VRAN Newsletter
Vaccination Risk Awareness Network Inc.
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Autism: Is There a Vaccine Connection?

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INTRODUCTION

Two recent studies have shown that during this decade, there has been an alarming increase in the incidence of autistic syndromes in the United States. Both studies have also suggested that this increase will accelerate in the coming years. Because this "outbreak" is so recent, we have postulated that:

Certain families seem to have a genetic predisposition to a fragile immune system. When a mother is repeatedly exposed to certain antigens or toxic environmental factors, she develops antibodies against them, which she transmits to her children. If the immature immune system of those children is confronted, early in life, by several simultaneous antigenic insults, violent, complex immune reactions take place body-wide, particularly in the actively growing brain centers, leading to autism.

Some mothers who have been immunized as youngsters against measles, mumps and rubella, either with single vaccines or with the MMR, are found to have inadequate rubella (German measles) titres when they are tested before marriage, or during a pregnancy. MMR vaccine is then usually administered to them, usually at a recommended time. Sometimes, after that booster, some of these mothers still do not show immune titres of rubella antibodies, and another MMR is administered. Similarly, many women starting college are required to receive an MMR booster, regardless of their immune status. We think it is possible that some of these mothers have produced extraordinarily high titres of antibodies against measles, which they subsequently have transferred to their children. They might already have had adequate or high measles titers before the MMR booster(s).

For the past few years, many parents of autistic children have reported a temporal relationship between the administration of the MMR vaccine to their children, and the onset of their symptoms. To date, spokespersons for the Centers for Disease Control, pro-vaccine groups, and vaccine manufacturers have adamantly denied any such link. The many studies quoted in support of their argument have been, in return, rejected by parents groups, because of flaws in design, unsupported conclusions, short follow-ups, and the fact that some are funded by vaccine manufacturers.

It is therefore obvious that, because of this polarization and the present set of circumstances, it remains impossible to prove or disprove that the MMR vaccine contributes, or has contributed, to the increase in autistic disorders. Control groups (i.e. unvaccinated individuals) cannot be assembled for prospective studies because vaccines

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INSIDE THIS ISSUE

Editorial

by Edda West

The newly formed Global Alliance for Vaccines and Immunization (GAVI) made it's strategic debut at the World Economic Forum in Davos Switzerland on January 31, 2000. It urged the world's economic power-brokers to view children as the "key to sustainable human development" saying that endorsement of their Children's Challenge campaign would save millions of young lives each year. It's purpose and declared intent is to vaccinate "all the world's children." It's core philosophy is that vaccination is a basic human right, and a moral imperative that should not be denied any child.

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VRAN NEWSLETTER

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Edda West, Mary James, Julie Shams, Catherine Diodati, Andreas Schuld, Rita Hoffman. With 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 4 times a year as a means of distributing information to members and the community. Suggested annual membership fees, including quarterly newsletter and your on-going support to the Vaccination Risk Awareness Network:
$25.00—Individual $50.00—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 fax or e-mail, as indicated above.

VRAN News

VRAN MEMBERSHIP RENEWALS

A reminder to all members that membership renewals are due in January of each year. Please remember that for those who joined half way through the previous year, or even at the end of the year, you would have received all four newsletters issued in 1999. We appreciate your attention to this, as your membership donations are the essential 'bread & butter' of VRAN's financial base.

FUNDRAISING

A resounding THANK YOU you goes out to all VRAN members who have responded to our fundraising appeal. Our appeal for donations remains open, as does the bonus offer of the dynamic video—Vaccination-The Hidden Truth. We are offering a complimentary copy of the video for donations of $150 and over. The video features 5 medical doctors who are concerned about the negative impact of vaccines on children's health and is a wonderful educational tool that is guaranteed to shift entrenched mind sets about the vaccine issue.

NEW PHONE TORONTO AREA

VRAN now has a listing in the Toronto area phone directory, and replaces the old number that was hosted by Canadian Natural Health Association. There is a brief outgoing message which informs about our work, how to get more information, and messages can also be left. Thanks to VRAN member Julie Shams for organizing this, and for her willingness to pick up messages and return calls.

SPECIAL EVENTS

Catherine Diodati Lectures - Catherine Diodati, author of the dynamic new book, *Immunizations: History, Ethics, Law and Health* will be presenting two lectures at the Total Health conference on March 18 & 19 at the Metro Convention Centre in Toronto. On Saturday March 18, she will present "Vaccines: Safety and Efficacy", and on Sunday, March 19, her lecture on ethics and law will examine issues such as lack of disclosure of vaccine risks, misrepresentation of legal rights, inadequate reporting of adverse events following vaccination. Learn about your rights, how to discover vital information and how to protect yourself from illegal coercion. For more information, call (416) 490-0986 & to order tickets, call toll-free: 1-877-389-0996.

VIERA SCHEIBNER IN KELOWNA

Author of *100 Years of Vaccination*, Dr. Viera Scheibner will be presenting a lecture on vaccine risks on April 7 in Kelowna BC. The event is sponsored by Okanagan area VRAN members Cecile Frey McLean and Lana Belvis. For more information on time and location of the lecture, please contact Lana at: (250) 707-0228 or Cecile at: (250) 497-645.

VRAN MEETINGS IN KELOWNA

Vran member Lana Belvis will again be hosting regular information evenings on the second Tuesday of the month in the Kelowna area in BC. For over a year now, Lana has put an extraordinary effort into raising public awareness about vaccine risk issues, and empower-

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ing parents to look at alternatives to vaccination. Lana invites dynamic speakers on a regular basis to lecture on many aspects of child and family health. On April 11, Naturopath, Dr. Christine Craig will make a presentation at 7pm. Thank you Lana for your commitment and hard work!!! For more information about the location of Dr. Craig's talk, please contact Lana at: (250) 707-0228.

DR. ANDREW WAKEFIELD

British physician, Dr. Andrew Wakefield, will be making a presentation at the Geneva Centre in Toronto to discuss autism and the Brain/Gut connection. For more details about Dr. Wakefield's presentation, please call (416)322-7877. Dr. Wakefield's pioneering research has linked some cases of chronic bowel disease and autism to measles vaccine.

INCORPORATION

VRAN is pleased to announce that we are now an incorporated, not-for-profit society. Many thanks to Winnipeg area VRAN members Mary James, Leona Rew and Gloria Dignazio who braved through the paper work and legalities to get us incorporated as a national organization. We will have more details available in the next newsletter (June) regarding board of directors, and annual general meeting.

VRAN'S CHALLENGE TO ONTARIO MINISTRY OF HEALTH

With our last newsletter (Dec/99) we enclosed a copy of a letter sent to Dr. D'Cunha, Ontario's chief medical officer of health by our solicitor Lori Stoltz, outlining our concerns about its failure to inform the public of vaccine exemptions available under the Immunization of School Pupils Act to the extent that even school officials and many physicians are under the misimpression that vaccination for school entry is mandatory.

Dr. D'Cunha's response is disappointing in that it fails to address a single concern we had forwarded, but does take the opportunity to remind us of the entrenched party line: "Medical authorities in every nation in the world strongly support routine vaccination of children. The World Bank has stated immunization should be the first among the public health initiatives in which governments around the world invest. In Canada, the Canadian Paediatric Society, the National Advisory Committee on Immunization, The Canadian Public Health Association, the Canadian Medical Association, and the College of Family Physicians of Canada all support immunization."

VRAN has sent a letter to Ontario Minister of Health, Elizabeth Witmer expressing our dismay over the lack of response to our concerns and asks for assurance that the Ministry of Health intends to take corrective measures to insure that the public is duly informed of its right to vaccine exemptions as set out by law, that its forms and public notifications will in the future include clear information of available vaccine exemptions.

FLUORIDE RESEARCH

Andreas Schuld continues to analyze research and data from around the world on the devastating effects of fluoride on human health, and particularly children's health. Next issue of VRAN, Andreas will examine how Sudden Infant Death (SIDS) and Autism are linked to fluorides. He will present an in depth analysis of how fluoride in partnership with vaccines is profoundly unhinging our complex biochemistry.

DR.COLLETTE HARMAN LECTURES IN KINCARDINE AREA

Dr. Collette Harman recently presented three evening seminars on vaccine risks and Informed Choice in the Kincardine area in Ontario, and also showed the video, *Vaccination—The Hidden Truth*. Her lectures were well attended, and well received, despite the presence at two evenings of a heckler (the husband of a local public health nurse) who repeatedly interrupted her talk to the annoyance of the audience. Staff reporter Marie Wilson from the Kincardine News wrote a well balanced and informative article that included the pro-vaccine perspective of Owen Sound public health nurse Corey Marshall, and did a good job presenting the risk side of the equation and the fundamental concern that the public's right to Informed Consent be upheld. Dr. Harman can be reached at: (519) 396-4018

A SPECIAL THANKS TO CATHERINE DIODATI

...for her generous assistance in contributing key pieces of research to both the meningitis and flu articles in this issue of the newsletter. Neither articles could possibly have had the broad range of information without her research skills.

MIKE KIPLING TRIAL—BY ROSE STEVENS, VRAN MEMBER, WINNIPEG

Mike Kipling, a former sergeant in the Canadian Armed Forces has been charged under the National Defense Act for refusing to submit to an order for an unlicensed , unproven vaccine on March 1998.Standing on shaky legal and moral grounds, one wonders why the military is so determined to follow through with the court martial. Health Canada has never formally approved the anthrax vaccine and many scientists and doctors have expressed serious concerns over the safety of the vaccine and its suspected link to the Gulf War Syndrome. It is appalling that a soldier would be put through such mental trauma and harassment for refusing a vaccine he felt would cause him harm. Refusing

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an invasive and experimental medical procedure is not a crime.

Now on February 15th, almost two years later, at Winnipeg 17 Wing, the court martial proceedings have commenced. Military Col Guy Brais heard arguments from defense lawyer Jay Prober that because Kipling retired from the forces in May and due to the recent changes to the National Defense Act in September that the court had no jurisdiction. Prober felt the motion should be heard by the Federal Court or Supreme Court of Canada. Judge Brais turned down the defense motion.

Jay Prober had the military court issue a summons for Defense Minister Art Eggleton to testify at the court martial. Eggleton's lawyers argued that the minister didn't need to appear because he would not have relevant testimony. Lawyer Donna Miller said the Minister is responsible for the actions of the defense department and is accountable to Parliament, but "does not issue orders". "The minister of defense must issue orders" said Prober. "How did we get into Kuwait in the first place?"

Kipling testified that the refusal of the anthrax vaccine was the hardest decision he ever made. Mike, often emotional on the stand talked about his duty to his country and about protecting his family. "He was afraid of the decision he was making. He did not want to let his country down. He didn't want to let his troops down", said his wife Francine . Francine testified that not only was her husband sick when he returned from the Gulf, but she became ill as well. The integrity and sincerity of Mike Kipling was very obvious in his non critical judgment of the military or anyone who obeyed the order to take the vaccine.

Lt. Col. Greg Cook , the military doctor responsible for approving the anthrax vaccine for use despite U.S. concerns over the drugs production testified he was aware of some concerns with production of the vaccine by Michigan Biologic Products Institute, but was still confident that they provided a safe and protective vaccine. It is interesting to note that prior to the court martial CTV news reported that an internal e-mail sent by Cook before Canadian soldiers were forced to take the vaccine said "mandatory use many not be medico legally defensible in civil court"and that "A legal challenge of the Canadian forces policy would be interesting. Hopefully it won't be necessary". On March 27th Cooks worst fears will be confronted ,as Dr. Meryl Nass will testify on Kipling's behalf. Dr. Meryl Nass a leading expert on the anthrax controversy submitted a written report to the subcommittee on Military Personnnel ,United States House of Representatives. In her report she outlines how the DOD (Department of Defense) has used a succession of deceptions to justify the anthrax immunization program.

Health Canada's official Ian MacKay head of Health Canada's Special Access Program (SAP) testified that they authorized the use of the anthrax vaccine in the Persian Gulf, even though his department doesn't investigate the safety or effectiveness of unlicensed drugs. "We don't have the time and are not authorized to examine the risks and benefits of a product."

There is definitely something wrong with this picture! We have a Defense Minister who states he does not issue orders, and absolves himself from any involvement with the anthrax vaccination program, and we also have Health Canada that does not have the time to investigate the safety or efficacy of unlicensed vaccines, but authorizes the use of them for our troops. I certainly hope that someone will rise to the occasion and accept responsibility for the blatant violation of Human Rights as guaranteed in the Helsinki Accord and Nuremberg Codes. These international treatise protect the individual from having to submit to unwanted medical experimentation.

One thing is certain. Canadian taxpayers will be paying the burden of the astronomical costs incurred by this needless court martial, in particular the barrage of lawyers the military has hired to make sure that Kipling is court martialled and the chain of command remains unbroken. We hope Col. Judge Brais will do the right thing and admit that the military made a mistake, thereby exonerating Sergeant Mike Kipling. Canadians will not view this as a sign of weakness on the part of the military, but of courage and integrity. √

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Who exactly is GAVI ? Members and supporters include: The pharmaceutical industry, the World Bank, WHO, UNICEF, the Rockefeller Foundation, Bill & Melinda Gates Foundation, and member nations. And by whose authority have they seized ownership of 'the world's children', as if children no longer have parents capable of making sound health care decisions for them? By the authority of globalization agendas ruled by corporate interests that threatens to dominate all aspects of society.

And what is Canada's role in this accelerating vaccine drive that targets every child on the planet? Canada's Minister for International Cooperation, Maria Minna, will represent Canada on the GAVI Board. According to the GAVI press release, Minister Minna welcomed the new initiative as a major contribution to improving the lives of children around the world. "There is no better way to ensure the success of a developing country than to invest in their children. This is one of my top priorities at the Canadian International Development Agency (CIDA) and I intend to commit my energy and resources to ensure the world's children receive the protection they deserve."

In 1991, Dr. Raymond Obomsawin, PhD served as an Evaluation Analyst at CIDA. The focus of his research was to conduct a field evaluation of the Expanded Program of Immunization (EPI) in Thailand, a targeted country of the World Health Organization's massive international vaccination campaign, started in 1983. The newly launched GAVI campaign is a hyper-intensified extension of EPI. Its all encompassing purpose is to achieve maximum immunization coverage of the world's children. Obomsawin's report criticized the absence of accountability in several areas; the effectiveness of mass vaccination programs, the overall impact on long term health outcome, and the expenditure of millions of dollars without any proper cost/benefit analysis. His critique of Canada's role in the EPI was not well received. His report was never made public by CIDA.

Dr. Obomsawin notes that "Epidemiological science is largely predicated on the reality that changes in morbidity and mortality in human populations are necessarily linked to a whole series of contributive factors. It is widely acknowledged that factors such as: nutrition, potable water; the natural and social environments (e.g. agricultural practices, education and income), all play vital roles in determining the onset, severity, and eradication of both infectious and degenerative diseases." Furthermore, the relative impact of expanded immunization programs on mortality levels in the Developing World remain relatively undetermined and unsubstantiated. He quotes from Phase 1 of the program evaluation—**"At present it appears that there is no conclusive evidence on the impact of immunization on child mortality from all causes - it may be that EPI's effect is merely to bring about 'replacement mortality', whereby children succumb to other diseases instead."**

Are we witnessing 'replacement mortality' in the fact that cancer kills more children under the age of 14 than any other disease in Canada today? Are we witnessing 'replacement morbidity' or vaccine induced morbidity in the tragic epidemic of autism spectrum disorders, anaphylaxis, the unprecedented rise of juvenile-onset insulin dependent diabetes and other autoimmune diseases? Autoimmune disease is now the third major category of illness in the United States and many industrialized countries, behind heart disease and cancer, said Dr. Noel Rose, a pioneer in autoimmune research at Johns Hopkins University School of Public Health. According to a recent Associated Press article, medical experts told a United Nations panel that between 75 % and 90% of those suffering from diseases like rheumatoid arthritis, multiple sclerosis and lupus are women. Immunologist, Dr. Bart Classen's research links vaccines to the increase of juvenile-onset diabetes. He asks: "When will the government acknowledge the link between vaccines and autoimmunity?"

Health care as currently dominated by the allopathic/pharmaceutical model, controlled and manipulated by profit driven transnational interests is on a collision course with humanity's most basic needs. Both in the developing world, and in western societies, aggressive vaccination programs devour precious resources which could otherwise be directed towards true health creating policies. People everywhere are disabled from attaining health because they are denied access to fundamental resources necessary to support health and the ever increasing vaccine/drug burden further oppresses an already, overmedicated, overstressed, immune compromised humanity.

There is a huge reality gap between those who promote vaccines as the ultimate weapon to 'conquer' infectious disease, and those who are paying close attention to emerging research in immunology and neurology that is revealing the myriad ways by which vaccines can cripple the immune system, and attack the nervous system. The reality gap will broaden as the medical system remains unaccountable for vaccine induced injuries and continues to tyrannize the public with falsely inflated fears of this or that infectious disease. And then there are the cross-generational effects of vaccination. Dr. Yazbak's research presented in this newsletter underscores the vulnerability of children born to mothers whose immune systems have been sensitized and skewed by vaccines.

As parents in Canada wake up to the

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chilling fact that more and more children are being lost to autism, brain dysfunction and chronic autoimmune diseases because their immune/neurological systems are under attack by vaccine overkill, they struggle to understand how they can best protect their children's health. FEAR of disease is the instrument of control exerted by dominant allopathy to keep the public smartly in line with its vaccine agendas. And FEAR is what prevents us from stepping into our power to claim what is justly ours - the RIGHT to good health. Fundamentally, all people understand that adequate nourishment, access to reliable, uncontaminated food and water supplies, are the foundations that support strong health and are the means by which resistance to disease is gained. When we reject being control by fear, the path ahead opens to illuminate health creating possibilities.

Experience from around the world indicates that in countries where infectious diseases have declined, the countries that advanced most rapidly achieved a substantial improvement in nutrition, which led to increased resistance. Thomas McKeown, past Chairman of the WHO advisory group on health research strategies noted that " Indeed in some countries this was the only important direct influence. It is perhaps surprising that immunization appears to have contributed relatively little to the advances.....the reduction in mortality occurred during a period when vaccine coverage was still low." He goes on to say that malnourishment, lack of sanitation, contaminated food and water are the common causes of ill health. He concludes that **"the determinants of health can be epitomized by the simple statement that people must have enough to eat and must not be poisoned."**

If the powerbrokers truly had the well being of the world's children in mind, they would pour their billions now designated to vaccine research and deployment, into ensuring that all mothers have access to nourishing food and clean water so they can give birth to healthy babies. Extended breastfeeding which is universally acknowledged as the exclusive source of the most crucial immunonological protection in early childhood, would be enshrined as humanity's most precious health resource. Mothers everywhere would be empowered to understand that their own breastmilk is designed by nature to facilitate survival of the species, unlike any other process or substance. It insures optimal brain development in children, confers protection from a vast assortment of diseases, and is the essential element that teaches and matures the immune system to harmonize its many complex aspects.

New Zealand researcher Hilary Butler recently presented a powerful and illuminating position paper on The Role of Vaccines in SIDS (sudden infant death syndrome) to the Sixth SIDS International Conference at Auckland University, New Zealand. With clarity and incisiveness, she cuts a swath through complex studies and scientific papers to challenge and lay bare the myth that vaccine induced immunity is the same as natural acquired immunity after exposure to a disease. She exposes the fatal flaw in the current obsession with antibody production. "As long as doctors assume that antibodies are the "be-all and end-all of vaccine induced immunity and refuse to look at anything else, they will not understand the basis of vaccine reactions, allergy, or autoimmunity."

"Published medical research makes it clear that vaccines can and do skew the immune system towards the Th2 system." She explains the implications of skewing Th1/Th2

immunity. "The Th1 system is the "search and destroy" defenses of the body and "sets in motion a clear sequence of events which have the focus of "find that thing, collect it, show us what it is and at the same time destroy it" - this being the primary mechanism in the fighting of all infections and cancer. This is what the tonsils and adenoids (amongst others) are all about - the first line Th1 defense."

"Th2 is the other side of the linking circle. It is called humoral immunity, and takes place further down the line than cellular (Th1) immunity. About the same time as the Th1 immune system is surrounding, killing and getting rid of the problem, particles of the "problem" are being presented to cells which make antibodies. In order for there to be a long-lasting antibody response, there must be a strong Th1 (cellular) response. Th2 is the "memory" line of defense, which also "shuts" down the Th1 side of the immune system."

"The key to fighting infectious diseases is to have a strong Th1 immune system. The assistant to helping prevent a repeat attack is Th2. They work hand-in-hand, but a healthy immune system is Th1 focused, since "search and destroy" is the most needed capacity of the immune system in every day life."

When vaccines are injected in infants, they bypass the "search and destroy" aspect of the immune system - the Th1 portals of entry. "They do not in any way, shape or form resemble an inhaled or swallowed bacteria or virus because they are changed, attenuated, and injected as multi-antigens into the body along with heavy metal derivatives, other contaminants and antibiotics." Consequently, the body does not deal with the antigens in the normal sequence of infection, where the front line defenses of the immune system are first engaged. Vaccines by pass the Th1 system, engage and stimulate the Th2 system, teaching it to be chronically active in this secondary mode.

Knowledge of the Th1/Th2 aspects of the immune system has only emerged in this past decade, and this

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is only a partial picture as there is a third, as yet not understood aspect, the function of which is undefined. As stated in an article in New Science "...the immune system is much more complicated than the Th1/Th2 relationship...research is just beginning to reveal the bigger picture." Butler points to the New England Journal of Medicine 1992, Vol 326, No.5, 298-304, as "one of the first of many references... **A healthy immune system has a "bias" towards Th1. People who have allergies, asthma and disease with an auto-immune origin have what is known as a Th2-skewed immune system."** In other words, an immune system that is stuck in a chronically reactive mode.

The infant immune system is vastly different from an adult's and even from that of a 12 month old. An absolute necessity in the evolution of a strong, healthy and Th1/Th2 balanced immune system is to experience naturally learned immune responses in the appropriate sequences after birth. It is in this context that breastfeeding provides the essential foundation from which an intact immune system can evolve, and it is in this context that critical questions arise about the role of vaccines in disrupting it. Hilary Butler asks "Could it be that early injections "teach" the immune system a "back to front" immunity? And skew it?"

Butler emphasizes that "All immunological models state that disruption early in life can have life-long permanent effects. But equally, that 'chemically induced defects (of the immune system) can occur at any stage of life.'" Currently, the dominant mass mind of the medical establishment has not even begun to address the implications to human health based on evidence that vaccines can and do skew the immune system, "redirecting" it, and disrupting critical processes of "sequential learning" In the developing world, where malnutrition and poverty sets the stage for infectious disease, the added burden of multiple vaccines can cripple the Th1, first line of defense, leaving the child to succumb to numerous other infections impervious to vaccine induced antibodies; while in the west, desperate parents in ever increasing numbers helplessly watch their children ravaged by autoimmune and neurological disorders.

"When arbitrary decisions in the mandating of vaccines are made by government bureaucracies, which frequently work hand-in-glove with the pharmaceutical industry, with no recourse open to parents, we have all the potential ingredients for a tragedy of historic proportions," concludes Dr. Harold Buttram MD in a recent article in the Medical Sentinel. Mass vaccination programs targeting all 'the world's children' are a medical experiment based on a grossly flawed paradigm that arrogantly presumes its superiority over nature, while refusing to address critical concerns about the role of vaccines in the degradation of the human immune system. Hilary Butler underscores the existing reality gap: **"Pro-immunization protagonists appear to be unaware of current immunological research, though they profess deeply held knowledge. Research which it is vital for parents to come to grips with and understand, because I believe the immunological integrity of our babies, children and future generations depends on it."**

REFERENCES:

1) Dr. Raymond Obomsawin PhD - Exploring Natural Traditions and Current Controversies, The Promise of Primary Health in the Developing World - CIDA - Audit & Evaluation Division, Sept. 1991. This document is revised and self published by Dr. Obomsawin & titled "Universal Immunization - Medical Miracle or Masterful Mirage", available from Health Action Network in Burnaby, BC - Phone: 604)435-0512

2) Hilary Butler - Position Paper on "The Role of Vaccines in SIDS, presented at the 6th SIDS International Conference, Feb.11/2000 - Auckland University, New Zealand.

3) Associated Press — "Autoimmune Disease Overwhelmingly Strikes Women" - published at CNN.com - March 3, 2000

4) Dr. Bart Classen's comment on this article, circulated via Karin Schumacher's e-mail list: via@access1.net

5) Dr. Harold Buttram - quote from his article in the March/April issue of the Medical Sentinel and available at: http://www.haciendapub.com/article37.html http://www.worldnetdaily.com/bluesky_fosterj_news/20000306_xnfoj_vaccine_li.shtml

6) New Science: "Modern Hygiene's Dirty Tricks" by Siri Carpenter - Vol. 156, No. 7 Pg 109- Aug. 26/99

7) Global Alliance for Vaccines and Immunization - web site: www.vaccinealliance.org/

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are mandated for all persons, regardless of family history or immune status. Retrospective case-controlled studies have to include huge numbers of patients and require a great deal of time, effort and resources. Health authorities and pharmaceutical industry personnel have no interest in undertaking such extensive studies, which may lead to a causal relationship between the MMR and autism, a relationship they deny.

Distinguished investigators in the United States have demonstrated extremely high measles antibody titres in mothers of autistic children as well as in the affected children themselves. Our studies herein have identified a number of mothers who received such MMR boosters either during pregnancy or postpartum, and ascertained whether they were more liable to have autistic children.

ABSTRACT: VACCINATION DURING PREGNANCY

Over two hundred and fifty women enrolled in a study examining the possibility that live virus vaccines they received after age sixteen could have caused developmental problems in their children. Seven of these mothers report being vaccinated during early pregnancy: three received the rubella vaccine, two the measles vaccine, and one the combined measles-mumps-rubella (MMR) vaccine. The seventh mother received a hepatitis B vaccine but had received an MMR booster five months prior to conception. Six out of seven (85%) of the children who resulted from these pregnancies were diagnosed with autism and the last one, whose mother had received a measles vaccine early in pregnancy, seems to have a sensory integration disorder, and multiple social and behavioral symptoms which could suggest autistic tendencies. This child's twin brother died shortly before delivery. A mother who received the rubella vaccine at thirteen weeks of gestation, delivered prematurely. The infant weighed only one pound, eleven ounces, remained in a NICU for 115 days, developed sepsis, apnea and broncho-pulmonary dysplasia and needed oxygen and a monitor on discharge. The CDC and the vaccine manufacturer have always advised against live virus vaccination during and immediately before a pregnancy. This report proves that this recommendation is wise. Although they do not provide any clear answers, and in spite of any possible selection bias, the described findings raise several questions:

Were the live virus vaccines in any way responsible for these outcomes? Could the hepatitis B vaccine during early pregnancy have adversely affected that particular infant?

Alternatively, could the MMR vaccine given five months prior to conception have been a determining factor? If so, does revaccination of women of child bearing age with live virus vaccines predispose their children to autism?

Poor outcomes were also recorded when mothers were vaccinated in the postpartum period, featured in the abstract below.

ABSTRACT: POSTPARTUM VACCINATION WITH LIVE VIRUS VACCINES

Women who remain rubella-susceptible after repeated vaccination may have an immune dysfunction which can be transmitted to their children. Vaccinating these women during the postpartum period has been recommended and found "convenient." In this study eighteen mothers vaccinated during the postpartum period report problems with their health or their children's. Thirteen of the mothers studied have children with autism.

It has been found convenient in many instances to vaccinate rubella-susceptible women in the immediate postpartum period. Recent studies have shown that lactating postpartum women immunized with (rubella) live attenuated vaccine may secrete the virus in breast milk and transmit it to breast-fed infants. It is not known whether measles or mumps vaccine virus is secreted in human milk. Excretion of small amounts of the live attenuated rubella virus from the nose or throat has occurred in the majority of susceptible individuals 7-28 days after vaccination. Infants infected through breast-feeding have been shown to respond normally to rubella vaccination at 12-15 months of age. Breast-feeding is not a contraindication to rubella vaccination and does not alter rubella vaccination recommendations. Rubella vaccine recommendation: prenatal screen with postpartum vaccination.

The above statements represent the views of the Centers for Disease Control and Prevention (CDC) and the vaccine manufacturers relative to the administration of the rubella or the MMR vaccines after delivery. Expectant mothers are routinely tested for rubella immunity. If they are found to be rubella susceptible, they are usually advised to receive a rubella vaccine booster (or MMR) shortly after they deliver, i.e. during "the postpartum period." This practice has been said to be safe and convenient.

About two hundred and fifty women who were re-vaccinated with a live virus vaccine after age 16, were included in a study examining the possibility of a link between their vaccination and the development of autism in their children. Eighteen families were identified wherein the mothers were vaccinated in the postpartum period (fifteen from the United States, two from the United Kingdom and one from Australia). Thirteen of these families (72%) have children with autism or PDD. In one family, there are two affected children and the younger, who is less affected, has not received the MMR vaccine. The five other families

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report unusual health problems. In one case, the child who has severe cerebral palsy seems to exhibit symptoms of autism. In another case, the intact and only child has not received any MMR vaccine. If there was direct mother-to-child vaccine viral transmission in one situation, breast milk was not the mode of transfer, because the child had a hare-lip and cleft palate and could not be breast-fed. In ten cases it was the child born immediately before the mother's booster who developed autism. In nine others, that particular child was spared but the next-born child was diagnosed with the disease and in one case, it was the previous child who had autism. Symptoms of immune diseases were reported in several families.

Coincidence and/or selection bias cannot adequately explain the above findings. It seems from this small sample, that women who do not develop protective titers to rubella, after their initial vaccination and booster, have some immune difficulty which they may transmit to their children. Re-vaccinating such women during the immediate postpartum period does not guarantee that they will become immune to rubella, and may carry some risk to them and to their children. Health providers should clearly explain to mothers that rubella virus from vaccine will be excreted in their nose, throat and breast milk, and the postpartum administration of live virus vaccines should be thoroughly reviewed. Large scale independent investigations on the possible link between MMR, live virus vaccines, and autism are urgently needed.

The above may not represent the views of the organizations to which I belong.

VRAN wishes to thank Dr. Yazbak for his kind consideration in allowing us to reprint this abstract which was also published in the Autism Autoimmunity Project Newsletter, vol.1 #2, December, 1999.

F. Edward Yazbak, now retired, is board-certified in Pediatrics, and practiced in Rhode Island for 37 years. He was the Deputy Director for Pediatrics of the Child Development Study at Brown University, part of the Collaborative Study of the National Institute of Neurological Diseases and Blindness. Dr. Yazbak was also the Assistant Clinical Director of the Pediatric Infectious Diseases division of the Charles V. Chapin Hospital, Providence and the school physician in Woonsocket and North Smithfield, Rhode Island for several years. A previous study, "Autism '99: A National Emergency" is available at: http://www.garynull.com/Documents/autism_99.htm.

The full, unedited text of these studies are posted at: http://www.garynull.com/Documents/autism99b.htm and /autism99b2.htm.

Readers may also want to refer to a work by Scientific Board Member Dr. Harold Buttram, M.D., F.A.A.E.M., "Vaccine Scene 1999," at: http://www.woodmed.com

Other Health Related Information, as well as "Of MMRs and DTPs" by Board Member Laura J. Ruede, M.L.S., http://lib.tcu.edu/www/staff/lruede/mmrs

Autism Autoimmunity Project website: http://www.gti.net/truegrit/ √

Autism: Is There a Vaccine Connection? Part II: Vaccination during pregnancy

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The Centers for Disease Control and Prevention (1,2,3,4) and the vaccine manufacturers (5,6,7) have always warned against the administration of live virus vaccines during pregnancy, and shortly prior to conception. This report describes six mothers who received live virus vaccines and one who received a Hepatitis B vaccine during pregnancy (8) after having received an MMR booster five months prior to conception. All the children who resulted from these pregnancies have had developmental problems, six out seven (85%) were diagnosed with autism, and the seventh seems to exhibit symptoms often associated with autistic spectrum disorders.

A remarkable study from California released in March 1999, showed a 273% increase in Autism in that State in the last ten years. (9)Shortly thereafter "Autism 99, A National Emergency" a study based on the yearly reports of The U.S. Department of Education to Congress described similarly impressive nationwide increases.(10) Parents of children with autism are looking for answers to questions such as:

- What could be causing such an increase in autism in this generation of children, when autism was so rare in the past?
- What environmental factors could be implicated?
- Could something that happened to the mothers somehow predispose their children to autism?

Many parents have reported that their children's autistic symptoms had

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started shortly after they received their MMR vaccination. Was it possible the vaccine somehow reacted with antibodies which the child had received from his or her mother? And, if so, could that reaction start a chain of immune events which eventually would lead to autism? A study was devised to investigate whether there is any association between vaccination with live virus vaccine and autism. It was decided to target mothers who had received a live virus vaccine after the age of 16, whether or not they had an autistic child. If maternal antibodies were in any way a factor in the children's illness, then it would be reasonable to presume that the higher the maternal titers the more likely they are to precipitate the suspected immune reactions. Late re-vaccinations were the most liable to result in higher titers.

Women in the target group are usually re-vaccinated for two reasons:

- They need to fulfill requirements for higher education or employment.
- They fail to develop protective antibodies in response to prior live virus vaccinations.

This second group of mothers is particularly interesting, because their inability to produce protective antibody titers may not have been due to problems with the vaccine but rather to some immune dysfunction in the mothers themselves which could be passed to their children. Neither a prospective study of the general population nor credible retrospective studies are presently available and therefore members of vaccine groups and parents of children with autism were contacted via e-mail, newsletters and the internet, and asked to identify friends and relatives. Over 280 replies were received in 120 days. Of these, about 240 entries were complete and accepted. They will be included in the main study, due to be published soon. Seven situations where a mother was vaccinated during pregnancy are reported.

CASE REPORTS

Case 1: Mother who had been fully immunized received an MMR booster in College in 1985 and another during her postgraduate training in 1988. In 1992, she applied for employment in a hospital and was found to be measles susceptible Because she was pregnant and was afraid of the rubella vaccine component of the MMR, she requested and was given the single measles vaccine. She was carrying twins, and one died in utero at about term. A few days later, the mother was induced (pitocin) and delivered. The second twin, a boy, seemed healthy at birth. He is now described by the mother as "a high need child... Vaccine affected... and nervous system oriented". Mother does not believe he is autistic yet describes several social and sensory constellations of symptoms which could be associated with autistic spectrum disorders. Mother has remained measles susceptible but has declined further vaccines

Case 2: Mother received a rubella vaccine while pregnant with her first child. This boy has autism and according to the mother, "he seemed to lose some of the delayed skills that he already had" after he was given the MMR vaccine. The mother also states: "My other two sons have a lot of traits".

Case 3: Mother had all three live virus vaccines as a child and a booster as a teenager. In 1984, she was given a measles vaccine to fulfill college requirements. When she found out that she was pregnant she immediately contacted the health office at the college and her own HMO physicians, who were not concerned. Mother delivered a boy who reportedly had poor eye contact and was less responsive than expected. He was given his first MMR at age 16 months and according to the mother seemed to deteriorate after that. By age two, he was "visibly autistic", and the diagnosis was made at 26 months.

Case 4: Mother received an MMR booster in June 1994 five months prior to conception. She was also given a dose of hepatitis B vaccine on 9/1/94 and another on 10/6/94. Her third and last hepatitis B vaccine was administered on 4/6/95, while she was pregnant. She delivered a boy on 8/4/95 and breast-fed him for 8 months. The child was "normal in the first year of life except for some digestive problems". He received his hepatitis B vaccines on : 9/1/95, 10/2/95 and 6/6/96 and his first MMR at 16 months of age. He started exhibiting autistic symptoms at the age of 18 months and lost all language by the time he was 23 months old. He has been diagnosed with autism, has tested positive for Myelin Basic Protein Antibody, and has elevated measles antibody titers. He is often severely constipated and in need of stool softeners. A younger brother is developing normally and has been immunized routinely.

Case 5: Mother returned to college and was given an MMR vaccine in March 1990. A few days later she realized she was pregnant at the time of the vaccination. She delivered a boy in November whom she breast fed for six months and who started exhibiting autistic symptoms at the age of 10 months. The diagnosis of autism was subsequently confirmed. This boy received his first MMR on 12/18/91, his second on 8/18/95 and his hepatitis B series in 1998. The second child, a girl, born May 1992 is in good health and has been routinely vaccinated.

Case 6: This mother who was born 7/18/1965 was fully immunized as a child. She delivered her first child after a 5 1/2 months gestation on December 18, 1985. The baby weighed 2 lbs. and lived one month. On 10/8/1987 she delivered a daughter who reportedly has an anxiety disorder. In April 1992, the mother who was 13 weeks pregnant, was admitted to a hospital to undergo cervical banding. While in the

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hospital she was given a rubella vaccine booster because she was rubella-susceptible. She delivered thirteen weeks prematurely on July 5, 1992. The baby, a girl, weighed 1lb 11oz and remained in the Neonatal Intensive Care Unit for 115 days. She developed and was treated for sepsis, bronchopulmonary dysplasia, and apnea. She was also given her routine immunizations. On October 19, 1992 the baby had an alarming hypotonic-hyporesponsive episode following her second set of DPT, Polio and HIB vaccines. She was discharged from the hospital on October 28, with oxygen and an apnea monitor. Growth and development were reported delayed during the first year of life. The baby was given her MMR vaccine in October1993, and according to the parents she started with head banging and self abusing behavior shortly thereafter. She also developed severe constipation. A diagnosis of autism was confirmed at age 40 months.

Case 7: This Canadian mother received a rubella vaccine in 1981 when she was only a few days pregnant. She delivered a girl who appeared to be developmentally delayed starting at the age of two to three months and was mostly breast-fed for the first six months. The child received her first MMR on 7/14/1983, shortly after her first birthday and has been diagnosed with autism.

DISCUSSION

The Centers for Disease Control and Prevention (CDC) and the vaccine manufacturer have long advised against the administration of live virus vaccines to women during and immediately before delivery. Seven cases of women vaccinated during pregnancy are described in this report. Three mothers received the rubella vaccine, two the measles vaccine, and one the MMR vaccine. The seventh mother (case 4) received the recombinant Hepatitis B vaccine, but had received an MMR vaccine five months prior to conception. Problems with either the pregnancy or the child are reported in every instance. If these problems are indeed related to the vaccination, then the recommendation not to vaccinate during pregnancy is justified and should been forced. Six out of the seven children (85%) who resulted from these pregnancies were diagnosed with autism, and the seventh, (case 1) whose mother received a measles vaccine, exhibits symptoms which suggest autistic spectrum. This child's twin brother was stillborn.

One mother (case 2) may have more than one child with autism. A mother vaccinated with the rubella vaccine in the thirteenth week of pregnancy (case 6) gave birth to a very small premature infant who had a stormy neonatal period.

The problems with two children (cases 1 and 6) were apparent at delivery.(3) It is impossible to know in case 4 whether the hepatitis B vaccine given during pregnancy, or the MMR vaccine administered five months prior to conception, played any role whatsoever in the development of the child's autism. If the MMR vaccine did, then it could conceivably affect mothers vaccinated some ten, twenty or more months prior to conception and in some way contribute to the development of autism in their children. Selection bias alone can not explain all the reported findings. Another study on vaccination after delivery (11) is reported separately. The results of the main research on the effects of maternal vaccination with live virus vaccines after age 16 will be published in March 2000.

CONCLUSIONS

Seven mothers who were vaccinated during pregnancy have reported problems with the pregnancy or the resulting children. These problems may not have happened if the mothers had not been vaccinated, and therefore the recommendation not to administer live virus vaccines during early pregnancy and shortly before conception should be enforced more stridently. Consideration should be given to reinstate The Vaccine In Pregnancy Registry and to follow up the children born to mothers vaccinated during pregnancy for an extended period of time, as it is obvious that not all problems with the children were readily apparent at birth.(3) Six out of the seven children born to mothers vaccinated during pregnancy have been diagnosed with autism. If live virus vaccination during early pregnancy or several months prior to conception is in any way a factor in the development of autism, then a similar relationship between autism and live virus vaccination in general should be seriously investigated by independent longitudinal large scale studies. Susceptible adult females do not necessarily develop protective antibodies after receiving live virus vaccine boosters. The administration of Hepatitis B vaccine during pregnancy should be reviewed.

The logic of ongoing research to develop new vaccines which can be administered to pregnant women in an effort to "vaccinate two for the price of one" should be very critically questioned.

UPDATE FROM DR. YAZBAK: (FEB. 24, 2000)

"I received in the last six weeks, (after the two papers were published) 17 new reports of mothers who were vaccinated from 3 months before conception to few days after delivery. Every single one of them (100%) had a child with autism (and some, more than one). These cases will be reported in my third vaccine paper due in the next two weeks."

References can be viewed at: http://www.garynull.com/Documents

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HOMEOPATHY AND VACCINATION: THE POST VACCINATION SYNDROME

By Dr. Tinus Smits MD - The Netherlands, 1997

'Post-vaccination syndrome' has for several years now been an increasingly common diagnosis in my daily practice. By degrees I have established an effective method for treating this syndrome. I now consider it a duty to publicize my findings: for doctors, parents and any other persons interested in or concerned with this matter. Conscious of the real significance of this new diagnosis and also of the sensitive nature of the subject, I have compiled this booklet with great care.

It gives me pleasure to dedicate this booklet to all children who, consciously or otherwise, experienced adverse effects resulting from vaccination, and their parents, who were confronted with so many uncertainties and several sometimes substantial changes in the text to incorporate the opinions of a number of doctors unanswered questions. It is hoped that its publication may help reduce much unnecessary suffering and in this way play a meaningful part in the prevention and treatment of the post-vaccination syndrome.

INTRODUCTION

My interest in vaccination and its adverse effects dates from the time, some 20 years ago, that my own children were small. Throughout the intervening period I have collated information and, mainly during the last ten years, have recorded the testimony of my own practice.

Information is the starting point to awareness, then conscious choices can be made and solutions found. Therefore doctors, parents, patients and paramedics have to be informed about the possibility of this syndrome. This will greatly enhance the acceptance of post-vaccination damage. Understanding of this phenomenon is also important to avoid heightened risks in succeeding generations.

Homoeopathic practice has recognized that chronic complaints can develop following vaccination ever since the general introduction of smallpox vaccination in the 19th century. For many years Thuja was acknowledged by homoeopaths as the proven remedy for these complaints, whose treatment by homeopathic means however appeared to me to be less than satisfactory. About ten years ago I acquired the book *La mèdecine retrouvèe* by my colleague Jean Elmiger, which caused me to change my methods of treating post-vaccination disorders and my feelings of helplessness began gradually to disappear. The method he described was simple and easy to use both for treatment and prevention. I made a habit of enquiring about each child's vaccination history and a grateful mother would frequently exclaim: "It's just what I've always said, but nobody would believe me; they said those complaints couldn't have anything to do with the vaccinations."

Vaccines appear to have more side-effects than has hitherto been accepted. It must be recalled that vaccines are composed of weakened, dead or divided germs or toxins with their additives, to which impurities (aluminium phosphate, aluminium hydroxide, neomycin, thiomersal (a mercury compound), formaldehyde, 2-phenoxyethanol, chicken protein) always cling. My discussion will show that vaccinations can be responsible for both acute and chronic health problems. I should like to bring this booklet to the attention of all doctors, parents, patients and any others who have in any way been involved with the consequences of vaccination.

My review covers consecutively: the post-vaccination syndrome, the homoeopathic method, confirmation of the diagnosis, possibilities for treating PVS, prescription, preventive measures, weakening of the general defence mechanism, recommendations for further research, recommendations for vaccination policy and conclusions.

For ease of readability I have gathered the case histories as far as possible together in a separate chapter at the end, to which the reader can refer at his convenience.

BASIC DESCRIPTION OF THE 'POST-VACCINATION SYNDROME'

The symptoms united in this syndrome originate from two sources. On the one hand a large number of these symptoms are frequently cited in the literature as post-vaccination symptoms; other symptoms are my own observations. It must be stressed in this context that any symptom that manifests itself following vaccination and only disappears after treatment with the potentised vaccine is caused by the vaccine concerned.

The PVS can be divided into an acute and a chronic syndrome. The following are the main symptoms of the acute syndrome: fever, convulsions, absent-mindedness, encephalitis and/or meningitis, limbs swollen around the point of inoculation, whooping-type cough, bronchitis, diarrhoea, excessive somnolence, frequent and inconsolable crying, penetrating and heart-rending shrieking (cri encèphalique), fainting/shock, pneumonia, death, cot death (since the Japanese delayed the whooping-cough vaccination to the age of two years, cot deaths has been practically obliterated in Japan1).

By carefully studying and recording the cases we arrive at the following catalogue of chronic post-vaccination symptoms: colds, amber or green phlegm, inflamed eyes, loss of eye con-

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tact, squinting, inflammation of the middle ear, bronchitis, expectoration, coughing, asthma, eczema, allergies, inflamed joints, tiredness and lack of vigour, excessive thirst, diabetes, diarrhoea, constipation, head-aches, disturbed sleep with periods of waking and crying, epilepsy, rigidity of the back, muscle cramps, light-headedness, lack of concentration, loss of memory, growth disturbances, lack of coordination, disturbed development, behavioural problems such as fidgeting, aggressiveness, irritation, moodi-ness, emotional imbalance, confusion, loss of will-power, mental torpidity.

This list must needs be incomplete as the symptoms of post-vaccination illness can be extremely varied. The diagnosis is based not so much on the actual symptom as on the point of time of its appearance. To add to the complication it is not possible to attribute certain individual symptoms of the PVS specifically to the DKTP- or DTP vaccination, others to the MMR-vaccination and yet others to the HIB vaccination. In practice it must be accepted that each vaccine can be responsible for several of the symptoms named and also for additional symptoms that have not been mentioned. There is also no clear demarcation between acute and chronic complaints as the acute conditions are often the beginning of chronic suffering.

The fact that someone has displayed no direct or acute reaction to a vaccination does not necessarily exclude the possibility of the vaccine being the cause of chronic complaints. These complaints usually become clear only after one, two or even more weeks have passed and dismissing a diagnosis of PVS in chronic cases because of the time-lapse between the cause (vaccination) and the appearance of the condition is fundamentally wrong. Ellen, case 12, page 29 demonstrates this. It is often only after the second, third or fourth administration of the vaccine that problems suddenly occur. A good example of this is Jurgen (case 1, page 14).

THE HOMOEOPATHIC METHOD

Diagnosis, treatment and prevention are all carried out according to the homoeopathic method. A basic knowledge of homoeopathy is therefore necessary. Homoeopathy was discovered and promulgated worldwide 200 years ago by the German Samuel Hahnemann. The principles of homoeopathy are based on the law of similars, which is to say that patients should be treated with medicaments that produce in healthy individuals symptoms that are similar to those present in the patient. Such properties of medicaments are published in materia medica. The homoeopathic remedy acts on the deeply seated energetic disturbance that is the cause of the disorder. It will be clear that complaints can only become chronic if the injected substance—I am limiting my arguments here to problems associated with vaccination - has brought about such an energetic disturbance or directly caused tissue damage. The injected substance is quickly excreted from the body and can only be the cause of continuing disorders when tissue has been damaged. Chronic conditions associated with PVS are therefore mainly based on energy disorders.

Material remedies are too coarsely structured to work directly on the energetic disturbance. Homoeopathic curative methods therefore make use of strongly diluted and potentised remedies. Our starting point for the treatment of PVS is a one-in-a-hundred dilution in pure water of the vaccine, strongly shaken 100 times (potentised). This yields the 1C potency. One part is then mixed with 99 parts of water and potentised 100 times to produce the 2C potency. If we repeatedly use the same flask, the single-glass method, we refer to a Korsakov or K-potency. If we use a separate flask for each dilution, the multiple-glass method, we refer to a centesimal Hahnemann potency, or CH- or C-potency. By carrying out this procedure 30 times we obtain the 30C or 30K. To eradicate an illness completely it is often necessary to apply remedies of differing energy levels. The higher the potency the finer the structure of the remedy. It has been shown experimentally that particular potency levels lead to the best results so for years we have sequentially used the 30C, the 200C, the 1M (1,000C) and the 10M (10,000C). I personally always use K-potencies though it is equally possible to achieve the same results with C-potencies. When one-in-ten rather than one-in-a-hundred dilutions are made we refer to decimal or X-potencies. X-potencies are also frequently used in the Netherlands.

A 30C could be defined as a purely energetic remedy that has been serially diluted thirty times (100-30) and potentised 30 x 100 times (10030).

If a vaccine is the cause of an ailment, the same vaccine in a homoeopathic dilution (for example DKTP 30K) is the perfectly correspondent remedy (similimum) and can therefore be applied both as remedy and as diagnostic agent.

NB The author uses K-potencies, so you will find 30K, 200K, MK and XMK, corresponding with 30C, 200C, 1M and 10M.

GENERAL PRINCIPLE

How can it be claimed that homoeopathic dilutions of a vaccine can cure an ailment that has itself been caused by that same vaccine? In reality the vaccine propagates the ailment and homoeopathy has ever since its beginnings used agents which cause disease, after dilution and potentiation, as remedies. Remedies such as tuberculinum (tuberculosis), syphilinum (syphilis) and medorrhinum (gonorrhoea) were successfully applied in the

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19th century and today are still frequently used homoeopathic remedies.

Once a complaint has penetrated to the energetic level—we are considering chronic ailments—it is possible to use the potentised cause of the complaint (the homoeopathic remedy) to cure the ailment. Such ailments are not only caused by vaccines but also by other medicines. (An example of this is case 2 in the booklet) Naturally occurring diseases such as chicken-pox, influenza, glandular fever and cytomegalovirus etc. can equally cause chronic symptoms long after the actual ailment has disappeared.

The following are two case histories of the many cited in Dr. Smits'booklet:

CASE 15

A good example of too many vaccines being administered together is provided by Marieke. Her fourth DKTP and HIB were postponed and at 15 months she had to receive another DKTP, HIB and MMR. She was given them at the same time, a total of eight vaccines. Her mother's anxious question whether that was all right was answered in the affirmative: the child was quite strong enough. Nevertheless she had reacted to the first three DKTP's and HIB's with a temperature above 39∞C and by shrieking inconsolably (especially the first time).

The ninth day after this massive inoculation she had a seizure with rattling respiration accompanied by slimy expectoration and her right side became completely rigid. Her temperature rose to 41.2°C She was admitted to hospital where she was given a lumbar puncture and further blood tests, but no infection was diagnosed. After two days she appeared completely recovered but at eight o'clock on the third morning she had a serious epileptic attack which lasted until towards evening. Marieke was no longer Marieke. Her speech was reduced to hmm, hmm... She constantly rocked backwards and forwards and up and down. There was no longer any eye contact; it was 'as if she's looking straight through you'. All warmth, joy and feeling of happiness and sorrow had disappeared. She had become an invalid baby that needed help feeding, could not crawl, walk or talk. Her growth practically ceased. Marieke appeared to have lost her sense of balance; she waved her arms when walking and by now had had two months of physiotherapy and speech therapy. She only said 'mummy' and 'daddy'. But there was no repeat of the epileptic attacks and the medication was reduced after three months.

Now two-and-a-half, her condition had never been diagnosed as a post-vaccination syndrome. Her paediatrician repeatedly enquired if her mother still believed it came from the vaccinations, and the mother replied that she was 99% certain it did. Actual proof of a causal connexion would also in this case have to come from the potentised vaccine, however. We started the treatment carefully with just a MMR in homoeopathic dilution with a week between each administration. It was not certain that Marieke would still be able to recover fully. This misery could probably have been avoided if such vaccine-cocktails had been a thing of the past.

Treatment was started on April 22nd and I saw her again on the 14th of August, nearly four months later. She had been given each potency of the MMR twice because her condition worsened each time. The last dose (XMK) was given three weeks previously.

Marieke had changed enormously. She immediately got a runny nose and went through a highly emotional period during which she cried about literally everything and held on to her mother, just like when she was in hospital. But by now she feels safe again with father and mother and she can safely be left with people she knows. Her mother calls her describes her as radiant; she is freer, approaches people, is decided in what she wants. Her coordination has improved beyond measure. Her bearing is no longer that of a baby, her muscular control and balance have improved by leaps and bounds. She can walk normally again without waving her arms. Her pupils are no longer dilated and function normally and her oversensitivity to light is much reduced. Her digestion has improved; there is no undigested food in her faeces, which smell more normal. Her speech has improved; she uses some new words but in this is still backward for her age. Generally speaking she is about half a year behind her actual age, which means she has caught up about one-and-a-half years in four months. A consultation with the welfare-centre doctor who gave her all the vaccines together has not proved very satisfactory. She maintains that she acted correctly and says that she would do the same in similar cases in the future.

I decide to eliminate the disturbances from the other vaccines (DKTP and HIB) after one treatment as Marieke is far healthier. If necessary the whole procedure can be repeated. It looks as if Marieke, too, can recover completely from her post-vaccination syndrome. This treatment has at the same time definitively shown the cause of the bodily and mental retardation to be post-vaccination syndrome.

CASE 13

Ralf was one-and-a-half and had had eczema from the age of seven months. For a week following both the DKTP/HIB's and the MMR he awoke shrieking and screaming and did not want to go to bed in the evening; he was in a state of panic and had to be nursed to sleep. After the third DKTP/HIB he also started to vomit and had fetid stools. His eczema seriously worsened after the

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MMR and he became aggressive and tense and started throwing things. His mother spoke of a breakdown. Whereas he had been thoroughly content for the first half-year, he had now for six months been restless and prone to regular colds. From his seventh month he drank a lot at night and, since the MMR, during the day.

Treatment with a series of MMR 30K, 200K, MK and XMK was started and three weeks later he was given a series of DKTP/HIB 30K, 200K, MK and XMK. After the homeopathic MMR series he became much happier and when the DKTP/HIB series was finished he was 'the little boy she once knew' as the mother said. He became talkative again, happy and full of grit.

However, his night-time thirst remained undiminished and he would not calm down until allowed to drink. In addition he had a bad cold and watery, slimy faeces. I gave him a repeat series of MMR, following which for three days he woke up screaming and was afraid to go to bed in the evening, just as after the MMR inoculation. Otherwise there was little to report. Two weeks later the DKTP/HIB series was repeated and he reacted to this similarly as to the MMR; this also lasted for a couple of days. Then his excessive thirst at night disappeared within a few weeks, he slept increasingly peacefully and for three months the eczema could be observed to decrease without additional treatment. All symptoms arising following the vaccinations have completely disappeared.

Not all children are disturbed this clearly as a result of vaccination, but here is one of the fortunate few who was able to profit from a planned programme of recovery. Ralf is part of a family that has a history of adverse reactions to vaccination. His mother visited Indonesia on holiday in 1983 and was given two each of cholera, DPT and typhoid and one gamma-globulin (preventive injection against hepatitis A) injections. Since then she has suffered from fatigue for 11 years long (case 7). Her father had previously also been to Indonesia, on military service, and had the necessary injections. Ralf is thus the third generation displaying vaccination problems.

CONCLUSIONS

The 'post-vaccination syndrome' diagnosis has unquestionably earned a prominent place in paediatrics. The condition can at the same time be treated successfully by the use of potentised vaccines as described in this booklet.

RECOMMENDATIONS

The insights obtained from careful observation and the use of potentised vaccines have led to a number of recommendations with respect to Dutch vaccination policy, as formulated in the chapter Recommendations.

RESEARCH

Because homeopathy is efficient in the treatment and prevention of the PVS good research is of the greatest importance. In Holland a research has been started in the beginning of 1999 and will last for one year.

Editor's note: We would like to express deep appreciation to Dr. Tinus Smits for his kind consideration in allowing us to print the foregoing excerpt from his booklet on the homeopathic diagnosis and treatment of Post Vaccination Syndrome. To view or download the complete version of this work, please refer to Dr. Smits' website at:
http://www.dse.nl/~mtsmits/english/

Please also refer to the website for more information on other books written by Dr. Smits: "Inspiring Homeopathy—The Treatment of Universal Layers" and the "Practical Material Materia Medica for the Consulting Room." And many thanks to Dr. Jan Lips, of the Calgary Centre for Homeopathy for directing us Dr. Tinus Smits' work in the Netherlands and his successfully treatment of many cases of post vaccination syndrome with potentized homeopathic vaccines. √

Letters From Parents

FEB 8, 2000
DAWSON BRUNTON: THE LITTLE MAN WITH A MESSAGE !!!!!

Dear Edda;

My son is Dawson Brunton and the message he brings us is respect and faith. On January 18, 1996 I gave birth to the most beautiful gift from God, my son. After a very difficult pregnancy due to my having cancer, Dawson was born prematurely at 32 weeks weighing 4 lbs. 5 oz. We were so excited to bring him home when he was three weeks old. I breastfed Dawson until he was 3 months old and then was ordered to wean him when I had to go into the hospital to remove the cancer. I hated to stop nursing him, but was told I had to.

Doctors assured me he was thriving and was a strong baby. Each day brought happiness and excitement. Love was a word not strong enough to describe how I felt about him. Dawson reached all his developmental milestones on time and even ahead of expectations for a premature baby. He began to use words before his first birthday and behaviourally was described as such a happy, well-connected little boy. Life was good. Our family fought my health problems and we were so grateful to have Dawson.

Dawson received his first vaccinations at 3 months, 5 months and 6 months. Looking back with the knowledge I have gained I see the doctor's desire to hurry and get the needles over with - MEDICAL CONVENIENCE, no respect for my son. With these first needles, his leg would get red and sore but never a fever or any other problems. I was always told to give him tylenol and that would help. I was also given the option to give the tylenol before vaccination to counteract fever if it should develop.

On February 18, 1997 our lives changed dramatically. Dawson went for his routine MMR vaccination. He had been scheduled for his shot the previous week, but it was delayed because he had a small cold. Hum!!!! Now it makes sense. I spoke of my concerns but was assured that "Nothing would happen—maybe a slight fever". Within hours after his shot Dawson's leg swelled and a fever developed. The doctor assured me that this was normal. It hurt him so much that he stayed on the couch and wouldn't move. It was hot and sore to touch. I was worried and called the doctor, but for every concern I had, the doctor reassured me that all was normal and to give him Tylenol and all would be okay.

Two weeks to the date of his MMR shot, Dawson was hospitalized with chest infection, diarrhea and vomiting. During the next month he was hospitalized another 2 times with gastrolitis. His diarrhea was so severe, he was going 7–8 times a day. Two months after his vaccination Dawson was diagnosed with Type 1 insulin dependent diabetes. I never stopped crying and yearning to see my baby well. Over the next year things got worse. Physically he had been getting sicker and sicker, losing weight, with chronic diarrhea and was becoming more and more distant. His health was in jeopardy. He lost all speech, retreated from making contact with others and was extremely distant. He would spin repeatedly and stare into corners.

And then Dawson was diagnosed with autism. The questions overwhelmed my brain—WHY and HOW? Nobody answered me, but would only refer me to "Special Schools". In my heart I would cry, this is my son, he deserves an explanation and has the right to get well. Daily he was referred to as my autistic son, not my son who has a disorder called autism. My anger and frustration was overwhelming. Why didn't anyone want to help and acknowledge that there was a problem?

In December 1998, we flew to Dallas Texas, and for the first time received the care, diagnosis and treatment we had been searching for. Until then, I did not realize that the MMR had done the damage to my child. I now understood that what had happened to Dawson was because of the MMR vaccine, and we began to learn how we could help him recover. Every doctor in Canada only offered bandaid solutions for Dawson's problems, never dealing with why this happened and how we could intervene and help him heal. We were told that Dawson would always need "special schools", that he will love numbers but may never connect socially, and the most hurtful was "He doesn't love you—he sees you as a means to an end."

To put it bluntly, there are no services available for Dawson and other children like him in Canada. I have one pediatrician who respects my desire to help my son. He also supplies us with the secretin that is part of Dawson's supplemental therapy. Other than him, doctors think I am crazy and neurotic. Recently, our family was even fired by our last family doctor for using alternative, complimentary medicine.

Research in the United States is pointing to autism as a neurological and metabolic disorder and not a psychiatric or mental problem. We consulted with Dr C.A. Kotsanis in Texas and with Dr. Bradstreet in Florida. Both of these doctors believe in my son and have developed protocols that can help change the health outcome of autistic children.

Changing the child's diet is key. In order to understand which supplements to use, the doctor must complete several tests. Gluten free and casein free pure organic food, no chemicals, a range of dietary supplements to help digest food, vitamin C, chelating vitamins, ambrotose several anti-yeast substances are just a few examples. Intervention is the key. Doctor

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Kotsanis follows the DAN (Defeat Autism Now) protocol, as do several other doctors in the US, including Dr. Bernard Rimland whose pioneer work in autism research has helped so many families. He also sells the DAN manual available in his research facility in San Diego California.

As soon as we changed Dawson's diet, put him on a range of supplements, regular doses of secretin as well as occupational therapy, ABA therapy, (ABA is Applied Behaviour Analysis- an indepth behaviour program set to clarify skills through positive reinforcement) and seeing a chiropractor on a regular basis, he began to improve. It is like having 3 full time jobs. And gratefully, my son's diabetes is changing too. After changing his diet and focusing on healing his body, his need for insulin has been reduced from three needles a day to one. No doctor can explain it.

Dawson is alive again!!! He will look at me now, follow directions, and play with toys and his sister. His behaviour has changed and he continues to improve. Dawson now cries, feels pain and seeks comfort when he is confused or sad. He responds to his name and understands demands asked of him, and at school he now has friends. Every day is a struggle to help him continue to grow and expand his skills. Every inappropriate behavior must be addressed and every challenge he has must be broken down into a skill so he can continue to learn. He can do it. I know it!! The spiritual connection I have with my son is stronger than any limit someone tries to place on him. Dawson may always be different but aren't we all. We try and raise our children to be unique, to stand out from the crowd but when this happens we limit the expectations. NOT MY SON!!!

Some days I cry and scream and wonder how this could have happened and how can so many people turn there back on our plight. How can someone decide that my son's life can be risked this way? Damn them!! The ignorance and prejudgment from some people is sickening. HE IS A HUMAN BEING. He has self-respect!

On Feb.11, I had the privilege of consulting with Dr.Bernard Rimland at the Geneva Center in Toronto, a wonderful man, who spoke with such respect for individuals fighting autism. He recommends high doses of vitamin B6, magnesium and DMG. His research has proven that 50% of children will change. Further information can be found at:
http://www.autism.com/art

We believe that Dawson will have a meaningful and productive life. It is my dream that people will learn to respect those with autism rather than judge them. Just because you don't see it doesn't mean it doesn't exist. As of yet Dawson is not verbal—he is trying and one day will succeed. He did it once, and he will do it again. His self-esteem is growing as is his zest for living and he will make it!

God Bless,

Becky Brunton, Dawson's Mom

Additional Note:
To Contact Dr. Kotsanis in Grapevine Texas, call 817-481-6342
Dr. Bradstreet in Florida: 407-953-0278 and http://www.GND.ORG
Doctors fighting autism follow the DAN protocol. They have yearly meetings. A good book for parents is the biological treatments for Autism, by Dr. Shaw.
Extensive Autism links:
http://www.autism.org

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CYNTHIA HORAN AND TREVOR

Dear Edda,

I would certainly not mind you reprinting my letter to Gloria. I have read several issues of your newsletter and have seen your article in the October *ALIVE* issue. It's wonderful people like you who will eventually wake up all the parents in Canada to the dangers of vaccination. Your articles are being handed to me by so many individuals that are suddenly becoming aware of the problem and who are now "spreading the word".

I had a T-shirt made that says "Be autism-wise... don't immunize" on the front; and "Vaccinations are NOT mandatory... Investigate before you vaccinate" on the back. You'll notice the last phrase comes from your newsletter. I hope that people will at least realize that it is a choice—not a law. I'm shocked by the number of parents who don't know that vaccination is not mandatory.

I met the mother of another autistic boy in Trevor's music therapy class. This child is 5 years old and was doing very well in terms of speech, etc. He was requiring hand-over-hand assistance in playing a toy drum and was very withdrawn. His mother told me that he was doing so well but had been regressing over the past few months and described it as an awful stage for him. Then we started chatting about the vaccine connection to autism and she said that she felt that her son became autistic after his 18-month shot, as well. Then she explained that it was right after his preschool shot that this awful regression began. I wish you could have seen the look on her face when I told her that she didn't have to vaccinate him with the preschool shot in order for him to attend school. I really had a hard time fighting back the tears... the same doctor destroyed that little boy twice!!! I hope that I live to see the day that the doctors who do this to children can be charged with reckless endangerment.

Thank you again for all of the hard

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work you do to save children and adults from this kind of life.

Sincerely, Cynthia Horan

Note: With special thanks to Gloria Dignazio for forwarding Cynthia Horan's letter to VRAN. Gloria's daughter Sara is vaccine damaged and suffers from autism spectrum disorders.

July 3, 1999

Dear Gloria & Lawrence,

My name is Cynthia Horan. I am the mother of Trevor, who will be 4 in September, 1999. He was diagnosed with "autistic characteristics" in September, 1998. Trevor was perfectly normal until after his 18 month vaccination. All of his development in terms of rolling over, walking, etc. was normal. My niece is one month older than Trevor so I remember comparing the development with my sister when our kids were little. They were the first children for both of us, so naturally every milestone went on the baby calendar.

My husband and I had a new baby and moved around the time Trevor was two-years-old, so we felt that his "problems" were because of these changes. When his words disappeared completely by two years of age, our family doctor said not to worry about it until he was closer to three. When he stopped eating normal food in March '98 the same doctor assured me that all kids go through that stage. By October '98 I was on the phone to St. Amant literally crying for help. By that time Trevor was drinking a little bit of water, a multi-vitamin and a few bites of cereal bar each day. As he continued to lose more weight (he was never "heavy"), the doctors weren't terribly concerned! At least St. Amant was alarmed and we have been getting their help since Dec. '98.

As we learned more and more about autism we knew that Trevor had been normal up to around 18 months. My husband, Barry, and I went over and over his first year of life trying to remember any warning signs that we missed.

Then I heard a few moments of a talk show on 1290 about vaccine damage. I think it was Mary James (I'm sure you know her—she is with the Association for Vaccine Damaged Children). She was talking about vaccine damage and how she had lost a child due to vaccination. My initial reaction when I tuned in and heard a debate about whether or not to vaccinate was, how stupid it would be to risk a child getting a crippling disease like polio in this day and age. Then autism crept into the conversation and the possibility of vaccine damage crept into my mind.

A while later I had dropped Trevor off at nursery school and was driving across the city with my daughter to visit my parents when I tuned into Larry Updike on CJOB. Again the conversation was on vaccination damage. You came on the radio and talked about taking your daughter to the States and getting the post-vaccinal damage diagnosis. I sobbed the rest of the car ride as hearing you talk finally made it all come together for me. I realized at that moment that I was the one who took my little boy in for the vaccination that did this to him.

I put on the home videos of our son and Barry and I watched our beautiful, NORMAL little boy. Suddenly at the 18 month stage we noticed "that look" develop in his eyes. The far away look as Trevor started "disappearing" in front of our eyes. The changes in Trevor occurred most noticeably around the 20 month mark. That's when toe-walking and self-stimulation began to occur. From these videos we can see that his speech started to regress at that timeframe. Trevor never showed any noticeable effects from the vaccine at the time of the shots. There were no rashes, fevers, screaming fits, etc. That is why we never connected the two until I heard you on the radio.

I am going to see my family doctor this week and I'm going to confront him on the issue of vaccine damage. Nothing was ever mentioned to either me or my husband about it. Your talk on the radio prevented me from vaccinating my daughter (except for the first few shots before I knew). If not for you I honestly believe that we would likely have another autistic child. For that I can't thank you enough. I make a point of telling anyone who will listen that Trevor suffers from vaccine damage. I plan on taking him to the doctor with me even though I've switched him to a pediatrician just to make a visual impact on my doctor. I want him to see what he's done. I applaud you for taking legal action against your doctor. I have no plans to sue my doctor but I would really like to know what happens in your lawsuit. Surely there must be enough parents to make a public awareness of these tragedies.

Thanks again,

Cynthia Horan

Please contact me at: bchoran@icenter.net or phone (204) 253-8332. √

Letters to the Media

Editor's note: The following is an excerpt of a letter to the Winnipeg Free Press (Mar.1/00) in support of the military prosecution of Mike Kipling, and Leona Rew's reply.

"If soldiers who are being deployed to war zones around the world are permitted to pick up and choose the vaccinations they receive, it is only a matter of time before there will be a public-health catastrophe in Canada.

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Diseases like cholera, typhoid fever, yellow fever and measles are still common in some parts of the world. Mortality from these diseases can be quite high. The modes of transmission —contaminated food and water, droplet exchange and insect bites— combined with incubation periods of up to several days, when added to rapid redeployment to another hot spot equals the possibility of introducing an exotic organism into an area where it has never been experienced before. A soldier exposed to yellow fever could be back home at home in Canada hours or days before the first symptom hits. By then, his family has been exposed before the disease is diagnosed.

Do we want to promote the right of the individual to accept the risk for dread disease when it could override the right of the many to be protected from unwitting exposure to the same disease? Whose rights should prevail? There are precedents for the protection of the public good, such as drunk driving laws and the new smoking laws. So, sorry Mr. Kipling, but this court martial is justified, whether you are still a serving member or not."

Jan Fortier RN - Winnipeg

Leona Rew responds to Ms. Fortier: March 6, 2000

Dear Editor,

This letter is in response to Jan Fortier's diatribe against Sergeant Mike Kipling. (Disease spread outweighs rights, *Free Press*, March 1)

To begin with, this nurse needs to get her facts straight. The vaccine sergeant Kipling refused was anthrax not yellow fever. Neither does he need a lecture on vaccination against yellow fever. After 26 years with the military he has a drawerful of immunization booklets as proof of vaccination against yellow fever and a host of other diseases.

However, by focussing on yellow fever Fortier has very cleverly diverted attention from the issue at hand, namely, the experimental nature of the anthrax vaccine.

Had Fortier consulted Kipling she would have discovered that subsequent to his first inoculations for duty in the Gulf War in 1990-91 he experienced chronic illness not unlike the symptoms known as Gulf War Syndrome. These symptoms lasted a year and were also transmitted to his family. By the time he made his decision to disobey a military order in 1998 the vaccine was no longer mandated for British and French military personnel and reports of the experimental nature of the vaccine as well as improper licensing and safety tests had already begun to surface, culminating in a lack of confidence in both the vaccine manufacturer and the Canadian government to guarantee vaccine safety. Coupled with the Canadian government's disgraceful treatment of military personnel suffering from Gulf War Syndrome, Sergeant Kipling said no. He put his health first. After all, how effectively can a sick soldier serve his family and his country?

As for Jan Fortier R.N., her "schadenfreude" or sense of delight at Kipling's misfortune is chillingly revealing. Her purported concern for public health belies her blatantly callous disregard for individual human health reminiscent of governments, institutions, administrators and foot soldiers whose obsession with public health at the expense of the individual created regimes capable of the unthinkable. Who is the real threat to public health?

Respectfully,

Leona Rew, Co-director
Vaccination Risk Awareness Network

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Editor's Note: The following letter from Les Cook was published in the North Huron Citizen in response to another letter accusing nursing home staff who refuse the flu vaccine of being "very selfish".

Subject: vaccine letter to the editor
Date: Tue, 22 Feb 2000

To the Editor

In a letter to the editor of the *Citizen* (February the 15th) the writer concludes that those who want to work, without being forced to take the flu vaccine, are selfish people.

I don't know all the nurses who were interviewed in the letter, but I do know Linda Loder very well, and I know that there is not a selfish cell in her body. She is the most kind, gentle, compassionate and selfless person I have ever known. So if selfishness is not the reason for their protest, let us ask the question, why?

It's obvious this stand is not to make themselves popular! Could it possibly be out of concern for their patients? It is possible that these people and many more like them believe they can stay healthier and more able to care for their patients, if they refuse to take the formaldehyde and mercury contained in the flu vaccine into their bodies. Who is safest at the nursing-home, the patient who was cared for by Linda Loder who hasn't had the flu in years, or the one who is cared for by a nurse who has been vaccinated, but comes down with the flu anyway? There is absolutely no proof that a vaccinated person is any less contagious than one who is unvaccinated.

I believe it is a violation of human rights to make vaccinations mandatory in order to work during a flu outbreak. Common sense suggests that if the vaccine works, the unvaccinated

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person presents no risk to a vaccinated person that is supposedly protected. One needs only to take a casual glance around at the hospitals and nursing homes during a " flu season " to see that the vaccine certainly isn't doing what its proponents claim it will do

I believe we need more research along this line , but until that is done, let's not call people selfish who refuse the vaccine. They must have very good reasons, and after all there are no guarantees that the nurses who are vaccinated are any less apt to carry the flu to a patient than those who are not.

Sincerely,
Les Cook

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VACCINES BLAMED—Waikato Times, New Zealand
EDITION: 2
SECTION: FEATURES:LETTERS

The New Zealand meningitis epidemic has raged for nine years, causing more than 3000 cases and 142 deaths. Overseas researchers like Dr A Wakefield (London), Dr H Coulter, Dr L Horowitz (US) and Dr G Buchwald (Germany) say that vaccinations are the leading cause of the increases in brain disorders such as dyslexia, learning difficulties, attention deficit hyperactive disorder (ADHD), autism and meningitis.

It is interesting to note that the increase in meningitis cases followed the introduction, in 1990, of the MMR-vaccine into the New Zealand vaccination schedule, while the cost of drugs used to treat ADHD in New Zealand also sky-rocketed, from $76,000 in 1992 to $796,000 in 1996.

The injection of three live viruses (measles, mumps and rubella) appears to overwhelm children's immune systems to such an extent that they become vulnerable to meningitis, especially where conditions of poverty give rise to malnutrition and overcrowding. We believe that contaminating the organisms of babies of consenting parents with yet another vaccine, in addition to the 25 vaccines (including boosters) they are already given between the ages of 6 weeks and 15 months, will only compound the problem likely to have been caused by vaccination in the first place.

ERWIN ALBER
Spokesperson, Vaccination Information Network, Kaeo

Forwarded to VRAN by Meryl W. Dorey, President, The Australian Vaccination Network, Inc. http://www.avn.org.au

"All truth goes through three stages. First it is ridiculed. Then it is violently opposed. Finally, it is accepted as self-evident."

Schopenhauer √

HEALTH WORKERS FACING MANDATORY FLU SHOTS

This year's flu season extending from fall/99 through winter 2000 brought aggressive posturings by health officials in several provinces, the most coercive being Ontario where a coroner's jury has recommended that all residents and workers in Long Term Care Facilities be required to have flu shots, without exception. The jury's top recommendation is: "Provincial legislation should be in place prior to July 1, 2000 requiring residents of LTCF and all staff of those facilities to be vaccinated against influenza annually, prior to flu season unless there is proof of medical contraindications. The legislation should specifically disallow philosophical objections and include monitoring and enforcement elements."(1) This recommendation came after 18 elderly people died after contracting Influenza A in a Kitchener nursing home.

When inquiries were made as to how many of the deceased had received the flu vaccine prior to their death, nursing home files revealed that 15 elderly people had been given the shots, and three had refused. Additionally, once the flu outbreak got started, all residents in the nursing home were also given the drug amantadine hydrochloride which is marketed under the brand name Symmetrel.

Clearly the vaccine did not prevent the deaths of these frail and elderly people. Wouldn't a more logical and reasonable conclusion by the coroner's jury have been, that not only did the vaccine fail to 'protect' these people, but given the large numbers that died within a short period of time, and given the propensity of vaccines to undermine immune system health, a more plausible conclusion would find

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flu vaccine to be useless (at best) or complicit (at worst) in contributing to illness and death in this elderly population? Added to this equation is the compounding factor of the drug amantadine and the questions that must arise in terms of possible side effects, and adverse reactions that could have contributed to these deaths. Amantadine is an antiviral compound that is also used in the treatment of Parkinson's disease.

An article in the Canadian Medical Association Journal (1997) indicates that "Amantadine may cause both central nervous system and gastrointestinal symptoms. Occasional serious side effects include marked behavioural changes, delirium, hallucinations, agitation and seizures. These occur more frequently in elderly people and in people with seizure disorders, psychiatric disorders or renal insufficiency". It also raises cautions about the emergence of amantadine-resistant viruses that may lead to further cases of influenza and indicates that patients with acute flu receiving the drug must be isolated from those "receiving amantadine prohylaxis".(2) An NIH Consensus Statement (1979) raises the concern that "The spontaneous development of amantadine resistance among influenza A viruses in culture occurs at a relatively high frequency" (3)

Many health care workers, including nurses who staff these facilities, fearing side effects and health injury, have rejected the vaccine and amantadine that is offered as an alternative to getting the flu shot. Nursing home administrations across the board have made arbitrary rulings that if staff do not submit to these 'prophylactic' measures, they will be barred from work in the event of a flu outbreak. Those who rejected this forced medication found themselves suspended without pay while outbreaks of flu made the rounds of nursing homes.

Many other workers have taken the 'bitter pill' and submitted to vaccination or amantadine because they could ill afford to miss work and wages. Ontario health care workers have found themselves abandoned by their unions who are failing to uphold workers right to freedom from enforced medication, choosing instead to side with nursing home management, who are undoubtedly under heavy pressure from the Ministry of Health to make flu vaccine mandatory in the wake of the coroner's jury recommendations. To add insult to injury, workers are expected to sign wavers that exempt employers from any liability - "I will not hold my employer liable for any subsequent illness which may appear to be the result of this immunization".

One nurse who refuses to accept the bullying and coercion is Linda Loder. She has initiated a petition in Blyth, Ontario, to draw attention to the individual's right to Informed Consent. Linda and other co-workers have rejected the flu shot and the alternative drug amantadine. Linda's petition has been signed by many co-workers and people in the community, and a lively debate has ensued on the ethics of forcing people to submit to the flu vaccine, stimulating articles and letters in local newspapers. A radio call in show also featured guest Barbara Loe Fisher, president of the National Vaccine Information Center in Vienna Virginia, the oldest group in North America advocating for vaccine safety, consumer awareness of vaccine risks, and freedom of choice in vaccination. Linda maintains that holding the loss of jobs and wages in retaliation against workers who refuse to submit to enforced medication is in violation of the most basic human right to determine what substances are put in our bodies. To support Linda's petition and her plan to start a group in protest of mandatory flu vaccine and drugs, she may be contacted by phone or e-mail, listed in the references below.(6)

Undoubtedly, the debate will escalate as more and more health workers across Canada are threatened with job layoffs if they refuse flu vaccine. The Alberta Union of Public Employees has expressed alarm at that province's declared intent to force flu vaccine on all health workers in long term care facilities. Unlike Ontario unions, it is taking steps to analyze the risk/benefit factors, and is paying close attention to members' concerns, ethical parameters as laid down in Canadian Medical Law, and the right of every individual to Informed Consent.

Croft Woodruff, well known health advocate and radio broadcaster in Vancouver had this to share: "During the 6:00 PM news hour, Friday Jan. 7/00 on Channel 8, Cable 11,

(Vancouver, British Columbia's most watched TV station) one of the reporters, Harvey Oberfeld (commenting on the current flu epidemic hitting British Columbia and which is overloading hospital emergency wards) reported that of 32 individuals who received a flu shot, 30 had contracted the flu. Immediately after Oberfeld's statement the station's popular news anchor Tony Parsons subsequently said... "still time to get your flu shot. The vaccine is 70 percent effective." "30 cases of flu occurring among 32 vaccinated individuals represents a 93.75 percent failure rate for the latest flu vaccine. How is that translated into being "70 percent effective?""

In an article published in the International Vaccination Newsletter (4), Belgian physician Dr. Kris Gaublomme MD had this to say "Elderly people, where in spite of vaccination of two thirds of the population, a severe flu struck 49% of them, with strong morbidity (bacterial infections, pneumonia) and high mortality (10%). An important observation was that in the vaccinated population, 50% got the disease, compared to 48% of non-vaccinated. Also, complement

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binding antibodies for influenza A were positive in 41% of vaccinated compared to 36% in non-vaccinated.

"This clearly shows that the vaccination status did not have a protective influence at all. Further laboratory investigation confirmed that antibody building against the vaccine was normal, but the causative influenza A virus had not reacted to the vaccine the patients had been given. The lack of efficacy of the vaccine is well illustrated in a Dutch article about a home for the elderly. Comparison with a similar situation in 1988 in a home for elderly people shows that in that second case both morbidity and mortality were significantly lower, namely 37 and 3%, respectively. The main difference, however, was...that in this second home patients had not been vaccinated!"

"Induction of antibodies in elderly people never is higher than 52-67%. Morris even declares the efficiency is not more than about 20%. Mistakes in production, transport, conservation and administration can be responsible for a further decrease of efficacy."

The many case descriptions available in medical literature prove that all age groups are susceptible to side effects. Particularly important is the frequency of patients with serious side effects after the vaccine had been given for several years without any problem. This means that a lack of side effects after a vaccination is not a guarantee of safety of administration of the same vaccine in that patient later on. From those who suffered GBS (Guillain-Barre Syndrome) after vaccination, 11% were under 30 years of age, 58% were between 30 and 59, and 31% were 60 and more."

"Different mechanisms can play a role in the development of a post-vaccination neuropathy:

a) Hypersensitivity reactions of the nervous system (serogenetic) are responible in a good number of cases. Poser and Fowler describe similarities between GBS and serum disease.

b) Toxic reactions may occur soon after inoculation of the patient in the absense of specific allergies.

c) Viral infection of the brain by vaccinal viruses or by reactivation of latent germs

d) Activation of latent auto-immune diseases.

The fact that different vaccines from different manufacturers lead to similar complications, suggests that these are not the consequence of the impurity of a certain vaccine, but a risk inherent in any influenza vaccine.

Any impairment of the immune system should be considered a contra-indication:

1. Allergies, especially to any substance of the vaccines; allergy to proteins, cowsmilk etc.; hay fever... Allergic constitutions often lead to hypersensitive reactions

2. Acute infections with or without fever must be a reason to postpone or abandon vaccination.

3. Chronic impairment of the immune system (auto-immune diseases) imply an increased risk in case of vaccination."(4)

Recently, Dr. Ted Koren, DC posted this statement on the Vaccine Information & Awareness e-mail list : "According to Hugh Fudenberg MD, the world's leading immunogeneticist and 13th most quoted biologist of our times (nearly 850 papers in peer review journals), **if an individual has had five consecutive flu shots between 1970 and 1980 (the years studied) his/her chances of getting Alzheimer's Disease is ten times higher than if they had one, two or no shots.** I asked Dr. Fudenberg why this was so and he said it was due to the mercury and aluminum that is in every flu shot (and most childhood shots). The gradual mercury and aluminum buildup in the brain causes cognitive dysfunction. Is that why Alzheimer's is expected to quadruple?" (5)

REFERENCES:

1) Coroner's Jury Verdict & Recommendations - Sept. 22/99

2) (Amantadine Use In Influenza Outbreaks in Long-Term Care Facilities: CMAJ 1997;157:1573-4)

3) Amantadine: Does It Have a Role in the Prevention and Treatment of Influenza? NIH Consens. Statement 1979 Oct 15-16;2(9):51-56.

4) Note: The full text of Dr. Gaublomme's article and references can be accessed at Health World Online's website at: www.healthy.net/

5) Note: Recorded from Dr. Fudenberg's speech at the NVIC International Vaccine Conference, Arlington, VA September, 1997. Quoted with permission. Alzheimer's to quadruple statement is from John's Hopkins Newsletter Nov 1998.")

6) To contact Linda Loder: (519) 523-4718 and e-mail: lindaloder@hotmail.com √

FEAR OF MENINGITIS HITS EDMONTON

By Edda West

Following the deaths of two teens and another 22 confirmed cases of invasive meningococcal disease (IMD) in the Edmonton area in recent months, health officials launched a massive vaccine campaign aimed at 70,000 teens between the ages of 15–19. As the campaign got under way, a heightened fear of the disease took hold, and the public demanded an expansion of the meningitis campaign to include all children from the age of 2 onward. One concerned parent who called VRAN to inquire about vaccine side effects said that numerous adverse reactions to the vaccine like nausea and vomiting had also been reported. Edmonton health officials identified the reported cases as group C of neisseria meningitis.

Meningococcal disease is primarily relegated to the late winter months and often seems to hit teen populations. Health Canada's web site indicates that 200-300 cases of meningococcal disease occur each year. Mortality can range from 5% to 15% of cases.

Meningitis is the term used to describe infections of the central nervous system and "can be caused by almost any infectious agent, including bacteria, mycobacteria, fungi, spirochetes, protozoa, helminths, and viruses. Certain symptoms and signs are common to all types of central nervous system infection: headache, fever, sensorial disturbances, neck and back stiffness, positive Kernig and Brudzinski signs, and cerebrospinal fluid abnormalities. Central nervous system infection constitutes a medical emergency." (1)

A few years ago, Kitchener/Waterloo area was host to the neisseria meningitidis pathogen, which claimed the lives of several young people. One teenage girl developed meningitis and died a week after getting the vaccine which health officials explained away as not enough time to develop immunity, which takes about 10-14 days. Pathogens commonly linked to meningitis are haemophilus Influenza B, pneumococcal organisms, and the numerous sub groups of neisseria meningitidis.

Menomune, produced by Aventis Pasteur (previously known as Connaught), is the quadravalent vaccine used in Canada during outbreaks to 'protect' from 4 groups of neisseria meningitis—A,C, Y & W135. Product information indicates that 20% of reported cases of meningococcal disease occurs in infants and about one quarter of resulting deaths are in infants. Thimerosal, a mercury derivative is added to the vaccine as a preservative. How long 'protection' lasts is not indicated in the product information sheet.

A frightening possibility is that the vaccine might actually fuel the outbreak of serogroups not covered. Smith Kline's statement about it's meningitis vaccine Mencevax reflects this concern. **"The use of Mencevax ACWY may increase the meningococcal carriage rates, especially for meningococcal groups not included in the vaccine."**

The most commonly occurring groups that appear in Canada are C and B. However, the vaccine does not 'protect' from sub-group B. The age distribution of group B and group C varies greatly. Infants with meningococcal disease were significantly more likely to be infected with group B disease than group C, and children below the age of one year have the greatest age specific incidence of the disease. The graph posted below is from Health Canada's web site and indicates the percentage of reported cases according to serogroups, in 1995 and 1996. Clearly, group B is quite dominant as it comprises 48% and 46% respectively in these years. (2) Undoubtedly, this is why health officials are often seemingly reluctant to do sweeping vaccination campaigns because group B meningitis antigen is not included in the vaccine. And they know that statistically nearly half the cases that are likely to occur may be 'unprotectable' by the vaccine.

In addition, there is a growing awareness in the research community that use of the vaccine may actually precipitate the mutation of group C to group B. In a letter to the editor of the *New England Journal of Medicine*, January 20, 2000, German researchers had this to say. "In view of the fact that an outbreak of meningococcal disease follows transmission of the meningococcus within only a few days, our report illustrates the extraordinary speed with which meningococci switch capsular serogroups. In the case we describe, the serogroup changed as a result of the transfer of serogroup-specific genes during the short period of transmission of the disease isolate. The rapidity of the serogroup switching arouses concern about the induction of herd immunity against single serogroups by vaccination programs in which capsular antigens (e.g., serogroup C polysaccharides) are used. Without lowering the incidence of meningococcal disease in the long run, such programs may rapidly increase the incidence of serogroup B meningococcal disease, for which no vaccine is available."(13)

Another abstract from the Journal of Infectious Diseases (June, 1998) emphasized a similar concern. "The appearance of serogroup B:ET15 was related temporally and geographically to mass immunization campaigns designed to control serogroup C meningococcal disease in Canada. Since there is no vaccine available to control serogroup B meningococcal

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disease, the appearance of this variant may have public-health significance if it demonstrates the same epidemic potential as its serogroup C counterpart." (14)

Nature has provided strong and effective protection to babies from meningitis through breastfeeding. Researchers at Howard University College of Medicine in Washington DC found that breast-milk samples studied contained "significant titres of specific IgG and IgA to four organisms; Bordetella pertussis, Haemophilus influenzae type B, Streptococcus pneumoniae and Neisseria meningitidis... and that the antibody levels to the four organisms were higher in breast-milk than in both maternal and infant sera... the significant concentrations of specific IgG and IgA antibodies in milk samples may indicate a protective role for breast-milk against the four infections in early childhood". (3)

In the U.S. where college students are urged to get the meningitis vaccine, it is estimated that college students are at increased risk of developing meningitis. Some observers are linking their susceptibility to meningitis to stress, overcrowded dormitories, cigarette smoke, alcohol consumption, late nights, inadequate sleep and poor nutrition.(4) Although Canadian high school students don't live dormitory life styles, they are also subjected to high stress levels just by virtue of the fact that teen years are a very difficult time of life. Coupled with peer pressures, school pressures, and nutritional status that is often suboptimal - all are contributing factors to lowered immunity and lowered resistance to disease.

Dr. Cheraskin's research in the mid 1970's demonstrated that refined sugar lowers the white blood cell count dramatically. He sampled people's blood before and after sugar intake, and found that eating a few teaspoons of sugar lowers the white blood cell count up to 50% or more, within an hour, and that it takes 5–6 hours for blood chemistry to normalize. Sugar can drastically impair white blood cell activity, sending the immune system into a tailspin. Teens need real health education that teaches them nutritional ways to protect their immune systems. And they need to understand the role of junk foods, fast foods, highly sugared foods and drinks in lowering their bodies' resistance to pathogens.(12)

Canadian health officials have in recent years targeted teen populations with diptheria/tetanus 'catch-up' campaigns. Consider this. "When we know that vaccine antigens are nearly all a neurocerebral tropism* the question that arises when a child presents with meningitis is: "Has the child had a vaccination of some sort?" In nature dangerous meningococci do not wander about haphazardly. Vaccinations predispose to more aggressive bacterial strains, which will soon have nothing to fear from all our antibiotics." (*Turning of (part of) particular organism in a particular direction in response to external provocation.) (5,13)

The provocation effect caused by vaccines in precipitating meningitis is well documented. The Urabe strain of mumps vaccine has been linked to meningitis, as was an outbreak of asceptic meningitis in Brazil that started in August, 1997, 3 weeks after the highly publicized "national vaccination day" when an intensive mass vaccination campaign against MMR (measles, mumps and rubella) was launched. In a survey of 87 children hospitalized in one area of the country (ages 1–11), it was determined that 86 % had been vaccinated with MMR. According to a Reuters news report, on March 3, **"The researchers 'conservatively estimated' that the risk of aseptic meningitis is about 1 in 14,000 MMR vaccine doses."** (6)

Commenting on asceptic viral meningitis, Dr. Viera Scheibner PhD recounts a brief history of the redefinition of polio. "When the first injectable polio vaccine was trialed on 1.8 million of American children in 1954, within 9 days there was a huge outbreak of paralytic polio in the just vaccinated and some of their parents and other contacts. The U.S. Surgeon General discontinued this trail for 2 weeks. The vaccinators put their heads together and came back with a new definition of poliomyelitis. The classical definition of polio: a disease with residual paralysis which resolves within 60 days changed into a disease with the residual paralysis which persists for more than 60 days. This nifty administrative move "eradicated" some 99% of cases of polio. When a vaccinated child gets polio, it will be diagnosed as viral or aseptic meningitis. According to one of the 1997 issues of the MMWR, there are between 30,000 to 50,000 cases of viral meningitis in the U.S. each year. That's where all those cases of polio now are: hidden under a new name." (7)

An article in *Lifeforce* magazine (Summer/99) presented an overview of a meningitis outbreak in Niger, Africa in 1997: Dr Marc Vercoutere having studied the official figures had this to say. "You will note the appreciable and constant increase in the epidemic, particularly at the end of March, when the vaccination campaign had virtually ended and protection was supposed to be effective after 8 days. Despite massive vaccination which, in principle, should have given protection for about 3 years, we counted, in March 1996 after a new epidemic, 341 deaths in 2945 cases. On 8 October 1997, after yet another epidemic (within the supposed period of vaccine protection), they announced 504 deaths from 4925 cases." Dr Vercoutere noted a slight increase in the deaths-to-cases ratio, which would suggest increasing resistance to the antibiotic treatment, in addition to the inefficacy of the vaccinations. A review of the 1996 epidemic

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in Nigeria, which killed 8000, provided similar results." (5, 13)

And then there is the fluoride question. Edmonton drinking water has been fluoridated for many years. Fluoride suppresses the thyroid gland, which in itself leads to a huge assortment of health problems. In Europe fluorides were used for many years as effective anti-thyroid agents, even at doses below the level deemed "optimal" for water fluoridation. Its use was abandoned due to its high toxicity and accumulative nature. Product information for current anti-thyroid agents state that when patients are on anti-thyroid drugs vaccinations should not be administered because anti-thyroids may lower the body's resistance and chances are high that one might get the infection the immunization is meant to prevent. (9)

Fluoride manipulates and interferes with a myriad of biochemical functions. It acts as an adjuvant, intensifying the activity of pathogenic organisms. Department of Microbiology, University of Iowa, showed how fluoride proved to be a most potent adjuvant when given intragastrically to rats. The authors warned that the supplemental fluoride prescribed for infants and especially that which is inadvertently ingested by children and adults given fluoride gels, is within the concentration range of that which produced the effects observed in rats in their studies, concluding that the fluoride adjuvant effect described should have relevance for fluoride therapy worldwide.(8) In other words, fluoride increases the risk of susceptibility to infectious organisms.

Other studies have documented the fact that fluorides enhanced mating activity of certain organisms which cause meningitis and that mating activity was dependent on body temperature. The lower the body temperature the higher the mating activity. Again, low body temperature is a sure-tell sign of an underfunctioning thyroid gland. (10) Maharajan et al (1978) investigated 20 patients suffering from meningoccal meningitis and other acute febrile illnesses and found that in all patients thyroid function was significantly low. (11)

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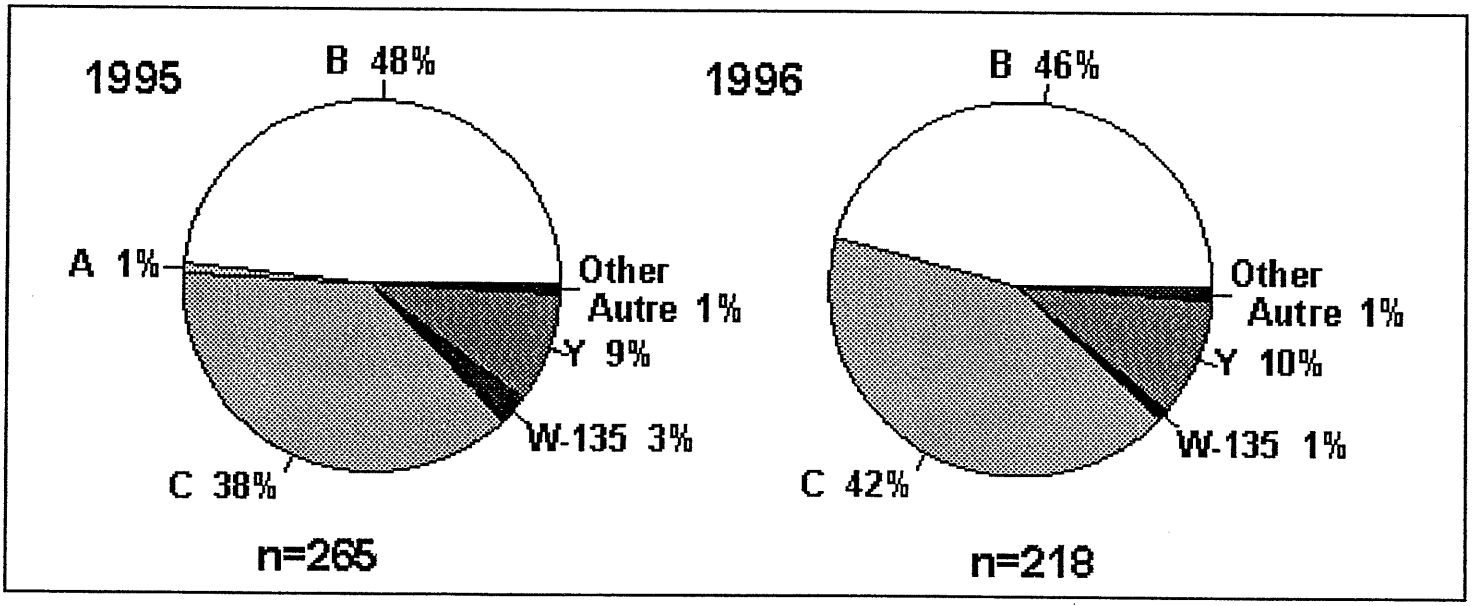

Of MMRs and DTPs

by Laura J. Ruede, M.L.S

The National Alliance for Autism Research (NAAR) published an article entitled "The ABCs of MMRs and DTPs: Is There an Association Between Vaccination and Autism?" by NAAR co-founder Eric London, in the fall 1998 edition of its newsletter, NAARRATIVE. This occurred in response to the February 28, 1998 publication of Andrew Wakefield's "Ileal-lymphoid-nodular Hyperplasia, Non-specific Colitis, and Pervasive Developmental Disorder in Children" in the prestigious publication The Lancet. Wakefield, et al. had reported finding measles virus proteins in the intestinal lymphatic tissues of subjects, all of whom had been vaccinated previously with the MMR or MR vaccines or experienced wild measles, diagnosed with pervasive developmental disorder or similar designations, and had experienced inflammatory bowel symptoms.

Unfortunately, NAARRATIVE's article used only a very few, very narrowly-selected resources, relying on vague allusions, false statements, and careless speculation in an apparent effort to extinguish the idea of a causal or contributory relationship between vaccination and autism. Some of the issues from "ABCs" are re-examined here, using resources not reviewed in the original NAARRATIVE article (a fuller text is available at http://lib.tcu.edu/www/staff/lruede/autvacc, along with a link to the NAARRATIVE). This article summarizes part of the current content of the "...autvacc" paper.

THE CAUSES OF AUTISM

Eric London's "ABCs" makes a major thesis of the long-accepted notion that autism is a genetic disorder, but misses the implications that important, recent literature has for this theory. Sources like the Diagnostic and Statistical Manual of Mental Disorders: DSM-IV, fourth edition (1994), separate regressive developmental disorders from 'pure' autism, and the Handbook of Autism and the Pervasive Developmental Disorders, second edition (1997), labels this child-population, which displays autism as a result of pre-or post-natal infections, "significant." Bauman and Kemper's The Neurobiology of Autism, 1994, cited among the scanty references in London's "ABCs," contains a lengthy introduction by Isabelle Rapin, which makes reference to "the many potential nongenetic etiologies of the autistic spectrum," in the context of autistic regression through slow viral infection and autoimmune phenomena. Sources including the Journal of Autism and Developmental Disorders, volume 28, number 5, 1998, Sigman and Capps' Children With Autism: a Developmental Perspective, 1997, Gillberg and Coleman's The Biology of the Autistic Syndromes, 1992, Van Gent, et al.'s epic article "Autism and the Immune System" (Journal of Child Psychology and Psychiatry), 1996, and Trottier, et al., "Etiology of Infantile Autism: A Review of Recent Advances in Genetic and Neurobiological Research" (Journal of Psychiatry and Neuroscience), March 1999, advance the idea of interaction between genetic characteristics with environmental insults at a key point in a child's development, resulting in central nervous system damage. Van Gent, et al. divides this concept into "two etiologically relevant immune hypotheses...a viral and an autoimmune hypothesis, which are interrelated."1

London also implies that regression into autism is a figment of parents' imagination, though this phenomenon is well documented. Uta Frith's Autism: Explaining the Enigma, 1989/1994 states, "the theory that psychotic illness can be due to immune dysfunction and/or viral infection has particular justification in the area of Autism. It has been shown...that a virus infection in a young child preceded the onset of typical symptoms of Autism, before which there was a period of apparently normal development... If the central nervous system becomes infected at a critical time, either before or after birth, Autism may result."2 H. H. Fudenberg in "Dialysable Lymphocyte Extract in Infantile Autism," Biotherapy, 1996, and the work of Vijendra K. Singh3 and A. Wakefield—among others—provide support for the idea that particular genetic characteristics affecting immune system composition result in a predisposition to subclinical infection by viruses and bacteria, CNS damage and, quite probably, the development of autoimmune processes affecting the brain.

ATTENUATED VIRUSES CAN CAUSE DISEASE

Among the erroneous statements presented in the London/NAARRATIVE article—and unfortunately elsewhere—is the assertion that attenuated (vaccine) viruses cannot cause disease. That attenuated viruses can (and do) cause infection and widespread disease is demonstrated in a range of sources from Molecular Virology (Bios Scientific Publishers, 1994/8) to Adverse Events Associated With Childhood Vaccines (National Academy Press, 1994), plus a host of medical case reports and studies, some of which are featured in the "...autvacc" online document. Not only can vaccinated individuals infect others for some sixty days after immunization, but the live, attenuated viruses they receive may revert to virulence; they may, alternatively, cause a mild form

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of the primary disease. Attenuated viruses may, depending on the individual, become pathogenic or oncogenic [cancer-causing].4 Persistent, chronic, 'slow,' or latent infections may be engendered, in which the virus' intracellular presence may interfere with differentiated cell functions. Even in acute infection, viruses have the potential to cause a number of pathological changes in the body, which may have profound and long-lasting clinical effects even when the virus itself has been eliminated from the body. Viral "tolerance," as in chronic infection, is especially likely to be induced in the very young, whose immune system cells have not yet reached maturity.5

Latent viral infections can reactivate, sometimes years after an original infection (MV, p. 39). Microbes from animal tissues used to culture vaccine viruses can contaminate vaccines, causing disease in vaccinees.6 Vaccine-conveyed infections can cause or trigger chronic disease in astonishing variety. Some vaccine viruses, like their non-attenuated counterparts, can suppress the hosts' immune systems, opening a path for opportunistic, natural infections.7 Determined survivors, viruses can change form (mutate) when "eradicated" by vaccines and reappear, seemingly as new diseases. Vaccine viruses can kill or maim quickly under the guise of Sudden Infant Death Syndrome (SIDS) or Shaken Baby Syndrome,8 or years later through cancer or severe chronic disease of key body systems. Vaccine viruses—or toxic adjuvants within vaccines—may cause genetic damage: Massimo Montinari, et al., in "Diagnostic Role of Immuno-genetics in Post-Vaccine Diseases of the Central Nervous System," Mediterranean Journal of Surgery and Medicine, 19969 and, quite recently, the Chronic Illness Research Foundation/University of Michigan, in the May 1999 issue of Clinical and Diagnostic Laboratory Immunology, present research which demonstrates probable genetic damage in patients who became ill after administration of vaccines. Diseases which may be associated with infection/immunizations are myocarditis and diabetes (autoimmune forms); Crohn's disease; asthma; autoimmune or cancerous blood disorders; hepatitis; lupus, multiple sclerosis and rheumatoid arthritis; epilepsy; behavior, movement, and cognitive disorders-all of which are increasingly common.10 Pathogenesis may be more likely when multiple vaccines are administered simultaneously, in repeated instances of immunization, and in successive generations of highly vaccinated individuals.11

VIRAL CLUES TO DISEASE

While criticizing Wakefield, et al.'s publication of initial findings of measles virus proteins in intestinal lymphatic tissues, London failed to note key literature in which essentially the same, or equivalent, findings are described concerning a variety of diseases. Before publication of the Wakefield Early Report,12 the measles virus and measles vaccination had been identified as a risk factor for Crohn's disease, and persistent (chronic) measles vaccine-strain viral infection had been found in children with autoimmune hepatitis.13 Concurrence of intestinal, metabolic, immune, and behavioral pathologies had been noted repeatedly, especially in autism. Fudenberg, Gupta, and Bolte had previously supported viral/immunological associations in this population. Zecca reported a three-fold increase in autistic children's measles titers over the normal range.14

Following publication of the Wakefield report, a firestorm of controversy ensued; however, voices were also raised in support of Wakefield's findings. Most notably, researchers at the International Center for Interdisciplinary Studies of Immunology and the Department of Pediatrics, Georgetown University Medical Center, Washington D.C. reported ileal-lymphoid-nodular hyperplasia in children with asthma, atopic dermatitis, and attention-deficit-hyperactivity disorder—findings matching those of Wakefield, et al. They proposed that the mechanisms involved in this bowel condition may be involved in the pathogenesis of the central nervous system dysfunction in Wakefield's PDD/autistic patients.15 "Neurological Complications of Enteric Disease" (Gut, vol. 39, no. 4, October 1996, pp. 501-4) discusses several enteric diseases in neurological and immunological terms, saying "the association of neurological disorders with enteric diseases is well established... A variety of...cognitive abnormalities may occur, perhaps mediated by deficiencies of cell mediated immunity" (p. 503).

MEASLES VACCINE AND NATURAL MEASLES—SAME DIFFERENCE?

NAARRATIVE's Eric London declared that parents shouldn't be afraid of measles vaccine if they were not afraid of measles itself, implying that vaccination and natural infection have the same impact on the host (p. 16). Unfortunately this is not true: vaccine viruses are, first, only two mutational steps away from the virulent original, on the average (MV); second, they are injected directly into the bloodstream, bypassing important mucosal immune system barriers in the digestive and respiratory tracts, giving the virus direct access to the body's systems while robbing the body of the signals necessary to produce a fully developed immune response.16 Wild measles caught 'naturally' is filtered through these exquisitely sensitive barriers. "There is good evidence," the authors state in Molecular Virology, "that mucosal immunity may be required for optimal protection against viruses that infect via such a route..." (p. 89). In

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persons genetically susceptible to viral and bacterial infection, immunization via direct injection is doubly hazardous. The impermanence of vaccine-conveyed immunity, together with the state of immunosuppression characteristic of measles infection or vaccination, are also serious considerations in weighing the benefits and risks of MMR vaccination. Existing vaccine safety studies are inadequate to evaluate the long-term safety of the MMR and most other vaccines. Safety testing of the MMR vaccine, in particular, included only three weeks' surveillance.

AUTOANTIBODIES

Strangely, London's NAARRATIVE article asserts that, though "an autoimmune-vaccine theory of autism" is plausible, the facts do not support the theory—"no one has found evidence that autism can be caused by an autoimmune disorder" (p. 18). Yet, as detailed on pages 4 and 5 of this newsletter, Dr. V. K. Singh and other scientists have found antibodies against brain and other nervous system components in autistic individuals. These antibodies were, moreover, found to be associated with high viral antibody levels. "Vaccine-induced Autoimmunity" (Journal of Autoimmunity, vol. 9, no. 6, December 1996) suggests possible mechanisms by which autoimmune diseases and vaccines may be related, and urges that "laborious clinical and laboratory studies" be initiated to explore the relationship. Correlations between cognitive, behavioral, and movement disorders and autoantibodies and other immune abnormalities have been described by researchers. The February 1994 issue of Pediatrics states: "Several converging lines of evidence suggest that neuroimmunological dysfunction secondary to antineuronal antibodies may result in behavioral disturbances, such as anxiety, emotional lability [sic], obsessive compulsive symptoms, hyperactivity, and sleep disturbances, and neurological abnormalities, such as motor and phonic tics..."17 Other studies confirm this relationship, several suggesting an immunogenetic component as well.18

CAUSATION MECHANISMS: WHAT IS 'EVIDENCE,' ANYWAY?

London claimed that there is no scientific evidence to support a relationship between vaccination and autism (p. 1). Unfortunately—perhaps dangerously—scientists, medical service providers, and bureaucrats use the word "evidence" often, but rarely define the term in context. Several working definitions of terms like "evidence," "cause," "association," etc. can be discerned in medical/scientific literature, as well as in law. In establishing a causal relationship between an infectious agent and a disease or condition, "Koch's postulates" are often brought to bear: these stipulations demand that an organism be isolated from the body part in question; that there be a close association between the organism and a specific clinical syndrome; that the organism can be transferred to an experimental animal model; and that a homologous disease can be produced in the animal model following transfer. The latter are often impossible, as human viruses frequently will not transfer to experimental animal models.19 Because of such difficulties, some scientists feel that Koch's postulates may not be an adequate means of establishing proof. A team of scientists at Tulane University recently held that "a considerable body of experimental and clinical evidence supports the concept that difficult-to-culture and dormant bacteria are involved in latency of infection and that these persistent bacteria may be pathogenic." Koch's postulates, they declared, may need redefinition where dormant and nonculturable organisms involved in latent or persistent infection are implicated as causative agents of "mysterious" diseases.20

It is important to note that, though it is difficult, when using criteria like Koch's Postulates, to prove that a virus causes an illness, it is also difficult to rule out viral causality because, though a causal relationship might not be provable in absolute terms, a causal relationship cannot be ruled out either.21 Legalistically, "no evidence" may be equivalent to "no precedent"—meaning that there simply has been no ruling on a particular issue by an official or judicial body. Defined according to Koch's postulates, lack of evidence may only mean that a condition in question is not reproducible in animals—not that there is no reason for associating a disease with a suspected cause. "No evidence" may, in many instances, mean simply that the proposed relationship hasn't been studied—i.e., that there is, quite literally, no information.

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Editor's Note: We would like to thank Laura Ruede for her kind per - mission to reprint her excellent article that appeared in The Autism Autoimmunity Project Newsletter, vol. 1, no. 1, June 1999.

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17) "Speculations on Antineuronal Antibody-mediated Neuropsychiatric Disorders of Childhood" (Pediatrics, vol. 93, no. 2, February 1994, pp. 323-6).

18) "Antineuronal Antibodies in Movement Disorders" (Pediatrics, vol. 92, no. 1, July 1993, pp. 39-43); "Antibodies to Human Caudate Nucleus Neurons in Huntington's Chorea, (Journal of Clinical Investigation, vol. 59, no. 5, May 1977, pp. 922-32); "Serum Autoantibodies to Brain in Landau-Kleffner Variant, Autism, and Other Neurologic Disorders" (Journal of Pediatrics, vol. 134, no. 5, May 1999, pp. 607-613); "Characteristics of Antineuronal Antibodies in Systemic Lupus Erythematosus Patients..." (Israeli Journal of Medical Science, vol. 26, no. 7, July 1990, pp. 367-73); "An Immunological Approach to Dementia in the Elderly" (Age and Ageing, vol. 5, no. 3, August 1976, pp. 164-70); "Demonstration of Specific Antineuronal Nuclear Antibodies in Sera of Patients With Myasthenia Gravis" (Neurology, vol. 24, no. 7, July 1974, pp. 680-3); "Detection of Antinuclear Antibody in the Serum of Patients With Multiple Sclerosis" (Immunological Letters, vol. 4, no. 6, June 1982, pp. 317-9); "Anti-CNS Antibodies in Childhood Neurologic Diseases," (Neuropediatrics, vol. 20, no. 2, May 1989, pp. 93-102); "Infections May Underlie Cerebral Palsy" (Science News, vol. 154, no. 16, October 17, 1998, p. 244; text available at: http://www.sciencenews.org/sn_arc98/10_17_98/fob1.htm—see comment referring to data suggesting an autoimmune reaction in fetuses where maternal infection exists); "Association of Genes Within the Major Histocompatibility Complex With Attention Deficit Hyperactivity Disorder" (Neuropsychobiology, vol. 35, no. 4, 1997, pp. 181-6); "A Controlled Study of Serum Anti-locus Ceruleus Antibodies in REM Sleep Behavior Disorder" (Sleep, vol. 20, no. 5, May 1997, pp. 349-51); "Strong Association of the Third Hypervariable Region of HLA-DR Beta 1 With Autism" (Journal of Neuroimmunology, vol. 67, no. 2, July 1996, pp. 97-102); "Autoantibodies to DNA in Multicase Families with Schizophrenia" (Biological Psychiatry, vol. 33, no. 6, March 15, 1993, pp. 450-5); quote, "numerous studies have considered the possibility that schizophrenia is owing to an autoimmune disorder that involves the brain," on page 162, Immunologic Mechanisms in Neurologic and Psychiatric Disease, 1990; "Reduced Total Complement Haemolytic Activity in Schizophrenic Patients" (Psychological Medicine, vol. 23, no. 2, May 1993, pp. 315-18), in which the author speculates that the diminished activity might be related to an autoimmune process in schizophrenia; "Can Autoimmune Mechanisms Account for the Genetic Predisposition to Schizophrenia?" (British Journal of Psychiatry, vol. 160, April 1992, pp. 533-40).

19) "The Role of Viral Infection in the Development of Otopathology" (chapter 6, Clinical Aspects of Hearing, Springer-Verlag, 1996, pp. 157-8).

20) "Bacterial Persistence and Expression of Disease" (Clinical Microbiology Review, vol. 10, no. 2, April 1997, pp. 320-44.

21) Psychoneuroimmunology (Academic Press, 1991), pp. 750-1.

Links:

The Autism Autoimmunity Project, http://www.gti.net/truegrit/

"Vijendra K. Singh: Selected Research on Autism," http://www.gti.net/truegrit/ : Findings in Immunology

Vijendra K. Singh, Ph.D.: Selected Work on Alzheimer's Disease, http://lib.tcu.edu/www/staff/lruede/alzheimers

"Autoimmunity and Neurological Disorders," Latitudes, newsletter of the Association for Comprehensive NeuroTherapy, (McGown Publications), http://www.latitudes.org/index.html, vol. 4, no. 2, Spring 1999, by Sheila Rogers: http://lib.tcu.edu/www/staff/lruede/latitudes

Stanley Neurovirology Laboratory, Johns Hopkins University School of Medicine, http://www.med.jhu.edu/stanleylab/

Center for Complex Infectious Diseases, http://www.ccid.org (see especially Abstract from Presentation at the Symposium on Autism, Connecticut, 1996," Error! Hyperlink reference not valid.)

Gastroenterology Research at the Royal Free Hospital, London, http://www.ucl.ac.uk/medicine/gastroenterology

Autism Research Monographs, http://www.jorsm.com/~binstock √

CENSORSHIP IS ALIVE AND WELL IN ONTARIO

For many it is a mystery that we do not receive balanced information on vaccine risks and benefits. Whenever the media presents information that challenges vaccine safety or efficacy, health officials usually respond by denouncing it as sensationalist.

Coercion and censorship are not new tactics when it comes to official suppression of balanced vaccine information. On February 3rd, 2000, author Catherine Diodati presented a seminar to approximately 300 Brantford, Ontario area residents. She was also supposed to appear the following evening on a Rogers' Cable program called Healthline. Brant County Medical Officer of Health, Dr. Doug Sider, had a different plan. Dr. Sider was clearly upset by Catherine's presence in his community.

Interestingly enough, prior to the February 3rd presentation, area school boards had agreed to distribute information flyers to their students but mysteriously reneged. Similarly, individuals from the media who were expected to attend, suddenly called to cancel. There were two individuals from area newspapers who did attend, but nothing has appeared in the newspapers. Lack of interest hardly seems to be the cause for the omission particularly since there were a large number of individuals in the audience who questioned why they had not been informed of vaccine exemptions and of potential adverse events, and information still wasn't forthcoming from official sources, even though they were living with the devastating effects of vaccination. One young woman, for example, had been very involved in athletics prior to receiving the hepatitis B vaccine. Within one year, however, her athletic pursuits were ended by rheumatoid arthritis. Dr. Sider responded by stating that autoimmune disorders have not been definitively proven as being causally-related to this vaccine. No mention was made of the fact that researchers typically do not receive any funding to undertake this type of research. Many others also took the opportunity to express their experiences and frustrations. It was, perhaps, the first time that they were able to emerge from the bureaucratic status of statistics to show themselves as real people suffering the effects of real injuries. By the sheer number of people describing injuries, this relatively small community demonstrated that the one-in-a-million expected adverse event rate is a gross underestimate.

Dr. Sider was definitely put in the unenviable position of defending official sins of omission that have led to public ignorance and unnecessary injuries. Still, Dr. Sider is not without culpability. During a break in Catherine's presentation, Dr. Colin Elkin, a Brantford chiropractor and host of Healthline, informed the audience that Dr. Sider had made it impossible for Catherine to appear on his show the following evening. Dr. Sider had threatened to lay formal charges against Dr. Elkin, with the College of Chiropractors, if he had Catherine on the show. Although Dr. Elkin was not moved by the threat, Catherine was still banned from the show because Dr. Sider had threatened Rogers' Cable with a withdrawal of support and Rogers' succumbed. As part of the deal, Dr. Sider was to step in to take Catherine's place. Dr. Elkin tried to at least have Catherine appear with Dr. Sider on the show, but Dr. Sider adamantly refused. Not surprisingly, when the audience heard of this, they booed Dr. Sider and demanded an explanation. They didn't receive one although Dr. Sider did say to one woman attending that he "didn't want people to have this information." So much for informed consent.

Dr. Colin Elkin began his show by apologising for the change in venue and shamed Rogers' Cable for their actions. Dr. Sider responded by saying that Rogers' Cable had asked him to appear since he was the most credible person to discuss vaccination issues. Dr. Sider said that Catherine's book was not credible although, as of the previous night, he had not yet read the book and seemed completely unaware of the depth of Catherine's research or the scrutiny, and positive response, it received by experts at the University of Windsor. Dr. Sider did not want people reading Catherine's book, *Immunization: History, Ethics, Law and Health*, instead he recommended a book called *Your Child's Best Shot*, distributed through the Canadian Pediatric Society. Dr. Colin Elkin read from the opening page of the book... which, incidentally, is sponsored by Connaught, Merck, SmithKline Beecham and IAF Biovac, all vaccine manufacturers. Dr. Elkin was subsequently told he would no longer be hosting the health show.

Clearly, there are great lengths that health officials will go to prevent the public from receiving information that challenges vaccine safety and efficacy.√

PRESS RELEASE FROM DR. B. CLASSEN

NEW TUSKEGEE EXPERIMENT PLANNED WITH PNEUMOCOCCAL PNEUMONIA VACCINE
BALTIMORE, FEBRUARY 18, 2000:

The FDA cleared a controversial new pneumococcal pneumonia vaccine yesterday with questionable safety and a US government advisory panel is planning to selectively target black children and Native American children for immunization. This plan is being criticized for making children of certain racial minorities human guinea pigs. It is possible that 1% or more of the children who receive the vaccine may develop insulin dependent diabetes or another autoimmune disease from the vaccine.

This week the Center for Disease Control and Prevention's Advisory Committee on Immunization Practices recommended that children under 2 receive the new pneumococcal vaccine but that black and Native American children age 2–5 be selectively targeted for immunization. This policy has come under criticism because the vaccine has never been properly tested for safety and the FDA has been told by an expert that the vaccine is expected to cause an epidemic of autoimmune disease.

The controversial vaccine is the conjugated 7-valent pneumococcal vaccine which is really a combination of 7 different vaccines, each to a separate strain of pneumococcal pneumonia bacteria. The vaccine is similar in structure to the already marketed hemophilus meningitis vaccine, a vaccine linked to large epidemics of insulin dependent diabetes.

Dr. J. Bart Classen, an immunologist at Classen Immunotherapies, published data in the British Medical Journal (BMJ 1999;319:1133) supporting a causal relationship between the hemophilus vaccine and the development of insulin dependent diabetes. The vaccine has been incriminated in causing over 58 cases of insulin dependent diabetes per 100,000 children immunized in Finland. Dr. Classen told the FDA at a recent meeting that the 7 valent pneumococcal vaccine may be 7 times as toxic as the hemophilus vaccine, causing an estimated 400 to 700 children to develop insulin dependent diabetes/100,000 children immunized. These cases of diabetes may not occur until 3.5 to 10 years following immunization.

"The government's plan to selectively target black and Native Americans is likely to have the effect of racial genocide, 0.5% of children who receive this vaccine may develop insulin dependent diabetes from the vaccine and diabetes is just one of many life threatening autoimmune disease" states Classen. "I believe the vaccine clearly should not have been approved by the FDA because it does not meet the criteria for approval based on US law."

Dr. Classen's research has been published in numerous journals and featured in national news reports. For the latest information on the effects of vaccines on insulin dependent diabetes and other autoimmune diseases visit the Vaccine Safety Website http://vaccines.net

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IGNAZ SEMMELWEISS and AUTISM: when prevailing paradigms resist change

by Teresa Binstock
Researcher in Developmental and Behavioral Neuroanatomy

My writings do not constitute medical advice. Instead, they represent a seeking to understand autism-spectrum disorders and their causes and associated traits.

The story of Ignaz Semmelweiss sheds light upon why the NIH and NIMH are impeding progress in research about causes, diagnostics, and treatment in autism and similar syndromes (NIH refers to National Institutes of Health & NIMH refers to National Institute of Mental Health).

By clinging to an oversimplified and outmoded model of autism (ie, it's gotta be genetic), the stubborn persistence of several research administrators in the NIH and NIMH means that funding for autism and autism-spectrum syndromes remains funneled into the hands of a small group of researchers who pledge (via NIH-grant contracts) to conduct their research in accord with the model wherein "it's gotta be genetic" (1). This funding pattern imposes a serious limitation on research that ought be occurring, given the growing amount of new data which indicate that *more than* genetic-aspects need be considered.

The relationship between (a) the officially approved though outmoded paradigm and (b) subsequent funding patterns is worth re-stating: The persistence of the NIH and the NIMH in focusing almost entirely upon a genetic-theory of autism means that a goodly amount of data continues to be ignored, shunted from view, and unfunded — even as the primary genetics-model researchers are blessed with abundant funding despite decades of non-success (1). For instance, the data from Wakefield, Warren, Singh, Shattock, Oleske et cetera are important, as are patterns amidst parental anecdotes—eg. gastrointestinal atypicalities, vaccination effects, extraordinarily recurrent otitis (ear infections), et cetera.

However, as recent years have shown, despite the many new data and anecdotes, the NIH and NIMH are resistant to change. The new data remain virtually ignored, the parents' anecdotes treated as if mere hearsay. Not surprisingly, in the face of this bureaucratic intransigence, the goal of changing and improving the NIH and NIMH in regard to autism funding will require increased effort.

Toward that goal, the data and fate of Ignaz Semmelweiss reveal much about challenges to well-entrenched medical paradigms, about how new data are ignored, and proponents of new data and alternative paradigms are treated. In short, when a medical model becomes institutionalized and its primary spokespersons become set in their well funded ways, such institutions and individuals strongly resist change.

A fine rendition of the Semmelweiss story is presented in Jeanne Achterberg's book *Woman as Healer: On Controlling Germs:*

"By the end of the nineteenth century, the work of Lister, Pasteur, Koch, and other 'microbe hunters' led to the germ theory of disease, and to knowledge of sepsis and antisepsis. Hospital procedures and sanitation dramatically improved.

"Even before the germ theory, another man—Ignaz Semmelweiss (1818-1865)—was successful in learning to control the spread of puerperal (childbed) fever, caused by Streptococcus pyogenes. His is a long, sad story, representing the worst that can happen when one challenges the prevailing mode of thought.

"Semmelweiss reasoned that dirty hands were the cause of puerperal fever. He noted that wards staffed by medical students had about a 10 percent mortality rate due to fever, while those staffed by midwives had... 3 percent... He also knew that medical students went straight from autopsy chambers to laboring mothers. They [the med students] never washed their hands, but wiped them, instead, on aprons already coated with body fluids.

"Semmelweiss ran several experiments requiring students to wash their hands with soap and water and rinse them in chlorinated lime solution before entering the wards. With each study, the death rate dropped to less than 1.5 percent, only to return to the previous high levels when the [hand washing] procedures were curtailed.

"Semmelweiss's work should have proven to be a boon to motherhood and life. Not so. His colleagues greeted his paper with jeers and scathing attacks on his character. They simply refused to believe that their own hands were the vehicle for disease. Instead, they attributed it to a spontaneous phenomenon arising from the 'combustible' nature of the parturient woman. Semmelweiss's academic rank was lowered, his hospital privileges restricted. Despondent, he was committed to an insane asylum, where he died of blood poisoning, a disease not unlike the puerperal fever he had almost conquered." (2)

The relationship between (a) Semmelweiss's data and recommendations and (b) his medical school's professors, bureaucrats, and their colleagues has parallels in the modern-days relationship between (i) new data from parental anecdotes and from a few, daring autism researchers, and (ii) the espoused beliefs of and funding patterns enforced by key personnel

Ignaz Semmelweiss cont. on page 33

Ignaz Semmelweiss cont. from page 32

within the NIH, the NIMH, and their affiliated subsidiaries we think of as "medical school research facilities". Let us consider two parallels between how Semmelweiss was treated and how the NIH and NIMH react to new data in autism-spectrum syndromes:

1: Initially and for many years, new data are strongly ignored; then, they are resisted; and finally, if a person espouses those data and is persistent in seeking to explore their ramifications, then he or she becomes shunned and excluded. That these reactions occur leads to a second ramification significant to autism research in the 1990s and beyond.

2: Despite the new data and its acceptance by many individuals, the data and *ramifications* of that data tend to remain ignored by highly placed medical bureaucrats. As a result, medical practices that ought change because of the new data's significance do not change; and people entrenched within the old paradigm (now made outmoded by the new data) do their best to enforce the old paradigm—and do so despite the fact that the new data suggest better methods of treatment, diagnostics, or research.

During Semmelweiss's era, advances in agriculture and in sanitary practices (i.e. events progressing *outside* of medical schools and teaching hospitals) were alleviating much human suffering, but women amidst childbearing were not so fortunate; they continued to die at needlessly high rates. After summarizing health- related progress in the 19th Century, Achterberg writes:

"None of the advances in health affected the abominably high infant and maternal mortality rates, however. The risks to life in giving birth and being born were exacerbated to epidemic proportions as increasing numbers of women gave birth in hospitals." (2)

In other words, there was a very real cost—prolonged human suffering, even numerous death—because despite the data collected and shared by Dr. Semmelweiss, medical-research officials of his day were defiantly resistant to change.

Similarly, keeping Dr. Semmelweiss's fate in mind, we wonder in regard to autism, how many years will new data be ignored? In how many U.S. medical school research facilities will promising research be steered away from or squelched?

What will be required to cause the NIH and NIMH to quit acting like the officials who suppressed Semmelweiss and instead to begin acting like sincere scientists who appreciate new data, even as paradigms must adapt or be replaced.

My own hunch is that the NIH and NIMH will not change from within; the senior practitioners of the "it's gotta be genetic" model have too much influence. Just as Semmelweiss and his data were suppressed, so too will the NIH/NIMH autism-research insiders continue to act against the growing body of new data in autism; the NIH's pro-genetic old-timers will cling to their paradigm and its funding. As a result, change within the NIH and NIMH will have to be initiated from outside those tax-supported corporations.

As a goal for 1999 and beyond, I offer that parents and their organizations and foundations increase the pressure brought to bear upon the NIH and the NIMH in regard to how autism-research funds are allocated. The "it's gotta be genetic" model is no longer the only paradigm worthy of funding; and not to fund other models and other data in autism is no longer scientifically valid. The NIH and the NIHM are re- enacting the Ignaz Semmelweiss scenario wherein new data are ignored on behalf of an old-guard and its outmoded paradigm; autism children and their parents deserve far more. The paradigm-shift in autism must occur more rapidly, even within the NIH.

Teresa Binstock
Researcher in Developmental and Behavioral Neuroanatomy

(1) See autism-list posts by Ray Gallup or Bob Jensen for further discussion and important points.

(2) Jeanne Achterberg; p110-111; *Woman As Healer*. Shambhala Publications, Inc.;
Boston, 1990.

Teresa comments: this is an excellent, readable book offering many insights about the history of healing, herbs, and midwifery, focusing upon the role of women, including during the Inquisition, when women with knowledge of healing and herbs often were killed as "witches".

Teresa Binstocks website:
http://www.jorsm.com/~binstock

Editor's note:
VRAN wishes to thank Ms. Binstock for her permission in allowing us to reprint this article. Please refer to her website to view other enlightening articles written by her. √

SIX REASONS TO QUESTION VACCINATION

By Walene James

1. Vaccinations are forced. For example, there are compulsory vaccination laws in every state. If something is good it doesn't have to be forced.
2. Vaccinations are toxins by definition.
3. Vaccinations are indigenous to only one model of healthcare—the allopathic medical model—and its practitioner's particular understanding of disease phenomena.
4. Vaccinations are promoted by fear, guilt, and 'creative' statistics.
5. Vaccinations are represented as safe and effective when evidence suggests they are neither.
6. Vaccinations are aggressively pushed by public health departments and other government agencies as though they were a public health issue when they are not. This is done to insure a high rate of compliance.

TEN REASONS TO JUST SAY 'NO' TO VACCINATIONS

By Walene James

1. Vaccinations are toxins by definition.
2. Vaccinations are aggressively promoted by those who have a financial stake in their consumption.
3. Vaccinations are promoted using fear, intimidation, and coercion.
4. Vaccinations are big business.
5. Vaccine manufacturers are nearly liability proof for their products.
6. Vaccinations are not only forced upon us, but those who deny us the exercise of our free will refuse to take responsibility for the consequences of their actions.
7. Evidence suggests that vaccinations damage the immune system, the nervous system and the spirit-mind-body connection.
8. Compulsory vaccinations ignore biochemical and psychospiritual individuality.
9. Vaccinations are misrepresented by government agencies as a public health issue which they are not.
10. Vaccinations are heavily subsidized, heavily propagandized and can be seen as a wake-up call for us to see how we allow ourselves to be programmed by huge vested interests.

Walene goes on to say:

"Perhaps more important than anything else is for our group to consider the larger picture: What lessons do we need to learn trying to stem the tide of coercion from an out-of-control medical-pharmaceutical industry and the Mass Mind that allows this? How does understanding and working with the vaccination issue contribute to our maturation as spiritually aware and fully alive human beings?"

Walene James is the founder of Vaccination Liberation in Coeur d'Alene, Idaho, and author of Immunization—The Reality Behind the Myth, an exceptional book that is a must read for everyone involved in educating themselves, their families and communities about vaccine risks, and health creating alternatives to vaccination. Walene's expert analysis of the history of vaccines and infectious disease is complemented by a thorough investigation of the factors that create health in human populations, and what we all need to do to nourish and optimize immune system function and create health in our families. For more information, contact Ingri Cassel at: 208-267-8037

RESOURCE & INFORMATION LIST

Immunization: History, Ethics, Law & Health
by Catherine Diodati. Best new book about vaccines. Please order from VRAN
Cost: $35 + $5 postage

Immunization—The Reality Behind The Myth
by Walene James.

What Every Parent Should Know About Childhood Immunization
by Jamie Murphy

Vaccinations: Are They Really Safe and Effective?
by Neil Z. Miller

How To Raise a Healthy Child In Spite of Your Doctor
by Robert Mendelsohn, M.D.

Universal Immunization —Medical Miracle or Masterful Mirage?
by Dr. Raymond Obomsawin
available from Health Action Network - (604) 435-0512

A Shot in The Dark
by Dr. Harris L. Coulter & Barbara Loe Fisher

Vaccination, Social Violence, Criminality: The Medical Assault on The American Brain
by Dr. Harris L. Coulter

Vaccination—Medical Assault on the Immune System
by Viera Scheibner Ph.D.
to order: (204) 895-9192

The Immune Trio
by Dr. Harold Buttram
To order call 215-536-5168

Every Second Child
by Dr. Archie Kalokerinos (204) 895-9192

Vaccinations and Immunization: Dangers, Delusions and Alternatives
by Dr. Leon Chaitow.

What About Immunizations? Exposing the Vaccine Philosophy
by Cynthia Cournoyer Nelson's Books, Box 2302 Santa Cruz, CA, 95063

Vaccinations—The Rest of the Story
published by Mothering Magazine. P.O. Box 1690-Santa Fe, N.M. 87504.

The Immunization Decision—A Guide for Parents
by Dr. Randal Neustaedter.

The Case Against Immunizations
by Richard Moscovitch M.D.
available from American Institute of Homeopathy, 1500 Massachusetts Ave. N.W. Washington, D.C. 20005.

The Immunization Resource Guide
by Diane Rozario
available from Vaccine Policy Institute
(937) 435-4750

Vaccination—The Hidden Truth
New Video. Five medical doctors speak out about vaccine risks. Order from VRAN
Cost—$40 + $5 postage

MANY OF THESE TITLES CAN BE ORDERED FROM PARENT BOOKS IN TORONTO
(416) 537-8334 √

Autism Part II cont. from page 11

/autism99b2.htm

For Part 1:
http://www.garynull.com/Documents/autism99b.htm

Editor's note: As well as thanking Dr. Yazbak for his kind permission in allowing us to reprint this article, we would also like to thank Rick Rollens for putting us in touch with him. Rick Rollens and FEAT can be contacted at: RRollens@aol.com

RRollens@aol.com wrote:
FEAT DAILY ONLINE NEWSLETTER http://www.feat.org
Letters Editor: FEAT@feat.org
Archive:
http://www.feat.org/listarchive/
M.I.N.D.:*
http://mindinstitute.ucdmc.ucdavis.edu
"Healing Autism: No Finer a Cause on the Planet" √

IMMUNIZATION INFORMATION ON THE INTERNET

Compiled by: VRAN (web site hosted by Freedom of Choice in Health Care: <http://www.freedomofchoice.org>)

Eagle Foundation
http://www.eaglefoundation.org
Canadian organization in support of vaccine injured families.

WHALE Vaccination Resource
http://www.whaleto.freeserve.co.uk/vaccines.html
Excellent site.

New Atlantean Immunisation Resources
http://www.new-atlantean.com/global/vaccine.html
A good list of resources; global pro-choice vaccine groups books, tapes and videos.

Vaccination Information Paradigm
http://www.cco.net/~trufax/vaccine/vacindex.html
Very good information, updated regularly.

Sebastiana's Medical Journal listings of vaccine risks
http://www.omen.net.au/~pienaar/index.html

National Vaccine Information Center
http://www.909shot.com
Excellent site run by the largest N.A. group.

Attachment Parenting & Natural Nurturing & Vaccine Links
www.geocities.com/Heartland/Fields/2460
Excellent site offering concepts that create health in the family and access to Vaccination OneList network.

Natural Immunity Network
http://www.i-wayco.com/niin/index.html

Concerned Parents for Vaccine Safety
http://home.sprynet.com/sprynet/Gyrene/Home.htm
Excellent site—links to many others.

Informed Parents Home Page
http://www.unc.edu/~aphillip/www/vaccine/informed.htm
Excellent site—well researched.

Immunisation Awareness Society
http://www.ias.org.nz
Excellent site—offers international research.

FEAT (Families for Early Autism Treatment)
http://www.feat.org

Dr. Harris Coulter's Website
http://home.earthlink.net/~emptherapies/

Leading edge Research Group: The Biological Manipulation of Human Populations
http://www.trufax.org/menu/bio.html

Center For Complex Infectious Diseases—info re. stealth viruses & Dr. John Martin's research
http://www.ccid.org

Tetrahedron — AIDS, Ebola, vaccines, Gulf War Syndrome
http://tetrahedron.org/

International Advocates for Health Freedom — John Hammell
http://www.iahf.com/index1.html
Networking between health freedom activists

Health World Online- Discussion Forums on Vaccines
http://www.healthy.net/

Vaccination Information & Awareness—Links to many sites
http://www.access1.net/via

Vaccine Safety Website—Dr. B. Classen
http://vaccines.net/risks.htm

Australian Vaccination Network
http://www.avn.org.au/
This group is forging ahead with legal actions challenging government violation of informed consent laws.

MEDICAL INFORMATION & PRO-VACCINE LINKS:

WHO & Communicable Diseases Surveillance
http://www.who.int/emc/

Vaccine News Updates— Immunization Briefs
www.infoinc.com/imnews2

Vaccine Weekly Magazine—For the medical world
http://www.holonet.net/homepage/1v.htm
Covers new vaccines.

Infectious Diseases in Children
http://www.slackinc.com/child/idc/199805/vaccine.htm#speclink

Immunization Action Coalition—Pro-Vaccine site
http://www.immunize.org/

Achoo & MD
http://www.achoo.com
Consultation source for travel vaccines

Medscape—Online medical info
http://www.medscape.com √

DID YOU KNOW ?

There is no law that can force you to vaccinate your children. The only laws relating to vaccination govern school pupils, not infants, and these can be waived through available exemptions. If your child has exhibited any of the following adverse reactions or conditions, you may wish to defer from continuing the course of vaccinations.

- If your child is ill or running a fever.
- If the child collapses or goes into a shock-like state following a vaccine.
- If the child has high pitched screaming for several hours; and cannot be comforted
- If the child has a temperature of 38° C or higher after vaccination.
- If the child develops pain, redness, swelling, lump at the needle site
- If the child develops severe diarrhea and/or vomiting
- If the child has one or more convulsions or has a family history of convulsive disorders (eg. epilepsy); if the child has an evolving neurological condition.
- If there is a family history of severe allergies and/or history of vaccine reactions.
- If the child has signs of brain injury such as a bulge in the soft spots of the head or a severe change of consciousness.
- If the child is receiving treatments that suppress the immune system
- If the child has a widespread allergic reaction, rashes, hives, wheezing, trouble breathing.
- If the child develops swollen joints/arthritis like symptoms
- If the child has an irregular heartbeat within several hours after vaccination.
- If the child is excessively sleepy following vaccination.
- If the child has an episode of sleep apnoea (stops breathing during sleep)