VRANewsletter

Vaccination Risk Awareness Network Inc.

Spring 2013

The Autism and Allergy Overlap

By Heather Fraser, MA, BA, BEd., CBP

ASD and food allergy rates have risen dramatically—and they often go hand in hand...

The food allergy and autism communities generally seen as separate groups have more in common than they may realize. One has only to look at the meteoric rise of both epidemics in the last 20 years to wonder if they are connected. In fact, I contend that they are the same story with the same causes and overlapping symptoms but with different outcomes. It is as though one overwhelmed child turned left while the other turned right.

Children with life threatening food allergies often have a "mixed bag" of health concerns that can include ADHD, environmental sensitivities and gut inflammation. Typically, parents of these children pay such close attention to the food anaphylaxis that these "lesser" issues are often dismissed or medicated away. And yet, if we view this mixed bag as a collection of meaningful symptoms, a very different picture emerges. This picture mirrors that of many children on the spectrum.

In *"The Function of Allergy: an immunological defense against toxins"* (1991), Margie Profet confirms that any mammal overwhelmed and unable to detoxify will defend itself with allergy. This evolved defense is designed to expel the toxin(s) as fast as possible by sneezing, vomiting, itching or to prevent it from circulating by a drop in blood pressure.

Toxic exposures—any combination from air, food, water, drugs, pathogens, or vaccines—that precipitate the allergies can also result in a host of other health issues. The so-called "neuro-typical" (NT) kids with severe food allergies are not NT at all if we ask additional questions about fine or gross motor skills, unusual "gifts", attention deficit, rage, sensory processing issues, hyperactivity and more.

By illuminating the ground shared by the food allergy kids and children on the spectrum, a broader collective awareness may emerge. This awareness will bring greater pressure to bear on addressing causes and forcing change.

The "A" words

Like the word "autism", *allergy* and *anaphylaxis* were coined early in the 20th century. These last two were created to describe reactions to sera administered for the first time in history using the hypodermic syringe. When children began to fall violently ill following the use of this new technology, doctors scrambled to understand why. Pediatrician Clemens von Pirquet in 1906 saw the symptoms as an "altered reactivity" or *allergy*. *Anaphylaxis*"against protection" was coined by Charles Richet around 1913 to describe the condition he created in animals during immunization experiments.

Doctors today tend to view allergy as an immune system dysfunction. In contrast, Margie Profet proposed in 1991 that allergy has an evolved function designed to defend the body against acute toxicity. While her view appears unique, it is actually similar to that proposed by Charles Richet in 1913. In his acceptance speech for the Nobel Prize Richet wrote: "... anaphylaxis is an universal defense mechanism against the penetration of heterogenous substances in the blood...."

Autism was coined by a Swiss psychiatrist in 1912 and *Asperger's* after the work of Hans Asperger in the 1930s. Leo Kanner in the 1940s provided a foundation for understanding the environmental causes of autism.

Food allergies and autism in children

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INSIDE THIS ISSUE

Why Parents Are Turning Away From Pediatricians

By Edda West

VRAN receives a steady stream of inquiries from anxious parents looking for a "supportive" pediatrician who won't belittle or bully them for refusing some or all vaccines for their baby. The inquiries often go like this,

"I had a discussion with my son's pediatrician during his 12 month visit and expressed my concerns but he was very rude and not supportive of our decision to opt out of the 12 and 15 month vaccinations. I want to change pediatricians and am having trouble finding one that is in support of our decision to opt out from the vaccines. Can you help?"

While many parents still cling to the belief that pediatric care and "well baby checkups" are essential to insure development is proceeding normally, they worry that vaccines are linked to the increase of chronic health problems in children. Pediatricians' hostility towards anyone who questions vaccines is turning families away in droves who no longer believe the mantra that anything bad that happens after vaccination is a "coincidence".

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VRAN NEWSLETTER
Vaccination Risk Awareness Network Inc.
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Thanks to Catherine Orfald for the newsletter layout.

Statement of Purpose:

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

VRAN's Mandate is:

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

VRAN publishes a newsletter 2 to 3 times a year as a means of distributing information to members and the community. Suggested annual membership fees, including quarterly newsletter and your ongoing support to the Vaccination Risk Awareness Network: $35.00—Individual $75.00—Professional
We would like to share the personal stories of our membership. If you would like to submit your story, please contact Edda West by phone or e-mail,as indicated above.

VRAN website: www.vran.org √

VRANEWS

Dear VRAN Members,

We'd like to thank you for responding so enthusiastically to our recent fundraising appeal in the Fall 2012 VRAN newsletter. Thank you for your kind donations and for renewing your VRAN membership.

For those who have not yet sent in your 2013 donation, please remember membership renewal is due at the beginning of each year. Your annual membership donations are what keeps VRAN going. We are grateful for your ongoing support which enables us to provide you with an overview of important events about the impact of vaccines on human health.

VRAN is solely supported by the generosity of our members. Being independent of government and corporate funding means our commentary on this complex issue remains 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 depends on your commitment to helping us maintain an independent knowledge base, accessible to all who are concerned about this issue.

VRAN fundraising is an ongoing effort.

For a donation of $150 or more, please select one 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 that qualify for a bonus item are in addition to annual membership*

BONUS ITEMS

- ***The Greater Good—***A new documentary on DVD—an excellent educational tool to help further awareness of the vaccine controversy. "There are severe consequences due to our current vaccine policy and schedule, many of which are simply dismissed as coincidence or diagnosed improperly." The 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 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. The contributing authors explore how corporate greed, biased science and coercive government threaten our human rights, our health, and our children.
- Vaccine Safety Manual, by Neil Miller—A complete guide to all childhood vaccines, the diseases and the risks entailed by both—an important reference manual for all parents, and is a scholarly resource that presents material in a clear and concise way.

VRAN welcomes volunteers from our membership base. If you're a member and wish to contribute your skills and energy to further our outreach, we'd love to hear from you. Please contact VRAN Coordinator, Edda West at: 250-355-2525 or info@vran.org . √

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increased slowly until about 1990 at which time their prevalence abruptly accelerated.

The first wave of affected children

It seemed to happen almost overnight about 20 years ago. Something changed suddenly at the same time in many Western countries to make scores of children terribly unwell:

- Food anaphylaxis: severe food allergy increased abruptly in children, but just in certain Western countries including Australia (ACT), the US, Canada, and the UK. School teachers provided eye witness accounts of the sudden surge of severely allergic children who arrived for kindergarten in the early 90s. The timing is confirmed by hospital ER records. UK cohort studies indicated that peanut allergy in preschoolers had doubled in just four years through the early 1990s, from about 1% to over 3%.
- Autism: in the early 1990s, increasing reports of autism alerted the US Centers for Disease Control and Prevention (CDC). One startling report of a "cluster" of autism in Brick Township, New Jersey drew the attention of the CDC in 1997.[i] Children born in the late 1980s and early 90s were most affected. A steep increase in autism was noted at this time also in the UK, Canada, and Australia.

Continued rise

This was the beginning of what are now epidemics of life threatening food allergies and autism. In the US, one in 13 children (8%) have food allergies with one in 40 (2.5%, 1.8 million) being life threatening. Childhood peanut/tree nut allergies tripled between 1997 and 2008 from .6% to 2.1%.[i] There has been a 265% rise in food allergy hospitalization among children (CDC).

Autism has spiked 1,500% in the last 20 years. One in 88 children is on the spectrum: 825,000 in the US; 89,000 in Canada; 131,000 in the UK.

Food/substance triggers

Many severely food allergic children have atopy—allergies causing eczema, asthma and behavior issues. Food allergies are the main causes of ADHD according to a 2001 study in the Lancet.[iii] The opiate effect of dairy and wheat proteins on some children is well documented. Unrecognized allergies to chemicals, molds and more can also cause behavioral changes.

It is not known how many children on the spectrum have severe allergy, but most avoid certain foods that make other symptoms worse. The worst of these according to Kenneth Bock, MD in *Healing the New Childhood Epidemics* (2007) are dairy, chocolate, yeast-growing foods, gluten and casein. *Allergies and Autism* (2010) by Michael Dochniak tells the story of a boy with multiple allergies who regressed after an anaphylactic reaction to latex. The role of allergy in autism can be profound and individual.

Defensiveness

Allergy and anaphylaxis function to defend the body against acute toxicity. The body may risk death to defend itself against perceived certain death.

Children on the spectrum can exhibit defensiveness. Cari Neal in "Tactile Defensiveness and Patterns of Social Behavior in Autism" (1997)[iv] explains that social withdrawal functions to limit tactile stimulation. Temple Grandin, quoted by Neal, confirms that for her, withdrawal is a defense from a "tidal wave of stimulation."

Gender and age of onset

In 1944, Hans Asperger believed that girls were unaffected by the syndrome he described although he later revised his conclusion. The gender gap is as high as 10:1 for Asperger's, and 4:1 for autism. In 1964, Bernard Rimland observed that boys tended to be more vulnerable to "organic damage" than girls.

Studies on peanut allergic children reveal that twice as many boys have the condition than do girls.

Many parents see the 18 month mark or before the age of two as a point of change or regression for children on the autism spectrum.

The general age of onset for life threatening peanut allergy (the first reaction) has been declining: from 24 months of age for kids born between 1995 and 1997; 21 months for those born before 2000; and for those after 2000, it is now about 14 months of age.

GI tract damage—gut-brain axis

Since Charles Richet's 1913 Nobel Prize winning research, allergists have defaulted to the idea that food allergy is caused by digestive failure, or a "leaky" gut. Or it was, until the explosion of food anaphylaxis in children starting around 1990. It seemed impossible that gut failure could occur on

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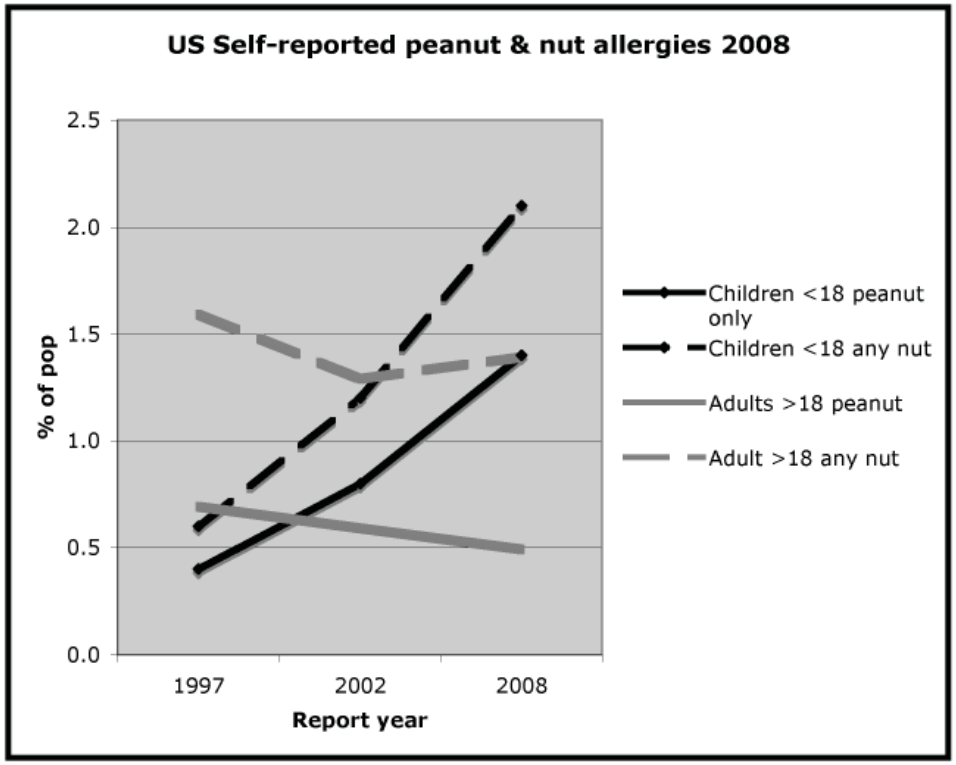

The Peanut Allergy Epidemic —(NY, Skyhorse, 2011) p. 27. Based on data from S.H. Sicherer, et al, "US prevalence of self-reported peanut, tree nut, and sesame allergy: 11-year follow up," JACI (June 2010).

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such a scale and so suddenly.

The gut is integral to the immune system and the brain. Also called the "second brain" because it is connected by millions of neurons to the central nervous system, the gut will react immediately when challenged by toxin or trauma:

In cases of extreme stress … the higher brain seems to protect the gut by sending signals to immunological mast cells in the plexus. The mast cells secrete histamine, prostaglandin and other agents that help produce inflammation. This is protective. By inflaming the gut, the brain is priming the [it] for surveillance.[v]

The bystander effect occurs when compounds in the body/gut at the time or moment of the extreme stress become targets for allergic sensitization.

And it goes without explanation that children on the spectrum struggle greatly with gut inflammation. What could have the power to provoke this so early in the lives of hundreds of thousands of children?

Causes

Many following allergy and autism debates believe that both epidemics are man-made. And the medical community appears ready at last to consider this within the "hygiene hypothesis":

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.

~ Dr. Scott Sicherer, pediatrics professor at Mount Sinai School of Medicine, New York (Sept. 12, 2012)[vi]

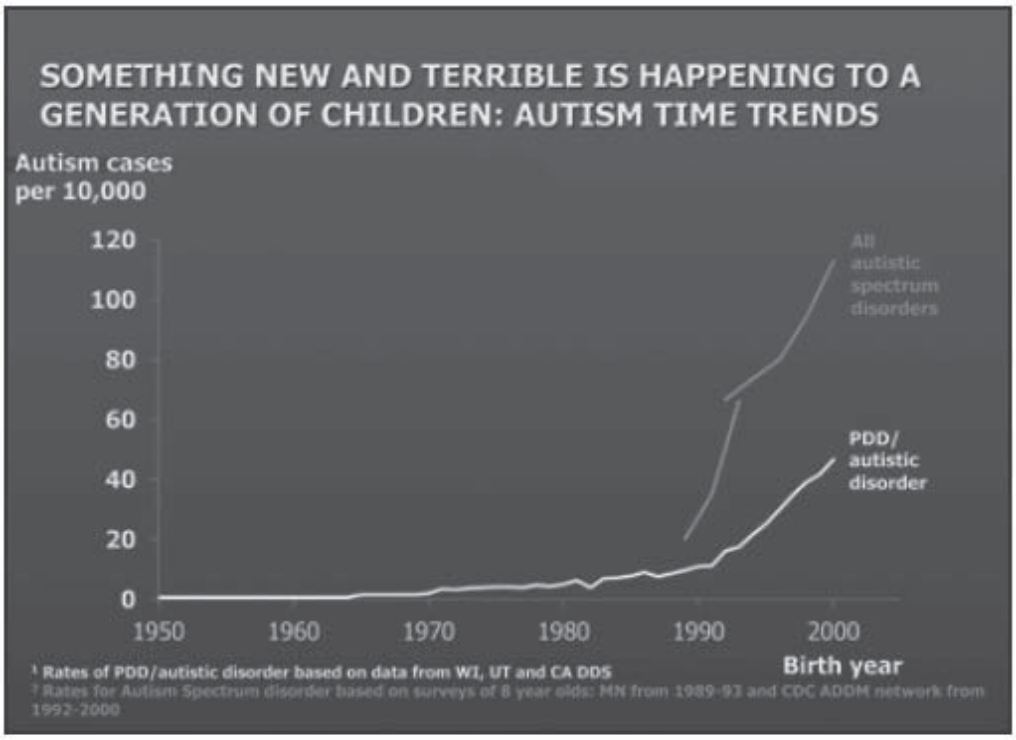
The hygiene hypothesis suggests that vaccination, antibiotics and bug-killing products have unhinged the immune systems of children. Humans have co-evolved with microbes and gut parasites/worms, and without them are vulnerable to inflammatory disorders. Our bug-free, vaccine obsessed, pesticide loving Western existence appears to have doomed us to allergy and autism.

Yes, the hygiene hypothesis has entered the discussion on causes of autism. A 2007 Medical Hypotheses article by K. Becker suggests that immune pathways affected by western hygienic practices may impact brain structure or function contributing to autism. Becker mentions "immunization" in this light but in confessing its "controversial" nature does not pursue it.

Clarifying the matter is historical fact. The abrupt rise of allergy and autism around 1990 coincided with reforms to the pediatric vaccination schedules of many Western countries.

In 1986, the US National Childhood Vaccine Injury Act in essence de-regulated vaccination: no one could sue a vaccine maker without government approval. Largely relieved then of liability, manufacturers moved to meet government demand addressing new "diseases of priority" established by the US Institute of Medicine.

Increases to the vaccine schedule in many Western countries began in 1987 with the Haemophilus influenza type B (Hib) vaccine. By 1991, doctors did not hesitate to give this new conjugate vaccine to two-month-old children simultaneously with vaccines for diphtheria, tetanus, pertussis, and polio. This move was unprecedented. In that year, more than 17 million doses of Hib vaccine were sold in the US alone. In 1992, additional doses of combination vaccines were included in the schedule. Hib was a revenue-generating "blockbuster product" according to a 1998 WHO publication.



DISTURBING TIME TRENDS—From Mark Blaxill's November, 2012 Congressional testimony during the Committee on Oversight and Government Reform's autism hearings.

At the same time, coverage rates for vaccination soared. Between 1993 and 1995, the Clinton administration's Childhood Immunization Initiative provided federal funds aimed at 90% coverage of all infants. Vaccination became a requirement before entry into many preschools and daycare centers. By 1997-98, childhood vaccination rates reached record highs. Canada, the UK, and AU followed the American example.

In 1983, US children received 22 doses of vaccines (combined or single) for seven diseases (two months to age six). Today in the US, children receive up to 48 doses of vaccines for 14 diseases starting at birth to age six.

Unsustainable practices: Hib

The Hib, within an intense schedule that includes five-vaccines-at-once, has been the last straw in my opinion, tipping scores of children into peanut allergy.

Where the DPT-IPV with Hib is used en masse, peanut allergy follows: first in Western countries including the UK, the US, Canada, and ACT Australia, then after 2001 following its use with high coverage rates in Tasmania, Hong Kong, Singapore and most recently India.[vii]

Hib plays a role in autism according to Brian Richmand in "Hypothesis, Conjugate vaccines may predispose children to autism spectrum disorders". Richmand suggests that the five-in-one with Hib has interfered with nerve myelin in the brain:

This period of hypo-responsiveness to

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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. [viii]

Richmand further suggests that girls who received this vaccine carry antibodies that have the potential to damage nerve myelin and result in autism in their children.

Undeniable disaster... leads to disaster capitalism

In "Save the children (and make money)" published in The Wall Street Journal (2009), writer James Altucher noted the massive rise in the last two decades in peanut allergy, asthma and more among children. The kids are sick and getting sicker, Altucher observed. 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. [ix]

Altucher lists the drugs created for these conditions, their manufacturers, the status of their stocks and their billion dollar profits. And then without slowing he offers possible 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…

Are the products causing the epidemics made by the same companies now making the remedies? It seems investors can make money at both ends of the epidemics.

This is disaster capitalism.

Moving forward

The century old pattern of increasing drug and vaccine consumption in Western countries has meant profit for some but devastation for many more. The autism community is aware of the conflicted interests that underpin this pattern and the autism epidemic. And parents of anaphylactic children are listening. The stories of autism and life threatening food allergy are the same, with shared causes and overlapping symptoms. The "mixed bag" kids with life threatening food allergy are a mirror that, as dark as it is, brings with it millions of families equally worried about the health of their children.

With a growing awareness of the ground these communities share, my hope is that they will connect meaningfully to force change leading to prevention of these serious—and altogether avoidable—health issues.

Heather Fraser is the author of The Peanut Allergy Epidemic: what's causing it and how to stop it (NY, Skyhorse, 2011). She is a Toronto-based writer and holistic health practitioner. Her son, now 18, was diagnosed with peanut allergy in 1995. Find out more at heatherfraser.org and peanutallergyepidemic.com.

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Top 10 Overlaps

- **The "A" words: Autism, allergy and anaphylaxis were coined at the start of the 20th century.**
- **Sudden and simultaneous rise: Epidemic autism and allergy in children accelerated suddenly around the same time in1990.**
- **Continued Rise: Approximately in 88 children are on the spectrum; One in 13 have food allergy (8%); One in 40 have life threatening food allergies (2.5%)**
- **Food triggers and avoidance: Foods often trigger sensory problems, behavior changes, neurological issues and more.**
- **Defensiveness: Tactile defensiveness caused by overwhelming conditions is common in children on the spectrum. Allergy is an evolved defense.**
- **Gender split: In both groups more boys than girls are affected; 10:1 (Asperger's), 4:1 (autism) 2:1 (peanut allergy).**
- **Age of onset: Both conditions are often first observed in children before the age of two.**
- **The GI tract: This is a major focus in food allergy and autism. GI inflammation and the inability to "handle" certain foods is widespread.**
- **Causes: The hygiene hypothesi implicates pharmaceuticals and the story of Hlb.**
- **Undeniable disaster: Autism and allergy epidemics both lead to disaster capitalism.**

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[i] M. Blaxill and D. Olmsted, Age of Autism (NY, Thomas Dunne, 2010).

[ii] Sicherer, et al., "US prevalence of self-reported peanut, tree nut and sesame allergy: 11-year follow-up," JACI, Vol. 125, No. 6 (June, 2010): 1322-1326.

[iii] L. Pelsser, et al., "Effects of a restricted elimination diet on the behaviour of children with attention-deficit hyperactivity disorder (INCA study): a randomized controlled trial," The Lancet, Vol. 377, (Feb. 2011): 494-503. http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)62227-1/abstract

[iv] Cari Neal "Tactile Defensiveness and Patterns of Social Behavior in Autism," (Illinois Wesleyan University, 1997). http://digitalcommons.iwu.edu/psych_honproj/66/

[v] R.M. King, professor, Northern Virginia Community College, Virginia http://www.psyking.net/id36.htm

[vi] http://www.foxnews.com/health/2012/09/12/peanut-allergies-seen-on-rise/#ixzz28eyzSyF7

[vii] H. Fraser, The Peanut Allergy Epidemic (NY, Skyhorse, 2011) pp. 124-126.

[viii] B. Richmand, "Hypothesis, Conjugate vaccines may predispose children to autism spectrum disorders,"Medical Hypotheses, Vol. 77, No. 6 (Dec., 2011): 940-7. http://www.ncbi.nlm.nih.gov/pubmed/21993250

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Retrieved from Autism File—publication date?: http://www.autismfile.com/science-research/the-autism-and-allergy-overlap √

Autoimmune Disorders Caused by Vaccines: A Smoking Gun

Autoimmune disorders—chronic diseases—have become a way of life for children and young adults, yet the cause is not being addressed. Here is clear and strong evidence that the cause is the massive number of vaccinations.

by Heidi Stevenson—December 23, 2012

A *PLoS* study has documented that, given enough vaccine injections, everyone will develop an autoimmune disorder. The study was performed on mice developed for their ability to withstand such chronic disease. It found that the immune systems of all these autoimmune disease-resistant mice become deranged by the time they're given an eighth injection of antigens alone. That is, injection of adjuvants was not required to cause autoimmunity. Antigen injection alone was enough to cause autoimmune diseases.

Combine that information with the massive increase in autoimmune disorders in humans over the last couple of decades and we have a smoking gun pointing directly at the massive number of vaccinations routinely given to children.

What more is needed to demonstrate that routinely injecting people is not an acceptable way to engender disease immunity? Such immunity has long been known to be far from the same quality as naturally-obtained protection. Unlike natural immunity, it's far less effective, resulting in many who have been vaccinated to succumb to chronic disease. What immunity that is provided doesn't last a lifetime, as does occur with most childhood diseases.

For this limited protection, we can now see that there's a virtually 100% surety that nearly everyone will suffer from chronic diseases, such as diabetes, multiple sclerosis, lupus, inflammatory bowel disease (IBD), allergies, autism, and now even new diseases, such as macrophagic myofasciitis (MMF).

Where's the sense in that? Even if vaccines were completely effective, how can inducing autoimmune disease in most people be justified?

The Science

The study in question, called "Self-Organized Criticality Theory of Autoimmunity", found that overstimulation of a particular type of T-cell results in the development of autoantibodies. These are antibodies that attack the self, not invaders. The immune system is turned inward.

The authors concluded:

Systemic autoimmunity appears to be the inevitable consequence of overstimulating the host's immune 'system' by repeated immunization with antigen, to the levels that surpass system's self-organized criticality.

The authors set out to determine whether the integrity of the immune system is compromised by repeated injections of antigens, foreign substances that induce an immune response—in particular, the development of antibodies.

Strong stimulation by an antigen, which is the goal of every vaccination, initially results in the incapacitation of T-cells. However, the T-cells recover, divide (reproduce themselves), and create antibodies. But they also start creating interleukin-2 (IL-2), which are associated with autoimmune disorders.

By the eighth injection of antigens, every autoimmune disease-resistant mouse developed:

- Autoantibodies
- Immunoglobulin G and Immunoglobulin M (IgG and IgM) rheumatoid factor (RF)
- Anti-smooth muscle (Sm) antibodies
- RF reactive against galactose-deficient IgG

The last item, RF reactive against galactose-deficient IgG, is typically found in human autoimmunity, and all are associated with autoimmune disorders.

One point to be noted is that the research utilized the same antigen over and over. That could very well be related to the current proclivity to give the same vaccines over and over because of their inadequacy in producing adequate antibodies to prevent disease transmission. The DTaP (diphtheria, tetanus, pertussis) vaccine is scheduled to be given five times by age six! That's three different antigens given 5 times over. That alone could easily explain the massive increase in autoimmune diseases.

But then you must add in the Haemophilus influenza, pneumococcal, and poliovirus vaccines, each given 4 times; rotavirus and hepatitis B given 3 times; and meningococcal, MMR (measles, mumps, rubella), varicella, and hepatitis A given twice, and all of these given by age 6! That's a tremendous burden on a developing immune system.

And all that doesn't even take into account the harm done by adjuvants or the annual flu vaccines! Just imagine, if parents go along with the CDC's recommendation, their child will receive 6 flu vaccines—each with at least three different antigens—before their seventh birthday!

The Question

This study is a smoking gun tying vaccines to the massive upsurge in life-destroying chronic autoimmune diseases. That leaves only one question, with some corollaries:

- Why do our public health agencies insist on pressing all these vaccinations?
- Why are there no studies to determine the effects of the full schedule of vaccinations?
- Why are there no studies to determine the effects of multiple antigens in single vaccines? Why are we even losing our right to refuse?

It's obvious that public health agencies have something other than our health at the forefront of their deliberations. It's equally obvious, with the revolving door between agency employees and Big Pharma/Agribusiness, that far too many employees in the most responsible positions are beholden to the companies they're supposed to regulate. Agencies like the FDA, CDC, NIH, EPA, and USDA do not exist to protect the public. They exist as little more than marketing fronts for Big Pharma and Agribusiness.

A more in-depth examination of this study can be found in Vaccinations Inevitably Cause Autoimmune Diseases: PLoS Study: http://gaia-health.com/gaia-blog/2012-07-26/vaccinations-inevitably-cause-autoimmune-diseases-plos-study/

Article reprinted with the kind permission of the author from the Gaia Health website: http://gaia-health.com/gaia-blog/2012-12-23/autoimmune-disorders-caused-by-vaccines/

Sources:

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- Recommended Immunization Schedule birth thru 6 years (U.S.) http://www.cdc.gov/vaccines/schedules/easy-to-read/child.html
- Canada: Recommended Immunization Schedule: http://vran.org/about-vaccines/specific-vaccines/canadian-infant-vaccination-schedule-2/canadian-infant-vaccination-schedule/

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Tetanus Vaccine Causes New Disease: New Vaccines Worse?

by Heidi Stevenson—Jan 29, 2013

The vaccine junta is not only unconcerned with vaccine-induced diseases, it's massively gearing up this vaccine arms race against the human race. It's known that tetanus vaccine causes a new disease, antiphospholipid syndrome. New adjuvants are composed of phospholipids, a potential disaster.

The tetanus vaccine causes a new disease known both as Hughes syndrome and antiphospholipid syndrome (APS). It's an autoimmune condition that can attack any part of the body, though is best noted for heart attacks and killing fetuses. It's likely that APS will become more common with the new generation of vaccine adjuvants now being produced.

The sufferers of (APS) are mostly women, and its diagnosis is often made as a result of multiple pregnancy losses. As is typical of new diseases, research is focused on finding a genetic cause, in spite of the fact that the connection with vaccines is well known and documented.

As the name implies, APS is a condition in which phospholipids, natural and necessary substances required by every part of the body, is seen as an infectious agent by the immune system. So, this substance that exists in every cell becomes subject to attack. Symptoms include:

- Blindness
- Cardiovascular:
  - Deep vein thrombosis (clots in veins)
  - Phlebitis
  - Thrombocytopenia (deficiency of blood platelets, causing bleeding & bruising)
  - Atherosclerosis
  - Pulmonary embolus (clots in the lungs)
  - Heart valve abnormatilies
  - Stroke
- Headaches & migraines
- Miscarriages
- Neurological disorders:
  - Epilepsy
  - Chorea (sudden uncontrollable jittery movements)
  - Transverse myelitis (inflammation of the spinal cord)
  - Multiple sclerosis
  - Cognitive dysfunction
  - Skin disorders, including mottling, ulcers, and necrosis

APS can also be diagnosed—more accurately, misdiagnosed—as lupus erythematosus, which is another vaccine-induced condition.

APS and Vaccines

One study calls Hughes syndrome the "classical antiphospholipid syndrome"[1]. That study refers to similarities between plasma protein beta-2-glycoprotein-I (β2GPI), which is attacked in APS, and the tetanus vaccine. That is, the tetanus antigen has parts that are virtually identical to β2GPI, which is found virtually everywhere in the body.

Another study documents how APS can be induced in laboratory animals with tetanus vaccination[2]. Many large number of other studies document and investigate the connection between vaccines and antiphospholipid syndrome[3,4,5,6,7,8].

These studies leave little doubt that APS is caused by vaccines. That should come as little surprise, since it was first identified as a disease during the 1980s. If this disease existed prior to vaccines, it was so rare that it was unknown. Now, it can take its place among a growing list of vaccine-induced conditions, including rheumatoid arthritis, macrophagic myofasciitis, multiple sclerosis, autism, and siliconosis. The list keeps growing and many believe that all these conditions should be included under a single name, autoimmune/inflammatory syndrome induced by adjuvants, or ASIA.

Why New Generation Vaccines Are Especially Worrisome

Phospholipids are a primary part of your body, forming part of the membrane of every cell, among other functions. They're under attack in APS. As can be seen with regard to tetanus vaccine, APS can be induced by the antigen when the epitope—the part of the antigen forming the pattern that autobodies are designed to attack—is similar to a particular part of the body.

What's frightening is that phospholipids are becoming a primary ingredient of vaccines in the form of a new generation of adjuvants made via recombinant DNA by diddling with a part of pathogenic bacteria called outer membrane vesicles (OMVs). You can read more about them at the Gaia Health website in "New Generation of Vaccine Adjuvants: Worst Ever?"

OMVs allow for designer vaccine antigens and adjuvants. OMV adjuvants are, of course, being promoted as the safest ever developed. That safety claim is based on the fact that they're so much like the body already. This is the same claim that's been used to promote squalene, which, as we've recently seen with the tragic cases of narcolepsy in children after the squalene-laced flu vaccine, Pandemrix, was unleashed in Europe, can devastate lives. Gaia Health explained the issue in How the Flu Vaccine Causes Narcolepsy.

Squalene is a lipid. That's what makes it so dangerous. OMVs are even more precisely analogous to human tissue, because they are not only lipids, they are phospholipids—which are precisely what the body attacks in APS. Therefore, we can anticipate that there will be ever-more cases of APS as we see the approval of ever-more OMV-based vaccines, which are in the pipeline now.

Have no doubt: these vaccines **will** be approved. The first one, Cervarix, is already out there—and it's been deemed safe, in spite of evidence to the contrary.

People with APS are suffering from phospholipid antibodies that are erroneously destroying parts of the eye, cardiovascular system, brain, nerves, skin, reproductive system—in short, any part of the body. This self-destruction is induced by vaccine technologies. These technologies are presumed safe without adequate, if any, testing. Just how many people must suffer before this travesty is ended? When will the clearly mad purveyors of these technologies step back and question what they're doing?

The fact is that there are not just one, but several generations of people who don't even know what good health is. Worse, each successive generation is growing sicker than the previous one. And worst of all, the vaccine junta is not only unconcerned, it's massively gearing up this vaccine arms race against the human race.

Vaccines cause autoimmune disorders!

Article Addendum

In a rather humorous exchange, the head of the APS Foundation of America objected to the use of their website as a reference—though it was, as it was heavily referenced for the effects of APS, though not for its focus on anything but vaccines as the cause. I removed the reference, as

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Tetanus Vaccine cont. from page 7

demanded, but a new one to the site is now going up. It's number 9 in Sources. She offered it as proof that APS goes back to 1906, so therefore could not be caused by vaccines. So what does the article state?

In discussing the history of APS, the article states that in 1906 Wasserman and coworkers "developed serological reactions for the diagnosis of syphilis utilizing phospholipid-rich tissues as antigens". *In other words, they developed symptoms as a result of the injection of phospholipids in 1906. It now stands as the earliest proof of the likely causal link between vaccines and APS.*

A tip of the hat to the head of the APS Foundation of America, unintentional though the offer of documentation is!

We are grateful to the author for allowing us to reprint her article from the Gaia Health website: http://gaia-health.com/gaia-blog/2013-01-29/tetanus-vaccine-causes-new-disease-new-vaccines-worse/

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Pediatricians Call to Keep Thimerosal in Vaccines

A December 17 Medpage Today article reported that the American Academy of Pediatrics has endorsed the World Health Organization's stance that thimerosal—a mercury-based preservative—should not be considered a hazardous source of mercury, should be left in vaccines and should not be subject to a ban proposed in a draft treaty from the United Nations Environment Program (UNEP). The Pediatrics Infectious Diseases Society and the International Pediatric Association also endorse this position [1]

"The omission of thimerosal-containing vaccines from the ban disappointed advocates who believe the preservative plays a role in sickening some children…" Fifteen years of research 'has failed to yield any evidence of significant harm', including disorders such as autism-from using thimerosal in vaccines.[2] **"The continued benefits of thimerosal use in vaccine manufacturing clearly outweigh any perceived risks"**, wrote Walter Orenstein MD in the AAP journal Pediatrics.[3]

...no proper scientific study would ever give results that corroborate this statement, unless, of course, the people making this statement were the ones who had a vested interest in the outcome of the study.

Dr Larry Palevsky MD: On the continued use of mercury in vaccines: [4]

They must be making this up because no proper scientific study would ever give results that corroborate this statement, unless, of course, the people making this statement were the ones who had a vested interest in the outcome of the study. Somehow, it's relatively safe to inject ethylmercury, but it's relatively unsafe for pregnant women to consume methylmercury through fish because of the risk of mercury exposure to their unborn fetuses. Yet, somehow, it's relatively safe for an unborn fetus to be exposed to the ethylmercury via the flu vaccine since, they say, the threat and potential damage to the pregnant mom and unborn fetus from the flu illness far outweighs the threat of any exposure to ethylmercury, a neurological toxin. Oh, but most flu illnesses in pregnant women are due to viruses other than the influenza viruses that we would vaccinate them against with the flu vaccine. But, pregnant women, and those living around them, should get the flu vaccine, anyway. Hmm…The cost of damaging millions of lives through the injection of toxic mercury is somehow less of a cost than changing manufacturing practices to protect the brains and immune systems of people worldwide, unless, of course, you are in the business of committing genocide. Crafty. Very crafty.

The delivery of something like mercury into the body through injection has much greater potential for damage to the body than if it were ingested.

The delivery of something like mercury into the body through injection has much greater potential for damage to the body than if it were ingested. There are several issues to consider.

1. When 'experts' start saying that children's exposure to what is injected into the body through vaccines is in such minuscule amounts as compared to what children are exposed to via ingestion or inhalation, they are deceiving you. They are luring you into believing that exposure to lower quantities in the vaccines, as compared to exposure through inhalation or ingestion, equals lower toxicity. Not so fast. What is of greater importance to focus on is route of entry of the material, and whether different routes of exposure pose different levels of potential toxicity to the body, whether quantity of exposure is equal or not. The 'experts' have no data to prove that a small amount of an injection of a toxin like mercury is less dangerous, more dangerous, or equally dangerous, as compared to the ingestion of that same amount of mercury.

100% of that minuscule amount of mercury or aluminum injected into the body through vaccines, gets into the cells, the tissues, and the organs.

No studies have been done to compare immune and nervous system responses to injected vs. ingested materials of the same quantities. Yet, you are told not to worry about it because it's such a small amount. That small amount, however, is much more potentially toxic when it is injected, than the larger quanti-

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Vaccination Agenda: An Implicit Transhumanism / Dehumanism

By Sayer Ji

Let's face it: the only real justification for using vaccines to "immunize" ourselves against disease is derived from the **natural** fact that when challenged our immune systems launch a successful response. Were it not for the elegance, proficiency, and mostly asymptomatic success of our recombinatorial (antibody-based) immune systems in dealing so well with infectious challenges, vaccination would have no cause, no scientific explanation, no justification whatsoever.*

In fact, ever since the adaptive, **antigen-specific immune system** evolved in early vertebrates 500 million years ago, our bodies have been doing a pretty good job of keeping us alive on this planet without need for synthetic, vaccine-mediated immunity. Indeed, infectious challenges are *necessary* for the development of a healthy immune system and in order to prevent autoimmune conditions from emerging as a result of TH2 dominance.

In other words, take away these natural infectious challenges, and the immune system can and will turn upon itself; take way these infectious challenges and lasting immunity against tens, if not hundreds of thousands of pathogens we are exposed to throughout our lives, would not be possible.

Can vaccines really co-opt, improve upon, and replace natural immunity with synthetic immunity?

How many will this require?

Are we not already at the critical threshold of vaccine overload?

By "improving" on our humanness in this way, are we not also at the same moment departing dramatically from it?

Presently, compliance with the CDC's immunization schedule for children from birth through 6 years of age requires **60+ vaccines*** be administered, purportedly to make them healthier than non-vaccinated or naturally immunized ones.** Sixty vaccines, while a disturbingly high amount (for those who retain the complementary human faculties of reason and intuition), does not, however, correctly convey just how many antigenic challenges these children face in total...

A new paper published in the journal *Lupus* entitled, "Mechanisms of aluminum adjuvant toxicity and autoimmunity in pediatric populations," points out that as many as **125 antigenic compounds**, along with high amounts of aluminum (AI) adjuvants are given to children by the time they are 4 and 6 years old, in some "developed" countries.

The authors also state: "Immune challenges during early development, including those vaccine-induced, can lead to permanent detrimental alterations of the brain and immune function. Experimental evidence also shows that simultaneous administration of as little as two to three immune adjuvants can overcome genetic resistance to autoimmunity."

Vaccine adjuvants are agents that accelerate, enhance or prolong the antigen-specific immune responses vaccines intend to elicit. In essence, they enhance vaccine "efficacy," which is defined by the ability to raise antibody titers. A vaccine's "effectiveness," on the other hand —and which is the real-world measure of whether a vaccine works or not—is not ascertainable through the number of antibodies produced. Whether or not a vaccine or vaccine adjuvant boosts antibodies that have actual affinity with the intended pathogen is what counts in the real world, i.e. antibody-antigen affinity, (and not the sheer volume of antibodies produced) determines whether a vaccine will be effective or not.

The semantic confusion between "vaccine efficacy" and "vaccine effectiveness" ensures that vaccines which disrupt/harm/hypersensitize the immune system by stimulating unnaturally elevated antibody titers may obtain FDA approval, despite the fact that they have never been shown to confer real-world protection. *** Some vaccine researchers have even suggested that **breastfeeding**, which may reduce vaccine-induced elevations in antibody titers in infants, i.e. its iatrogenic disease-promoting effects, should temporarily be delayed in order not to interfere with the vaccine's so-called "efficacy."

Common adjuvants include: aluminum, mineral oil, detergent stabilized squalene-in-water, pertactin, formaldehyde, viral DNA, phosphate, all of which are inherently toxic, no matter what the route of exposure.

Many parents today do not consider how dangerous injecting adjuvants directly into the muscle can be (and sometimes blood, due to incorrect and/or non-existent aspiration techniques), especially in non-infected, healthy offspring whose immune systems are only just learning to launch effective responses to the innumerable pathogens already blanketing their environment.

Adequate breastfeeding, in fact, is the most successful strategy in the prevention of morbidity and mortality associated with infectious challenges, and is so distinctively *mammalian* (i.e. obtaining nourishment and immunity through the mammary glands), that without adequate levels (only 11.3% of infants in the US were exclusively breastfed through the first six months of life (Source: CDC, 2004)) infants become much more readily susceptible to illness.

Not only have humans strayed from their mammalian roots, by creating and promoting **infant formula over breast milk**, and then promoting synthetic immunity via vaccines over the **natural immunity** conferred through breastfeeding and sunlight exposure, for instance, but implicit within the dominant medical model to replace natural immunity with a synthetic one, is a philosophy of transhumanism, a movement which intends to improve upon and transcend our humanity, and has close affiliation with some aspects of eugenics.***

The CDC's immunization schedule reflects a callous lack of regard for the 3 billion years of evolution that brought us to our present, intact form, **without** elaborate technologies like vaccination — and likely only because we never had them at our disposal to inflict potentially catastrophic harm to ourselves.

The CDC is largely responsible for generating the mass public perception that there is greater harm in *not* "prophylactically" injecting well over 100 distinct disease-promoting and immune-disruptive substances into the bodies of healthy children. They have been successful in instilling the concept into the masses that Nature failed in her design, and that medical and genetic technologies and interventions can be used to create a superior human being.

In this culture of vaccination, the non-vaccinated child is "inferior," "dirty," perhaps even "sub-human" to those who look upon vaccination as the answer to what perfects the human immune system. Transhumanism participates in a dialectic which requires a simultaneous and systematic dehumanization of those who do not share the same way of thinking and behaving. The eugenic undertones of mass vaccination and the cult of synthetic immunity are now only thin-

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ly veiled, as we move closer to the point where a psuedo-scientific medical dictatorship lays claim to our very bodies, and the bodies of our children.

The point of no return (if not already traversed) is only around the corner: the mass introduction of DNA and Recombinant Vector Vaccine technology. Vaccines moved through the following stages (a tortured history of failures and massive "collateral damage"): Live Vaccines > Attenuated Vaccines > Subunit Vaccines > Toxid Vaccines > Conjugate Vaccines, only now reaching towards converting our living tissue into "vaccine-making factories" through the use of DNA and Recombinant Vector Vaccines, which are designed to directly alter cells within the vaccinated person's body so that they create the antigens normally provided by vaccines themselves.*****

While not yet in use, clinical trials are now underway to obtain FDA approval. If we do not educate ourselves now and act accordingly, their mass implementation is inevitable, and our very genomes will become the next target of the vaccination/transhumanism agenda.

*counting the number of vaccine antigens, in total, e.g. trivalent influenza = 3 vaccine antigens.

**Natural immunization occurs to those who gain immunological competence by being infected (often asymptomatically) by a wild-type pathogen, launching a normal immune response, overcoming the infectious challenge, and as a consequence obtaining lasting immunity.

***Transhumanism is an international movement that believes in the transformation of the human condition by using technologies to enhance human intellectual, physical and psychological capacities.

****The term "efficacy," when used in the context of a vaccine's antibody-elevating effects, does not equate to effectiveness, i.e. whether or not a vaccine *actually works* in real life to protect against the infectious agent of concern.

It is this semantic trick (conflating and confusing "efficacy" with "effectiveness") which convinces most of the "developed" world that vaccine research is "evidence-based" and focused on creating enhanced immunity, when in fact it is primarily a highly successful business enterprise dependent on defrauding its "customers" of both their money and health. The dangers of common **vaccines** are so well known by "health experts," and the manufacturers who produce them that their risk (like nuclear power) is underwritten by world governments. The importance of this fact cannot be overestimated or understated.

Introducing foreign pathogenic DNA, chemicals, metals, preservatives, etc., into the body through a syringe will generate a response not unlike kicking a bee hive. 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, cannot be guaranteed; nor must the vaccine researchers prove antibody-antigen affinity to receive FDA approval.

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. Truth be told, there is actually a shocking **lack of evidence to support flu vaccines**, in any age or population.

What's worse, the vaccine response can "blow back" causing loss of self-tolerance and, via the resultant Th2 dominant immune system, the body can attack itself (auto-immunity). In the meantime, the first line of defense against infection (Th1) is compromised and this "front door" can be left wide open to unmet infectious challenges.

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 developing infant 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.

*Believe it or not, even the antibody-based theory behind long-term vaccine-mediated immunity has recently been called into question, indicting the credibility of one of the most basic tenets of vaccinology itself. *****

More info on Recombinant Vector Vaccines: http://www.niaid.nih.gov/topics/vaccines/understanding/pages/typesvaccines.aspx#dna

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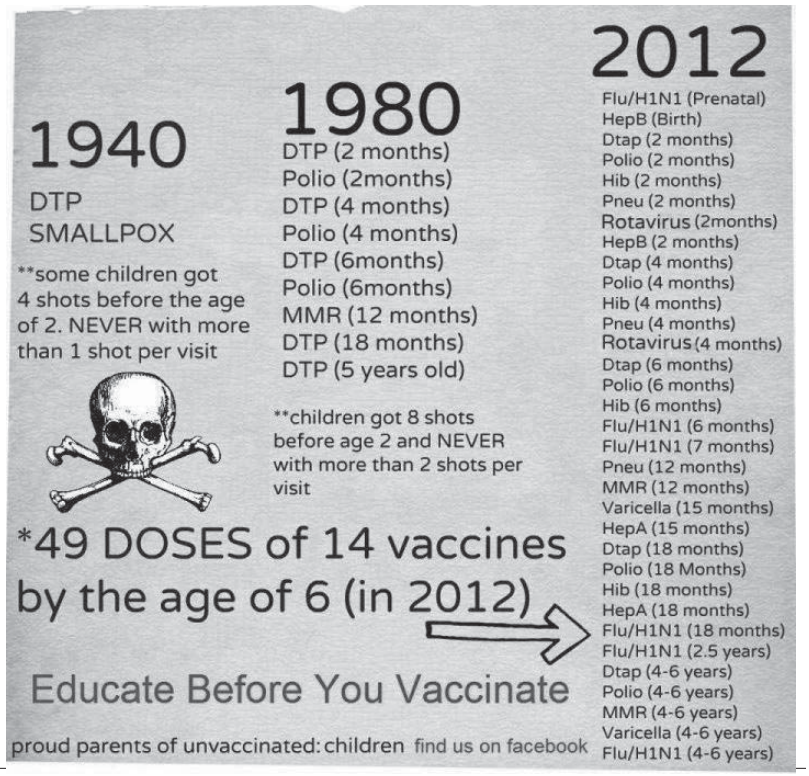
Sayer Ji, is the founder and chair of GreenMedInfo.com. His critically acclaimed essays have been published in the Wellbeing Journal, the Journal of Gluten Sensitivity, and have been featured on numerous websites, including Mercola.com, NaturalNews.com, Infowars.com, Care2.com. √



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ties that children might be exposed to through air, food and water. What the 'experts' don't tell you is that 100% of that minuscule amount of mercury or aluminum injected into the body through vaccines, gets into the cells, the tissues, and the organs. That is not likely to be the case if the same amount of aluminum or mercury were ingested. Ingested materials at least have the ability to be trapped and removed by intestinal bacteria, mucus, immune cells, lymph nodes, and the liver before the materials can enter into the bloodstream. Injected toxins don't have the luxury of being partially removed before they enter the bloodstream.

2. What they also don't tell you is that the way in which the immune system recognizes and handles toxins that are injected into the body is very different from how the immune system recognizes and handles toxins that are ingested. It is the very method of injection of vaccine materials that impairs, and potentially destroys the important pieces of the immune system, leading to the development of such illnesses as asthma and allergies.(5) This impairment is much less likely to happen if the materials are ingested, simply because of the immune mechanisms in place to prevent it from happening. Scientists have already published articles explaining the damaging effects on the immune systems of infants and children merely through the injection of vaccine materials. They have already begun the research to explore other ways of delivering vaccine materials, other than through injection, so as to avoid such immune system damage.(6) Despite this knowledge, however, it has not changed the policy of injecting vaccine materials into our children.
3. Lastly, because of what the mercury, and other heavy metals are attached to in the vaccines, their potential for entry into the brains of our children is almost guaranteed. Polysorbate 80 is a vaccine chemical that easily passes into the brains of our children, as well as into any of the cells of the body, and it is found in multiple vaccines, including all DTaPs, TdaPs, influenza, rotavirus, Prevnar, Hepatitis A, Gardisil, and all combination DTaPs. (7 & 8) Heavy metals like mercury and aluminum, along with foreign food proteins and foreign DNA particles in vaccines, tightly adhere to the polysorbate 80, making it easy for them to pass into the brains of our vaccinated children. These are neurologically toxic materials. They don't belong in the brain. Nor do they belong inside the cells of the body, where they potentially disrupt the mitochondria, cell function, and proper DNA synthesis. Yet, there is a sure bet that these materials are entering the brains of our vaccinated children because of the presence of polysorbate 80. 1 in 6 children is already living with some neuro-developmental disorder in this country. 1 in 88 with autism. If a vaccine that doesn't contain polysorbate 80, such as MMR, polio, & varicella, is given alongside any of these other vaccines that do contain polysorbate 80, their contents may also bind to the polysorbate 80, and potentially pass into the brains of our children, as well.

If the blood brain barriers in children are intact the mercury in tuna fish that gets into the bloodstream is usually not capable of passing into the brain across the blood brain barrier. The mercury from the tuna fish is much less likely to cross into the brain across the blood brain barrier, because of the mechanisms in place to even prevent its absorption into the bloodstream and, because mercury in tuna fish is usually not bound to polysorbate 80. If the blood brain barriers of children eating tuna fish containing mercury are not intact, then the mercury is more likely to pass into their brains. And, there's enough science to show that vaccines, along with EMF exposure, inflammation, head trauma, high blood pressure, diabetes, and infection, are known to impair the blood brain barriers of our children. (8 & 9)

And the Lies Continue...

I believe Dr. Orenstein was present at the June 2000 Simpsonwood Conference in Norcross, Georgia, where Dr. Thomas Verstraetten reported on data from the Vaccine Safety Datalink showing a statistically significant increase in the appearance of neuro-development disabilities in children who received thimerosal-containing vaccines in the 1990's vs. children who failed to receive thimerosal containing vaccines. The experts who were present at the conference all agreed that these data needed to be kept secret from the public.(10) After the Simpsonwood Conference had ended, Dr. Verstraetten was hired by Merck, and later published the data from the Vaccine Safety Datalink showing there were no significant increases in neuro-developmental disabilities in children who received thimerosal containing vaccines. Yes, the lies continue." (11)

Dr. Larry Palevsky ***is a board certified pediatrician who utilizes a holistic approach in his work with children and families in his practice in New York city. His Holistic Child Newsletter is a rich source of information on children's health and regular commentary on the risks associated with vaccines. He is a sought after lecturer on the vaccine issue in which he addresses the pressing questions on vaccine safety facing so many parents today.***

Notes:

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A New Attitude Toward Fevers

By Dr. Philip Incao MD

Dr. Incao's discussion of fevers from the Anthroposophic medical perspective with Dr. John Lee was first published in the John Lee Medical Letter (JLML) a few years ago, then revised and republished online by the Virginia Hopkins Healthwatch in 2010. Dr. Lee was a progressive and holistic medical doctor and author. He has since passed away and Virginia Hopkins and David Zava have carried on his work.

JLML: Dr. Incao, can you give us a thumbnail sketch of what Anthroposophic medicine is?

PI: Certainly. Anthroposophic medicine is an extension of Western medicine based on the teachings of the visionary Austrian scientist Rudolf Steiner. It takes into account not just the physical body, but also the spirit, the soul, and the life force or "chi" of the human being. All of these aspects of the human being work together in human physiology and pathology, and we need to consider all of them in healing. Through working with these principles in my practice since 1971, I've gradually come to learn the deeper levels of human illness and healing.

JLML: One of the hallmarks of your treatment approach is that fevers are beneficial, and that by suppressing a fever with Tylenol or antibiotics, we're often doing a child more harm than good.

In any case, it's very important to understand that it's our own immune system that creates our fevers and that fevers are our main defense against our body's toxicity and the germs which feed on that toxicity.

PI: That's very true. We have a tyranny of fear in the U.S. about fevers and infections, which is understandable, but which is a terrible obstacle to healing what ails us as individuals and as a society. At the turn of the 19th to the 20th century many children died of pneumonia, scarlet fever or diphtheria. Today U.S. children very rarely die from any of the acute infectious/inflammatory feverish illnesses that often claimed their lives before 1900. That has more to do with modern progress in plumbing, sanitation, hygiene and even literacy, than with medical interventions such as vaccinations and antibiotics.

In any case, it's very important to understand that it's our own immune system that creates our fevers and that fevers are our main defense against our body's toxicity and the germs which feed on that toxicity. Parents are over-anxious to lower a fever, and assume that when it goes down the child is healthy, which is often not the case.

In any case, it's very important to understand that it's our own immune system that creates our fevers and that fevers are our main defense against our body's toxicity and the germs which feed on that toxicity.

We have a mindset that says it's bad to have an illness, and that health is the absence of illness. This isn't always true. Fever is the healing flame, the great cleanser of the body, and a critical part of developing a child's immune system. An immune system that is vigorously exercised through fevers in childhood is a much stronger and more able adult immune system than one that has been suppressed since birth with vaccinations, antibiotics and fever-reducing medications. The "use it or lose it" adage applies well here.

JLML: Why do you think it is that children have more fevers, and higher fevers, than adults?

PI: Children often get fevers when they are stressed. Also, childhood is the time of most rapid growth and dramatic change, and a child will remodel and renew his body many times as he grows. Every remodeling job requires some demolition, a breaking down of old cells and tissues which results in toxic waste and debris, which the body normally cleans up as it rebuilds new cells and tissues. This demolition, cleansing and rebuilding is silently going on in us all the time through our immune system, but more so in growing children. Every so often this ongoing inner remodeling process of the immune system shifts into high gear, either because we are unknowingly taking a bigger developmental step than usual, or because we've become toxic from too much stress.

This shifting into high gear inwardly of our immune system has an unwelcome outer result—it makes us sick with inflammation, fever and discharge of mucus. Thus, we come down with a cold, flu, vomiting, diarrhea, strep throat, etc. In this way the immune system expels from the body mucus, pus, germs and other toxic waste and debris that have been nourishing the germs.

The crucial fact is that the symptoms of the illness are also the healing of the illness. That is because the symptoms are caused by inflammation, and inflammation is what our immune system does in order to detoxify and heal us. There is tremendous confusion in modern thinking, by both doctors and consumers, on the healing function of acute inflammation, as opposed to chronic inflammation.

When we diminish symptoms with Tylenol, ibuprofen, decongestants or antibiotics, at the same time we diminish the healing, cleansing, expulsive power of our innate immune system. It follows that repeated use of such drugs cools down the acute, hot inflammatory response of our innate immune system, thus increasing our tendency to allergies, asthma and other cool, chronic inflammations.

...we all live in balance with trillions of germs in our bodies from soon after birth throughout life, including some nasty bugs, and we only get ill when other factors and stressors disturb this balance.

JLML: So do germs cause us to become ill?

PI: Well, we all live in balance with trillions of germs in our bodies from soon after birth throughout life, including some nasty bugs, and we only get ill when other factors and stressors disturb this balance. Germs usually act more like scavengers than predators. At a deeper level germs don't really cause illness, but they certainly feed on them, and they intensify them by triggering our immune system to create inflammation, i.e., fever, pain, redness and swelling.

Every inflammation, in children or adults, every cold, sore throat, earache, fever and rash is a "healing crisis." A healing crisis is an intense action of the immune system to cleanse and detoxify the body. It is a strong effort by the human spirit to remodel the body so it can be a more suitable dwelling.

JLML: Wow, that's a different and beautiful way to look at a process that every parent goes through many times during childhood.

PI: Yes, and this process continues throughout our adult life. It's a process of development and growth on all levels of our humanness. It's amazing what a different parental attitude toward a fever can

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do for a child's healing process. Children seem to intuitively know this is something they need. Children usually don't have severe aches and pains with their fevers that adults suffer, because children's bodies are less dense and hardened than adult bodies, and offer less resistance to the fever surge of warmth flowing through them. A five-year old boy I knew said to his worried mom during his fever, "Don't worry mom, I'm just growing."

JLML: But that doesn't mean they should be running around outside, right?

PI: Oh no, definitely not. This is a time when the child should rest, and it's extremely important for them to stay warm. My general rule of thumb is to dress them warmly enough so that their cheeks are rosy, and their hands and feet are warm, but there is no sweat or perspiration. The body needs to be hot to burn out the illness. If the body is harboring toxicity, then a discharging fever with a runny nose, vomiting, or diarrhea for example, could be just the housecleaning that the body needs. The discharge is a sign that the fever and inflammation produced by the immune system are "digesting" toxic waste and debris and releasing them from the body. Most people are actually healthier after they've had a fever.

JLML: So much for the germ theory!

PI: In its time, the germ theory was a great revelation. The discovery that bacteria could influence the course of illness helped us create a whole new level of public and private hygiene, which has given our immune systems much less work to do in some respects. But the germ theory is very limited. There was an article in Scientific American way back in 1955, titled, "Second Thoughts on the Germ Theory," about the observation that everyone harbors disease germs, but not everyone is sick. The conclusion was that whether or not we get sick depends on the condition of the host—your body—more than it does on the germs.

JLML: We've been so conditioned to think of fevers as dangerous, how does a parent know when it's serious?

PI: When a mother observes her sick child objectively, unclouded by emotions, her assessment is usually accurate. It's normal for a feverish child to be lethargic, flushed, hot to the touch and uninterested in eating or drinking. But if the feverish child is becoming weaker and weaker, losing eye contact or growing cool or pale, then the doctor or emergency room should be called. When my children had their fevers, I seldom took their temperature. A thermometer cannot tell whether a fever is benign or serious, you tell that by observing the child.

A typical parent will give a child a fever-reducing medicine if the temperature is one degree above normal. What that does is to cause whatever toxic matter was trying to come out of the body to settle back into the body more deeply. Nothing has really gone away, and when the Tylenol or ibuprofen wears off the child will be sicker than before.

Children will get repeated earaches or strep throats when the first earache or strep throat is not really healed but is only suppressed by an antibiotic. Although they can be lifesaving when really needed, when given unnecessarily, antibiotics weaken the immune system. As for anti-inflammatory drugs like Tylenol and ibuprofen, it is false advertising to say that they "relieve" symptoms. A true symptom-relieving medicine would actually facilitate, or share in the work that the symptoms are doing in cleansing the body, thus allowing the symptoms to work less intensely. This is what a healing herbal or homeopathic medicine can do, and what detoxification does, but drugs are unable to do.

Drugs suppress symptoms by suppressing the work of the immune system that produces the symptoms. Antibiotics, though suppressive, are sometimes necessary, but anti-inflammatory drugs like acetaminophen (Tylenol) and ibuprofen are unhelpful for fever...

Drugs suppress symptoms by suppressing the work of the immune system that produces the symptoms. Antibiotics, though suppressive, are sometimes necessary, but anti-inflammatory drugs like acetaminophen (Tylenol) and ibuprofen are unhelpful for fever, do not prevent convulsions at all, and are best avoided except for severe pain that is not relieved by detoxification, homeopathic medicines or other healing measures.

JLML: What about febrile seizures? The great fear of every parent is that their child will run a high fever and have a seizure.

PI: This is another example where parents have been unnecessarily scared out of their wits. The first misconception is that a febrile (fever-caused) seizure, also called a fever convulsion, is directly caused by a high fever. This isn't totally accurate, because 95 percent of kids have a high fever and don't get a seizure, and kids who do get a febrile seizure often don't have that high a temperature. A seizure is caused when the fever rises very rapidly, often before the parent even knows it's there.

Some children will get a febrile seizure because the body doesn't go with the flow of the fever warmth surging through it. This often happens when the body, arms, hands, legs and feet are too cold and the warmth surge has difficulty penetrating the whole body. When a fever is rising the patient feels chilled and shivers and should be warmly covered. The other misconception is that febrile seizures cause permanent brain damage—they don't. Generally, if a convulsion has not occurred in the first 24 hours of the fever, then it is less likely to occur at all.

The best way to avoid a fever convulsion is to keep the child warm and give plenty of fluids, so that the warmth of the fever can circulate throughout the body. If the child is throwing off the blankets, at least keep the belly, legs and feet warm. In many healing traditions around the world, children are wrapped in blankets when they have a fever.

JLML: How can our readers learn more?

PI: They can go to philipincao.crestonecolorado.com and print out articles I've written on children's health, the immune system and vaccinations. Also on the site are my home remedy kit directions which go into the details of caring at home for fevers, infections and inflammations in children and adults. Following these guidelines enabled me to bring up my 3 children, who are now healthy, non-allergic, non-asthmatic adults, without ever having to give them Tylenol, ibuprofen or an antibiotic.

Phillip Incao received his M.D. in 1966 from Albert Einstein College of Medicine in New York City, and then studied Anthroposophic Medicine in England and Switzerland. He practiced family medicine in Harlemville, NY for 23 years, then in Denver for 10 years and is now semiretired in Crestone, Colorado.

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Autism Rates Explode—Now estimated at 1/50 Children

By Susan Fletcher

"April 2013—A US National Health Statistics Report estimates that, as of June 2012, one out of fifty (that's 1/50!) schoolchildren had been diagnosed with ASD [Autism Spectrum Disorder]. It states: **"The magnitude of the increase was greatest for boys and for adolescents aged 14-17…Children who were first diagnosed in or after 2008 accounted for much of the observed prevalence increase among school-aged children (those aged 6-17)."**

The report suggests that part of the increase was due to better diagnosis. It notes that, "School-aged children diagnosed in or after 2008 were more likely to have milder ASD and less likely to have severe ASD than those diagnosed in or before 2007 … much of the prevalence increase from 2007 to 2011-2012 for school-aged children was the result of diagnosis of children with previously unrecognized ASD." The report reasons that subtle ASD symptoms are more likely to be noticed in schoolchildren than in younger children, and parents are more likely to seek a medical diagnosis if their children would benefit from government-funded support services.

But, **whether or not more perceptive diagnosis or other suggestions such as better general awareness of autism and increased access to diagnostic services were major factors in the result, ASD is now much more prevalent than health authorities have admitted in the past.** The report acknowledges that, **"The increases in ASD prevalence reported here extend an ongoing trend observed in the United States and other developed countries over the past several decades." Unless they receive effective therapy, the younger children who have mild symptoms now could develop more severe ASD as they grow older and, unless we address the root causes of the explosion, we can expect the overall increase to continue unabated.**

Autism was reported as a new condition in American children born in the 1930s. For many years reported U.S. autism rates were low, not much higher than 1 in 10,000. Starting with children born around 1990, autism rates began exploding. Some authorities attribute this increase to the inclusion of Asperger's syndrome in official diagnostic criteria, but Asperger's syndrome only makes up a modest portion of total autism cases and cannot explain such sudden and large increases", observed Mark Blaxill.

"And what are the root causes of the explosion? Considering that children's autism rates have skyrocketed in the last fifteen years to 1/50, inheritance can be ruled out. In fact, a 2011 study of twins published in the Archives of General Psychiatry concluded that, regardless of increased incidence, susceptibility to ASD has only "moderate genetic heritability"; the results showed that, "A large proportion of the variance in liability can be explained by shared environmental factors." And, according to mercola.com, "The majority of autism cases appear to result from environmental factors that activate the expression of a number of different genes, along with multiple epigenetic factors that produce the traits of autism."

Dr Mercola refers to a 2011 review in the Journal of Immunotoxicology. It covers peer-reviewed studies published as far back as 1943 when autism was first described. In a summary of results which correlate the timing of changes in incidence with environmental changes, **it documents the causes of autism: genetic mutations and/or deletions, viral infections, and encephalitis following vaccination, ie genetic defects and/or brain inflammation.**

The author, Helen Ratajczak PhD, contends that, "Due to the extensive parallels between autism and mercury poisoning, the likelihood of a causal relationship is great. **More evidence linking autism with mercury poisoning is the timing of inclusion of Thimerosal in vaccines in the 1930s closely preceding the discovery of autism in 1943 (Kanner, 1943)."** And she notes that, **although a 2008 study by Schechter and Grether "did not show any decrease in autism in California, despite the exclusion of more than trace levels of Thimerosal from nearly all childhood vaccines by 2002…in 2004, inactivated influenza vaccine frequently containing Thimerosal was newly recommended for all children 6-23-months old in the United States. In addition, influenza vaccination during all trimesters of pregnancy is now universally recommended (Ayoub and Yazbak 2006)."**

Also, Ratajczak notes that, "mercury exposure results from mercury as a pollutant in air, soil, dust, water, consumer products, dental amalgam and lighting fixtures, foodstuffs, fish, and seafood. Concerning air, for every 1,000 pounds of mercury (all forms), there was a 61% increase in the rate of autism [Dufault et al, 2009]. Mercury is found in many foods, including high-fructose corn syrup … the consumption of some artificial color additives has been shown to lead to zinc deficiency. Dietary zinc is essential for maintaining the metabolic processes required for mercury elimination." **Obviously, this multitude of chronic non-vaccine possibilities for children's exposure to mercury would tend to diminish the relative contribution of vaccine thimerosal to mercury's total effect on rates of autism—even though injections in the first 2-3 yrs of life risk its speedy access to the brain.**

Ratajczak emphasizes the possibility that MMR plays a role in the autism increase. She writes: "The new version of the measles, mumps, rubella vaccine (ie, MMR II) that did not contain Thimerosal was introduced in 1979. By 1983, only the new version was available. Autism in the United States spiked dramatically between 1983 and 1990 from 4-5/10,000 to 1/500. In 1988, two doses of MMR II were recommended to immunize those individuals who did not respond to the first injection. A spike of incidence of autism accompanied the addition". She remarks that dramatic increases in autism also occurred in the UK, Canada, Denmark and Japan after the introduction of MMR II and that, "It is important to note that unlike the former MMR, the rubella component of MMR II was propagated in a human cell line derived from embryonic lung tissue (Merck and Co, Inc, 2010). The MMR II is contaminated with human DNA from the cell line. This human DNA could be the cause of the spikes in incidence. An additional increased spike in incidence of autism occurred in 1995 when the chickenpox vaccine was grown in human fetal tissue (Merck and Co, Inc, 2001; Breuer, 2003)."

Dr Mercola mentions other factors that could be contributing to the increased autism rate. One is the electromagnetic radiation which is expanding exponentially as more wireless technologies are developed. Numerous studies show that such commonly used devices as wireless laptop computers, baby monitors (which were first developed to monitor possible reactions from DTP vaccine) and cellphones

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are most likely affecting our brains, especially those of foetuses, infants, children, adolescents and teenagers. As with vaccines, the more chronic the exposure, the greater would be the risk of ASD. And in addition to mercury, research implicates phthalates as a possible cause of ASD.

Helen Ratajczak informs, "When the concentration of phthalates in the urine of autistic subjects was calculated, there was a significant relationship between the concentration and the degree of autism …(Kim et al, 2009). Dr Mercola mentions 2009 research which discovered that infants living in homes with vinyl floors were twice as likely to have autism five years later than infants living in homes with wood or linoleum floors. Pthalates enter our bodies via inhalation of their vapours, ingestion, and skin contact. They are ubiquitous chemicals used as plastic softeners; as well as in vinyl floors, they are found in hairsprays, perfumes, cosmetics, toys, shower curtains, wood finishes, lubricants, and even some medical devices.

Dr Mercola points to the important discovery by neurologist, Natasha Campbell-McBride—parent of a now-recovered autistic boy—that nearly all mothers of autistic children had abnormal gut flora when those children were born. She uses the term, Gut and Psychology Syndrome (GAPS) to describe brain toxicity arising from gut toxicity. **Babies who inherit their mothers' toxic flora while in the womb are at a major disadvantage; their immune systems are compromised and thus, they are at greater risk for vaccine reactions.** For parents who are concerned that their babies may develop GAPS, tests are available. Mercola also emphasizes the importance of Vitamin D during pregnancy, referring to the research of Dr John Cannell which links Vitamin D deficiency and autism.

We have to ask, what will the next announcement be: one in twenty, one in ten, one in two with autism? How long will it take until society can no longer bear the enormous burden ASD entails? How long will it be until health authorities consider it serious enough to put aside their dogmas and start really doing something about it?

Notes:

To explore the sources quoted in this article, please go to the VRAN website where hyperlinks embedded in this article can be accessed: http://vran.org/in-the-news/autism-rate-150/

Press release Mark Blaxil, Canary Party: http://www.prweb.com/releases/2012/3/prweb9309360.htm √

Can We Trust CDC Claim of No Link Between Vaccines and Autism?

By Brian S. Hooker, Ph.D., P.E.

The recent CDC study "Increasing Exposure to Antibody-Stimulating Proteins and Polysaccharides in Vaccines Is Not Associated with Risk of Autism" by DeStefano et al. was released in the Journal of Pediatrics on March 6, 2013. (1)

This study purports that "increasing exposure to antibody-stimulating proteins and polysaccharides in vaccines during the first 2 years of life was not related to the risk of developing an ASD (Autism Spectrum Disorder)." Of all of the papers I have reviewed over my 26-year career as a research scientist, this is perhaps the most flawed and disingenuous study I have encountered. The DeStefano et al. 2013 study is to science what the movie Ishtar was to cinema.

No New Data

The basis for the study is essentially a rehash of the data that was used to generate the fraudulent Price et al. 2010 Pediatrics study (Price et al. 2010 "Prenatal and Infant Exposure to Thimerosal From Vaccines and Immunoglobulins and Risk of Autism" Pediatrics 126:656) that was supposed to be the CDC's "final word" stating that thimerosal, the mercury-containing preservative in some vaccines, was in no way causally linked to autism.

Not only was this original study fatally flawed due to a statistical error called "overmatching" (which I'll discuss further below) but also the study authors hid data regarding the only valid part of the study (i.e., prenatal thimerosal exposure) which showed that children exposed to just 16 microgram mercury in thimerosal in utero were up to 8 times more likely to receive a diagnosis of regressive autism (Price C, et al. Thimerosal and Autism. Technical report. Vol I. Bethesda, MD: Abt Associates Inc; 2009).

The study authors instead falsely reported no risk of autism associated with prenatal thimerosal exposure.

No True Controls in the Study

Within the DeStefano study released last week, with the help of multimillionaire vaccine industrialist Dr. Paul Offit, CDC researchers merely added up the number of vaccine antigens that the case (autism) and control (neurotypical) children were exposed to through the infant vaccination schedule. The theory that they were trying to refute essentially was "children exposed to a greater total number of antigens had a greater risk of autism." Given this train wreck of a study, it is very difficult to know where to start my critique. However, the following statement stood out from the rest as the study authors described the control group:

Of the remaining 752 controls included in the analysis, 186 had an SCQ (Social Communication Questionaire) score <16 but had indications of speech delay or language delay, learning disability, attention deficit hyperactivity disorder or attention deficit disorder, or tics, or had an individual education plan.

This clearly shows that the 186 aforementioned controls (25% of the control group) were not controls at all but instead had some underlying developmental deficit (all of which are features of autism or autism spectrum disorder). Unlike the study design described (i.e., where autism cases were matched to neurotypical controls), autism cases were matched with "cases" of other, similar neurodevelopmental maladies. Thus, you would expect to see no difference between the two groups.

Antigen Correlation is Meaningless

Next, the basis of the study was to confirm or deny a correlation between the "number of antigens received" and the incidence of autism. The possible number of antigens per given vaccine was reported in Table 1 of the study. However, the term "number of antigens" is a complete white-wash of what is actually in these vaccines, their concentrations and their relative strengths in terms of inflammatory response, and is not an accurate predictor of how the body will respond to specific antigens.

For example, "antigens" for the five antigen DTaP vaccines (e.g., Infanrix) include diphtheria toxoid, tetanus toxoid, pertussis toxoid, filamentous hemagglutinin and pertactin. The number "5" assigned in this category is merely the number of different antigens and doesn't account for each antigen's amount or relative strength.

Neither does this account for the fact that Infanrix also contains aluminum (an adjuvant—designed to elicit a non-specific immune response), formaldehyde and polysorbate 80, all which could also elicit

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some form of inflammatory reaction.

Thus, the main "independent" variable of "number of antigens" within the DeStefano et al. 2013 study is essentially completely meaningless.

High Participant Refusal Rate Creates Selection Bias

The high participant refusal rate in this study is also problematic. Out of 668 cases and 2444 controls originally selected for the study, only 321 cases (48.1%) and 774 controls (31.7%) chose to participate in the research. In other words, 65% of the individuals contacted as potential participants flat-out refused to participate in the study.

Who could blame them?! The CDC has been producing junk science regarding vaccines and autism since 2002 and the public knows it. This indeed could produce selection bias in that the 35% of individuals that did participate were less likely to believe that vaccines were responsible for neurodevelopmental sequelae including autism.

Overmatching Statistical Error

Also, the analysis is plagued with a statistical error called "overmatching." For a comprehensive analysis of the previous CDC study completed on the same data set (Price et al. 2010 Pediatrics), regarding thimerosal exposure rather than the number of vaccine antigens, please see Chapter 6, "Vaccine Safety Study as an Interesting Case of 'Over-Matching'" by M. Catherine DeSoto and Robert Hitlan. [(2)]

The point made by Dr. DeSoto and Dr. Hitlan is that the cases and the controls in this study are too closely matched to each other. Cases were matched with controls of the same age, sex, within the same HMO and essentially the same vaccination schedule using the same vaccine manufacturers. This may be seen in Figures 1 and 2 of the DeStefano et al. 2013 paper which indicated that there are almost no differences between the exposure to antigens between the case (autism) and control groups in every exposure group tested. This holds for cumulative antigen levels as well as single day antigen exposure levels.

This type of error of course precludes "finding a difference" between cases and controls because all differences were matched out case-by-case.

This would be akin to analyzing radiation workers that got the same dosage of gamma radiation within cases and control groups to determine the relationship between gamma radiation and cancer incidence. Of course, since cases and controls got the same dosage, no effect would be seen. However, this is an unfair study. To see the true effect, cases would need to be matched with controls with variable levels of gamma radiation exposure and perhaps a "no exposure" group would be included as a baseline comparison to cancer rates within higher exposure groups.

In the same way, the CDC has used these overmatched data to obfuscate any true effect between vaccine antigen exposure and autism incidence.

Vaccinated vs. Unvaccinated Children Not Studied

This points back to the study that the CDC refuses to do: Health outcomes between vaccinated and unvaccinated populations. What is the CDC's point?

Ethics—i.e., we don't believe that is ethical NOT to vaccination children?… Nonsense—there are portions of the United States' population that choose not to vaccinate regardless of what CDC believes; Lack of "blinding" within the study design?… again, Nonsense—all current vaccine safety studies are retrospective anyway without any type of blinding to the subjects.

The CDC is simply afraid of what they already know—vaccines cause chronic disease and an unvaccinated population will be much healthier, period (as evidenced in the Glanz et al. 2013 study within the Journal of the American Medical Association which stated that unvaccinated children were seen at a lower rate of frequency in emergency room and outpatient visits). [(3)]

Autism Variances from Neurotypical Children Not Studied

Finally, this type of study misses the point entirely that children with autism are physiologically different than neurotypical children. Numerous studies have shown genetic (e.g., James et al. 2006), morphological (e.g., Herbert et al. 2005) and biochemical differences (e.g., Waly et al. 2004) between these two populations. To perform a case-control study such as that presented in the DeStefano et al. 2013 paper assumes a genetically, morphologically and physiologically homogeneous population, which is simply not the case.

No one is claiming that children with autism or ASD got higher doses of vaccine antigens, thimerosal, MMR or whatever. What we know instead is that when our children received the same vaccines within the ACIP recommended schedule, they reacted differently. The scientists at the CDC are trained in managing infectious diseases with progressions that may be predicted with reasonable certainty. However, these neurological sequelae to vaccines are chronic, multifactorial conditions that cannot be put into the same tiny box as the common cold, influenza or chicken pox.

The CDC Has Conflicts in Interest Regarding Vaccines

It also needs to be pointed out the CDC is responsible for vaccine uptake in the United States. By their own standards, they believe that vaccine compliance should be at 90% for "herd immunity" to prevent infectious disease outbreaks.

Without going into the flawed logic behind this assertion, my point is that the CDC (and the DHHS as a whole) should not be conducting ANY type of vaccine safety study, based on their primary mandate of maximizing vaccine uptake. Their role is conflicted at best.

This has led to a long list of studies on vaccines and neurological disorders in children that are at a minimum fatally flawed but more often complete misrepresentations of the truth. Starting in 1999, when the CDC buried strong associations between thimerosal exposure early in life (0 to 1 month), where infants exposed to the highest levels of thimerosal possible were at least 7.6 times more likely to receive an autism diagnosis through this current study, there has been developed a full body of "tobacco science" designed to hide the truth of what has been found behind closed doors.

It is time for the CDC to come clean. Their own data show that vaccines cause neurodevelopmental disorders in children including autism.

Brian S. Hooker, PhD, PE, is an Associate Professor of Biology at Simpson University in Redding California where he specializes in chemistry and biology. The breadth of Hooker's 50 science and engineering papers have been published in internationally recognized, peer reviewed journals. He has a 15-year old son with autism and has been active in the autism community since 2004.

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Unvaccinated children have fewer ER visits

By Health Impact News

JAMA Pediatrics published a new study on March 1, 2013 looking at vaccination rates.[1] The results of that study have made headlines throughout the "mainstream" media outlets, but none of them have headlines like ours. Yet, ours is probably the most factual headline representing the true facts of what this study found.

The title of the study is: *A Population-Based Cohort Study of Undervaccination in 8 Managed Care Organizations Across the United States*. Rather than rely upon the press releases of the study which for the most part were bemoaning the fact that children were not following the national vaccine schedule and therefore representing a threat to the existence of the human race, I decided to spend the $30.00 and download the article to read for myself.

The objective of the study as stated in the abstract:

To examine patterns and trends of undervaccination in children aged 2 to 24 months and to compare health care utilization rates between undervaccinated and age-appropriately vaccinated children.

So why study "patterns and trends of undervaccination" in children? The introduction to the study gives us a clue:

However, an increasing number of parents have expressed concerns about immunizations, and ... often request alternative vaccination schedules that either increase the time between vaccinations or reduce the number of vaccinations in a single well-child visit.

Immunization is one of the most significant public health achievements of the past 100 years. However, an increasing number of parents have expressed concerns about immunizations, and survey data1-5 have shown that more than 10% of parents report delaying or refusing certain vaccinations for their children. These concerned parents often request alternative vaccination schedules that either increase the time between vaccinations or reduce the number of vaccinations in a single well-child visit. Despite their concerns, however, the safety of alternative vaccination schedules is not known.

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Increasingly parents are reporting the same experience. … their child reacts within hours and days after getting anywhere from 5-9 vaccines at the same time. When high fevers, inconsolable crying, seizures, chronic diarrhea, head banging, stimming, loss of eye contact, loss of language and other already developed skills occur after vaccination and is followed by a diagnosis of autism, common sense would call it a vaccine injury. When tens of thousands of parents report the same experience, the chances of it being a "coincidence" is absurd.

Most people know someone in their circle of friends or family with a child who is neurodevelopmentally challenged and is on the autism spectrum which includes ADHD, learning disabilities, has language delay or is severely affected with life threatening food allergies and other immune system and gut disorders. An unprecedented health disaster is ravaging the most vulnerable members of our society and pediatricians and mainstream medicine cannot tell us what is causing it or how to prevent it, preferring to stay in their comfort zone of denial.

Anne Dachel, media editor at Age of Autism writes, *"Most of all I stress the scary truth that autism is an epidemic. It strikes one in every 50 children and one in every 31 boys, and there's nothing a mainstream doctor can tell a new mom so that her baby who was born healthy and is developing normally doesn't also end up on the autism spectrum by age two."*

A recent South Korean study found that 1 in 38 children is autistic in that country. Many observers believe that this number more accurately reflects the true incidence of autism in countries with aggressive vaccine schedules.

In Canada, vaccine policy makers recommend 41 doses of 14 vaccines by the time a child is 18 months old. No wonder parents are questioning the necessity and safety of submitting their children to the full load of vaccines pediatricians insist they get. Babies receive more vaccines in the first 6 months of life than most adults have received in a lifetime. Nearly half of U.S. children have a disability or chronic illness.[1] Autism alone is now about 50 times more common than polio which in the epidemic years was 1 in 2700.

What if parents were to walk away from the current brand of "preventive" medicine and see it for what it actually is—a form of toxic biochemical assault? What if they were to grasp the fact that doctors can make healthy children sick, and that the current crisis in children's health can be laid squarely at the feet of the pediatric profession? What if parents were empowered to understand that they themselves are the best judge of their child's health and that we do have the intelligence and wisdom to raise healthy children outside the control of allopathic medicine?

We have blindly trusted pediatricians to protect our children from childhood illnesses, never imagining that their vaccine brand of "protection" would spawn a hydra headed monster of devastating acute and chronic diseases now suffered by so many children. We have naively sacrificed our children on the alter of corporate medicine. As one mother put it, *"The truth as I see it is that greed has poisoned our children, plain and simple. My son is a victim of greed, the motivating force behind a pharmaceutical industry that profits from making people sick so it can sell more meds that make us sicker."* [2]

Nancy Hokkanen regular contributor to Age of Autism offered some powerful insight when she wrote, "What public health has institutionalized is a circular perpetuity of health damage. First, the body is injected with substances that disrupt one's natural immune system, making one more vulnerable to diseases. Then when public morbidity and mortality increase,call for more vaccines.

The vicious cycle of government mandated vaccine-induced immune dysfunction is like a mob shakedown—first you take a pounding from one group of white-coated wise guys, then their union goons insist that you need protection. You pay… dearly.

Published studies of health disorders linked to vaccines include thimerosal-induced inflammation and apoptosis, calcium channel disruption, mitochondrial dysfunction, autoimmune disorders, developmental disabilities after the hepatitis B vaccine, oxidative stress, neuronal insult, and more."[3]

The medical time bomb predicted by Robert Mendelsohn MD three decades ago when he sounded the alarm on vaccines, has imploded in this generation of children, altering the expectation of a joyful childhood to one of chronic sickness and disability.

"Among doctors as a group, I believe the pediatrician is the most dangerous because he appears to be the most benign" were

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the prescient words of Dr. Robert Mendelsohn in 1984 after having practiced and taught pediatrics for 30 years. *"The pediatrician serves as the recruiter for the medical profession. He indoctrinates your child from birth into a lifelong dependence on medical intervention. It begins with a succession of needless "well baby checkups" and immunizations , then moves on to routine annual physical examinations and endless treatment of minor ailments that would cure themselves if left alone."*[4]

Mendelsohn also noted that the growth of the pediatric specialty in North America *"can be attributed in large measure to the financial support of the manufacturers of infant formula, who have long used pediatricians as unpaid salesmen."*

This practice has continued unabated. Many of the popular brands of infant formula are subsidiaries of multinational drug companies that produce and market vaccines. The pediatric trade unions who advise and inform pediatricians—the American Academy of Pediatrics (AAP) and Canadian Paediatric Society (CPS), list these corporations as supporters/donors who provide them with large sums of money. [5]

Formula feeding damages children's health

The formula feeding era was ushered in early in the 20th century when women were knocked out by powerful drugs during childbirth. Unconscious mothers gave birth to drugged babies with impaired sucking reflexes, unable to initiate breastfeeding. Enter the fledgling pediatric profession who seized the opportunity to take over the management of infant feeding with crude cows milk substitutes and devised charts to manage infant growth patterns.

Setting themselves up as medical experts with superior 'scientific' knowledge, pediatricians displaced the empirical knowledge of the mothers and grandmothers who, since the beginning of time, had been the primary healers in the family—the experts on baby care, breastfeeding and child health. Without any basic science to support their claim, pediatricians insisted that formula feeding was just as good as breastfeeding. Better even, because you could control the amount of milk the baby was getting, and mothers were liberated from being tied down to their babies.

The deprivation of breast milk irrevocably alters the normal gut ecology of the infant, wherein the immune system is founded. Breastfeeding establishes healthy intestinal ecology that protects the infant gut and provides the essential immunological bridge needed for normal immune system and neurological development. Artificial feeding damages the gut wall and allows undigested cow's milk protein to leak directly into the bloodstream which in turn triggers allergic mechanisms. Breastfed babies have the benefit of stem cells available in their mother's milk to help repair internal injuries arising from illness and micro bleeds in the gut and brain.

Breastfeeding and the immense health benefits to babies was largely dismissed by allopathic doctors and driven to the fringes of irrelevance. And with it, the crucial lifeline the mother's body provides her infant through her milk. By the mid 1950s, only 5% of mothers initiated breastfeeding.

A 2004 study by the Centers of Disease Control and Prevention, "found that only 11.3% of infants in the U.S. were exclusively breastfed through the first six months of life; in other words, 88.7% of infants were exposed to the effects of synthetic formula during their most critical developmental period", writes GreenMedInfo health reporter Sayer Ji in his article, Infant Formula for Disaster. He points to a growing body of research which indicates that formula fed infants have a significantly increased risk for over 50 debilitating and/or life threatening conditions. [6]

Formula feeding prevents babies from developing a robust gut ecology and by extension, weakens the immune foundation which has resulted in the plague of chronic immune disorders so common in children now. Allergies, eczema, asthma, ear infections and recurring respiratory infections were the first signal that something bad was happening to children's health. In the coming years these disorders would intensify as the increasing load of vaccines further undermined normal immune system development.

Pediatric support of formula feeding over breastfeeding, and dogmatic enforcement of vaccines is largely to blame for the downward spiral of children's health over the past 5-6 decades. They seized a position of authority over children's health and succeeded in breaking it! The combined impact of artificial infant feeding and vaccines has insured that increasing numbers of children will suffer chronic ill health, become dependent on repeat doses of various drugs, and a potentially shortened life span.

The multi-pronged attack on children's health

Fuelling growing parental mistrust of the pediatric profession is its endorsement of the continued use of mercury in vaccines, the second most toxic substance next to plutonium. Bowing to pressure from the vaccine industry, the CDC, FDA, World Health Organization(WHO), and the American Academy of Pediatrics, the new UN Mercury Treat will NOT ban the use of thimerosal in vaccines. *"So while overall mercury pollution will lessen dramatically, hundreds of millions of childbearing women, newborns and small children will be increasingly poisoned by thimerosal containing vaccine"* write health activists, Gary Null & Richard Gale.[7]

Kenneth Stoller MD has accused the AAP and the CDC of obfuscating the magnitude of the health disaster that has been caused by thimerosal containing vaccines. *"Now we have a generation of pediatricians, who face perhaps the greatest iatrogenic accident in the history of pediatrics, who actually need to be deprogrammed to understand what the true nature of all the neuro-behvioral problems are that they confront without any understanding of etiology or potential interventions."* [8]

The pediatric profession is deeply conflicted by its financial ties to Big Pharma and the vaccine industrial complex whose sole interest is to expand markets for their products and increase profits. Babies and young children are the target market for infant formula, vaccines, antibiotics, steroid based drugs, fever suppressants and psychiatric drugs. The trajectory of Big Pharma's predatory marketing has invaded the growing population of children and teens whose learning and behavioural disabilities are undoubtedly linked to neurotoxic exposures that injured them earlier in childhood and who are now on antidepressants, mood stabilizers and antipsychotic drugs.

Today, 1 in 5 high school age boys is diagnosed with hyperactivity in the U.S.. Approximately 6.4 million children between the ages of 4 and 17 have received an ADHD diagnosis, which is a 16 percent increase from the amount of children diagnosed with ADHD in 2007, as well as 53 percent increase over the past 10 years.[9]

In his hard hitting article, *"Drug com-*

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panies drive the psychiatric drugging of children", Peter Breggin MD, well known critic of the drug industry's predatory practices offers this. *"With increasing millions of children being placed on drugs that can harm normal development of the child's brain and mind, and substitute for proper teaching and parenting, it's time to change emphasis. As a society, we need to resist the quick fix that does more harm than good, and to stand up against the massive drugging of children."* (9)

With a sense of alarm Breggin notes, *"Last year, the American Academy of Pediatrics overrode FDA drug guidelines and advised that children as young as 4 could be diagnosed with ADHD and treated with stimulants. This will surely increase the numbers of younger children psychiatrically diagnosed and medicated with other drugs as well"*. (9)

"There is no greater bonanza for Big Pharma than creating millions of brain damaged children by pushing on them toxic vaccines and then pretending to manage their diseases with toxic psychotropic drugs", said one angry mother recently on the Age of Autism blog. (10)

How could they not have known?

By the mid 1980's the vaccine schedule had doubled and in the early 1990's, a new crop of immune impaired children emerged. Children with severe peanut allergies and life threatening anaphylaxis suddenly appeared following the introduction of PENTA, a new experimental 5 in 1 vaccine that combined the DTP, Polio and Hib, the new "conjugate" vaccine. (11)

Needless to say, Canadian parents were not informed that their babies were the test population for this new and unlicensed product. Hib is a genetically engineered vaccine designed to trick the infant immune system into producing antibodies. Previous versions of Hib failed to stimulate antibody response in children under age 18 months. The intensification of the vaccine schedule in the last 20 years along with the addition of genetically engineered vaccines has caused incalculable harm to millions of children whose autoimmune and neurdevelomental disorders are a grim reminder of the malfeasance of corporate dominated medicine.

The pediatric fix for all of this was tens of millions of needless antibiotic prescriptions further damaging gut ecology and the immune system, steroid based drugs, acetaminophen based fever suppressants like Tylenol which deplete glutathione stores critically important for detoxification, heaping more injury onto already damaged immune systems.

The pediatric profession, having detached itself from the foundational medical ethic of "first do no harm", is responsible for having derailed children's health. Every combination of every vaccine injected into a child has the potential to harm that child in a myriad of ways.

Their list of excuses does not exonerate them: That they were unaware of the complexity of the infant immune system? That they didn't know formula fed babies have a hugely increased risk of infections and allergies? That they didn't know breastfeeding is the baby's immunological lifeline in the first two years of life? That they didn't know mercury in vaccines can cause devastating neurological damage, seizures, brain injuries and autism? That they didn't know aluminum in vaccines is a potent neurotoxin? And still they won't admit the damage they've done and continue to do!

We can choose to walk away from this toxic brand of "health care" and take charge of our children's health. We can learn to create health in our families by embracing wholistic principles that are in alignment with nature's blueprint for health.

The immune system in intimate relationship with the central nervous system

During the steady erosion of children's health these past 5 decades, perhaps the most egregious transgression of the pediatric profession has been to ignore the emerging science which reveals the synchronicity between the immune system and the central nervous system. What affects one, affects the other. Damage to the immune system can and does result in damage to the central nervous system.

A 2010 literature review of neuroimmune science found that, *"The relationship between the immune and nervous systems is much more complicated than once thought….[and]…current research suggests there is extensive communication between the nervous and immunes systems in both health and disease."* In the past 10 years it's been shown that immune molecules are expressed in the central nervous system and are essential for healthy brain development and that a range of these molecules are found on neurons and glia in the healthy brain. (12)

The immune system is composed of a detailed network of "balanced cascades". If this delicate balance is disrupted during critical times of life in utero and during the postpartum period, *"it may cause permanent deficits resulting in an imbalance and hyper-responsiveness manifested as immune dysregulation accompanied by neuroinflammation throughout life. Chronic infection or severe illness may disrupt the balance of normal neural–immune cross-talk resulting in permanent structural changes in the brain during development, and/or contributing to pathology later in life."*

The authors admit that little is known about the complex interaction between the immune system and central nervous system.… *"the sheer number of immune molecules that could be important for nervous system development and function is staggering. Although much progress has been made in the past 10 years in our appreciation that immune molecules play critical roles in the healthy brain, the large majority of immune molecules have not yet been studied for their presence and function in the brain. For the immune molecules that we know are important, almost nothing is understood about their mechanisms of action."* (12)

In other words, immune system molecules play a critical role in normal brain development and function. If these are disrupted by inflammatory processes during critical times of brain growth early in life, permanent damage can result. Vaccine technology is predicated on the stimulation of inflammatory processes which the infant's immature immune system is programmed to avoid at all costs. In this context, the inappropriate immune cell stimulation with multiple vaccines early in life creates the very inflammatory processes that trigger neuroimmune damage. Every vaccine injected into the child triggers chronic inflammation and jeopardizes the delicate sequence of normal brain development.

Basically, vaccines sabotage the detailed network of "balanced cascades" between the immune system and the brain. The function of vaccines is to create inflammation—the enemy of normal brain development. The evolutionary blueprint for the human infant is to remain in a non-inflammatory state for a period of time after birth because inflammation derails normal brain development. Russell Blaylock writes, *"A great deal of the brain is formed in humans during the first two years after birth and continues until age 25-27.*

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Excess vaccination disrupts this critical process and can result in a malformed brain, which manifests as either subtle impairment in thinking, concentration, attention, behavior or language, or serious problems with these processes". (13)

Although the science had not evolved to the point where these processes could be articulated 30 years ago, nevertheless astute physicians like Robert Mendelsohn understood this intrinsically when he predicted the "medical time bomb". He understood that the pediatric profession had come unhinged by medical hubris in its arrogant assumption that infants had an unlimited capacity to tolerate the injection of complex biochemical substances.

Reclaiming our children's health

As the mother of three grown children ages 50, 47 and 37, each of whom has been hurt by vaccines. I have learned profound lessons from what happened to my children and the long healing journey we've all been on. As the grandmother of two completely unvaccinated children who were also breastfed for over two years, I can attest to the astounding difference in the quality of health between the two sets of children. I am grateful that my daughter was willing to learn from my mistakes and not repeat them with her own children.

There are many families now, both in North America and Europe, who after witnessing the health damage inflicted on their older children have decided to forego vaccines for their younger children. These parents attest to the remarkable difference in the quality of health they see in their unvaccinated children compared to the children who received the full load of vaccines starting in infancy. More and more families are choosing to either vaccinate selectively when children are older, or decide to reject vaccines all together.

The mother is the primary healer in the family and the time has come for us to reclaim that position. We begin by first learning to trust our own innate intelligence as our most reliable guide. Jeanne Ohm, editor of Pathways to Family Wellness describes innate intelligence as the inborn intelligence in all living matter as a *"connecting, collaborating, coordinating force that intelligently unifies all function, activity and life."*(14) When we reclaim our position as primary healer in the family, we learn to question everything that could impact our children's health—we recognize and act on intuitive signals alerting us to approaching danger. We become more discerning in the choices we make and we learn to rely on our own intelligence rather than on groups of "experts" who claim superior knowledge. Our goal as mothers, fathers and grandparents is to identify and overcome the many forces that threaten our children's health and survival—an immensely challenging task.

We can take courage from Rachel Carson's Silent Spring, written 50 years ago in which she warned the world of environmental and human dangers of pesticides and toxic chemicals. (15) We are in a parallel position facing the powerful vaccine industrial complex which enjoys extraordinary immunity from public scrutiny and believes it can force its toxic products on every man woman and child.

It is now up to the parents and grandparents to protect our children from this biochemical tyranny and reach for a new paradigm of health. Our children's lives and the future of our species depends on it!

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ATTENTION CANADIAN PARENTS whose children were born between 1993 and 1997

From January 1994 through 1997 an unlicensed combination shot of five (5) vaccines and marketed as PENTA was administered to Canadian infants. Was your child one of them?

Hundreds of adverse events were reported to Health Canada following vaccination with PENTA: severe allergic reactions, furious blinking, severe pain, inconsolable prolonged screaming, lethargy, neurological damage and the deaths of at least two children. **If your child was born in Canada between 1993 and 1997 he or she was almost certainly injected with this product.**

We believe:

- the reported injuries from PENTA represent a fraction of the actual damage, short and long-term
- years later health authorities admitted that it was an ineffective product that caused significant side effects
- there was no follow up on any of the PENTA children
- the long term injuries include life threatening allergy, neurological injury and autism
- the fact that a pharmaceutical company was allowed access to our children with such a toxic and deadly product is a symptom of a larger medical consumer failure

We want to hear from you. What was your PENTA experience?

The PENTA Project is a medical consumer protest by Canadian parents over the use of this unlicensed vaccine. Help us complete the story. Tell us your story. Anonymously, privately.

Complete the Survey: http://pentaproject.net For more information contact Heather Fraser & Rita Hoffman: info@pentaproject.net √

U.K Measles Outbreak Ramps up Fear Factor —It Wasn't Always This Way

Magda Taylor, editor of the Informed Parent newsletter in England reports on the current measles outbreak in Wales. "We are now experiencing yet another outbreak of measles and MMR propaganda via the media, resulting in a lot of parents becoming fearful and worried as to whether they should allow their children to receive the MMR vaccine. In all the years I have been looking into the subject I have observed so many of these measles scares—they seem to be more regular than the measles outbreaks themselves."

Predictably, when measles breaks out in a highly vaccinated population, health officials whip up a frenzy of fear and a media circus erupts. The minister of health admitted in Parliament that "MMR vaccination uptake is currently at historically high levels" [(1)]. Despite this, the media marginalizes anyone who attempts to introduce a more balanced and historically accurate perspective of the disease. Magda was invited to participate in a BBC discussion with medical 'experts' in which she was pushed out of the conversation. She writes, "The doctor and bacteriologist were given the opportunity to respond to the various callers on the programme whilst I was left on the line not being able to give an alternative comment. Finally, right at the end of the slot I was suddenly invited to speak again. Knowing that I was going to be cut off at any time I attempted to try and make as many points as I could, which is not ideal as there was not enough time to give proper explanation." This is typical of mainstream media's treatment of anyone who strives to introduce balance to the one sided vaccine rhetoric. "Measles is being described in such a scary way at the moment it is no wonder parents are running scared."

Measles was not always the frightening disease it's made out to be today. The following is an example of how measles was described in the British Medical Journal (BMJ) in 1959 by a few doctors who describe their experience of measles at that time. This paints a very, very different picture of the disease compared to what the public is told today.

Measles Epidemic

Taken from: BMJ, Feb 7 1959, page 354

In the first three weeks of this year about **41,000 cases** of measles were recorded in England and Wales. This is well above the corresponding figures of the last two years-namely, about 9,000 in 1958 and 28,000 in 1957, though it is below the highest levels reached in the last nine years. To give some idea of the main features of the disease as it appears to-day and of how it is best treated, we invited some general practitioners to write short reports on the cases they have seen in their practices recently.

These appear at p.380 (extracts from this page follow this article). It is interesting to note, first, that the distribution of the disease is rather patchy at present. It has not yet reached the areas where two of these doctors practise (in South Scotland and Cornwall), and other areas are known to be free of the disease so far. On the other hand, in Kent it is reported to have arrived in time to put the children to bed over Christmas. **These writers agree that measles is nowadays normally a mild infection, and they rarely have occasion to give prophylactic gamma globulin.** As to the treatment of the disease and its complications, the emphasis naturally varies from one practice to another. Amount of bed-rest, when to administer a sulphonamide or antibiotic, the use of analgesics and linctuses - all these may still be debatable problems in the treatment of what is said to be the commonest disease in the world. But there is probably much in the opinion which one of the writers expresses: "It is the frequent visiting by the interested clinician and not the therapy which produces the good results."

Measles Reports from General Practitioners

BMJ February 7 1959, Page 380
Extracts:

We are much indebted to the general practitioners whose names appear below for the following notes on the present outbreak of measles.

Dr G. R. Watson (Peaslake, Surrey) writes: Measles was introduced just before Christmas by a child from Petworth…….Treatment of Attack: No drugs are given for either the fever or the cough; if pressed, I dispense mist, salin, B.N.F. as a placebo. Glutethimide 125 mg. may be given in the afternoon if the child is restless when the rash develops; 250 mg. in single or divided doses at bedtime ensures a good night's sleep in spite of coughing. I encourage a warm humid atmosphere in the room by various methods: some electric fires and most electric toasters allow an open pan of water to rest on top; an electric kettle blows off too much steam to be kept on for more than short periods. Parents, conscious of the need to darken the room and to forbid reading, may carry this to an unnecessary extreme, starting even before the rash appears. To save a mother some demands, the wireless is a boon to children in darkened rooms. They are allowed up when the rash fades from the abdomen - usually the fourth or fifth day - and may go outside on the next fine day. Apart from fruit to eat, solid food is avoided on the day the rash is appearing; fruit drinks or soups are all they appear to want.

Complications: **So far few complications have arisen. Four cases of otitis media occurred in the first 25 children, but only one had pain.** No case of pneumonia has occurred, but one child had grossly abnormal signs in the chest for a few days after the fever subsided, uninfluenced by oral penicillin. One girl had a tear-duct infection and another an undue blepharitis. Of three adult males with the disease, two have been more severely affected than any of the children.

Dr. R. E. Hope Stimpson (Cirencester, Glos) writes: We make no attempt to prevent the spread of measles, and would only use gamma globulin to mitigate the severity of the disease in the case of the exposure of a susceptible adult or child who is already severely debilitated. **Bed rest, for seven davs for moderate and severe cases and of five to six days in mild cases, seems to cut down the incidence of such complications as secondary bacterial otitis media and bronchopneumonia.** We have not been impressed by the prophylactic or therapeutic use of antibiotics and sulphonamides in the first week of the disease. As soon as the patient is out of bed we allow him out of doors almost regardless of the weather.

Otitis Media and Bronchopneumonia: These conditions often appear so early, sometimes even before the rash, that in such cases one can only conclude that the responsible agent is the virus itself. **Despite their initial alarming severity, they tend to resolve spontaneously, and treatment apart from first principles seems useless.** When, on the other hand, otitis media or bronchopneumonia comes on after the subsidence of the initial symptoms of measles, it is probably due to a secondary bacterial invader, and

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we find antibiotics or sulphonamides useful…..

Mild Ailment: **Dr. John Fry** (Beckenham,Kent) writes: The expected biennial epidemic of measles appeared in this region in early December, 1958, just in time to put many youngsters to bed over Christmas. To date there have been close on 150 cases in the practice, and the numbers are now steadily decreasing. Like previous epidemics, the primary cases have been chiefly in the 5- and 6-year-olds, with secondary cases in their younger siblings.

No special features have been noted in this relatively mild epidemic: It has been mild because complications have occurred in only four children. One little girl aged 2 suffered from a lobular pneumonia, and three others developed acute otitis media following their measles. In the majority of children the whole episode has been well and truly over in a week, from the prodromal phase to the disappearance of the rash, and **many mothers have remarked " how much good the attack has done their children," as they seem so much better after the measles.**

A family doctor's approach to the management of measles is essentially a personal and individual matter, based on the personal experiences of the doctor and the individual character and background of the child and the family. **In this practice measles is considered as a relatively mild and inevitable childhood ailment that is best encountered any time from 3 to 7 years of age. Over the past 10 years there have been few serious complications at any age, and all children have made complete recoveries. As a result of this reasoning no special attempts have been made at prevention even in young infants in whom the disease has not been found to be especially serious.**

With appreciation to Magda Taylor at the Informed Parent for retrieving these historical insights: http://www.informedparent.co.uk/mmr/measles-hits-the-headlines-again

Note:

Health: Measles Question Asked by Lord Taylor of Warwick—Hansard, 26 Feb. 2013: http://www.publications.parliament.uk/pa/ld201213/ldhansrd/text/130226w0001.htm#13022685000532 √

Measles Outbreak in Wales & Government Malfeasance

Dr. Wakefield has accused the British government of blocking legitimate debate about the safety of MMR vaccine and the origin of the current measles epidemic in Wales.

Once again, he is being blamed by the British health officials for the outbreak.

Wakefield's concern about the safety of MMR vaccine arose from his research on a new bowel disease suffered by a small group of children who became autistic after receiving the MMR vaccine. He and his co-authors published their findings in the Lancet which created a firestorm of controversy and led to trumped up charges against him for undermining the vaccine program. The drama was played in the kangaroo court of the British General Medical Council and culminated in the loss of his medical license.

Such was my concern about the safety of that vaccine that I went back and reviewed every safety study, every pre-licensing study of the MMR vaccine and other measles containing vaccines before they were put into children and after. And I was appalled with the quality of that science.

Between 1996 & 1997 Wakefield became aware of children developing regressive autism, following exposure in many cases to the measles mumps rubella vaccine. "Such was my concern about the safety of that vaccine that I went back and reviewed every safety study, every pre-licensing study of the MMR vaccine and other measles containing vaccines before they were put into children and after. And I was appalled with the quality of that science. It really was totally below par and that has been reiterated by other authoritative sources since."

Dr. Wakefield compiled his review of the data into a 200 page report which he plans to release online once cleared by his lawyers. The essence of the report is that the MMR was inadequately tested for safety compared to single vaccines. Based on his research, he recommended that parents have the option of single measles vaccine, rather than being forced to accept MMR containing three live viruses. Shortly after he made this recommendation, the British government withdrew the importation license for the single measles vaccine, thus depriving parents a choice between MMR or the single vaccine. Single measles vaccines are no longer available in Canada or the U.S.

When he asked Dr Elizabeth Miller of the Health Protection Agency why they would do this, if their principal concern was to protect children from serious infectious disease—why would they remove an option from parents who are legitimately concerned about the safety of MMR? Her reply was, "If we allow parents the option of single vaccines it would destroy our MMR programme." In other words her primary concern was to protect MMR programme—NOT protection of children.

Wakefield asserts that the government itself is to blame for the measles outbreak because it chose to withdraw the option of single vaccine from parents who were legitimately concerned about MMR safety.

Reviewing the history of the MMR vaccine fiasco that has been suppressed by the British government, Wakefield said, "When the MMR was introduced in the UK in the late 1980s there were three brands that were introduced. Two of those three brands had to be withdrawn hurriedly four years later because they were causing meningitis in children at an unacceptable rate. In other words two thirds of the licensed vaccines in the UK had to be removed from circulation because they were dangerous", including the one that was brought in from Canada which had been discontinued in this country because it caused meningitis far in excess of what had previously been seen.

"So the next question is beyond the fact that MMR vaccine is not safe and has not been adequately tested; not just my opinion but the opinion of many; does MMR vaccine cause autism?.... this question has been answered not by me but by the courts, by the vaccine courts in Italy and in the United States of America where it appears that many children over the last 30 years have been awarded millions of dollars for the fact that they have been brain-damaged by MMR vaccine and other vaccines and that brain-damage has led to autism. That is a fact." It is the governments' own experts who have conceded that the MMR vaccine caused the autism, or caused brain damage in this case that led to be autism.

While the British government concedes that MMR uptake is at "historically high levels", Wakefield speculates

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the cause of the current outbreak. What he believes is happening is "vaccine failure"—primary and secondary vaccine failure, i.e. not enough children respond by developing immunity to the vaccine in the first place and secondary vaccine failure where immunity disappears very quickly.

He believes that, "this is one of the long-term problems of using live viral vaccines over time - taking seed stock virus and repeatedly using it and using it over time that it seems for some reason to lose its potency. And what we're seeing now is what I believe is unintended, unexpected consequence of long-term use of these live viral vaccines; and that is vaccine failure."

"This is not theoretical… and is something that is really concerning", says Wakefield. "It has been seen unequivocally with the mumps vaccine. And I believe we are now seeing it with measles. If that is the case then 1) blaming me for the outbreak of this measles outbreak in South Wales, is totally inappropriate. It does not address the core issue of what you do about live viral vaccine failure, because if the virus is then infecting people at an older age than the outcome may be more serious and there are no therapeutic interventions for protecting those people from measles."

Editor's note:

I'm old enough to remember how normal measles was in my own childhood as well as when my children were young in the early 60's. Every parent wanted their children to get measles because they understood that the lifelong immunity they acquired would protect them from the disease in adulthood when it is much riskier. Young vaccinated adults today have no natural immunity and cannot depend on artificial vaccine immunity to protect them. Babies born to vaccinated mothers are now deprived of the cross placental immunity that would have protected them in the first year of life if their mothers had had measles in childhood. Measles vaccines have dismantled the natural, beneficial epidemiology of the disease that protected both vulnerable infants and adults, leaving both young and old at imminent risk when outbreaks inevitably occur.

Article is excerpted from Dr. Wakefield' response to accusers here: http://www.ageofautism.com/2013/04/transcript-statement-from-andrew-wakefield.html#more √

LETTERS

Re: Mature Minor Consent

Dear VRAN,

I worked as a Registered Nurse at the Penticton Hospital for 12 years, a portion of that in the Emergency room. I remember a young baby that was brought in by its parents in the middle of the night, screaming in pain, with all four limbs extended straight out as though they were not able to bend. The child was completely inconsolable. The baby had a small band-aid on the front of each of his thighs, and one on each arm. He had received vaccinations that day. 4 needles. One in each limb. The parents were beside themselves, naturally. They asked, "did we 'have' to do this?" No. They did not. But no one told them their rights, and no one informed them what their options were, and no one let them feel it was okay to NOT vaccinate, before they injected 4 needles into that baby. I couldn't ever get that baby, or those parents, out of my mind. I don't know what bothers me more, the pain that this baby was in, or the fact that the parents felt like they had no choice but to give this baby vaccinations.

Sadly, I did immunize my son when he was little, also. As a young, new mother, also on my own with my son, I was vulnerable to the propaganda and the pressures we face when making the decision about vaccinations. Being a nurse at the time, there's also the pressure of doing what we are taught in nursing school. And unfortunately, I simply went along with many things pushed on us, including vaccination, without first doing any research myself.

I stopped accepting vaccinations for my son a few years later, and vowed to not participate him in herd vaccination programs again. Suddenly "I" was a problem, as both a mother and as a nurse. I also refused the flu shot every year. And although I nursed for nearly 30 years,I quit for these and other reasons. I don't have anything against nurses or doctors themselves. However, what we do, such as vaccinations, just does not line up with my values and beliefs. So, I had to choose. Do it for the money? Or don't do it because it's not what I believe in. I chose the latter.

After making the decision to no longer participate in vaccinations for my child, I received a phone call from the Penticton Public Health unit. They wanted to give my son the Hepatitis B injections. I declined. I also refused to sign the refusal form. I was subjected to intense intimidation over the phone, by the Public Health Nurse. She was verbally aggressive, used a condescending and intimidating tone, and suggested that I was an irresponsible parent, defiant for no good reason, and stated that I really didn't know the facts. I wonder if she did? I finally just hung up on her. That was 2 or 3 years ago.

Most recently I received a letter from the Public Health office in Penticton regarding the upcoming DPT vaccine for Grade 9 students (my son is in Grade 9 this year).

The letter I received states, near the bottom…

Mature Minor Consent

"It is recommended that parents/guardians or representatives and their children discuss consent for immunizations. Efforts are first made to seek parental/guardian or representative consent prior to immunization. However, children under the age of 19, who are able to understand the benefits and possible reactions for each vaccine and the risk of not getting immunized, can legally consent to or refuse immunization."

In other words, even if a parent does not consent to the vaccine, the Public Health nurses can still approach our children at the school and try to coerce them into receiving the shot.

I just find this to be unbelievable!

My son will not be attending school on designated vaccination days. Having experienced the strong intimidation and coercive tactics by the Public Health nurses themselves, it concerns me that if approached by a Public Health nurse, a child will be subjected to even more immense pressure. "All the kids are getting it!", "This won't hurt you", "The benefits outweigh the risks". Teenagers are so vulnerable. How can any minor under the age of 19 possible know and understand all the facts about immunizations? A grade 9 student is 14 or 15 years old. Unless they've done extensive research themselves (or with their parents, as in our case) and are prepared with an arsenal of information to ensue a question period with a Public Health nurse, they don't stand a chance of being able to refuse.

It's disturbing to think that I have to keep my child out of school to avoid being cornered, questioned, challenged and/or convinced to accept the vaccine.

Letters cont. from page 23

Letters cont. from page 23

I just don't get it.

Erika F—British Columbia

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Re: No More Flu Shots

Dear VRAN,

Please send me 50 of your Vaccine Fact Sheets. I'm enclosing $20 to cover the cost and postage.

I thank you for your continuing work to save our children—and us adults.

My husband got the flu shots for years, then would spend all January on the couch too ill to often leave the house. I read in your magazine about the three month delay! Than you—no more flu shots and no more being ill all January.

Also, I believe you saved one of our grandchildren. He had allergies and health issues so I strongly suggested to not get, or delay the shots. Thank God! When he was older (a few years old) his parents had him checked out by a doctor. He was totally healthy, but they went and allowed him to get a shot! My grandson went into convulsions!! I can imagine the outcome if that had been done at two months.

Thanks again,

Mavis Brown—Fort Nelson, BC

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Re: Misrepresentation of Autism

To the mayor and councilors of the Town of Gibson

Your announcement of April 2 as Autism Awareness Day in alignment with "the International Naturally Autistic People Awards Convention and Festival on the Sunshine Coast" states: "The number of people on the autism spectrum average one in every 110 births." When it was first discovered in 1943, autism was extremely rare. By 2000, the CDC reported 1/500 children with ASD (Autism Spectrum Disorder); for the last decade, US ASD stats (Canada has none) have been estimated from records of symptoms from birth to 8 years. The most recent are from 2008: 1/88 children (1/54 boys). The quickest rate increase began in the 1980s, a time when widespread use of triple-live-virus MMR vaccine began, many children's vaccines were still being preserved with mercury, and use of cell phones and related wireless equipment was gaining momentum.

While public health authorities dispute any causal relationship, research uncompromised by commercial interests and/or a desire to maintain professional allegiance often finds a positive correlation. The body of evidence may be smaller due to lack of funding by mainstream sources, but quality is superior.

To describe ASD as "natural" is absurd as any parent who's witnessed severe developmental regression in their child knows. It involves deviations which can greatly compromise the ability to function. Typical symptoms are screaming fits, unresponsiveness, resistance to change, self-destructive behavior and hypersensitivity to sensory stimuli.

Along with these challenges, families and society must cope with medical and educational issues; it's estimated that intensive behavioral therapies alone cost $40-60 thousand per year for one child. While ASD doesn't warrant discrimination any more than any other disability, its costs both financial and emotional are tremendous. It's outrageous that a business and politicians would attempt to gloss them over using feel-good festivals and photo ops! With ASD fast approaching a new childhood norm, sober consideration is overdue.

Sincerely,

Susan Fletcher, Sechelt, BC

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Re: The Real Picture of a Vaccinated Family

"I almost hate that we are hearing 1 in 50, with 1 in 31 representing boys. THIS DOES NOT represent all the damage. It may represent autism but it is not the ENTIRE picture. I have one child on the ASD spectrum, one right now fighting an asthma life threatening episode, one with crohn's disease, throw in some speech delays and Kawasaki and that's the REAL picture of a vaccinated family.

Oh and let me not forget the strep carriers, two of them in the mix, with ONE who lives among the illnesses, age five and is not vaccinated, who hates that plans are so often switched because of what we call "man down"."

Barbara J—March 23, 2013

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Re Editorial in Globe & Mail "Get the Flu Shot"—Jan. 22, 2013

Dear Editor,

When advising the general public to take the flu shot considerable thought should be given to the thousands of vaccine-damaged Canadian citizens who dangle on the fringes with no compensation plan as their livelihood and lives are being damaged beyond repair. My sister stepped right up to take the jab when she became caregiver to our mother who had to reside in a care home. For the good of the elderly patients, she was told. My sister is now a vaccine-damaged invalid desperately trying to make sense of the health care system that is well aware of the thousands of citizens damaged by the neuro-toxins in vaccines. Only Quebec has a vaccine damage compensation plan which is a lame duck leaving hundreds of claimants without compensation.

A few days ago a young school girl in Toronto who had taken the flu shot, was immediately paralyzed and just left a Toronto hospital in a wheelchair. To their horror, the damaged victims eventually find Canada's Vaccine Risk Awareness Network (vran.org) website. Now we have the new HPV vaccine program for our female teens...the Ontario District School Board voted to NOTdistribute the pamphlet advising parents of the risks of this vaccine.

Neither my sister, nor my 13 year old granddaughter were given a pamphlet explaining the risks of flu shot and HPV vaccine. Television and Radio ads urging citizens to get the flu shot do not mention the very real health risks. And if you do suffer irreversible auto-immune, central nervous system damage, good luck with that because, as I was told on January 18th by "John", from the Ontario Ombudsman's Office, "taking the flu shot is an option and if a person is damaged by the vaccine their recourse would be through the legal system"!

Can your fine reporters at the Globe and Mail please find out just whom can be sued? The voices of the vaccine-damaged citizens of Canada need to be heard. No advertising promoting vaccines should be on TV or radio or in newspapers or in the school system or the hospital newborn wards, or on a Rick Mercer rant, without the fine print detailing the very real health risks. It is clear to us now that my sister has become some kind of "acceptable collateral damage". What will you do when a member of your family is paralyzed or forever damaged by doing what your editorial says "a responsible citizen" should do? What is our responsible government going to do to look after the vaccine damaged citizens of Canada?

Letters cont. on page 25

Letters cont. from page 24

A wave of "no vaccine thank you" is on its way. Without a fair and realistic compensation plan in place this wave will become a tsunami of vaccine rejections.

Catherine Elcombe, Ontario

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Re: Psychiatric Drugs & Autism

"Suicide is not just a psychiatric outcome but often reflects a biomedical crisis for the body and mind triggered by environmental factors we need to start acknowledging."

This is what I have said the past 20+ years in working with those on antidepressants and the families of those on antidepressants who have committed suicide on these drugs. It is the damage done to both the body and the brain that produces this outcome. Since Chrohn's and IBS (inflammatory bowel syndrome) are so often the result of taking an antidepressant who knows?! I had a case of a mother on Prozac for 7 years.

I helped her through the only safe withdrawal method we have found—EXTREMELY SLOW! And she had another baby 18 months after being completely off. At age 3 weeks the baby was passing more blood than stool. Both the family physician and the pediatrician agreed that it was the Prozac residue in the mother's milk that was eating away the baby's intestinal lining. That was quickly confirmed when we added clean (totally drug free) mother's milk by half and half and the bleeding stopped.

These antidepressant drugs are deadly combos of chemicals that produce Autism just as vaccines do. Studies now show 3—4 times greater rate in the children of moms who take these meds—something I have LONG warned would be the end result of mothers taking these meds because even adult patients who take them develop Autistic symptoms. They are extremely toxic drugs which produce both asthma and allergies as well. AND they are now talking about adding them to vaccines!! Sounds to me that Hitler is alive and well and flourishing in America today!!

Ann Blake Tracy, Executive Director,—letter to Age of Autism, March 23, 2013

International Coalition for Drug Awareness

www.drugawareness.org & http://ssristories.drugawareness.org √

NEWSCLIPS

VZV vaccine short-lived, risky

TV ads for Zostavax, Merck's shingles vaccine, have portrayed the painful disease it's supposed to prevent as flashes lighting up across the chest and shoulder. CBC news questioned Dr Shelly McNeil of the Canadian Centre for Vaccinology, Halifax about Merk's claim that their vaccine can prevent shingles in people 50 yrs and older. She replied, "We know that it lasts out to about 5 years for sure [the 2013 Zostavax monograph states 4 yrs], but my main risk will be when I'm 70, 80, 90." Nevertheless, she thinks Zostavax works well enough for taxpayers to fund it. Drug policy researcher, Alan Cassels would disagree. He pegs the annual cost of vaccine to prevent shingles at about $30,000 per person, and remarks, "It's not that the vaccine doesn't work; it's that it hardly works."

Not only is it very costly, it's also very risky. Researchers at Space Life Sciences, NASA have found shingles vaccine varicella zoster virus (VZV) DNA in the saliva of study participants up to 4 weeks post vaccination. They state: "Our finding of VZV vaccine virus in saliva supports the notion that a superinfecting VZV spreads systemically."

http://www.cbc.ca/news/health/story/2013/02/28/shingles-vaccine-seniors.html http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3096786/ http://commonground.ca/2012/08/shingles-vaccine-stats-misleading/

Wakefield still blamed

Harking back to his pummeled study published a full fifteen years ago, British media reports continue to blame Dr Wakefield for recent measles outbreaks in the UK. Dr E Yazbak informs, "I had commented on such frivolous allegations as early as Dec 2003, when I conclusively demonstrated, using UK Official Health Documents, that starting in 1995, three years before The Lancet paper, MMR vaccination rates in the UK had started to drop at a faster rate than other vaccination rates. I also documented the fact that in recent years, measles outbreaks occurred in the UK when they also occurred in Europe and elsewhere in the world, often in well vaccinated populations."

http://www.vaccinationnews.com/2013-4-15-stop-blaming-wakefield-YazbakFE

Lancet study exonerated

According to Dr E Yazbak, it's time for the Lancet to reinstate the much maligned 1998 study which resulted in three years of hearings by the British General Medical Council followed by a July 2010 decision to revoke the medical licenses of two of its authors, Professor Walker-Smith and Dr. Andrew Wakefield. In Feb 2012, all the charges against Walker-Smith were dismissed but those against Wakefield remained. Nevertheless, since the judgment ruled out any scientific fraud in the study, if Wakefield's lawsuit in the US had been allowed, it follows that he should have been reinstated also. The key to Walker-smith's reinstatement appears to have been the fact he was of retirement age as opposed to Wakefied who would still have had many years to further research the vaccine-autism connection.

Furthermore, a March 2013 PLOS study corroborates the findings of the Lancet paper. It states that children with ASD and symptoms of gastrointestinal distress, "*have a gastrointestinal mucosal molecular profile that overlaps significantly with known inflammatory bowel disease (IBD), yet has distinctive features that further supports the presence of an ASD-associated IBD variant"*.

http://www.vaccinationnews.com/4013-4-22-restore-lancet-paper-YazbakFE

http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0058058

Fluoride found out

A 2012 Harvard meta-analysis found that fluoride may be a developmental neurotoxicant that affects brain development at exposures much below those that can cause toxicity in adults. In 1943, the Journal of the American Medical Association stated that fluorides are general protoplasmic poisons that change the permeability of the cell membrane. In 1944, the Journal of the American Dental Association unequivocally stated: "Drinking water containing as little as 1.2 ppm fluoride will cause developmental disturbances."

http://www.huffingtonpost.com/dr-mercola/fluoride_b_2479833.html;

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3491930/

Newsclips cont. on page 26

Newsclips cont. from page 25

Painkillers cause kidney damage

A study in the 2013 Journal of Pediatrics examining hospital records of childen admitted due to acute kidney injury shows that non-steroidal anti-inflammatory drugs (NSAIDs) can cause life-threatening kidney damage in about 3% of children. The vast majority of the children had taken an NSAID for less than a week. Those up to age five suffered the worst reactions which may require dialysis. None had died, but 30% had long-lasting kidney damage which could worsen as they grew older.

http://www.wddty.com/painkillers-cause-life-threatening-kidney-damage-in-children.html

US taxpayers compensate Gardasil victims

Judicial Watch, has found that the US National Vaccine Injury Compensation Program has awarded $5,877,710 dollars to 49 victims in claims against HPV vaccines. To date 200 claims have been filed with barely half adjudicated. Documents from the FDA's Vaccine Adverse Event Reporting System covering the period, Sept 1, 2010 to Sept 15, 2011, reveal 26 HPV-vaccine-associated deaths as well as seizures, paralysis, blindness, pancreatitis, speech problems, short term memory loss and Guillain-Barré Syndrome. According to Wall Street analysts, Merck's Gardasil HPV vaccine is expected to reach $1 billion in sales next year, and could reach more than $4 billion in sales in five years. But taxpayers, not Merck are footing the compensation bill. http://communities.washingtontimes.com/neighborhood/stress-and-health-dr-lind/2013/apr/10/us-court-pays-6-million-gardasil-victims/

HPV + seaweed – "a cheap solution"

McGill University has announced the start of a clinical trial to determine if an extract of the seaweed carageenan could be used in a topical gel to prevent transmission of human papillomaviruses. The trial will include 465 women who will be continually monitored for aquisition of the infection; those women already infected at the start will be monitored to determine if the gel prevents the virus from spreading and if it prevents acquisition of a new variety of HPV. Eduardo Franco, director of McGill's cancer epidemiology division notes that only four types of HPV are represented in Gardasil, and it's prohibitively expensive for developing countries which are the very ones with the highest rates of cervical cancer. The Montreal Gazette doesn't mention that, no matter what type of HPV infection is present, there's no proof that Gardasil can prevent cervical cancer or any other cancer, or that HPV is definitely the cause of cancers. However, if the trial is successful, Franco maintains that, "we would have something that costs pennies a bottle that inhibits the virus…It would be a cheap solution."

http://www.montrealgazette.com/health/McGill+launches+study+seaweed+based+that+prevents/7792028/story.html

PEI taxpayers first in Canada to fund Gardasil for boys

CBC news has reported that public affairs representative, Nancy Bickford of the Society of Obstetricians and Gynecologists of Canada (SOGC), was pleased by recent news that Merck's Gardasil HPV vaccine will be added to vaccine schedules for schoolboys in PEI. The SOGC had received a gift of $1.5 million from Merck when they'd recommended taxpayer funding of Gardasil for schoolgirls in 2007. We wonder if Bickford's pleasure had anything to do with another possibly-related handout from Merck's this time around. Dr. Mauricio Ede, Medical Director, Medical Affairs at Merck Canada claims, "PEI's decision to include boys is an important milestone in protecting both males and females against the diseases that can result from HPV infection such as genital warts and anal-genital cancers." He hasn't mentioned that the human papillomaviruses represented in Gardasil constitute but a tiny fraction of all such viruses and that most HPV infections are not especially problematic. PEI Deputy Chief Public Health Officer, Dr. Lamont Sweet, maintains that the new program won't cost more than the schoolgirls'program because the price of the vaccine is now half what it used to be. That's an interesting point considering that Bickford has stated that the SOGC "will be contacting other provincial and territorial ministers of health to follow P.E.I.'s lead." Has Merck sweetened the deal for Canada's smallest province in order to encourage the others to follow suit? We note that Dr Monika Naus of the BC Centre for Disease Control has told the Cape Breton Post that several provinces are interested in cutting costs by funding only two doses of Gardasil instead of the recommended three.

http://www.cbc.ca/news/health/story/2013/04/19/pei-hpv-gardasil-vaccine-boys-584.html

http://www.newswire.ca/en/story/1148641/pei-first-province-to-offer-gardasil-to-boys-in-school

http://www.capebretonpost.com/Living/2013-04-22/article-3225272/Are-Canadian-kids-undervaccinated%3F/2

UN treaty will exempt vaccine mercury

A recent VRAN website news article by Richard Gale and Gary Null informs about the two-faced attitude applied to the dangers of mercury: "After almost four years of demanding negotiations, the United Nations Environmental Program (UNEP) announced that 140 nations reached agreement to begin ratifying the Minamata Convention on Mercury. The Convention will be an international binding treaty to reduce and eventually eliminate mercury compounds altogether from polluting industries, such as gold mining and fossil fuel plants, and many common household products.

In many developing countries, mercury pollution is destroying the environment and causing rampant human illness. However fervent applause should be withheld. One powerful alliance that portends to champion itself as the protector of human health—the vaccine industrial complex—is resolved to assure that mercurial exposure continue through aggressive vaccination programs. To the delight of all those corralled in the amphitheater of vaccine magic and wonder—the American Academy of Pediatrics (AAP), the US CDC and FDA, the World Health Organization (WHO)—the treaty will exempt thimerosal (ethylmercury) containing vaccines (TCVs). So while sources of mercury pollution will lessen dramatically, hundreds of millions of child-bearing women, newborns and small children will be increasingly poisoned by TCVs."

The organization, Canadian Association of Physicians for the Environment, makes the same distinction as the proposed UN treaty. It has advocated for elimination of sources of mercury contamination including coal burning plants and mercury thermometers but is mute about vaccines, the very source about which physicians should be most aware.

http://vran.org/in-the-news/un-treaty-will-exempt-vaccine-mercury/

http://www.cape.ca/children.html √

Unvaccinated Children cont. from page 17

Hmm… Any chance of bias in this study? Is "Immunization is one of the most significant public health achievements of the past 100 years" a scientific statement that can be proven by facts and figures? Is there a chance that this study was conducted because the medical institutions represented by the authors of this study do not like the fact that parents are not bringing in their children to be vaccinated enough according to the government vaccine schedule?

The authors also included this disclaimer which may give us a further clue:

Disclaimer: Although the CDC played a role in the design and conduct of the study, collection, management, analysis, and interpretation of the data, as well as preparation, review, and approval of the manuscript, the findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the CDC.

And then here are the "author affiliations" – many from large for profit MCOs (Managed Care Organizations) Refer to Healthy Impact News website at the end of the article for more details.

So I think it is safe to assume that this study was not conducted on behalf of concerned parents who think the vaccine schedule is too much, too fast. On the contrary, it appears that the study was hoping to prove that the children of parents who do not follow the vaccine schedule are less healthy than those who do follow the schedule.

Children who were undervaccinated because of parental choice had significantly lower utilization rates of the ED (emergency department visits) and outpatient settings—both overall and for specific acute illnesses—than children who were vaccinated on time.

But the study didn't prove that, it proved the opposite: Children who were undervaccinated because of parental choice had significantly lower utilization rates of the ED (emergency department visits) and outpatient settings—both overall and for specific acute illnesses—than children who were vaccinated on time.

So the author's conclusions and those they hired to write the press release on the study reported this, right? Wrong. Here is what the abstract states as the conclusion of the study:

Conclusions

Undervaccination appears to be an increasing trend. Undervaccinated children appear to have different health care utilization patterns compared with age-appropriately vaccinated children.

The main press release, which was picked up by Reuter's and repeated in almost every major news outlet reads: "Close to half of kids late receiving vaccines: study"

Here are some other gems from the official press release spin on this (that too many kids not vaccinating according to the vaccine schedule is a public epidemic):

Researchers said that trend is cause for concern because if enough kids skip their vaccines, whole schools or communities may be at higher risk for preventable infections such as whooping cough and measles.

...one of the biggest vaccine stories in 2012 was how whooping cough outbreaks were among those** vaccinated for whooping cough**, and how the vaccine was largely ineffective.

I don't know who these "researchers" are, but they are NOT the authors of the study and what was reported in the actual study. In fact, one of the biggest vaccine stories in 2012 was how whooping cough outbreaks were among those *vaccinated for whooping cough*, and how the vaccine was largely ineffective.

So how did they handle the fact that those parents who chose to not vaccinate according to the vaccine schedule had fewer hospital and doctor visits? Here's the spin on that:

Undervaccinated kids also tended to have fewer doctors' appointments and emergency room visits than those who got their shots on time, according to findings published Monday in JAMA Pediatrics. That could be because their parents more often turn to alternative or complementary medicine when it's an option, Omer said. Recent studies have shown many parents are asking to delay or skip certain vaccines, often citing safety concerns such as a link between vaccines and autism – a theory which scientists now agree holds no water.

So just by stating "scientists agree" that there are no safety concerns or links between vaccines and autism, they completely ignore all the scientists who DO believe there are safety concerns and links to autism, and they also ignore the fact that the U.S. federal Vaccine Injury Compensation Program has already awarded millions of dollars to families of children with autism where the court has verified that they were harmed by vaccines.

One other important fact to note about this study: It was done among patients in "eight managed care organizations." In other words, this study looked at parents and children who were insured, and:

For inclusion, each child had to be continuously enrolled in their MCO from at least ages 2 to 12 months. Children were followed up for a maximum of 36 months, and follow-up stopped if a child's enrollment in his or her MCO was discontinued…To help ensure that children were receiving primary care services within their MCO, they also had to have at least 1 outpatient visit by age 12 months.

So these were parents who believed in using the medical system, participated in it, believed in vaccines to at least some degree, and made regular visits to approved medical professionals. Does that sound like parents who "more often turn to alternative or complementary medicine when it's an option"? Parents who do not believe in vaccines at all, do not participate in well-child pediatric visits, were refused healthcare by their pediatricians for not following the vaccine schedule, etc. – WERE NOT EVEN PART OF THE STUDY AT ALL!

The media needs to wake up and do some real investigative journalism instead of just regurgitating the spin from press releases. Just preceding the release of this study, the Institute of Medicine released a repor that the vaccination schedule was "safe," but they offered no new research what-so-ever.

There's a huge story to report here, but dogma and belief in vaccinations is trumping facts and science. The vaccine damaged epidemic affects so many people and so many families now, however, that this story is NOT going away anytime soon.

This article was excerpted with appreciation from: http://healthimpactnews.com/2013/jama-study-kids-with-fewer-vaccines-have-fewer-doctor-and-emergency-room-visits/

Reference:

Jama Pediatr. March 1, 2013; A population-based cohort study of undervaccination in 8 managed care organizations across the United States; http://www.ncbi.nlm.nih.gov/pubmed/23338829 √

VRAN Membership and Order Form

Suggested Annual Membership—$35 or $75 professional
Includes 28 page Newsletter 2X a year & ongoing support of vaccination risk education
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Reason for Interest:

_____

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Your Questions, Personal Stories:

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_____

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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.

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

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

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