death was initially suspected to be an underlying heart disorder and not at all related to the H1N1 vaccine. Why would Amina have a fever of 39.5 degrees Celsius at the time of death if she died of an underlying heart disorder?

Amina's doctor faxed a 'Report of Adverse Events Following Immunization (AEFI)' to Toronto Public Health on December 8, 2012, 10 days after Amina's death. Under the Ontario Health Protection and Promotion Act, a physician who "recognizes the presence of a reportable event and forms the opinion that it may be related to the administration of an immunizing agent shall, within seven days after recognizing the reportable event, report thereon to the medical officer of health of the health unit where the professional services are provided."

The cause of death was determined to be "Unascertained (Sudden arrhythmic death syndrome, not excluded)" on January 16, 2010. The Ontario Coroner's office instructed the family to get a referral from the same doctor who administered Amina's vaccine so they could undergo clinical tests for inherited heart problems; the family asked another doctor for the referral; the Coroner's office asked where the tests would be done; the Abudus refused to disclose;

Family Search for Justice cont. on page 24

Causal Link Suggested between Acetaminophen use and Asthma

By Dr. Palevsky, MD

This drug is best never used by anyone. There are over 100 chronic illnesses where a deficiency in glutathione stores has been found to be one of the core pathologies in people who have these diseases. Many of these... diseases hit our families closely—asthma, allergies, eczema, inflammatory bowel disease, autism, pervasive developmental disease—and are well on the rise even in families that have no family history of these diseases. We need glutathione to handle and remove the load of accumulated wastes and toxins in our bodies.

The use of the drug described in this article, however, forces the body to use up our glutathione stores so the drug metabolites don't destroy the liver cells. It's a simple case of taking from Peter and giving to Paul. We most need our glutathione stores to help our bodies remove our wastes when we have fever, pain, and are stressed. And, with the use of this drug during these conditions, and especially when we get a vaccination, body's stores of glutathione will become depleted, and diminish one of the most important processes inherent to the body—to do whatever is necessary to keep the body safe and remove any and all wastes and toxins that threaten the health and welfare of our cells.

The need to remove wastes and toxins is especially crucial during times of acute illnesses and stress when this drug is so often used and abused. What we need, and what we don't have, is the kind of research that helps us understand if the use and abuse of this drug over time effects how well our genes can continue to produce the glutathione stores in our cells. Does the use of this drug down-regulate our genetic capacity to continue producing our own glutathione stores? And, if so, do we hand that reduction in capacity to produce glutathione stores through our genes to our children who are then born with a reduced capacity to produce sufficient glutathione to handle the degree of wastes, toxins, poor food choices, environmental products, medical choices, and life stressors?

If we do hand that reduced capacity down to our children, we are self-selecting for the creation of many of these diseases in our children who have reduced resilience to survive in an ever-increasingly toxic world. After all, all chronic illness is, is a failure of the body to remove wastes and toxins that threaten the health and integrity of the body to survive and thrive.

Dr. Palevsky comments reprinted with appreciation from his webpage: http://www.drpalevsky.com/articles_pages/234_asthma_link.asp

The Association of Acetaminophen and Asthma Prevalence and Severity

Pediatrics; Abstract; August 12, 2011: The epidemiologic association between acetaminophen use and asthma prevalence and severity in children and adults is well established. A variety of observations suggest that acetaminophen use has contributed to the recent increase in asthma prevalence in children: (1) the strength of the association; (2) the consistency of the association across age, geography, and culture; (3) the dose-response relationship; (4) the timing of increased acetaminophen use and the asthma epidemic; (5) the relationship between per-capita sales of acetaminophen and asthma prevalence across countries; (6) the results of a double-blind trial of ibuprofen and acetaminophen for treatment of fever in asthmatic children; and (7) the biologically plausible mechanism of glutathione depletion in airway mucosa. Until future studies document the safety of this drug, children with asthma or at risk for asthma should avoid the use of acetaminophen. http://pediatrics.aappublications.org/content/early/2011/11/04/peds.2011-1106.abstract?sid=70497646-5636-479d-a369-46f4a3245e40

Positive associations exist between acetaminophen use and asthma in children.

From Pediatric Journal Watch; Dec. 21, 2011;

"Also noted in the review are studies that have shown dose-response associations, the observation that asthma prevalence and acetaminophen sales have increased in tandem during recent decades, and a plausible mechanism of action by which acetaminophen could increase susceptibility to asthma by depleting airway mucosal glutathione." http://pediatrics.jwatch.org/cgi/content/full/2011/1221/1

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Editor's note: For years, parents have been instructed by their pediatricians to dose their children with acetaminophen (tylenol) before and after vaccination to relieve the range of symptoms precipitated by vaccines. Fever phobia has been encouraged by the pediatric profession who tell parents to give the child tylenol for every little fever and complaint.

The medical literature affirms the benefits of fever: There is overwhelming evidence in favor of fever being an adaptive host response to infection… as such, it is probable that the use of antipyretic/anti-inflammatory/analgesic drugs, when they lead to suppression of the fever, result in increased morbidity and mortality during most infections; this morbidity and mortality may not be apparent to most health care workers…" (Infect Dis Clin North Am1996 Mar;10(1):1-20.)

Now we have the resulting health disaster—a stark example of iatrogenic disease, caused by the doctors themselves. First the child's immature immune system is bombarded with multiple vaccines, followed by the inevitable reactions. Then the kids are liberally dosed with acetaminophen which sets off the downward spiral into asthma and other disorders. Then the drugs needed to control the disease and the heartbreaking toll on the families who now fear for their children's lives. √

LETTERS

Re: Doctors Bullying

I just joined VRAN and have spent hours this evening, reading all the information provided. Thank you. I've done a lot of research, mostly on the web, over the past months, in order to gain much more knowledge about not vaccinating my baby.

My story begins with my daughter who is now 11 years old. When she was 12 months, she reacted to her vaccine and had to be rushed to Children's Hospital in London, Ontario. The opinion of the doctor in the ER was that she had reacted to her vaccination and had experienced an allergic reaction. They suspected it was the egg in the vaccine and gave her an epi pen. We were then referred to Dr. Michael Reider of Children Hospital, whose sole practice is treating children with adverse reactions to drugs and vaccines. She had all remaining vaccines done in ER at CH, in case she reacted.

Letters cont. on page 24

Study Calls Into Question Primary Justification for Vaccines

By Sayer Ji—June 28, 2012

According to the Centers for Disease Control and Prevention (CDC), "Immunity to a disease is achieved through the presence of antibodies to that disease in a person's system."[i] This, in fact, is the main justification for using vaccines to "boost" immunity, and a primary focus of vaccine research and development.

And yet, newly publish research has revealed that in some cases no antibodies are required for immunity against some viruses.

Published in the journal Immunity in March, 2011, and titled, "B cell maintenance of subcapsular sinus macrophages protects against a fatal viral infection independent of adaptive immunity," researchers found that mice infected with vesicular stomatitis virus (VSV) can suffer fatal invasion of their central nervous system even in the presence of high concentrations of "neutralizing" antibodies against VSV.[ii]

The researchers found that while B-cells were essential for surviving a systemic VSV infection through the modulation of innate immunity, specifically macrophage behavior, the antibodies they produce as part of the adaptive immune response were "neither needed nor sufficient for protection." These findings, according to the study authors, "… contradict the current view that B cell-derived neutralizing antibodies are absolutely required to survive a primary cytopathic viral infection, such as that caused by VSV."

The discovery that antibodies are not required for protection against infection, while counterintuitive, is not novel. In fact, not only are antibodies not required for immunity, in some cases high levels are found in the presence of active, even lethal infections. For example, high serum levels of antibodies against tetanus have been observed failing to confer protection against the disease. A report from 1992 published in the journal Neurology found severe tetanus in immunized patients with high anti-tetanus titers, one of whom died as a result of the infection.[iii]

These research findings run diametrically opposed to currently held beliefs regarding the process by which we develop immunity against infectious challenges. Presently, it is a commonly held view that during viral infections, innate immunity must activate adaptive responses in order to achieve effective immunity. It is believed that this is why the immune system has developed a series of innate defenses, including complement, type I interferon, and other "stopgap measures," which work immediately to lower pathogen burden and "buy time" for the much slower adaptive immune response to develop.

This view, however, has been called into question by the new study: "Although this concept may apply to other viral infections, our findings with VSV turn this view upside down, indicating that during a primary infection with this cytopathic virus, innate immunity can be sterilizing without adaptive immune contributions."

Does this strike a mortal blow to the antibody theory which underlies vaccinology, and constitutes the primary justification for the CDC's focus on using vaccines to "boost" immunity?

Indeed, in vaccinology, which is the science or method of vaccine development, vaccine effectiveness is often determined by the ability of a vaccine to increase antibody titers, even if this does not translate into real-world effectiveness, i.e. antibody-antigen matching. In fact, regulatory agencies, such as the FDA, often approve vaccines based on their ability to raise antibody titers, also known as "vaccine efficacy," without requiring proof of vaccine effectiveness, as would seem logical.

The obvious problem with these criteria is that the use of vaccine adjuvants vaccine like mercury, aluminum hydroxide, mineral oil, etc.—all of which are intrinsically toxic substances —will increase antibody titers, without guaranteeing they will neutralize the targeted antigen, i.e. antibody-antigen affinity. To the contrary, many of these antibodies lack selectivity, and target self-structures, resulting in the loss of self-tolerance, i.e. autoimmunity.

Here is another way of understanding vaccine-induced antibody elevations…

Introducing foreign pathogenic DNA, chemicals, metals, preservatives, etc., into the body through a syringe will generate a response not unlike kicking a beehive. The harder you kick that beehive, the greater will be the "efficacy" (i.e. elevated antibodies), but the actual affinity that these antibodies will have for the antigen (i.e. pathogen) of concern is in no way ensured; to the contrary, the immune response is likely to become misdirected, or disproportionate to the threat.

Also, valuable immune resources are wasted by generating "false flag" responses to threats which may not readily exist in the environment, e.g. there are over 200 forms of influenza A, B & C which can cause the symptoms associated with annual influenza A,* so the seasonal trivalent flu vaccine only takes care of little more than 1% of the possible vectors of infection—and often at the price of distracting resources away from real threats, as well as exhausting and/or damaging the entire immune apparatus.

It is clear that one can create a synthetic immune response through vaccination, but it is not likely to result in enhanced immunity, insofar as real-world effectiveness is concerned, which is the only true judge of whether a vaccine is valuable or not. One might view the basic criteria used by vaccine researchers, namely, that generating elevated antibody titers proves the value of the vaccine, oppositely: proving the vaccine is causing harm to the body, especially that of the developing infant and child, by generating unnecessarily elevated antibodies by any means necessary, i.e. throwing the chemical and biological kitchen sink at the immune system, e.g. aluminum, phenol, diploid(aborted fetal) cells, peanut oil, pertactin, etc.

We leave the reader with a series of quotes addressing the inherent weaknesses of the antibody theory of immunity:

"Just because you give somebody a vaccine, and perhaps get an antibody reaction, doesn't mean a thing. The only true antibodies, of course, are those you get naturally. What we're doing [when we inject vaccines] is interfering with a very delicate mechanism that does its own thing. If nutrition is correct, it does it in the right way. Now if you insult a person in this way and try to trigger off something that nature looks after, you're asking for all sorts of trouble, and we don't believe it works."- Glen Dettman Ph.D, interviewed by Jay Patrick, and quoted in "The Great American Deception," Let's Live, December 1976, p. 57.

"The fallacy of this (antibody theory)

Study Calls Into Question cont. on page 24

Study Calls Intro Question cont. from page 23

was exposed nearly 50 years ago, which is hardly recent. A report published by the Medical Research Council entitled 'A study of diphtheria in two areas of Gt. Britain, Special report series 272, HMSO 1950 demonstrated that many of the diphtheria patients had high levels of circulating antibodies, whereas many of the contacts who remained perfectly well had low antibody."—Magda Taylor, Informed Parent

"Human trials generally correlate "antibody" responses with protection—that is if the body produces antibodies (proteins) which bind to vaccine components, then it must be working and safe. Yet Dr March says antibody response is generally a poor measure of protection and no indicator at all of safety. "Particularly for viral diseases, the 'cellular' immune response is all important, and antibody levels and protection are totally unconnected."- Private Eye 24/1/2002

"Whenever we read vaccine papers the MD researchers always assume that if there are high antibody levels after vaccination, then there is immunity (immunogencity). But are antibody levels and immunity the same? No! Antibody levels are not the same as IMMUNITY. The recent MUMPS vaccine fiasco in Switzerland has re-emphasized this point. Three mumps vaccines-Rubini, Jeryl-Lynn and Urabe (the one withdrawn because it caused encephalitis) all produced excellent antibody levels but those vaccinated with the Rubini strain had the same attack rate as those not vaccinated at all, there were some who said that it actually caused outbreaks. Ref: Schegal M et al Comparative efficacy of three mumps vaccines during disease outbreak in Switzerland: cohort study. BMJ, 1999; 319:352-3."- Ted Koren DC

* star symbol in the article leads to 2010 Cochrane review of effectiveness of flu vaccines: http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0010949/

Note: *We appreciate Sayer Ji's kind permission to reprint this article from the GreenMedInfo.com website, a widely referenced, evidence-based natural medicine resource that serves as a valuable online library of information on diverse aspects of health and wellness. To follow up on the references cited in this article, please go to the article online* at: http://www.greenmedinfo.com/blog/study-disproves-cdcs-primary-justification-vaccination √

Family Search for Justice cont. from page 21

the Coroner's office called the Catholic Children's Aid Society to investigate the family, furthering the family's trauma and grief. Test results excluded any inherited heart problems; the CCAS court case was thrown out by the Family Court Division around November 2010.

Data for the fast-tracked Arepanrix™ vaccine was supposed to be continuously monitored by GSK and Health Canada. Adverse events, including Amina's death, were piling up across the country, with health officials denying any vaccine involvement. Canadians for Health Freedom started a blog page which lists hundreds of reaction reports. One lot of Arepanrix™ vaccine was recalled due to high numbers of anaphylaxis—the reactions happening immediately after the shot could not be discounted.

One lot of Arepanrix™ vaccine was recalled due to high numbers of anaphylaxis—the reactions happening immediately after the shot could not be discounted.

Amina's father received an undated letter from the PHAC's Chief of Vaccine Safety in December 2010 stating: "The Agency has reviewed all of the adverse event reports received and found no correlation between the H1N1 vaccine and sudden death. PHAC is unable to provide any further assistance to you." Access to Information reports from various levels of government for the adverse events received by the family didn't contain Amina's reaction.

On Jan 16, 2012, two years after her death, an interesting adverse event report was made by a "health professional". It now appears on the Canada Vigilance Adverse Reaction Online Database as "circulatory collapse, sudden death" of a child Amina's age who'd received Arepanrix™.

A lawsuit launched by the family in the Ontario Superior Court of Justice was dealt a blow when the lawyer handling the case, Charles Roach, died in October of 2012. The case has been forwarded to August of 2013 and the family has retained a new lawyer. VRAN will be following this case very closely. If you would like to contribute to the legal trust account please contact VRAN at info@vran.org for details. √

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She did have future reactions, but eventually they became less severe until she seemed to grow out of it? In reading some of the stories on your website however, I remember her having night terrors as an infant and as well, hallucinations during the night, as a toddler. As well, over the years, she has had severe stomach problems that go undiagnosed...they come in cycles. Over all she's healthy and happy.

I regret that while she was going through this over the years, it never occurred to me once that perhaps she shouldn't continue her vaccine regime! I had NO idea that vaccines were not mandatory in Canada!! We were behind in her schedule as a result of her reactions and needing to have vaccines done in ER. We started getting nasty letters from the health unit, telling us she would be suspended from school if we didn't provide the proof she had been fully vaccinated.

My career is working with adults with special needs and that includes working with adults with autism. Over the years, I have also worked with children with autism in school and home settings. I have not yet met a parent who doesn't associate the 18 month vaccines as a cause of the first onset of symptoms.

Over the years, the subject of vaccines intrigued me and I wondered just how safe they really are, but I never gave it much thought as my kids were older. My son is 14 and seemed to get through all vaccines fine. I had made the decision quickly after my daughter's ongoing ordeal, that we would never get 'extra vaccines'...such as flu shot, HINI, etc... and I will not allow my daughter to get Hep B or Gardasil.

I recently had another baby—a little boy who is 3 months old. When I became pregnant (huge surprise!), I realized I was going to have to really look into vaccines so I could make an informed choice. After talking to a couple local parents who have not vaccinated their children, and doing my own research, I made the confident decision not to vaccinate my baby.

As his 2 month birthday approached, I started getting nervous about letting my doctor know my decision as I assumed he would not agree, I just didn't know exactly what to expect in the way of his reaction. Recently, I took him to the doctor for his well baby check up. The nurse asked if he was getting his vaccines that day and when I said no, she was very supportive

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saying, 'there's a lot of information out there about dangers and vaccines'….concluding with, 'it's completely fine that you aren't vaccinating him'.

When the doctor came into the room, he did a physical check up of my baby and commented several times that he was healthy, on track, happy and doing just fine. He then said 'I'll send the nurse in to give him his vaccines'...and I replied 'no, I've decided I am not going to give him his vaccines'. His demeanor changed completely and he became hostile, irritated, angry and confrontational. He told me very bluntly I was being irresponsible and putting all his other patients at risk.

The doctor told me that autism most definitely is not connected to vaccines in any way and told me that it's been proven that a doctor who had once said there was a link, admitted to being paid by anti-vaccine groups to say so. He challenged me —'so, have you come across THAT article during your research?' He then told me my research was all wrong and I was not making an informed choice. He also told me that diseases we are vaccinated against are no longer around BECAUSE of vaccines. He said he didn't feel comfortable even letting me leave the office because my son is now a public health hazard! He was very disrespectful and unprofessional during the visit and challenged me to bring information that could convince him vaccines aren't safe. He left the room in a huff, telling me I MUST bring my son for his 4 month appointment, REGARDLESS and then chastised me for waiting until he was almost 3 months old for the well baby check up.

To say I was rattled after the appointment is an understatement. In no way does his approach or attitude change my mind. I do not feel guilty at all for my decision, in fact, I'm more than ever motivated to make sure my son is not injected with any vaccine! The doctor's extreme defensive reaction alone scares me into wondering why he's so intent that my son be injected! I had read about such doctors' reactions during my research, but I did not for a minute think I'd be facing that myself. I have NO idea what the future holds in the way of my family doctor and my relationship with him... I will NOT be treated like that at every visit and I will not look forward to being accused over the years, of being an irresponsible parent. Also, every sniffle my son gets, I fear I will be blamed because he's not vaccinated.

I am trying to figure out how to prepare for the next visit, armed with information to give him. How do I get the actual inserts that come with the vaccines?

Not for a second do I think he'll change his mind or attitude, but he may back off if he realizes I have not made this decision lightly and that I have done proper research. I was SOOOO taken back by his reaction on Dec 9, that I really didn't know what to say and couldn't recall all the information and statistics. I tried my best to present my argument, but being yelled at and having a foot stomped at me...left me not able to think properly in the moment. He acted completely disgusted with me quite honestly.

Any info you can provide me with, in the way of vaccine ingredients and side effects...or anything you suggest I bring to my doctor next visit (which will be mid Feb 2012), I truly appreciate it!

Alynn F, Ontario

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Letter to Editor of Globe & Mail

July 16, 2012

There are so many incorrect statements in Mr. Picard's recent article "Comeback of a deadly disease..." that it would take several letters to address them all. So I will choose one: that the vaccination cannot cause damage or death.

I have on my desk a stack of adverse events reports from Health Canada related to the administration of two vaccines (DPT-polio and Hib PRP-T) injected as one vaccine into Canadian infants between 1994 and 1997. This vaccine was called PENTA and was produced by Connaught. Doctors reported to the government that this vaccine had resulted in a variety of adverse outcomes including anaphylaxis, convulsions, inconsolable screaming and death.

This vaccine was withdrawn in 1997 because of this widespread damage blamed in part on the whole cell pertussis component of this 5 vaccines in 1 needle. In 2004, a Saskatchewan pediatric paper on line dared to state what everyone knew: "Significant side effects were observed after Penta vaccination, commonly blamed on the whole cell pertussis component. Penta was also only about 60-80% effective against pertussis. Penta was not used in persons older than 7 years of age because the side effects are more severe in older persons." http://www.medicine.usask.ca/pediatrics/services/childhood-immunization-schedule-1/pertussis.pdf

There was no follow up on the hundreds of children hurt by this vaccine. However, anecdotal evidence from some parents whose children are now in their late teens indicates that the damage has been life-long.

I would be happy to address the other incorrect statements in this poorly researched article.

Heather Fraser, MA, BA, B.Ed
Toronto, ON Canada

http://www.facebook.com/notes/heather-fraser/letter-to-the-editor-of-the-globe-in-toronto/413387815373627
Link to Globe & Mail article can also be found here.

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Flu shot policy sparks backlash

Globe & Mail, Nov. 21,2012 comment to article:

As a nurse I take the flu shot as I frequently work with babies under the age of sick months who are too young for this shot. All chronically ill over the age of 6 months are entitled to the flu shot free. Not all take it. People should keep a close eye on the outcome of this grievance against coercive immunization as it could well be a bellwether of things to come in Public Health Policy. This nurse (pro-immunization) asks the question: Where does the line between individual rights and societal rights fall and who gets to determine that? If it is determined that coercive health policies are acceptable does this now mean anyone who has a chronic health condition will face immunization or end up responsible for health care costs incurred should they develop complications of the flu? Does that mean the MHO can decide unilaterally that all children be immunized for all preventable illness? Could your children be forcefully taken from you and immunized? Will you be deemed as unfit as the healthcare workers who are refusing the shot? The list goes on...

I believe as a society we need to make these determinations in a democratic way. Creating conditions of employment that force a personal health decision are wrong. I urge all Canadians to closely watch this little storm in a teacup out West. ...it is more than meets the eye.

Read full article here: http://

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www.theglobeandmail.com/news/british-columbia/mandatory-flu-shot-sparks-backlash/article5547136/Health/

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New study disputes flu shot dogma

Letter to Editor Coast Reporter, Oct. 26, 2012

Considering the damning findings in the latest scientifically rigorous review of flu shot efficacy/effectiveness (Osterholm et al, U of Minnesota), perhaps it's time to review how we came to accept annual flu shot campaigns. The first mass injection of flu vaccine was into the US military in 1945. Following the 1957-58 pandemic, the US Surgeon General recommended annual flu shots for persons with chronic debilitating disease, seniors, and pregnant women. This recommendation was based upon suboptimal studies of young, healthy military recruits, not high-risk groups. In 1964 the US ACIP, the committee which recommends vaccines, noted the absence of appropriate data, but reaffirmed the recommendation nonetheless. In fact, the original three flu campaign populations have been excluded from placebo-controlled randomized US clinical trials since they were first targeted fifty years ago. Why? Because the campaigns were gullibly accepted and the ACIP supports the unscientific assumption it would be unethical to allow placebo- receiving trial participants to forego a flu shot.

Since Canada's vaccine-recommending committee, the NACI, usually follows in lock-step with the ACIP, here we are in 2012 with flu shots Osterholm et al recommend be replaced. And, it's not even as if seasonal influenza is a big deal; FluWatch records for the last eleven non-pandemic flu seasons show an average of only 10% lab-confirmed influenza out of all influenza-like-illness tested. Meanwhile, even more sub-populations than the original three are being urged to receive the near-useless but "free" injection, hospitals are mandating them, and all us taxpayers are paying the bill. Let's not repeat this folly by funding a replacement shot, and especially not while continuing to fund today's dud. More info and references at www.vran.org

Susan Fletcher
Sechelt

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BC Nurses ramp up fight against mandatory flu shots

Canadian Press article, Nov 14, 2012: 2 Comments:

Admittedly, the vaccine only creates an antibody response in at best, half of those injected. why wouldn't everyone need to wear masks since follow up of antibody production is not being tested. The mandate is faulty and the mask wearing is clearly punitive in nature and not based on science. Studies have shown no benefit from mask wearing for asymptomatic workers. And, increased hand to mouth activity , such as in mask wearing, only increases transmission of viruses. and, only 7 out of 100 diagnosed with flu, have influenza. I smell a rat in this mandate!

Toni Bark, MD, Medical Director at Center for Disease Prevention and Reversal

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Wear badges? Does that mean that every health care worker that is a carrier of Hepatitis or HIV must do the same? It infringes on human rights. I would never have a flu shot, and I'm never sick. If you are sick, you don't come to work, that's accountability; something that we, as nurses, are trained in. Wearing a mask spawns bacteria after it becomes moist. Which is worse? Handwashing and cough etiquette is appropriate. It is the number one preventative for spread of disease according to the CDC. The CDC also states to change the surgical mask between patients? So tell me, Health Authority, can you afford to supply nurses with THAT many masks considering you're always belly aching about budget? It's time consuming, ineffective and inappropriate.

LM Wards, South Peace Secondary School

For more comments following this article, go to: http://www.vancouversun.com/health/nurses+ramp+fight+against+mandatory+shots/7550072/story.html#Comments √

NEWSCLIPS

Autism, aluminum, MMR, "Oops! We mean acetaminophen."

A Nov 2012 review in the Journal Entropy provides "strong" evidence that vaccine aluminum and MMR vaccine are linked to autism. An analysis of word frequencies in the US VAERS database found a steady increase of the word, "autism", at the end of the last century during a period when aluminum adjuvant increased as vaccine mercury was being withdrawn. During the same period, "cellulitis", seizure", "depression", "fatigue", "pain" and "death", all of which are significantly associated with aluminum adjuvant, also increased. The authors suggest that the correlation shown between MMR vaccine and autism "may be partially explained via an increased sensitivity to acetaminophen administered to control fever." While this may be true, acetaminophen is also commonly administered when vaccines containing aluminum have been injected. So, why does the title of the review, 'Empirical Data Confirm Autism Symptoms Related to Aluminum and Acetominophen Exposure' mention only aluminum and acetaminophen, but not MMR? We suspect that, since Wakefield's 'assassination', the authors and journal are sensitive to following suit.

http://www.mdpi.com/1099-4300/14/11/2227

Bill and Melinda helping save lives

Not content to merely continue contributing to population-reducing polio vaccine campaigns, the Bill and Melinda Gates Foundation has granted $100,000 to Seth C. Kalichman, professor at the Department of Psychology, U of Connecticut, for establishing an internet-based global Anti-Vaccine Surveillance and Alert System. This is intended to counteract "misinformation" such as our website's April news article which discusses a surge of Indian paralysis/death as polio vaccine rounds increased.

http://www.greenmedinfo.com/blog/gates-foundation-funds-surveillance-anti-vaccine-groups)

More and more and more shots

A Nov 2012 study in Pediatrics has found that when a high percentage of grade 6-12 students in a small community received a third dose of MMR after they and most other students had received the standard two doses, the subsequent rate of contracting mumps was reduced by 75.6%. Unfortunately for the students, the longer they continue to lack natural mumps immunity, the more likely they'll be told they need even more shots; their babies will lack the protection of natural maternal immunity conferred at birth and via breastfeeding. Ditto for the measles and rubella components which may have been implied as an extra 'bonus'.

Newsclips cont. on page 27

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http://medicalxpress.com/news/2012-11-mmr-vaccine-dose-curtail-mumps.html#jCp)

Stealth Canada's Protocol VI: (a) hide vaccine injuries (b) hide drug therapy injuries

In September, the Toronto Star featured reports by David Bruser and Andrew Bailey re Canadian children's adverse reactions and deaths probably due to prescribed ADHD drugs. Although they're not approved for use in children younger than 6 yrs, the authors found reports of 19 reactions in children 4 and 5 yrs old; ten serious cases included, "a 5 yr old boy hallucinating and crying and a 5 yr old girl suffering amnesia, anxiety and a speech disorder." Health Canada removes many details from the reports before storing them "in a massive public database so difficult to search that doctors and parents have little hope of extracting meaningful information." And since, according to Health Canada, "It is primarily the (drug company's) responsibility to monitor the safe use of their products," what little info there is will no doubt have been considerably diluted due to conflict of interest. Nevertheless, the authors were able to uncover 22 suicides and 2 attempted suicides among boys 8-18 yrs old and 4 non-suicidal deaths. Reports showed that, in the past ten years, the ADHD drugs, Strattera and Concerta, were suspected of being the second- and third-most-common cause of adverse events from any drug taken by Canadian children. Other such drugs approved for use in Canada are Adderall XR (an extended-release formula), Ritalin, Vyvanse, Biphentin and generic versions.
http://www.thestar.com/news/canada/article/1262220--adhd-drugs-suspected-of-hurting-canadian-kids and http://www.thestar.com/news/canada/article/1263560--ottawa-keeps-adhd-reports-secret

Why inject vaccine when you can just use grapes?

Starting in Sep 2013, all UK babies will be able to receive a taxpayer-funded new vaccine against norovirus and the related rotavirus. But grape seed extract would work as well and without the possible side effects. Scientists at Ghent University in Belgium have found that, depending on dosage, it deforms the cell wall of norovirus or kills it outright. http://www.wddty.com/UtilityPages/Print.aspx?nodeId=5832136251994366335

Asthma, antibiotics and vaccines

In March, UBC researchers headed by microbiologist, Brett Finlay, told the Vancouver Sun that the antibiotic vancomycin, when used early in life, can increase the incidence and severity of allergic asthma, the common form of the disease triggered by things such as pollen, mites or molds. Their experiments on rodents showed that this antibiotic kills gut bacteria which help develop a healthy immune system and thus encourages development of asthma. Of course, there's also evidence that the numerous childhood vaccinations can weaken immunity, cause asthma, and encourage infections such as otitis media which may be treated with antibiotics. According to the Sun, "Asthma rates have soared in recent decades in developed countries such as Canada, where 12 per cent of children are affected by the disease."
http://www.vancouversun.com/health/Common+antibiotic+linked+asthma+research/6312842/story.html

Nurses refuse to be vaccinated, follow orders for clients

An Israeli study published in Vaccine sought to find why many nurses in Mother and Child Healthcare Centers refused to comply with an official request that they consent to vaccination. It found that, "Trust in health authorities was low mainly following the A/H1N1 purported influenza pandemic." (Note the word "purported" in a mainstream journal!) This mistrust appeared to be extended to a subsequent request which was for pertussis vaccine compliance. Although they followed protocol by vaccinating infants in their care with pertussis vaccine, they refused to be governed regarding their own healthcare. They also thought their clients had the right to accept or reject vaccines for their children.
http://vaccineliberationarmy.com/peer-reviewed-study-why-are-nurses-becoming-anti-vaccinists/

4,250 percent increase in miscarriages following H1N1 vaccine

A recent article by health activist Christina England reports on Gary Goldman's new study that confirms the increased number of miscarriages following the H1N1 vaccine. "This year, on September 27, 2012, the Human and Environmental Toxicology Journal (HET) published Dr. Gary Goldman's study that confirms a 4,250 percent increase in the number of miscarriages and stillbirths reported to VAERS in the 2009/2010 flu season." Until this study, no one had seen that the CDC recommended both regular flu vaccine AND untested H1N1 vaccine with mercury.

The aim of the study was to asses the number of vaccine related miscarriages and stillbirths reported to VAERS (vaccine adverse event reporting system) in consecutive flu seasons starting in 2008/2009 and compare to the two-vaccine dose recommendations in 2009/2010 season.

"The facts that Goldman exposed are extremely disturbing. He highlights the fact that the safety and effectiveness of the A-H1N1 had never been established in pregnant women and that the combination of two different influenza vaccines had never been tested on pregnant women at all. Even more worrisome is the fact that the A-H1N1 vaccine inserts from the various manufacturers contained this warning:

"It is also not known whether these vaccines can cause fetal harm when administered to pregnant women or can affect reproduction capacity." (emphasis added)

"Dr. Goldman also pointed out that the developing fetus is indirectly exposed to mercury when thimerosal-containing vaccines are administered to a pregnant woman. He outlined a study written by A.R. Gasset, M. Itoi, Y. Ischii and R.M. Ramer who examined what happened after rabbits were vaccinated with thimerosal–containing radioactive mercury. Goldman stated that from one hour post-injection to six hours post-injection, the level of radioactive mercury in the blood dropped over 75 percent. Yet from two hours post-injection to six hours post-injection, there were significantly increased radioactivity levels in the fetal brain, liver, and kidney."

"Dr. Goldman concluded that because the rates of miscarriage reported to the Vaccine Adverse Events Reporting System (VAERS) for the single flu vaccine were relatively low, health care providers developed a false sense of security that flu vaccines administered during pregnancy were safe. Goldman explained that just because a single vaccine has been tested and considered to be relatively safe, this does not mean that vaccinating pregnant women with two or more Thimerosal containing vaccines will be safe for them or their unborn babies."
Full article: http://vactruth.com/2012/11/23/flu-shot-spikes-fetal-death/?utm_source=The+Vaccine+Truth+Newsletter&utm_campaign=e89506d904-11_22_2012_vaers&utm_medium=email √

VRAN Membership and Order Form

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

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