Winter 2005

VRAN Newsletter

Vaccination Risk Awareness Network Inc.

UNDERSTANDING INFECTION: NOT A BATTLE, BUT A HOUSECLEANING

By Philip Incao, M.D.

I once saw a young African man in my practice who impressed me with his calm dignity and his radiant good health. I asked him what his parents had done when, as a child, he had come down with a fever. He replied that they had wrapped him in blankets to get him sweating. "Did they ever take your temperature?" I asked. He laughed and shook his head saying, "No, it was different from what is done here." We often hear that American medicine is the most advanced in the world. This is true in some areas of healthcare, but in other areas we could use a little of the deeply rooted wisdom that still informs some of the folk medicine in the developing world. I think this particularly applies to our modern concept and treatment of the illnesses we commonly call "infections."

When we come down with a cold or a flu most of us imagine that some stress or other has weakened our "defenses" or our "resistance" and allowed "a bug" (a virus or bacterium) to enter our body, where it multiplies and attacks us from within. We think of this as "an infection," that the new bug within us is making us sick, and that we will feel better as soon as our immune system has killed it off. When we don't feel better soon enough, we might seek remedies or antibiotics to kill the bug more effectively.

This pretty much describes the way almost everyone today, physicians included, thinks about what I refer to in this article as an acute infectious/ inflammatory illness like a cold, flu or sore throat.

Yet this commonly held picture does not correspond to the facts. It is a deceptive misunderstanding that in itself is a characteristic sign of the simplistic, weakened and fear-based thinking that hinders progress in many areas of life today.

If we define infection as the presence within us of foreign micro- organisms i.e., bacteria and viruses, then all of us are continually infected from the day we are born until we die. We all harbor trillions of microbes all the time, including various disease germs, yet we only occasionally get sick. Most of us are quite happy to never or seldom come down with an acute infectious/ inflammatory fever, cold or sore throat, thinking that we therefore must have a strong immune system which guards our body from becoming "infected."

That too is a deception, and a dangerous one, that fools us into thinking we are healthy when the reality is otherwise.

It is a shock to learn that for over one hundred years the evidence has shown that our immune system does not prevent us from becoming infected by germs. In the early years of Pasteur's germ theory in the nineteenth century, it was first assumed that healthy people were uninfected

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A Glimpse Into The Scary World of Vaccine Adjuvants

By Edda West

Adjuvants are formulated compounds, which when combined with vaccine antigens intensify the body's immune response. They are used to elicit an early, high and long-lasting immune response. "The chemical nature of adjuvants, their mode of action and their reactions (side effect) are highly variable in terms of how they affect the immune system and how serious their adverse effects are due to the resultant hyperactivation of the immune system. While adjuvants enable the use of less *antigen to

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VRAN NEWSLETTER

Vaccination Risk Awareness Network Inc.

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With thanks to Lisa Farr 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 3 to 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:
$35.00—Individual $75.00—Professional
We would like to share the personal stories of our membership. If you would like to submit your story, please contact Edda West by phone or e-mail,as indicated above.

VRAN website: www.vran.org

DISCLAIMER

The contents of this publication reflect the opinion of the authors only, and are not to be construed or intended as medical information. This publication is for informational purposes only and should not be construed as medical advice. The particulars of any person's concerns and circumstances should be discussed with a qualified health practitioner prior to making any decision which may affect the health and welfare of that individual or anyone under his or her care.

VRAN NEWS

Thank You VRAN Volunteers !

I'd like to take this opportunity to thank the VRAN volunteers who "held down the fort" during my recent leave of absence from co-ordinator duties. VRAN Vice-President, Rita Hoffman, did an incredible job sorting through hundreds of emails, newslists, organized them into order of priority and responded to the daily inquiries received by VRAN. Many thanks to VRAN President Mary James, who responded to VRAN phone inquiries from the public and media, and thanks to our webmaster Maggie Teiner who forwarded emails to Rita, picked up the mail, sent out information packages, and kept the website going. And a big thank you to Daniel Moser, who has been working for many months (countless hours) creating a data base for our new Vaccine Reactions Reporting Registry. Thank you all so much for your help and for enabling me to have a long and wonderful visit with my family and little grandson. It has meant the world to me!! Edda

In Memory of Frank Luschak

It is with great sadness that we inform our readers of the death of longtime VRAN Board Member Frank Luschak on December 20, 2004. Frank was a loving and devoted father to his four children, Arielle, Alanna, Lance and Lauren and will be greatly missed by them. He was a respected grade five teacher in the Winnipeg school division for many years.

Frank was a passionate spokesperson for the childhood vaccine informed consent movement. He became involved with VRAN, after witnessing his own daughter experience a serious reaction to the DPT-Polio vaccine. Frank cared deeply about the children who would be affected, the parents who unwittingly made decisions based on little or no information and the democratic process of public debate which parents had been denied. He joined us in our mission to correct the wrongs of the flawed immunization program.

Frank worked tirelessly to educate parents and the media about the risks of childhood vaccines Whether it was writing a letter to the editor of the Winnipeg Free Press, phoning in to a radio talk show, handing out vaccine information pamphlets at health seminars, or contacting various media outlets, Frank continued to get his message out that parents must be informed of all the risks and adverse reaction to childhood vaccinations.

We will all miss Frank's dynamic energy, sense of humour and passion for this work. It has been a privilege to share in his journey. May his memory remain a blessing.

VRAN Annual General Meeting

We will be holding our AGM on Saturday, April 16, 2005 by telephone conference at the following time: 4pm (Eastern/Ontario), 3 pm (Central/ Manitoba) and 1pm (Pacific/BC). If you wish to participate, please do let us know so we can provide you with the call numbers that will give you access to the meeting. For more details, Please contact Edda West at 250-355-2525 or email infor@vran.org

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VRAN Fundraising Appeal

Heartfelt appreciation goes to members who have generously donated funds in response to our appeal in the Fall newsletter. We're still a long way from meeting our yearly budget needs so VRAN's fundraising appeal is an ongoing endeavour. Continuing at our current level of work, our modest budget runs between $20,000 - $24,000 annually. In Canada, ours is the leading voice identifying the hazards of mass vaccination and through our newsletter (deemed by many, the best in the world) and website we offer current and cutting edge information on the impact of vaccines on human health, and bring you insight into alternative ways of protecting your children's health. In the face of the enormous power of the vaccine industry (Big Pharma) in partnership with governments who are pushing the global vaccine agenda into a runaway acceleration of endless vaccines, we ask you to consider the following:

The Global Alliance for Vaccines and Immunization known as GAVI, is a powerful and well oiled international "partnership" of governments, vaccine industry, research institutes, WHO, UNICEF, the World Bank, and the Bill & Melinda Gates Foundation. Their goal is to accelerate the delivery of vaccines to **all children** around the world and to reduce the time lag between introduction of new vaccines in first world countries and their availability in developing nations. GAVI's resources are astronomical – they have billions at their disposal and plan to raise "8-12 billion dollars between 2005-15 to immunize children in the poorest countries." GAVI's goal is to:

✦*Strengthen immunization services* needed to deliver basic vaccines, including those for diphtheria, tetanus, pertussis (whooping cough), measles, tuberculosis, and polio

✦*Introduce underused vaccines* in areas where they are urgently needed, including vaccines for hepatitis B, Haemophilus influenzae type b (Hib), and yellow fever

✦*Accelerate the development and introduction of new vaccines in the pipeline*, including vaccines for rotavirus, meningitis, and pneumococcus

THE CRITICAL questions are, will this really improve the quality of children's health in the long term, and who will document and report the inevitable reactions, injuries and deaths among malnourished and immune compromised children weeks and months after injection with multiple vaccines? If reporting vaccine reactions in Canada and other developed nations is a paltry 1-10%, it's highly doubtful that anyone will notice third world children who go on to develop other infections and diseases because their already fragile immune systems have suffered a fatal blow from the vaccine juggernaut.

Rather than invest the billions at their disposal in fixing the roots of poverty and disease and providing basic health care needs such as nutritious food, clean water, vitamin supplements, access to indigenous medicines and land reforms enabling people to grow their own food, these multinational agencies are obsessed with injecting the world's poorest children with ever increasing toxic loads of vaccines. "Supporting children's immunization is undoubtedly the best investment we've ever made" enthuses Bill Gates who believes that the expanding vaccination agenda will save "millions more in the coming years."

But what really happens to poor children whose health is already compromised by poverty and malnutrition when they are injected with a bolus of vaccines? Will it really save "millions more"?

What Big Pharma and its partners at government regulatory agencies don't want you to know is what Dr. Archie Kalokerinos, MD discovered years ago, working amongst the poorest of aboriginal people in the Australian outback. He learned from first hand experience that injecting vaccines into malnourished and sick children is a catastrophe – that half of them died after vaccination. "You cannot immunize sick children, malnourished children, and expect to get away with it. You'll kill far more children than would have died from the natural infection…My final conclusion after forty years or more in this business is that the unofficial policy of the World Health Organization and the unofficial policy of 'Save the Children's Fund' and almost all those organizations is one of murder and genocide. They want to make it appear as if they are saving these kids, but in actual fact they don't. I am talking of those at the very top. Beneath that level is another level of doctors and health workers, like myself, who don't really understand what they are doing." *Excerpt from an interview with International Vaccine Newsletter – June, 1995. In 1978 Dr Kalokerinos was awarded the Australian Medal of Merit for 'outstanding scientific research'. Read the full interview at:* http://www.whale.to/v/kalokerinos.html

Your continuing support of VRAN enables us to lift the veil of vaccine deception, to educate the public about the risks posed by vaccines to children's health everywhere, both in our affluent western nations and the developing world. With what is rushing down the pipeline of genetically engineered super vaccines designed to manipulate the immune system into hyper-overdrive, we must ask THE critical question: How long before they genetically engineer our immune systems into complete and irreversible failure on a global scale? With your help we will continue to speak and write the truth about this critical issue. An enclosed fundraising sheet offers more details.

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CODEX ALERT TO VRAN FAMILIES

Codex is an international Treaty , which if ratified in August 2005, will eliminate our access to a vast range of vitamins and nutritional supplements , which until now have been widely available to North American health conscious consumers. **Please read Helke Ferrie's detailed article in this issue of the VRAN Newsletter.**

Ratification of the Codex Treaty will mean that member countries of the World Trade Organization (WTO) like Canada & the U.S. will be forced to comply with restrictive regulations that will drastically curtail our access to health supplements. The charge is being led by multinational pharmaceutical industry (Big Pharma), aided and abetted by the World Health Organization and governments who are their bedfellows. Big Pharma will then control the manufacture and distribution of nutritional supplements, many of which will only be available by prescription with costs to consumers going through the roof. It is planned as an enormous power and profit grab for Big Pharma, along with the orchestrated extinction of the many smaller companies who manufacture high quality health supplements. In effect it will signal the end of our right to determine how we manage our families' health. Codex, if ratified signals the end of our health freedoms and the right to self determination to choose the health modalities best suited for our families

When parents make the choice not to vaccinate their children, most do so because they have first hand experience with vaccine reactions and injuries, or they have gathered enough information to know that the 'one size fits all' mass vaccination agenda is a game of Russian Roulette which can cause devastating injuries to the immune & neurological systems with lifelong consequences. When people reject the vaccine paradigm, most understand that the key to prevention of disease lies in the strength of the immune system, and that a strong immune system is built and maintained by quality nutrition, long term breastfeeding, clean air/water, access to organic foods grown in wholesome soil uncontaminated with toxic chemicals, and availability of essential vitamins, minerals and enzyme supplements to help maintain immune function and assist with detoxification of the countless chemicals we are all exposed to in this toxic world.

When we reject the fear based vaccine paradigm, we begin to distance ourselves from the dominant medical model which is hopelessly entangled with a corrupt and self-serving pharmaceutical industry whose bottom line is mega-profits at the expense of our health!! The recent Vioxx scandal is but the tip of an enormous iceberg of pharmaceutical corruption which aggressively markets drugs they know are killing tens of thousands of people. Government regulatory agencies like Health Canada and the FDA in the U.S have betrayed the citizens they have been charged to protect. While they play footsie with Big Pharma, we are subjected to ongoing drug experimentation, and eroding quality of health. Scott Hunter's article in this issue reveals that Canadian babies have been the experimental test population for the 5 in 1 vaccine Pentacel.

For any parent wanting to know the exact ingredients in any vaccine marketed in this country, you may be shocked to learn that drug companies maintain 'proprietary' rights which protect them from having to reveal the complete ingredients list of what's in vaccines. You can go to the supermarket and read labels to your hearts content and reject products if the contents are not to your liking, but when it comes to injecting your children with biologicals which carry a risk of injury and death , you cannot access the information. And Health Canada upholds industry's right to secrecy, and won't tell you either.

As we deepen our understanding of the detrimental impact mass vaccination programs have on our children's health, we learn that injecting infants and young children with an ever increasing bolus of multiple vaccines insures that health problems and chronic diseases will develop in many, and will require ongoing treatments with various drugs like antipyretics, antibiotics, steroids, asthma inhalers, etc. Long ago, vaccine maverick Dr. Robert Mendelsohn warned that mass vaccination programs insure a captive market of people from cradle to grave for the drug industry. Multiple vaccines injected in infancy guarantee not only repeat business for medical practitioners and drug sales for industry, but spawn new diseases for which more vaccines are then developed – an endless cycle of dependency on Big Pharma and drug oriented monopoly medicine. Allergy and autoimmune disease vaccines are in development right now!!

When we turn away from the vaccine paradigm, we declare our intent to take responsibility for our health and are inspired to embrace a much larger health creating paradigm. Having access to crucial micro-nutrients is the key that is enabling many immune challenged and autistic children to get on the road to recovery. Eliminating access to supplements is akin to a death sentence for these children. Working together to protect our access to health supplements is critical to maintaining and creating health in our families. Go to Helke Ferrie's article for details of what you can do to stop Codex from destroying our health freedoms.

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by bacteria and only sick people were infected. This assumption was soon disproven, as science found that the great majority of those infected with disease germs were healthy, and only a small fraction of them ever got sick. The majority of people infected with the bacterium of TB, for example, never got sick from tuberculosis, but only from the same coughs and colds that we all get.

Infection alone is not enough to make us come down with a manifest illness. Something else is needed. Most of the time we are able to live in harmony with certain numbers of disease germs in our body without becoming ill. For this blessing we can thank our immune system, which is continually vigilant and active below the surface of our awareness in keeping the extremely varied and extensive germ population of our body under control. Thus it is not necessarily the entrance of new germs into our body that makes us ill, it is the sudden and excessive multiplication of certain germs that have already been in us for a longer or briefer time. In some cases the entrance of a new germ into the body is quickly followed by its rapid proliferation and in other cases the germ can remain dormant or latent in us for many years or even a lifetime while we remain healthy.

This important fact receives far too little attention and is often totally forgotten in medicine today. Most of the trillions of germs that "infect" or inhabit our body from infancy onward are peacefully co-existing in us or even helping to maintain our inner ecological balance, like the acidophilus bacteria that live in our intestines. They are our "normal flora." Science has also identified a small minority of germs, called pathogens, that participate in human disease, like strep, staph, TB, diphtheria, etc., but these too have surprisingly more often been found peacefully coexisting in us rather than being involved in illnesses.

This is called latent or dormant infection, or simply the carrier state. Typhoid Mary was a famous example in the early 1900's of a cook who, though healthy herself, was a carrier of the salmonella bacterium and passed it on to others, some of whom became seriously ill and many others of whom remained healthy despite being infected. As the prominent microbiologist Rene Dubos stated in a 1950's textbook,

"…the carrier state is not a rare immunologic freak. In reality, *infection without disease is the rule rather than the exception*…. The pathogenic [germs] characteristic of a community do commonly become established in the tissues of a very large percentage of normal persons and yet cause clinical disease only in a very small percentage of them." (Emphasis mine)1

This leads us to the question which Rene Dubos, apparently alone among his colleagues, pondered for the rest of his life: if most of the time we are able to peacefully coexist with a disease germ in our body, (a fact which Pasteur did not adequately reckon with) what is it that happens when it suddenly starts multiplying rapidly and we get sick? Have our defenses weakened and allowed the germs to proliferate and go on the attack (which is the thought that frightens us so terribly) or are they merely multiplying because our body's biochemistry has been disturbed and is making available to the germs a suddenly increased supply of their preferred nourishment?

The latter is not a new thought; it was postulated by Pasteur's contemporaries. Scientists of Pasteur's time including Claude Bernard, Rudolf Virchow, Rudolf Steiner and Max Pettenkofer held the conviction that the decisive and determining factor in infectious diseases was not the microbe itself but rather the particular condition of the patient's "host terrain" that favored the growth of a particular microbe. In this view, microbes were not predators but were scavengers which fed on toxic substances produced by imbalance, disease and decay in the host body's terrain just as flies feed on dung and garbage. For these scientists, killing microbes without improving the host terrain imbalances that fed the microbes was like killing flies in a messy, untidy kitchen without cleaning up the kitchen. Pettenkofer even drank a test tube of virulent cholera bacteria to prove his point that they would do no harm if the inner terrain was healthy. Pettenkofer's terrain apparently was healthy, because he suffered no ill effects at all from his bacterial brew. Nevertheless, the germ theory was an idea whose time had arrived, and for many reasons the concept of germs as vicious predators soon prevailed over the view that they were merely opportunistic scavengers.

The triumph of the germs-as-predators concept has led to a sea of change in the way people think about acute illnesses such as colds, measles, pneumonia, scarlet fever, tuberculosis, typhoid, smallpox, etc. Since ancient times these illnesses had been called inflammations, literally meaning "a fire within." In the first century A.D. an early Roman author, Celsus, gave the classical definition of inflammation which is still taught today to physicians: a fire-like process in the body which manifests in "calor, rubor, tumor and dolor," i.e. warmth, redness, swelling and pain. These cardinal symptoms of inflammation, even when not externally visible, were understood to characterize all inflammations from a pimple to a pneumonia. Our ancient ancestors also knew from hard experience that many acute inflammations like plague, smallpox, measles, TB etc. were "catching" or contagious from one person to another. What they did not know was the intimate relationship of germs or microbes to these acute inflammatory and contagious illnesses.

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Since Pasteur, we now erroneously consider these illnesses to be "acute infections," assuming that the entrance of a new microbe into the host's body (the infection) triggers the illness. As we saw earlier, it is not the initial entrance of, or the infection with, the microbe which triggers the illness, but rather the sudden proliferation of a microbe already residing in the host body for some time which initiates an acute infectious/ inflammatory illness.

Human beings become infected with a great variety of the microbes in their environment, continuing life-long as they change environments, yet this fact of life-long infection does not explain why illness happens, anymore than auto accidents are explained by the fact that the victims are life-long drivers. An infection is not itself an illness, rather it is the normal human condition and the context in which acute infectious/inflammatory illnesses occur. As we said earlier, something else must happen to cause a certain tribe of germs (like strep, with which almost everyone is infected to some degree) to suddenly proliferate and trigger what should correctly be called "an acute strep-related inflammation" rather than "an acute strep infection." We need to fit our thoughts and words to the reality. The fact that a strep infection might precede a strep-related inflammation by days, months or years is essential to understanding how and why illness happens. Thus, the term "acute strep infection" commonly used by physicians and lay people is incorrect, and it creates an incorrect picture in our mind of the illness at hand. The incorrect picture is that strep bacteria have invaded our body from the environment and are injuring us. Most importantly, this incorrect picture leads to inappropriate feelings and actions of the physician, the caregiver and the patient who must respond to an illness. Thus the grave mischief caused by a "mere" incorrect mental picture becomes enormous—such is the power of this idea.

The consequences of the germs-as-predators idea are millions of unnecessary prescriptions written for antibiotics, and thousands of injuries and deaths from drug reactions, including 450 deaths per year from Tylenol alone. The engine driving this inappropriate and dangerous use of antibiotics and anti-inflammatory drugs is the fear generated by our common misconception that we are under attack by predatory microbes whenever we experience fever, pain, congestion and other symptoms of typical acute inflammations such as coughs, colds, flu or sore throats.

Now we will move on to consider another important and common misconception about acute infectious/ inflammatory illness. The first misconception was that infection is abnormal and causes illness, the truth being that infection is really the normal human condition because we all harbor disease germs frequently, yet become sick only occasionally.

The second misconception is that the symptoms of an acute infectious/ inflammatory illness like scarlet fever, polio, smallpox or flu are caused by the viciousness, the virulence, of the bacteria or the viruses which we imagine are attacking the cells and tissues of our body. The sicker we are, that is, the more intense our symptoms, the more vicious we assume the attacking viruses and bacteria to be.

In over thirty years of practicing medicine, I've found that this assumption, shared by almost all physicians and their patients, provokes more unreasoning fear and unnecessary use of drugs than any other.

The confusion stems from the fact that in an acute infectious/ inflammatory illness we are witnessing not one happening but two polar opposite happenings which occur together. The first happening is that bacteria or viruses are proliferating in our body. If these microbes were predators, we would expect their proliferation to coincide with the worst of our symptoms, but this is not the case. Most of the germ proliferation, (which we falsely imagine as an inner attack), happens during the incubation period of the illness when we have little or no symptoms. Viruses and bacteria may enter our blood stream in large numbers, and may even start to leave our body, excreted in mucus and feces, without any awareness of illness on our part besides possible minor malaise, headache or tiredness. These symptoms might appear at the end of the incubation period during the few days of prelude or "prodrome" just before the full-blown illness begins. When the incubation period is over and the clinical illness comes on with all its strong symptoms of fever, pain, weakness, irritation and often anxiety, it may feel as if we are being attacked but in reality the inner process causing our illness symptoms is not a battle, but an intense housecleaning.

I've said that an infectious/inflammatory illness is a joint appearance of two separate and distinct happenings. These two happenings become related to each other in the context of the illness as a reaction is related to an action. Comparing illness to a housecleaning, the action is the gradual, mostly unnoticed accumulation of dirt and dust (along with the tiny creatures who make their home in dirt and dust) in the house, and the reaction is the sudden decision of the housekeeper to turn the house upside down in order to clean it from top to bottom. In a house, as in the human body, the housecleaning is a much bigger disturbance, though a necessary one, to the orderly routine of the household than the accumulation of dirt and dust.

Our immune system is the housekeeper of our body. Usually our inner housekeeper keeps well abreast of her work quietly, escorting dead and dying

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cells to the exits of our body and making sure that waste matter and poisons are cleared from the body. This is the very important ongoing maintenance-housecleaning work of our immune system-housekeeper in maintaining the health and integrity of our human organism. From birth until death, this ongoing maintenance work never rests, and is responsible for our keeping healthy and free of illness. But occasionally our immune system-housekeeper determines that a deep cleaning is needed. That's when the dust flies and we get sick! If you are wondering where the germs are in this comparison of the human body to a household, they are the flies, ants, cockroaches, or the mice which live in the house's inner recesses unreached by the housekeeper and which feed on the crumbs and kitchen scraps that accumulate in the house.

The function of the immune system is to create inflammation. Inflammation, as the word implies, is like a fire in the body which burns up the waste and debris, along with the germs which feed on waste and debris, and cleanses the body. Thus it is our immune system which causes us to become sick, by creating inflammation to drive out infection and renew us.

The first step in an acute infectious/ inflammatory illness is the accumulation of cellular waste materials and toxic by-products of our body's biochemical metabolic processes. This accumulation may go on for hours or years before the acute illness, and is unnoticed by us because the body has various ways it can store toxic substances to keep them from irritating and poisoning us. The second step is the beginning of the release of certain toxins from storage and the proliferation of bacteria which are attracted to the now accessible toxins just as flies are attracted to garbage. This release from storage may be triggered by our exposure to an ill person to whose acute infectious/inflammatory illness we are open and unguarded. Thus we "catch" the illness and this second step defines its incubation period, in which bacteria or viruses rapidly proliferate while causing minor or no symptoms. This second step differs according to whether the illness is bacterial or viral. In a bacterial illness specific types of bacteria are attracted to the particular types of toxins released from storage and made available to them during the incubation period. In a viral illness the viruses themselves are a special form of toxic waste product which cells release when they are provoked by stress (as in an outbreak of herpes or shingles) or by "catching" an illness from another person.

These two steps, the gradual accumulation and storage of toxins for days or years followed by their rapid release from storage and the proliferation of microbes during the incubation period, constitute the *action* which provokes the third step, the *reaction* of the immune system to clean house. The intensity of the *symptoms* of our illness is a direct expression of the intensity of the *reaction* of our immune system. The stronger our immune system-housekeeper is, the more dust and debris she will stir up and the sicker we will feel.

If I am correct in asserting that an acute infectious/ inflammatory illness is really an intense housecleaning and not a battle against predatory invaders, then people with stronger immune systems and thus stronger housecleanings would be expected to have more intense acute inflammatory symptoms, and stronger discharges than those with weaker immune systems. By inflammatory symptoms I mean pain, redness, swelling and fever followed by a good discharge of mucus, pus, rash or diarrhea. In my medical practice I have repeatedly found that the stronger and more robust children become ill more intensely and acutely (with good outcomes nevertheless) than the weaker, pale and allergic children. I remember well one boy in my practice who, I later discovered, had a certain familial immune system defect. His mother often brought him to the office because he felt unwell and weak. Usually in children who complain of feeling sick, one can find some evidence of an inflammation in the body, a red throat, a red ear, congested lungs or sinuses, some degree of fever, swollen glands etc. In this boy I could find nothing. There were no signs of inflammation and no symptoms other than subjective fatigue and feeling unwell. Blood tests revealed a problem with his immune system.

This case brought home to me the fact that a weak immune system has difficulty *reacting* to a gradually accumulating infection of uncleared cellular waste and microbes in the body. *Without a strong reaction of the immune system*, *there is no acute illness,* but only a vague malaise and fatigue, which are symptoms of a low-grade poisoning or toxicity in the body – the result of our housekeeper being too weak to do her job and allowing kitchen debris to accumulate, followed inevitably by the flies and ants. When I would see this boy with the immune system defect in my office feeling unwell, it was as if he were stuck in the incubation period of an acute infectious/inflammatory illness, unable to become properly acutely ill because his immune system was too weak to react with the inflammatory healing crisis he needed to clear out his body.

Children who are able to have their normal childhood healing crises, consisting of fevers and discharges, thereby exercise and build their cellular immune systems to be strong and resilient, which is a great benefit for their overall health. Vaccinations, antibiotics and anti-inflammatory drugs like Tylenol and ibuprofen all interfere with this inflammatory cleansing of the body and the immune system-strength-

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ening which results.

All the experts agree that antibiotics are massively overprescribed in the U.S. – used in conditions that don't require them. Why does this overprescribing continue unabated despite large efforts to educate physicians about the proper use of antibiotics? Upon reflection, any physician can answer this question because all of us see almost daily patients who come into the office seeking antibiotics. These patients have two chief concerns: either their symptoms are too intense or they've been going on too long, or both.

If we understand the illness to be a housecleaning, then these concerns are very much minimized. "Your immune system is doing a good job – you will soon bring this healthy, much-needed housecleaning to a successful conclusion" is what a physician of the housecleaning persuasion might say.

If we believe the illness to be an attack of hostile predatory microbes, then physician and patient are both anxious to get rid of the symptoms along with the nasty microbes we mistakenly assume are causing the symptoms. As we saw earlier, the immune system, not the microbes, causes the symptoms. The microbes however are an important stimulus which provokes the immune system to react, causing symptoms of acute inflammatory illness. Therefore, when we kill or inhibit the microbes with antibiotics, we inhibit the immune system at the same time. This inhibits the inflammatory symptoms that belong to an active working immune system, creating the illusion that we have healed the illness when in reality we have suppressed the symptoms and interfered with the immune system's work before its job was done. This is a suppression, not a healing, and it is crucial to understand the difference between the two.

If we make our housekeeper stop her hectic cleaning in order to have some peace, we will have to put up with an untidy house. An untidy house and an inactive housekeeper are conditions which in the short run lead to a return of flies and ants, and in the long run lead to chronic disease and cancer.

This is why I've been saying for fourteen years that an important way to prevent cancer is to appreciate the great wisdom and benefit of our occasional inflammatory housecleanings and to refrain from obstructing them unnecessarily with antibiotics and anti-inflammatory drugs.

This point was recently confirmed by the publication of research showing that antibiotics increase the risk of breast cancer. Nevertheless, antibiotics are lifesaving drugs when an acute infectious/inflammatory illness becomes dangerous. This danger stems not from the intensity of the inflammation directly, but from the toxicity and the sheer volume of the metabolic wastes and poisons which are stirred up and mobilized by the inflammation. If our organism has the strength to clear out all these toxins and discharge them from our body, the illness usually resolves itself. If we lack this strength, then the discerning physician will attempt to support and promote the discharging, detoxifying process, keeping a watchful eye on the patient's strength, and will use an antibiotic if needed to prevent complications or death from the poisons that have been stirred up by our overzealous housekeeper – our immune system. This is a toxic or septic inflammation, and in such a crisis, an antibiotic is a blessing. But the likelihood of our ever having to experience such a toxic crisis will be greatly diminished if we understand how to allow all our smaller, non-threatening inflammatory crises to do their housecleaning work that our wise inner housekeeper knows we need.

How, therefore can one treat an acute infectious/inflammatory illness so as to work *with* the cleansing and discharging process of the immune system and not against it? I have discussed these practical pointers in the chapter "How to Treat Childhood Illnesses" in the book, The Vaccination Dilemma edited by Christine Murphy (www.lanternbooks.com) and also in an article published in Mothering magazine in July-August 2003 entitled, "The Healing Crisis: Don't Worry Mom, I'm Just Growing."

These treatment guidelines apply to adults every bit as well as they apply to children. They are designed to support and facilitate the work of the immune system, to relieve symptoms, prevent complications and to promote a successful outcome and completion of the task begun by the immune system itself. A more detailed discussion of these treatment guidelines can also be found, along with directions for use of the appropriate homeopathic/anthroposophic remedies for specific symptoms, in my Home Remedy Kit available from the Weleda Pharmacy at 800-241-1030. Perhaps the most important points to remember in treating acute infectious/inflammatory illnesses are that *fever is good, toxicity is bad, and discharge of toxicity is very good.*

The danger of an acute infectious/inflammatory illness is not the 105 degree fever nor the yellow thick mucus drainage from the nose, but the amount of retained toxicity that is poisoning the patient because it is unable to be discharged from the body quickly enough. It is normal for the ill patient to be weak, lethargic and oversensitive. Symptoms of excessive retained toxicity poisoning the body include increasing irritability and restlessness, an increasing look and feel of desperation or anxiety, and a decreasing ability to maintain consciousness and eye contact. If these are happening, call the doctor.

Toxicity that is stirred up within the body more quickly than it can be cleared and discharged from the body is the primary danger and cause of complications in an acute infectious/inflammatory illness. We physicians

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should be advising our patients how to recognize and treat toxicity. Up to 106 degrees F, the degree of fever is not a sign of the seriousness of the illness, but is rather a sign of how strongly the immune system is working to detoxify and clear out the illness. Therefore it is best to avoid fever lowering drugs.

Here are some very effective age-old ways to support the immune system and to promote a good outcome of an acute infectious/inflammatory illness:

1. Total rest and sleep, with as little distraction as possible. No T.V., radio, tapes or reading.

2. Keep the patient very warmly dressed and covered. Sweating is good. Avoid chilling.

3. A liquid diet of vegetable broth, herb teas, citrus juices. Add rice, millet, carrots or fruit if hungry. Absolutely no meat, fish, eggs, milk products, legumes, beans, nuts or seeds. The digestive power of the body must focus on the illness and not be burdened with food.

4. Elimination through bowels, bladder and sweating is essential to treat toxicity and prevent its complications, therefore encourage drinking of lukewarm clear fluids, and use prune juice or Milk of Magnesia to promote loose BM's once or twice daily.

5. Provide a sick room environment with warm, soft colors and textures and natural soft light. Include plants and flowers. The caregiver should be cheerful, peaceful, attentive, observant, encouraging, loving and respectful of the profound healing wisdom of the inner housekeeper in which she is assisting.

The author is grateful to Charlene Thurston, Christine Maggiore and Bob Dudney, M.D. for their kind help and advice with this article.

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achieve the desired immune response and reduce vaccine production costs, with few exceptions, adjuvants are foreign to the body and cause adverse reactions", writes Australian scientist Viera Scheibner Ph.D.(1)

The most common adjuvant for human use is an aluminum salt called alum derived from aluminum hydroxide, or aluminum phosphate. A quick read of the scientific literature reveals that the neurotoxic effects of aluminum were recognized 100 years ago. Aluminum is a neurotoxicant and has been linked to Alzheimer's disease and other neurological disorders. Prior to 1980, kidney patients undergoing long term dialysis treatments often suffered dialysis encephalopathy syndrome, the result of acute intoxication by the use of an aluminium-containing dialysate. This is now avoided using modern techniques of water purification. In preterm infants, prolonged intravenous feeding with solutions containing aluminum is associated with impaired neurologic development. Scientists speculate that aluminum neurotoxicity may be related to cell damage via free radical production, impairment of glucose metabolism, and effects on nerve signal transduction. (2) Vaccines which contain both aluminum adjuvants and mercury based preservative, greatly magnify the neurotoxic effects. (3)

Macrophagic myofasciitis (MMF) is a muscle disease first identified in 1993, and has been linked to vaccines containing aluminum adjuvants. Muscle pain is the most frequent symptom which can be localized to the limbs or be more diffuse. Other symptoms include joint pain, muscle weakness, fatigue, fever, and muscle tenderness. The disorder is associated with an altered immune system in some, but not all patients. A study published in the journal Brain (2001) revealed that 50 out of 50 patients had received vaccines against hepatitis B virus (86%), hepatitis A virus (19%) or tetanus toxoid (58%), 3-96 months (median 36 months) before biopsy. "We conclude that the MMF lesion is secondary to intramuscular injection of alu-

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minium hydroxide-containing vaccines, shows both long-term persistence of aluminium hydroxide and an ongoing local immune reaction, and is detected in patients with systemic symptoms which appeared subsequently to vaccination", write the authors of the study. (4)

But aluminum's neurotoxicity is of less concern to the vaccine industry than the fact that it elicits a lesser antibody response to the so called purer recombinant or synthetic antigens used in modern day vaccines than in older style live or killed whole organism vaccines. "This has created a major need for improved and more powerful adjuvants for use in these vaccines." (5)

For decades, vaccine developers have been tinkering with various substances to trick the body into heightened immune responses. The most effective adjuvants are formulated with oils but have long been considered too reactive for use in humans. Immunologists have known for decades that a microscopic dose of even a few molecules of adjuvant injected into the body can cause disturbances in the immune system and have known since the1930's that oil based adjuvants are particularly dangerous, which is why their use has been restricted to experiments with animals.

The classic oil based adjuvant called Freund's Complete Adjuvant can cause permanent organ damage and irreversible disease – specifically autoimmune diseases. When scientists want to induce autoimmune disease in a lab animal, they inject it with Freund's Complete Adjuvant, which causes great suffering and is considered by some too inhumane to even inject into animals.

Dr. Jules Freund creator of this oil based adjuvant warned in 1956 that animals injected with his formulation developed terrible, incurable conditions: allergic aspermatogenesis (stoppage of sperm production), experimental allergic encephalomyelitis (the animal version of MS), allergic neuritis (inflammation of the nerves that can lead to paralysis) and other severe autoimmune disorders. (6)

Adjuvants can break "tolerance", meaning they can disable the immune system to the degree that it loses its ability to distinguish what is "self" from what is foreign. Normally, the immune system ignores the constituents of one's own body. Immunologists call this "tolerance". But if something happens to break "tolerance", then the immune system turns relentlessly self-destructive, attacking the body it is supposed to defend. (6)

Scientists theorize that oil based adjuvants have the ability to "hyperactivate" the immune system, and in doing so, create chaos by inducing such an extremely powerful response that the immune system literally goes haywire and starts attacking elements it would normally ignore. (6)

Another theory has to do with "specificity". One of the great distinguishing characteristics of the immune system is something akin to a highly sensitive innate intelligence that has evolved over eons to be able to respond very precisely to what it deems to be a threat to the body. Because the body contains many types of oily molecules and lipids, it may be that when an oil is injected, the immune system responds to it not only specifically, but with heightened intensity because the oil adjuvant resembles so closely the natural oils found in the body. A "cross reaction" then happens, sending the immune system into chaos destroying any oils found anywhere in the body that resemble the adjuvant oil. Demyelinating diseases like multiple sclerosis are an example of this destructive autoimmune process. (6)

To deepen one's understanding of the shadowy world of vaccine development, award winning investigative journalist Gary Matsumoto's new book is a "must read." It documents the secret human medical experimentation conducted on American citizens by doctors and scientists working for the U.S. military. It is a book about "betrayal of the most fundamental rules of medical ethics; and betrayal of the basic duty of military and civilian leaders to protect the people they govern." Vaccine A: The Covert Government Experiment That's Killing our Soldiers and Why GI's are Only the First Victims, is a gripping read into the mad science world of the U.S. military's biowarfare vaccine development program which, since 1987 has injected tens of thousands of U.S. troops with an experimental unlicensed anthrax vaccine containing squalene. An oil based adjuvant, squalene has been known for decades to cause severe autoimmune diseases in laboratory animals. Writes Matsumoto, "The unethical experiments detailed in this book are ongoing, with little prospect of being self-limiting because they have been shielded from scrutiny and public accountability by national security concerns." Reading this book, one gets a permanent chill in the spine as we glimpse the "writing on the wall" of what is to come. (6,7)

"When UCLA Medical School's Michael Whitehouse and Frances Beck injected squalene combined with other materials into rats and guinea pigs back in the 1970's, few oils were more effective at causing the animal versions of arthritis and multiple sclerosis", writes Matsumoto. In 1999, Dr. Johnny Lorentzen, an immunologist at Sweden's Karolinska Institute proved that on injection, "otherwise benign molecules like squalene can stimulate a self-destructive immune response", even though they occur naturally in the body. Other research institutes have also shown that the immune system makes antibodies to squalene, *but only after it is injected*. (6)

We now know that squalene, added to boost immune response in

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a formulation known as MF59, is the secret ingredient in certain lots of experimental anthrax vaccine that has caused devastating autoimmune diseases and death in countless Gulf War vets (Canadian, British and Australian troops were also injected with squalene laced vaccine), and continues to be used today. There is a "close match between the squalene-induced diseases in animals and those observed in humans injected with this oil: rheumatoid arthritis, multiple sclerosis and systemic lupus erythematosus", writes Matsumoto. These three illnesses have been proven to be caused by this oil, but there is an additional long list of autoimmune diseases associated with squalene injection into humans. (6)

... the secret ingredient in certain lots of experimental anthrax vaccine that has caused devastating autoimmune diseases ...

"There are now data in more than two dozen peer-reviewed scientific papers, from ten different laboratories in the U.S., Europe, Asia and Australia, documenting that squalene-based adjuvants can induce autoimmune diseases in animals……observed in mice, rats, guinea pigs and rabbits. Sweden's Karolinska Institute has demonstrated that squalene **alone** can induce the animal version of rheumatoid arthritis. The Polish Academy of Sciences has shown that in animals, squalene **alone** can produce catastrophic injury to the nervous system and the brain. The University of Florida Medical School has shown that in animals, squalene alone can induce production of antibodies specifically associated with systemic lupus erythematosus", writes Matsumoto. (6)

Long List of Side Effects

Referring to squalene in her extensive article on adjuvants, Dr. Scheibner writes, "This adjuvant contributed to the cascade of reactions called "Gulf War syndrome", documented in the soldiers involved in the Gulf War. The symptoms they developed included arthritis, fibromyalgia, lymphadenopathy, rashes, photosensitive rashes, malar rashes, chronic fatigue, chronic headaches, abnormal body hair loss, non-healing skin lesions, aphthous ulcers, dizziness, weakness, memory loss, seizures, mood changes, neuropsychiatric problems, anti-thyroid effects, anaemia, elevated ESR (erythrocyte sedimentation rate), systemic lupus erythematosus, multiple sclerosis, ALS (amyotrophic lateral sclerosis) also known as Lou Gehrig's disease, Raynaud's phenomenon, Sjorgren's syndrome, chronic diarrhoea, night sweats and low-grade fevers. (1)

Matsumoto punctuates his book with poignant interviews of military personnel who suffered many of these extreme and devastating syndromes, all of whom tested positive for anti-squalene antibodies which has become THE definitive marker for people who have been injected with this adjuvant and who have gone on to develop catastrophic diseases.

Immunologist, Dr. Pamela Asa was the first person to recognize that the autoimmune diseases she was seeing in military personnel mirrored those in experimental animals injected with oil formulated adjuvants. When she met a patient with similar autoimmune symptoms who had participated in an experimental herpes vaccine trial, who also knew he had been injected with MF59, a squalene adjuvant being used as a 'placebo' in that study, everything began to fall into place. Pam Asa contacted Dr. Robert Garry, a leading virologist at Tulane University Medical School, whose specialty is developing antibody tests and asked him to develop a test for the detection of anti-squalene antibodies – a test that ultimately became the most important forensic and diagnostic tool identifying patients whose autoimmune diseases followed injection with squalene laced anthrax vaccine. (6)

Juxtaposed to heart wrenching testimonies of shattered health and ruined lives is the military's defiant stonewall and denial that a squalene laced anthrax vaccine was injected into thousands of its people without their informed consent – this despite the fact that the FDA and independent researchers have tested and identified varying amounts of squalene in specific lots of the vaccine.

Even more stunning is the fact that by 1997, hundreds of millions of dollars had already been spent testing vaccines formulated with squalene adjuvants by leading research institutes like NIH (National Institutes of Health) who tested its efficacy in HIV vaccines, the National Cancer Institute who for nearly two decades conducted research with squalene-boosted vaccines, and the National Institutes of Allergy and Infectious Diseases (NIAID) had been testing it in animals since 1988 and began human clinical trials in1991. Nineteen of NIAID's 23 trials were for prototype HIV vaccines. Writes Matsumoto, " Squalene adjuvants are a key ingredient in a whole new generation of vaccines intended for mass immunization around the globe." (6)

Immune System Sees Squalene as an Enemy to Attack

Researchers at Tulane Medical School and the Walter Reed Army Institute of Research "have both proven that the immune system responds specifically to the squalene molecule. Squalene's pathway through the body

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has been tracked with a radioactive tracer in animals by none other than Chiron, (well known flu vaccine manufacturer) and maker of MF59, the squalene-based adjuvant, now also a component of FLUAD, an Italian influenza vaccine. (6)

The immune system does in fact "see" squalene and recognizes it as an oil molecule native to the body. The key is "route of administration". As Gary Matsumoto says, "Squalene is not just a molecule found in a knee or elbow – it is found throughout the nervous system and the brain." When it is injected into the body, the immune system sees it as an enemy to be attacked and eliminated.(6)

As any immunologist will tell you, the way an antigen encounters the immune system makes all the difference. You can eat squalene – no problem as it is an oil the body can easily digest. But studies in animals and humans show that injecting squalene will "galvanize the immune system into attacking it, which can produce a self-destructive cross reaction against the same molecule in the places where it occurs naturally in the body – and where it is critical to the health of the nervous system." (6)

This phenomenon is also known as 'molecular mimicry', where the immune system forms antibodies against one of its own structures and will continue to attack the 'self' molecule in the body that resembles the one in the germ, or as is the case with squalene, ***an identical substance that is naturally present in the body***. Once this self-destructive process begins, it never stops as the body continues to make the molecule the immune system is now trained to attack.

Another example involving autoimmune 'molecular mimicry' is when the immune system has been sensitized to attack myelin, the insulating fatty coating around nerve fibres which insures the smooth relay of nerve signals. The body would continue to make myelin in order to replenish and repair the protective sheath around its nerve endings. But says Matsumoto, "In the act of doing so, the body immunizes itself against itself, administering over and over again what amounts to a booster dose of something that the immune system now wants to get rid of. This vital constituent (myelin) is now the enemy, and the immune system is now programmed to obliterate it in an endless loop of self-destruction" - the process involved in MS (multiple sclerosis), and ALS (Lou Gehrig's disease).(6)

Tying molecular mimicry to the autism epidemic, many children have regressed into autism spectrum disorders after injection with the triple live virus MMR (measles,mumps,rubella) vaccine. Dr.Vijendra Singh's research at Utah State University suggests that auto-antibodies are attacking myelin in these children. He has shown that many autistic children have auto-antibodies to brain myelin basic protein (MBP) as well as elevated levels of measles virus antibodies. "Immunoblotting analysis showed the presence of an unusual MMR antibody in 60% (75 of 125) of autistic children, but none of the 92 normal children had this antibody. In addition, there was a positive correlation (greater than 90%) between MMR antibody and MBP auto-antibody, suggesting a causal association between MMR and brain autoimmunity in autism. This is one of the most important findings in autism to date, which prompted us to link measles virus in the etiology of the disorder", writes Dr. Singh. (8,9,10)

Immunologist Dr. Bonnie Dunbar has also done extensive research on the mechanisms of injury inflicted by hepatitis B vaccine and has observed similar autoimmune processes involving molecular mimicry in people who developed devastating neuroimmune syndromes after injection with this vaccine. (11)

Molecular Mimicry as a Bio-Weapon

Matsumoto reports that Soviet bioweaponeers used the principal of molecular mimicry in the 1980's to engineer a 'designer disease' that would attack myelin. By splicing a fragment of myelin basic protein into legionella bacterium, they created what amounted to a living "nano-bomb", which they injected into guinea pigs. What they found was that the immune system quickly cleared the legionella bacterium, but the myelin molecule, smuggled in by this microbial "Trojan horse" initiated a second wave of disease which caused experimental allergic encephalomyelitis, the animal version of MS. The Soviets recognized this creation for what it was – a biological time bomb!! (6)

"Squalene is a kind of trigger for the real biological weapon: the immune system. When the immune system's full repertoire of cells and antibodies start attacking the tissues they are supposed to protect, the results can be catastrophic," writes Matsumoto. His assessment is seconded by Dr. Pam Asa, "Oil adjuvants are the most insidious chemical weapon ever devised." (6)

"Molecular mimicry, seen for its diabolical potential as a weapon by the Soviets as far back as the 1980's, also applies to squalene. But the real problem with using squalene, of course, is not that it mimics a molecule found in the body; ***it is the same molecule***," writes Matsumoto. "So what American scientists conceived as a vaccine booster was another "nano-bomb", instigating chronic, unpredictable and debilitating disease. When the NIH (National Institutes of Health) argued that squalene would be safe because it is native to the body, just the opposite was true. Squalene's natural presence in the body made it one of the most dangerous molecules ever injected into man!" (6)

The main proponents for the use of squalene in vaccines have been the

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U.S Department of Defense and the NIH. The anti-squalene antibodies in sick American and British military personnel are evidence that military experimentation has caused an unprecedented health catastrophe in tens of thousands of people onto whom the vaccine was forced and who were denied the right to make an informed decision based on existing scientific knowledge of the dangers of injecting squalene. "By adding squalene to their new anthrax vaccine, they did not make a better vaccine, they made a biological weapon." (6)

Why , one would obviously ask, would anyone knowingly inject such a dangerous substance into humans? Certainly in terms of the U.S. military's decision, they chose to turn a blind eye to the existing science, which for decades had documented the immune destructive properties of squalene. They justified its use because they knew they had a weak and ineffective vaccine which needed a serious boost. In the face of weaponized biowarfare agents like anthrax already developed by Russia and fear that it was also possessed by Iraq, they were desperate to increase the vaccine's effectiveness as they launched into the first Gulf War. Additionally, explains Matsumoto, "scientists in the United States are now literally invested in squalene. Army scientists who developed the second generation anthrax vaccine have reputations to protect and licensing fees to reap for the army….[and] …worldwide rights to develop and commercialize the new recombinant vaccine for anthrax." (6)

He goes on to explain, "the National Institutes of Health (NIH) has been supporting both animal and human research with squalene sine the 1980's. Squalene has become perhaps the most ubiquitous oil adjuvant on the planet, which is something that should concern everyone. Many of the cutting edge vaccines currently in development by the NIH and its corporate partners contain squalene in one formulation or another. There is squalene in the prototype recombinant vaccines for HIV, malaria, herpes, influenza, cytomegalovirus and human papillomavirus. **Some of these prototypes like HIV, malaria and influenza are intended for mass immunization around the globe."** (6)

Squalene Adjuvants Enter the Global Market

FLUAD, the squalene boosted flu vaccine has been licensed in Italy since 1997. It contains MF59, the squalene adjuvant made by Chiron. Although all the published papers co-authored by Chiron-employed scientists and Italian researchers have reported MF59 to be safe, Gary Matsumoto suggests a flaw in study designs may "prevent researchers from seeing the vaccine's real risks." Testing of FLUAD was limited to elderly people in nursing homes – average age was 71.5 which would tend to obscure autoimmune problems that might arise for a number of reasons. If autoimmune symptoms like joint pain and fatigue did occur in geriatric Italians, doctors might not connect these complaints to anything but old age. (6)

"Autoimmunity is notorious for taking years to diagnose because the early symptoms (e.g. headaches, joint and muscle pain and fatigue) are so vague; primary care physicians often fail to recognize it…..a large Phase lV trial did not even bother to analyze the "common-post immunization reactions" in study participants, recording only those adverse events severe enough to require a doctor's visit within 7 days of immunization." In another study patients were observed for 180 days, but only serious events like "admission to hospital or death" qualified as a reaction – nothing else was recorded. Symptoms of adverse reactions listed in the FLUAD package insert are almost identical to the Air Force case-definition for Gulf War Syndrome, and include rashes, malaise, fever, myalgia, arthralgia, weakness, sweating and various autoimmune reactions and neurologic disturbances. (6)

"The question is whether scientists working for pharmaceutical companies are intentionally designing studies so as to miss adverse reactions that inconvenience their marketing strategy?" asks Matsumoto. "Chiron's conclusion about squalene's safety are at odds with recent data from studies in both animals and humans." (6)

Just in from the newslists on February 9, is an item informing of the European "debut" of a new adjuvant approved for use in a new high-potency hepatitis B vaccine. Fendrix, the new enhanced hepB vaccine is being launched by pharma giant GlaxoSmithKline for use in people with poor immune responses (like dialysis patients) and those at high risk for developing hepatitis B. It is formulated with a new adjuvant that can "significantly improve the effectiveness of immunizations." AS04, the 'proprietary' adjuvant based on MPL, originally developed by U.S. company Corixa, "increases the immune potency of the new vaccine, allowing two dose administration rather than three. It has been shown clinically to be more effective than alum, the most widely used adjuvant in vaccines." (12)

So what exactly is this new high potency adjuvant? We're told by the press release that MPL (AS04), is a "derivative of the lipid A molecule found in Gram-negative bacteria, is extracted from bacterial cell walls and is one of the most potent regulators of the immune response, used by the body to alert itself to bacterial infections."(12) Full name of the lipid is monophosphoryl lipid A (MPL)

This news should put everyone on high alert because guess what? Lipids are oils/fatty acids and according to Matsumoto, MPL is identified in declassified documents as one of two squalene emulsions used in the Army's

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new "recombinant protective antigen anthrax vaccine (rPA) which the FDA, the National Institutes of Health (NIH) and the Department of Defense fast-tracked into clinical trials in1998. The other squalene adjuvant they used was Chiron's MF59. (6)

It appears that Fendrix is only the first of a whole new generation of "enhanced potency" vaccines coming down the pipeline using the new high potency lipid adjuvant, MPL. "The adjuvant is also being used in a number of GSK's developmental vaccines, including one that could be the first effective vaccine for malaria", says the article. MPL (AS04) adjuvant is also a component of GSK Bio's genital herpes vaccine, as well as a component in their cervical cancer vaccine and a new tuberculosis vaccine." (12)

In the unraveling of the squalene story, we find that a squalene emulsion first known as Triple Mix (based on Freund's adjuvant) was later given the commercial name "Ribi". Triple Mix (renamed Ribi) was tested by Dutch scientists on rabbits who found it caused "severe effects…the largest number and most severe lesions when compared with the other adjuvants."(6) Then in June 1999, Ribi ImmunoChem, its manufacturer, was acquired by Corixa Corporation for $56.3 million, who presumably also own the Ribi formulation. Whether MPL(AS04) is a formula related to Ribi is undoubtedly "proprietary" information, but from Matsumoto's reseasrch, we know they are all squalene based. And it doesn't end there. MPL, Corixa's multi-million dollar baby, is slated for inclusion not only in the "enhanced potency" vaccines already mentioned, but will also be a strategic component of new allergy and autoimmune vaccines in development. (13)

From their inception, mass vaccinations have acted as a biological weapon, undermining health, manipulating and crippling the immune system, and instigating cycles of new and debilitating diseases. Monopoly medicine's solution? Inject us with more powerful, genetically engineered high potency vaccines. Never mind they are seeding us with "nano-bombs" that will further attack our already comromised immune systems.

The concept of stimulating a hyperactive immune response by using oil-based adjuvants has clearly backfired since we now know that the stronger the antigenic response, the more damaging the adjuvant itself is to the normal functioning of the brain and nervous system. The precedent for mass medical experimentation via an ever increasing recommended vaccine schedule has been set. We can now predict the grim future of mankind: an epidemic of neurological disorders and autoimmune diseases never before imagined.

Notes & Resources

Adjuvants listed by Scheibner:
"Today the most common adjuvants for human use are aluminum hydroxide, aluminum phosphate and calcium phosphate. However, there are a number of other adjuvants based on oil emulsions, products from bacteria (their synthetic derivatives as well as liposomes) or gram-negative bacteria, endotoxins, cholesterol, fatty acids, aliphatic amines, paraffinic and vegetable oils. Recently, monophosphoryl lipid A, ISCOMs with Quil-A, and Syntex adjuvant formulations (SAFs) containing the threonyl derivative or muramyl dipeptide have been under consideration for use in human vaccines

* Definition of Antigen (Scheibner):
"Micro-organisms, either bacteria or viruses, thought to be causing certain infectious diseases and which the vaccine is supposed to prevent. These are whole-cell proteins or just the broken-cell protein envelopes, and are called antigens"

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12. New adjuvant debuts in new hep B vaccine , February 9, 2005, In-Pharma Technologist.com http://www.inpharmatechnologist.com/news/news-ng.asp?n=57959-new-adjuvant-debuts

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MUMPS, DO WE NEED TO WORRY?

By Dr. Jayne Donegan

2/11/04

"Mumps Hits Universities", scream the headlines as universities set up mass vaccination programmes advising students to have the MMR jab as an epidemic of mumps threatens to sweep through campuses across the country. Figures from the Health Protection Agency (in the U.K.) show an increase in mumps from about 1,500 for all age groups in 2003 to almost 2,000 in only the first six months of this year.

We are told that the most cases of mumps are among people in their very late teens and early 20's who have not been vaccinated with the MMR and are therefore vulnerable to infection (1). Mumps vaccine was added to the UK schedule in 1988 in the form of the MMR vaccine, but during 1988-1991, in a catch up campaign, MMR vaccine was also offered to all children up until the age of school entry (2). This means that children with a birth date from 1983 would have been included in the campaign. These children will now be 21 years of age and younger, yet this is the very age group that we are told are getting mumps because they were too old to have been given the MMR vaccine in 1988.

Outbreaks of mumps in this older age group have not suddenly started happening this year – they have been occurring throughout the north of England and Northern Ireland since the late 1990's. By 2000, cases of mumps were steadily rising, increasing by 30 per cent per year compared to 1999. In some places, such as Leeds and Bradford there were increases of nine times and 30 times the number of cases between the years 2000-2001 (3). One third of those affected were aged over 15, just the worst time for boys to get it. In Northern Ireland 95 percent of confirmed cases were between the ages of 9 and 19 (4).

In Stockport the mumps virus identified from several cases was of the G6 genotype. The mumps vaccine used in the UK MMR vaccine is of the A genotype. The Public Health Laboratory Service advises that cross protection from the different strains should be sufficient (I do not know what studies they base this advice on), but four of the confirmed cases in Stockport had received two doses of MMR. "It is possible that immunization against mumps is causing a mutant strain to emerge with limited or no cross protection from the vaccine strain"(5) , as has occurred with whooping cough (6).

In the USA where mumps vaccination was introduced 11 years earlier than in the UK, outbreaks of mumps occurred in 'underimmunized' groups of people, again moving from the usual 5-9 year old children to older age range (10-19). Because of the concomitant failure of the MMR to control measles outbreaks, a further dose of MMR was added to the US schedule in 1989 and since then large outbreaks have occurred in populations vaccinated with two doses of MMR which American publications are open enough to call 'primary vaccine failure' (ie, the vaccine doesn't work. This does not, however, stop the United States from requiring it as a condition for school and university entry (7). In the UK the official line is still that two doses of MMR will solve all our problems and how important it is that children are given good 'protection' against all three diseases.

'Protection'. This is the new word used to encourage us to vaccinate our children. Children no longer need to be immune from the disease but 'protected' from it. Sounds comforting, but what does it actually mean? The only thing that vaccines can do in terms of what is called 'protection' from disease is produce antibodies. No immunologist will ever truthfully say that the antibodies from artificial immunization (vaccination) are of as good a quality of so long lasting as those from natural disease. And even naturally produced antibodies are only one part in a long chain of mechanisms by which the body protects itself from damage by outside agents. The most important point to be aware of, however, is that antibody levels, even if naturally acquired, do not necessarily equal immunity. This was emphasized with the mumps vaccine in Switzerland in the 1990's. Three mumps vaccines – Rubini, Jeryl-Lynn and Urabe (withdrawn in the UK in 1992 because it caused mumps meningitis) all produced excellent antibody levels but those vaccinated with the Rubini strain had a higher attack rate than those not vaccinated at all (8). Dr. David Elliman, District Immunization Coordinator for Merton, Sutton and Wandsworth Health Authority and Consultant in Community Child Health at St. Georges Hospital London, says that it actually gave people mumps (9). The MMR vaccine used in the UK contains the Jeryl Lynn strain of mumps, a live attenuated virus grown on chick embryo.

Another hypothesis in the UK for the current outbreak of mumps is that as cases of mumps fell in the early 1990's, unvaccinated children had little opportunity to obtain natural immunity from contact with other children who had mumps. Well there seems to be plenty of mumps virus around – why else would people be getting mumps? We are told that "before the MMR was introduced in 1988 there were 'tens of thousands of cases'. How would anyone know? Before 1988 mumps was not a notifiable disease and 30-40 percent of people with mumps don't have any symptoms (10). In 1995 there were still 2,023 notifications of clinical disease (11), so

...children no longer need to be immune from the disease but "protected" from it ...

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there must still have been many more thousands of subclinical cases (no symptoms) and that was three years before Dr. Andrew Wakefield's paper in the Lancet had even suggested a link between the MMR jab and autism. The Immunization Against Infectious Diseases Handbook, a Department of Health publication, says that before the introduction of the MMR, 1,200 children were admitted to hospital every year (11). It would be interesting to know why.

Mumps disease is caused by a virus. Humans are the only known natural host. Subclinical infections are common. The peak age of incidence is five to nine years. One attack of clinical or subclinical mumps confers lasting immunity and second attacks are most unusual (12). The incubation period is an average of 18 days. The disease starts with pain and swelling in the region of one parotid gland (salivary gland in front of the ear) and fever. Neck glands and those under the tongue may become involved. After four to five days the glands on the other side may be affected as the swelling on the first side goes down. In more severe cases the person will be more ill with a high fever, dirty tongue and able only to drink fluids. In most cases the chief problems are difficulty in eating, swallowing and talking. The disease usually resolves in 10 to 14 days and there is complete recovery as a rule(10,12).

Appropriately managed, clinical mumps (ie mumps with symptoms so you know you've got it) is not a dangerous disease. It is the complications that are dangerous. How do you avoid complications? Common sense. If a child or young adult has an infectious disease they need rest, fresh air (window open), plenty of clean water and fresh juices (especially pineapple if their mouth is feeling unpleasant) which may be drunk through a straw if it hurts to move their jaw (10), sympathetic nursing and more rest. They do not need to be dosed with paracetamol products (acetaminophen/tylenol), non steroidal anti-inflammatories (eg ibuprofen), unnecessary antibiotics, antihistamines, other proprietary medicines and being sent back to school just because their temperature has been suppressed to a normal value. This just pushes the disease inwards and makes complications more likely.

Complications are rare, the most common being swelling of the testicles but this is usually after the age of puberty. The swelling is generally only on one side, in the unlikelihood that it should occur on both sides a low sperm count or sterility may follow. There may be swelling of the ovaries in girls but this does not result in sterility (10). In fact it is thought that having mumps with recognizable parotid swelling (hamster cheeks) has a protective value against getting ovarian cancer in later years (13). This is clearly a good thing as ovarian cancer generally has a very poor prognosis due to it being diagnosed late. Rarely, deafness can occur (12).

...mumps vaccination has been associated with disease occurring at an older age ...

A retrospective survey by the royal College of GP's (RCGP) published in 1974 looked at 2,482 cases of mumps treated in infectious disease units in England and Wales over 11 years from 1958 to 1969 (14). These were already severe cases as people with mumps are not usually admitted to hospital. Complications were recorded in 42 percent of patients, the most common ones involving the central nervous system with 25 percent of males and 18 percent of females being diagnosed with meningitis or meningoencephalitis. All patients with complications recovered completely except for five people who became deaf, four of whom were adults.

Discussing mumps meningitis the authors say, "whether this is regarded as part of the mumps syndrome or as a complication, there seems to be a general consensus that it is a benign condition rarely giving rise to sequelae (long term effects)."

"Three patients died. In two of these there was serious underlying disease and mumps may have been unrelated to the cause of death." The remaining patient was described as a healthy 20 month old boy who was admitted with a provisional diagnosis of mumps and suspected sore throat for which he had been prescribed penicillin by his GP. On admission there were erythematous (red) and purpuric (purple and does not go white when pressed against a glass) rashes on his arms and legs which were considered to be probably due to penicillin allergy. He was febrile with a raised heart and respiratory rate which continued to rise until he died "suddenly, and unexpectedly, on the third day after admission." The changes found at post mortem examination lead the authors to comment: "In retrospect, the diagnosis of mumps must be doubted in this patient."

'The fact that, out of a total of 2,462 patients with mumps admitted to these hospitals over a period of years, there were only three deaths (in two of which there were other associated factors) and five cases with persistent sequelae amply confirm the essentially benign nature of the disease.'

They conclude: "It seems clear from this survey that there is little need for general vaccination against mumps, although there might be an indication for vaccinating certain groups of the male population. Such groups might include post pubertal boys before admission to residential institutions ..... it should be born in mind that serological studies have shown that 90% of boys aged 14 years and over have already been infected with mumps; consequently there may be a case for preliminary antibody screening and only those males in the above

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group who are seronegative need be vaccinated."

In the 1960's mumps meningitis occurred in less than 2.5 percent of clinical cases of mumps under the age of 20 years (15). As the incidence of subclinical infection is 30-40 percent, this means it happens in less than 1 percent of cases of mumps and the prognosis is usually good (10). Mumps meningitis requires no specific treatment although lumbar puncture provides relief from intense headache and the outlook is usually excellent (10). Textbooks as late as 1987 comment on the generally benign nature and long lasting immunity conferred by wild mumps infection (12). However, we are now told that the incidence of mumps meningitis can be as high as 10 percent (7). Maybe modern medicine is not so clever or advanced as we like to think, and perhaps children a quarter of a century ago with less school, less vaccinations, less process food, less central heating, less TV; more outside, more walking, more mothers at home to look after their family – were more robust.

As with measles vaccination, mumps vaccination has been associated with disease occurring at an older age which is certainly more serious in terms of the side effects in boys - orchitis, swollen testicles, is much more likely to occur as a complication in boys over the age of puberty and bilateral orchitis can, in rare cases, lead to sterility. We now just need to wait for the other of the vaccination pendulum to swing – cases of mumps in babies.

Vaccination with mumps vaccine is associated with plenty of side effects: Balraj and Miller in a study published in 1995 (16) claim that only aseptic meningitis and parotitis are 'causally' linked to it. The first well documented cases of meningitis linked with the Urabe containing MMR vaccine appeared in Canada in 1987, further cases were reported in 1988, 1989 and 1990. Canada and the USA then withdrew this vaccine. The UK did not follow suit until September 1992, despite a clear causal connection having been shown. The excuse was that it was not 'proven'. The same paper states that insulin dependent diabetes mellitus and pancreatitis have been reported to occur after MMR vaccine at an incidence of 1 per 250,000 doses. Nerve deafness has also been noted, though the authors say that this is anecdotal, and the temporal association is inconclusive although suggestive of a possible connection in some instances. Controlled epidemiological studies are needed if further evidence of causality is sought" (these have not been done). Orchitis has been reported in Canada and after the MMR vaccine in the USA through the US vaccine adverse event reporting system (17).

The Balraj and Miller paper also considers thrombocytopenia, Guillain-Barre syndrome and allergic reactions but here they all followed the MMR vaccine so it was difficult to separate out what was due to the mumps component and what due to the measles or rubella part of the vaccine (16).

Regarding allergic reactions, "it is worrying that such case definitions are not established during initial safety trials and post marketing surveillance. "the highest reported incidence is from New York (18) where five out of 2789 children had potentially life threatening reactions within 2 ours post vaccination." The authors note that they all responded to treatment with adrenaline and antihistamines and that the reactions were , "more likely to be due to the vaccine excipients such as neomycin or gelatin, or residual traces of egg related antigen, than any of the viral components." I suspect that this would have been of small comfort to the children in whom the reactions occurred.

After the MMR vaccine containing the Urabe strain of mumps virus was withdrawn in the UK because it caused mumps meningitis (11), the vaccine manufacturers then sold this same vaccine to South America for the MMR vaccination campaign causing a predictable epidemic of mumps meningitis. When challenged as to why they would do such a thing if they had the best interests of children at heart, Dr. Mike Watson, speaker for the UK Vaccine Manufacturers Group said that the mumps meningitis was, "only a bad headache and they all recovered."(19) Yet the (small) risk of mumps meningitis associated with the disease is the main reason doctors pressure parents into having their children vaccinated against mumps.

Once again we are told that a disease we once believed to be fairly harmless is much more serious than had been realized, as soon as a vaccine becomes available. This is not new. It was commented on in the 19th century when the smallpox vaccination became compulsory. Wait for the medical journals and newspapers to start telling us all what a dangerous disease chicken pox can be. Of course, this will to some extent be true, because as we inject ever increasing numbers of vaccines containing mercury, aluminum, formaldehyde, antibiotics, animal and bird products as well as viral, and other contaminants into our children and adults they will become more susceptible to the complications of these diseases.

As the 1974 RCGP paper says, "Mumps is usually regarded as a relatively mild disease which does not often cause serious complications or permanent sequelae. For this reason little interest has hitherto been taken in its prevention, but the advents of an effective live attenuated mumps vaccine in the USA has prompted a review of the disease to assess the need for such a vaccine and its probable use in any future vaccination programme."(14) It seems that being vaccinated against mumps you expose yourself, or your child, to all the risks associated with the vaccine and those of getting the disease itself, I know what my choice would be.

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We appreciate being able to reprint this article from Issue 4, 2004 of Informed Parent newsletter. The Informed Parent is Britain's leading vaccine awareness group. References available on request. www.informedparent.co.uk

VACCINES & AUTISM, HOW MONOPOLY MEDICINE TWISTS THE TRUTH

By Edda West

While they ignore mounting evidence linking vaccines to the epidemic of neuroimmune disorders, vaccine authorities are certainly not averse to manipulating study data to uphold their 'sacred cow'. Ruthless in their defense of mass vaccination, they have become morally and ethically bankrupt. Nowhere is this more evident than in the numerous studies commissioned by health officials in Britain and the U.S. attempting to prove that MMR vaccine and thimerosal, the mercury based vaccine preservative, are not implicated in the autism epidemic.

A few years ago following Dr. Andrew Wakefield's discovery of a new bowel disorder in children who developed late onset autism after injection with MMR vaccine, some of whom also had the imprint of measles virus in their gut, British health officials commissioned the "Taylor" study to prove that MMR vaccine was not linked to the rise in autism in that country. Vaccine authorities held it up as the 'last word' on MMR's safety.

But things began to unravel when U.S. Congressman Dan Burton initiated a series of Congressional hearings to investigate the role of vaccines in the autism epidemic. His own grandson became autistic shortly after being injected with 9 vaccines including MMR in one day. When Dr. Taylor was asked to provide the Congressional Committee with his original study data for independent analysis, he refused, and also refused access to other independent researchers.

But even without access to the data, researchers like Dr. Bernard Rimland of the Autism Research Institute and Dr. F. Edward Yazbak, MD were able to piece together crucial facts excluded from the study and showed that autism rates did indeed increase in England after the introduction of MMR vaccine in England. Omissions in Taylor's study methodologies were revealed, rendering the study fatally flawed in its attempt to exonerate MMR vaccine. Having omitted a subset of older children who were indeed vaccinated in a "catch up campaign", and who should have been counted in the study, Taylor et al. were discredited for their dishonest exclusion of key data, relegating their study to the trash heap. Unbelievably though, health officials still wave the Taylor study as proof that MMR vaccine is safe.

Similarly, the now infamous "Denmark MMR Study" by Madsen and Associates (NEJM- November 2002), co-funded by the U.S Centers for Disease Control (CDC) is considered the "last word" by vaccine authorities and is often quoted to "prove" that the introduction of MMR vaccination has not played any role in the recent increase in autism. The study also clearly influenced the conclusions of the recent Institute of Medicine (IOM) Special Committee Report (May 2004) which did not find a MMR or thimerosal link to autism - a conclusion based on flawed epidemiological studies while ignoring the emerging biomedical evidence to the contrary. To add insult to injury the IOM also recommended that this line of investigation be abandoned - that vaccines and thimerosal should no longer be a focus of research into autism disorders.

For U.S health officials to commission a study of vaccine data in a foreign country which used different vaccines was a rather odd move. Independent researchers were incredulous that the CDC had set out to prove MMR safety by funding a study not only in a foreign country, but one with a different vaccine schedule and where thimerosal containing vaccines had been phased out years ago. Even more perversely, another study (there were 4 Danish vaccine/autism studies released in rapid succession in leading U.S. medical journals; the first addressed MMR & autism while three looked at the thimerosal/autism question), suggested that when mercury was removed from Danish vaccines, there had been a corresponding rise in autism. Was one to interpret this to mean that mercury is protective when injected into babies?

Once again Dr. Yazbak has re-examined the data and with Dr. Gary Goldman offers a much broader analysis to show that indeed Danish autism rates increased dramatically with the introduction of MMR vaccine.

The Danish study, sponsored by the CDC, looked at 537,304 children born between 1991 and 1998. However, autism is normally diagnosed in children aged five or more in Denmark, and many of those born after 1994 would not have been diagnosed before the study was concluded, said Dr Yazbak. "The most important age group to look at comprises children aged five to nine. (1)

Yazbak and Goldman, tracked levels of autism in Denmark from 1980 – seven years before the MMR vaccine was introduced in Denmark - until 2002. The number of children with autism increased from 8.38 per 100,000 before the MMR jab was introduced in 1987 to 71.43 per 100,000 in 2000. Writing with Gary Goldman, Ph.D in the Fall 2004 issue of the Journal of American Physicians and Surgeons, Dr Yazbak described the 'systematic error' of missing large numbers of autism diagnoses in later years as a 'major shortcoming'. (1)

"Trends in prevalence data in Denmark suggest a temporal association between the introduction of MMR vaccine and the rise in autism. Because thimerosal was not used in any pediatric vaccine in Denmark since

1992 and the greatest increase in autism prevalence followed that year, it is likely that one or more of the viral components or their combination in the MMR vaccine contributed to the reported increase", write Yazbak & Goldman. (1)

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Dr Samy Suissa of McGill University in Montreal had similar problems with the Madsen study. When he analyzed the statistics he discovered that the rate of autism increased to a high of 27.3 cases per 100,000 **two years** after vaccination compared with just 1.45 cases in non-vaccinated children. (reference is in the Stott Blaxill piece?) (2)

Other independent researchers, Carol Stott, Mark Blaxill and Dr. Andrew Wakefield agree that the prevalence of autism had increased after the introduction of MMR vaccination in Denmark and that there were problems with the Madsen study. Their commentary can also be read in the Journal of American Physicians and Surgeons. Both the Yazbak and Goldman analysis and this additional commentary is available online at the AAPS website – see resources for links. (2)

"All this new evidence should justify a serious review by the CDC and the IOM, plus further independent investigation into the MMR-autism link", says Dr. Yazbak.

Safe Minds, the leading U.S. group whose original research exposed the neurotoxic levels of mercury in infant vaccines and determined that many autistic children are mercury poisoned, has now exposed the multiple levels of conflicts of interest amongst the authors of the Danish studies. Something Is Rotten in Denmark, is a blistering denouncement of these studies. "Those authors were tied, either indirectly or as employees, to a for-profit vaccine manufacturer, Statens Serum Institut (SSI)… [which]…relies heavily on its vaccine products for revenue, growth and profitability - with a direct financial interest in the outcome of the analysis. Their motivations as investigators were closely tied to the products they were investigating. They have a clear conflict of interest." (3)

They go on to say, "its export vaccine business provides strong incentives for SSI to build ties with public health officials and manufacturing partners in the United States and United Kingdom. SSI has a clear and strong interest in the policy debates surrounding the autism mercury controversy. They cannot be considered an objective party." (3)

Safe Minds concludes, "SSI has a direct financial interest in the assessment of past mercury-containing vaccine safety issues and the future viability of mercury-containing products. Their participation in any analysis directly compromises the investigation. They should be excluded from further work in vaccine safety assessment." (3)

Another new study, this time from the Mayo Clinic claims that "changes in the definition of autism, rather than use of the MMR vaccine led to increased diagnosis of autism in the United States and Europe". Rebuttals and commentary was posted on the British Medical Journal's Rapid Response page. The following is excerpted from Dr. Yazbak's response, posted on January 19, 2005. (4)

"According to recently released figures by the California Department of Developmental Services, a record 807 NEW cases of Type I autism (aged 3 years or older and not including children with other ASD) were admitted into the system in the Fourth Quarter of 2004. This is the largest number of new cases for any October to December period in 36 years. It is 16% higher than the Fourth Quarter of 2003 (676 new cases) and 468% more than the last 3 months of 1994 (142 new cases). On average, California added 9 new children with type I autism DAILY to its system from October 1 to December 31, 2004.

"To put all this into perspective, while there were apparently 124 children with autism in Olmsted County, MN in 21 years, according to the Mayo Clinic study, California will register the same number of new cases in the next two weeks.

"In school year 2003-2004, there were 19,034 children with autism/ASD aged 6 to 21 in California and as mentioned earlier, 5,076 in Minnesota. In 2003, the population of Minnesota was estimated at 5,059,375 and that of California at 35,484,453 . The percentage of children with autism (ages 6 to 21) to the population was therefore 0.1 in MN and 0.05 in CA, a surprising and alarming finding indeed.

"The team from the Mayo Clinic cannot tell parents that autism represents a small change in definition, when these parents are facing children who convulse, scream and bang their heads all day, or who have severe bloody diarrhea or severe constipation for two weeks at a time, or who meltdown in the supermarket and at church or who freak out when the garage door opens or when the neighbor starts his lawn mower, or who can never be left alone for a minute … and who were born normal and will certainly need help for the rest of their lives.

"One can only also imagine the outrage of school superintendents (who are responsible for the training and education of these children until they turn 21) or municipal and state legislators (who have to fund all the needed services), when informed that all the challenges they are facing now always existed but with a different name. The fact is that public authorities and school districts are overwhelmed by the recent rapid increase of their financial responsibilities.

MMR and Autism

"According to the CDC, the UK DOH and other "experts", no one knows what is really causing this recent epidemic of autism, whatever it is called and however it is defined, but one thing is absolutely certain: It is not caused by vaccines or thimerosal and certainly not by the MMR.

"Obviously many parents who have seen their children literally disappear after receiving an MMR vaccination are convinced otherwise. In hundreds of these children, a specific type of enterocolitis has been identified; Some have evidence of measles virus genomic RNA in the cerebro spinal fluid (CSF), some in the gut wall and some in both sites. Many affected children have specific patterns of urinary polypeptides, high serum measles and MMR antibody titers and elevated Myelin Basic Protein auto-antibody levels.

"In fact, it will be safe to say that it is impossible to find ONE normal child who has evidence of both MMR

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antibody and Myelin Basic Protein auto-antibodies in his serum or his CSF or ONE child who regressed after MMR vaccination and who does not have at least one of the following: The typical enterocolitis of autism, a suggestive pattern of urinary polypeptides, elevated serum measles virus antibody, MMR antibody or Myelin Basic Protein auto-antibodies.

"Those who want to deny that MMR can precipitate autistic regression in genetically predisposed children will keep studying old clinic records in North-West London and Olmsted County, MN, look for evidence in spreadsheets in Denmark and produce epidemiological studies that will not stand up to scrutiny.

"On the other hand, those who are searching for the truth, will use their time and talent to interview parents and examine children." (4)

Dr. Yazbak declares his competing interest as: Grandfather of a boy with regressive autism, enterocolitis and evidence of measles virus genomic RNA in the gut wall.

Resources & References:

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AUTISM ALARM

Editor's note: The following excerpt is from a statement made by NVIC president Barbara Loe Fisher on August 23, 2004 to the Institute of Medicine (IOM) in protest of a previous IOM Committee (May, 2004) which issued a report denying thimerosal or MMR vaccine can cause autism, and discouraged further research into this area of inquiry. Following this presentation, NVIC launched a National Petition demanding access to all government vaccine safety monitoring data. Petition wording and details are posted below.

"This year government health officials and the American Academy of Pediatrics put out an Autism Alarm to the public announcing that 1 in 6 children in America have been diagnosed with a developmental disorder or behavioral problem and 1 in 166 children has been diagnosed with autism spectrum disorder, which represents a stunning 200 to 7,000 percent increase in autism in every state over the past two decades."

Epidemic of Chronic Illness and Disability in Children in America

1 out of 6 children are diagnosed with a developmental disorder and/or behavioral problem
1 in 166 children are diagnosed with autism spectrum disorder
3 million learning disabled schoolchildren
94,000 autistic schoolchildren
4 million with ADHD
9 million with asthma
300,000 have juvenile rheumatoid arthritis
1 in 400 to 500 are diabetic

"More and more parents are reporting that their healthy children are regressing into autism following vaccination and there are nearly 5,000 autism vaccine injury cases pending in the U.S. Court of Claims, which administers the federal Vaccine Injury Compensation Program."

"Research conducted by independent non-government, non-industry academic researchers at major universities are finding that vaccines can cause brain and immune system damage leading to neurodevelopmental disorders such as autism."

Thimerosal Containing Vaccines and Health Problems

"Parents, Congress and the Institute of Medicine have evidence that the government's own vaccine risk assessment database, the Vaccine Safety Datalink, detected a statistically significant association between thimerosal containing vaccines and developmental and behavior disorders, including **stammering, tics, sleep disorders, eating disorders, emotional disturbances, attention deficit disorder, speech and language disorders, coordination problems, seizures, autism, and other significant health problems but this information was withheld from the public."**

Concluded Fisher, "People want to know why so many highly vaccinated children are so sick….. It doesn't matter where we have to look or what we have to spend or how many times we have to examine a biologically plausible but politically incorrect hypothesis to find that answer. All that matters is finding the answer because the biological integrity of our children, and our nation's future, hangs in the balance."

Resources:

✦Barbara Fisher's full statement is posted on the National Vaccine Information Center (NVIC) website at: http://www.nvic.org/Loe_Fisher/blf0804vsd.htm
✦Online petition - Show Us The Vaccine Data, can be accessed through www.nvic.org/petition.htm
✦For more information on IOM meeting and other presentations: http://www.iom.edu/project.asp?id=21144

LIFE UNDER CODEX

By Helke Ferrie
Vitality Magazine February 2005

Editors Note:
Helke Ferrie's article is a wake-up call at the 11th hour. Unless there is an international revolt against the takeover of natural food supplements by the pharmaceutical industry, we will lose the right to access vitamins, minerals, enzymes and natural health products with which to better our families' health. We will all be at the mercy of Big Pharma whose goal is to control our lives from cradle to grave and to insure sure we stay sick and dependent on their drugs. Our children will be injected with a never ending torrent of vaccines, which will trigger myriad new diseases and chronic health problems to be 'fixed' by more and more toxic drugs. And even if we reject the pharmaceutical drug culture and want to support our families' health by natural means, or improve the health of our vaccine damaged children with micronutrients, it will all be owned and controlled by Big Pharma and most supplements available today at health food stores will only be obtainable through prescription at outrageous prices.

It is not the function of our Government to keep the citizen from falling into error; it is the function of the citizen to keep the Government from falling into error.
(Robert Houghwout Jackson, Chief Judge, War-Crimes Tribunal, Nuremberg, 1945)

If the following information were a horror movie, we could all sit back with our popcorn and enjoy it. Unfortunately, this is not fiction - and if you don't do something about it, this nightmare will become waking reality in Canada sometime soon after August 1. Whatever happens, you will never forget Codex Alimentarius.

CODEX

Codex is a sub-committee of the United Nations mandated to establish guidelines on food trade issues. Such guidelines are not legally binding for any nation, but nations which are part of the World Trade Organization can be severely sanctioned anyway. In the early 1990's, Codex began to look at establishing internationally "harmonized" standards for food supplements. In 2002 a European Union Directive produced such guidelines for Codex. It turns out, their effect will with certainty be to stop the availability of all vitamins, minerals, enzymes, and most other essential nutrients as food supplements; they are slated to be treated as pharmaceutical drugs, eventually available on prescription only and manufactured by pharmaceutical companies from synthetic materials, including from genetically engineered substances.

Due to interlocking international treaties, specifically the WTO established in 1995, and the still to be ratified Free Trade Agreement of the Americas (FTAA), Canada and the US would be faced with serious sanctions if they do not adopt these guidelines. Codex authority is already part of these treaty texts. Australia, Norway, Denmark and Germany have already adopted these "foods as drugs" guidelines.

Health Canada's website already lists the European Parliament Commission's "upper safe limits" on supplements as desirable for Canadians to follow. Without parliamentary debate, Health Canada snuck up on us and moved all supplements under the "drug"category effective January 2004, in order to get us ready to be "harmonized". This treachery prompted Bill C-420 (discussed below).

Consumer groups and various medical associations throughout the world have joined forces with the "Alliance for Natural Health", Europe's voice for the supplement industries to challenge this Directive in the International Court in Luxemburg as a violation of the EU Constitution. The 25 EU member states differ widely in medical norms. Article 152 of the EU Constitution expressly forbids any harmonization regarding availability of medicinal and food substances related to health. This provides a solid legal argument for the case to be heard on January 25th. The decision will be published in March. Because the biotech and pharmaceutical industries dominate Codex and the EU food regulatory authority, which wrote this Directive, the International Court's decision will be decisive for either consumer freedom of choice or the multinational corporations.

LIFE UNDER CODEX

In the mid-1990's my mother, then in her 80's, had a stroke. She lived in Germany. When she left hospital, I was ready with a nutritional plan that included high-dose vitamins: C, E, and B - especially Inositol, as well as Coenzyme Q 10. I went to the pharmacy, whose owner was a family friend for some 25 years, and handed him my list.

He gave me a small packet with a price sticker of DM 200 (then about $ 200) containing vitamin E capsules manufactured by one of Germany's largest pharmaceutical companies. The source was synthetic, not the "mixed" version from living plant sources I wanted which contains the whole E spectrum. The package contained a total of 10,000 international units of E, the equivalent of a mere 25 capsules of 400 IU each that we are used to buying (I take that many in 3 days). Our bottles contain 90 capsules and cost about $ 20. If Codex rules in Canada, we will likely pay $800 for a bottle of 90 capsules of low-quality vitamin E – if Health Canada lets us buy that many at once, and if you can find a doctor willing to prescribe it.

He then handed me a tube-shaped metal container with vitamin C effervescent tablets. Each tablet , when dissolved in water would release 10 mg of vitamin C in a refined sugar solution. Thus, this ridiculously low amount, was to be taken in a toxic medium that would neutralize the vitamin without it doing anything at all. The cost:about $ 10 for 12 tablets.

Then he asked me, "What's Coenzyme Q 10? Are you allowed to buy all this in Canada in such dangerous dosages?" When I told him what I take daily, his eyes popped. Then I asked,

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"Why can't I buy these supplements here?" He replied, "Well, Germany is a Codex country." Oddly, Germany has several government-run hospitals where environmental illness is treated with nutrients only, intravenous vitamin C etc. Lifeis full of paradoxes and few more follow below.

CODEX AND THE EU

Dr. Carolyn Dean, a medical doctor and naturopath well known to Toronto readers, is currently the president of "Friends of Freedom International" in which capacity she attended the Codex meeting in Bonn last November. She describes Codex as "the ultimate Big Brother marching backwards into the future."

Effective August 1, all vitamin and mineral supplements on the so-called "positive list", including everything from Beta Carotene to Zinc, will only be available in the 25 EU countries if they comply with specific rules set out in the June 10, 2002, EU Directive Relating to Food Supplements. All products must show maximum safe levels "as established by science". Those nutrients found in the mythic "balanced diet" are to be subtracted from the final values, and Article 6 (2) decrees that labels shall "not attribute to food supplements the property of preventing, treating or curing a human disease, or refer to such properties." So, the Directive's "science" knows nothing of Vitamin C preventing and curing scurvy, Vitamin D preventing and curing rickets and osteoporosis, or vitamin B curing and preventing anemia. It also ignores the mountain of evidence showing our diets are chronically deficient in essential nutrients because of factory-style farming practices. To "ensure a high level of protection for consumers and facilitate their choice", they even included baking soda and table salt. We must assume they will be unavailable as of August 1 anywhere in Europe - with interesting consequences for the tourist industry in the baked goods paradises Austria, Switzerland and France.

Now, there is also a "negative list" covering essential fatty acids, phytonutrients, all the enzymes and more. Those cannot be marketed at all, until the EU scientific committee in charge has made a final decision. So, forget omega-3 and omega-6 fats, cod liver oil, and much more. The effect of this directive will be that thousands of products and businesses will be gone this year. In the UK alone some 21 million people will suddenly have no access to any supplement vitamins, minerals, enzymes, fatty acids and more. Since the onus is on businesses to produce the scientific information on safety, they can't produce or sell anything – not even to physicians who have the power to prescribe any toxic drug as well as any essential nutrient. Obviously, there will be ludicrous enforcement issues: Picture basement-concocted vitamins sold in dark alleys alongside crack and Ecstasy.

TOBACCO SCIENCE

Health Canada's famous food safety activist, Dr. Shiv Chopra, refers to corporate-generated pseudo-science (designed to look snazzy but being in fact sleazy) as "tobacco science", which is what obviously informed the Directive. For example, the misleadingly named "International Alliance of Dietary Supplements" (see iadsa-exposed.tripod.com) has already started the process of establishing "safety limits" for supplements by providing Codex with a report: it is based on outdated secondary literature, cites no evidence of dead bodies from vitamin overdosing, asserts nonetheless that we are all overdosing, and it is produced by a "scientific" committee chaired by pharmaceutical giant Pfizer's very own Randy Dennin.

Nutrients are essential to life and cannot be subjected to safety analyses like environmental toxins or synthetic drugs. Virtually all research published in mainstream journals is focused on how essential nutrients heal organisms on the cellular level, which nutrients act together to bring about organ repair, and how they cause systemic healing when given in very high doses. Science has known for at least a century that deficiencies cause standard diseases. In the presence of certain viruses and environmental toxins, such deficiencies are major contributing factor to AIDS and all cancers. Indeed, the South Africans recently renamed AIDS to NAIDS which stands for "Nutritionally Acquired Immune Deficiency Syndrome" because recent research showed that for the HIV virus to cause illness, a person must also be deficient in the immune-system-controlling mineral Selenium (Foster 2004).

Toxicity studies basically don't exist for essential nutrients (one of a few is vitamin A under certain circumstances). To establish the "lethal dose 50", half of a hundred lab rats or mice dies at a substance's concentration which is then designated as the toxic level. Well, you can't do that with Vitamin C or essential fatty acids, for example. They can't kill. The body metabolizes these substances and excretes excesses. The occasional individual allergy to a specific type of vitamin does not invalidate general biocompatibility. Meeting the August 1 deadline is impossible in principle and in practice. It is a trap.

all synthetic drugs without exception are systemically toxic...

By contrast, all synthetic drugs without exception are systemically toxic, meaning they are toxic to more than one body system as well as on a cellular level . Hence the constant need to weigh the benefits of their use with the known risks of their toxicity, specific doses of just so many mg, timing of ingestion, duration of treatment - and the prescription requirement. All this doesn't apply to apples, magnesium

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or probiotics. If you eat too many apples, you get the runs - same mess for too much vitamin C. Furthermore, all drugs, from Aspirin to Zocor, also deplete essential nutrients. Most accumulate in body tissues because they cannot be metabolized by our enzymes which freak out when encountering this phony chemistry and simply move on. Used for a long time, drugs frequently shut down the body's natural detoxification center, the liver, and in extreme cases destroy it – necessitating a liver transplant. Of course, essential nutrients are readily metabolized and distributed in accordance with the laws of nature, while simultaneously nourishing the liver.

RESISTANCE

About 800,000 people die every year in North America from properly prescribed and ingested drugs. No toxicity levels are ever published on drugs. They are assumed and were protected by a conspiracy of silence until Johns Hopkins Medical School published the data on this carnage in 2003 (see Dean below). Codex's effort to save us all from supposedly dangerous food supplements, by requiring their (nonexistent) toxicity levels, is a determined backlash against the turn medical science took starting with Linus Pauling, Abram Hoffer, Carl Pfeiffer and Roger Williams in the 1950's. They established the concepts of bio-individuality in absorption and detoxification, high-dose essential nutrients as disease curing, and environmental toxins acting as nutrient depleting. Today, we have a flood of evidence showing that drugs have a very limited usefulness and that high-dose nutrients can do anything better than drugs can.

The pharmaceutical industry is anything but slow-witted, and good business practice dictates outfoxing the competition – one way or another - to secure the market. If this Directive is not stopped, there will be only one medical world: the pharmaceutical world. When this Codex project began in 2001, some 180 million protest letters reached their office, but Codex doesn't give up on protecting us. Now the fight is on in each country, because Codex is now our problem as well.

South Africa announced on January 17th that it will not follow the foods-as-drugs Directive. Minister of Health Manto Tshabalala-Msimang stated her country disagrees with the "false dichotomy between natural and allopathic medicine, a division fostered by the need to make money from patented drugs through discrediting the use of natural products." At the November Codex meeting the South African delegate, Dr. Anthony Rees (a naturopath and medical doctor) stood firm on rejecting the Directive's notion that supplements don't treat , prevent or cure, but the Codex chairman, who is routinely supported by the EU delegate commanding 25 votes, simply stonewalled all opposition, even the World Health Organization's report entitled Diet, Nutrition and the Prevention of Chronic Disease. Since chronic disease is the source of Big Pharma's wealth (see my book), the last thing Codex wants is prevention.

About 800,000 people die every year in North America from...prescribed... drugs.

Dr. Dean described how India's delegate, who represents one third of the human race with one vote, objected to the Codex and EU-promoted baby formulas containing chemicals that cause brain-destroying inflammation in susceptible babies. He was ignored. When he insisted on debate, he was removed from the room. Naturally, India is mounting its resistance to Codex, the EU Directive, the WTO and all the rest of the regulatory alphabet soup.

Despite Bush the Bizarre in the White House, the US has bill H.R. 4004 before Congress, sponsored by Republican Congressman Ron Paul from Texas. Known as the Health Freedom Bill, it is an anti-Codex, anti-harmonization bill that would ensure supplements to remain foods available according to individual choice. The Association of American Physicians and Surgeons expressed their opposition to Codex by formally adopting on December 10th last year a resolution "supporting freedom for patients and physicians to choose natural remedies". The Dietary Supplement Education Alliance presented recently before Congress an extensive analysis of the effect of supplements taken on the basis of individual choice. Their data showed that supporting such health freedom would save the government a minimum of US 15 billion annually. Doctors' associations also prepared a superb rebuttal to the reports Codex relies on. One of the most important tools is available for free to the health activist on where you can download the entire available mainstream scientific information on all vitamins and minerals up to 2003. This material was assembled with Dr. Carolyn Dean's assistance specifically to counteract Codex's tobacco science.

In the UK, physicians practicing natural medicine have been equally active. They are supported by many members of the House of Lords and the Royal Family who subscribe to homeopathy. Tony Blair's pro-Codex policy was attacked publicly by his wife's personal trainer, who supervises the Blairs' supplement regime; she accused the Blairs of hypocrisy and urged Britons not to vote for him.

In Canada we have an utterly unique opportunity to save freedom of choice by supporting Bill C-420 which is going into second reading in Parliament in early March. By that time MPs Dr. James Lunney and Dr. Colin Carrie need to show the government that their bill is supported by Canadians – just as we did a few years ago with more than a million letters. At that time, Health Canada was poised to place all 60,000 natural

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products into the drug category. This immense protest resulted in a promise to establish a "third category". Without debate or public knowledge , all natural products were simply moved into the drug category January 1, 2004. Outraged by this treachery, MP Dr.J. Lunney launched bill C-420 which would change the definition of food and drugs such as to achieve what that publicly supported "third category" would have done. Now we have a minority government and a chance to win. The simple fact is that if our supplements are defined, in law, as foods, Codex has no jurisdiction.

So, what can you do?

First:
Go to my website and scroll down to Make A Difference , go to "CODEX Action Canada". A letter for our Minister of Health and detailed instructions are provided, with the addresses and e-mails of the relevant MPs. You may write your own letter, of course. For a hard copy 519-927-1049. It demands (summary below):

1. Support Bill C-420, which is coming up for second reading in March.
2. Take the necessary steps to implement the CAUT recommendations by Canada's university teachers (i.e. stop Health Canada from doing Big Pharma's bidding).
3. Initiate a "Truth Commission" composed of medical, toxicology, and research experts with no ties to the pharmaceutical industry, charged to investigate the validity and reliability of the research of every drug in the current Compendium of Pharmaceuticals and Specialties (CPS)
4. Amend the regulatory requirements of Health Canada such that, beginning with the 2005 edition of the CPS, every drug therein must show its toxicity level in addition to potential adverse effects.
5. Support the Minister's call for compulsory adverse event reports on drugs.

Second:
Become a member for $ 25 annually of Friends of Freedom International. Download membership form and information on Bill C-420 from my website, or call me for a hard copy. They handle the most important current legal actions against Health Canada.

If everyone of the 50,000 readers of this article were to act now, Canadians would ensure their right to freedom of choice in medicine. In a minority-government, Bill C-420 is certain to pass with public support, and the pending law suits against Health Canada's high-handed attack on vitamin and supplements could be won. Instead of having your (tax) money support the pharmaceutical industry, this would be certain support for Life and Health.

Resources & References:
On Codex and the EU Directive :
www.friendsoffreedom.org
and
www.alliance-natural-health.org

For international treaties affecting supplements www.citizen.org
Helke Ferrie's website
www.kospublishing.com

M. Angell, The Truth About the Drug Companies: How They Deceive us And What To Do About It, Random House, 2004

J. Bakan, The Corporation: The Pathological Pursuit of Profit and Power, Viking, 2004

H. Ferrie, Dispatches from the War Zone of Environmental Health, Kos 2004

H. Foster, What Really Causes AIDS, Trafford 2002

S. & H. Hickey, MDs, The Ridiculous Dietary Allowance (type LULU into GOOGLE and download free edition of this book)

S. Rampton & J. Stauber, Trust Us, We're Experts: How Industry Manipulates Science and Gambles With Your Future, Tarcher-Putnam, 2001

THE BENEFITS RISK EQUATION: WHO'S DOING THE MATH?

By Scott Hunter

"The benefit outweighs the risk."

It is this statement that has closed many an argument in favour of vaccination. How can a parent argue against that? Experts must obviously have access to detailed highly scrutinized clinical information and have investigated it thoroughly to have arrived at that observation right? The mere mention of this statement conjures up images of countless rooms full of stacks of paper that researchers have tirelessly compounded in the heady pursuit of safety and efficacy. Yep we're in good hands…...let 'er rip, right?

Maybe. It would seem however, that when they introduced the new childhood 5 in 1 vaccine (Pentacel) to my wife and infant son, the pediatrician hadn't enough information to say….. but he did anyway.

Oh they may have been able to assemble enough science to make a sweeping statement regarding your completely healthy infant. But if your child had any underlying neuropathy or illness that was deemed stable, they simply didn't have all the information in 1999, and that's when my son received his shot.

Was there any disclaimer or qualifier when the physician pronounced with assurity to my wife that the benefit outweighed the risk in my infant son with an underlying herpes infection? Did he explain that at the same time my son was being asked to take a new 5 in 1 that the Canadian Government and the manufacturer were busy trialing it for that very information? Nope.

Imagine our surprise when after my son suffered a catastrophic reaction, the beginning of which mere hours after his second DTaP Hib Polio vaccine, I was to find an article online that suggested he, along with countless other children in Canada, was a

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guinea pig. The article was a review of the 37th Annual Infectious Diseases Society of America Conference in Philadelphia written for Medscape by Anne Gershon, MD. In it, a Dr. Scheifele of the Alberta Children's Hospital presented the results of clinical trials on a pentavalent (5 in 1) childhood shot that they had been testing in Canada.(1)

Surely this couldn't be the same shot they had just months before told my wife with certainty the benefit outweighed the risk. Especially when they were retrialing the 5 in 1 to gather information on reactions in unhealthy children that was missing from earlier trials in Sweden.(1)

Surely this couldn't be the same vaccine with incomplete clinical information allowed to be licensed for use in Canada in 1997. The same vaccine that for the first time contained an acellular pertussis and 2phenoxyethanol preservative combination....surely? Maybe this was the reason the US Food and Drug Biologics Department told me in 2000, they required new trials on a childhood 5 in 1 before allowing it to be marketed there.

Well to the best of my ability and from what any parent without a law degree can gather of proprietary clinical information it appears it was. The vaccine they gave my son with an underlying infection appears to not only have been in the midst of clinical trial but it's use was encouraged on kids like my son.(1) Imagine my amazement and surprise that nearly every question regarding the vaccine trials were revealed in a single few paragraphs months after Kirk's injury.

Vaccine Update: DTaP in Canada, GBS Conjugates, and Rotavirus News

Anne A. Gershon, MD

On the second day of the 37th meeting of the Infectious Disease Society of America in Philadelphia, investigators from leading vaccine research groups presented up-to-date information on studies in progress or recently completed. These included reports of a decrease in adverse events from acellular vaccine compared with whole-cell pertussis vaccine as it is used in clinical practice; Acellular vs Whole-Cell Pertussis Vaccine in Canada: Fewer Side Effects.

Dr. David Scheifele[1] of the Alberta Children's Hospital in Canada and coworkers presented a comparison of adverse events from acellular versus whole-cell pertussis vaccine as used in a combination vaccine product.[2] These studies were conducted in Canada, where there is a cohort of about 450,000 annual births (1/10 the annual rate in the United States). Historically, there is a 50% rate of febrile episodes with the whole-cell vaccine, and high fever in 10%. The rate of febrile seizures and hypotonic-hyporesponsive episodes (HHE) was 1 in 1750 doses historically. Prelicensure studies suggested that the rate of each of these complications was reduced by a factor of 10 with acellular pertussis vaccine. However, only completely healthy children were immunized and studied in preclinical testing. The question these investigators hoped to answer is whether this reduction in adverse events would hold true in clinical practice, when vaccination of children with a history of seizures and stable neurologic conditions as well as those with mild underlying infections was encouraged.

In Canada in 1997, the routine combination vaccine DTP-IPV-Hib was changed to DTaP-IPV-Hib. The Immunization Monitoring Program is able to acquire data for 35% of children hospitalized in 10 tertiary centers in Canada, which accounts for about 90,000 children annually. Records were evaluated for hospitalization for febrile seizures and HHE that occurred within 0-72 hours after immunization with DTP or DTaP and 5-28 days after MMR. HHEs were rated as certain, probable, or possible. When the rates of febrile seizures were compared between 1995 and 1998, there was no difference in admissions following MMR. However, there was a significant decrease in both febrile seizures and HHEs following pertussis immunization after DTaP was introduced. The rate of decline was over 80% for febrile seizures: there were 15 hospital admissions in 1996, but only 3 in 1998.

There was a total of 5 cases after introduction of DTaP: 2 had had a previous history of seizures, and 3 had intercurrent illnesses when immunized. Similarly, the number of hospitalizations for HHEs decreased from 25 cases in 1996 to 6 cases in 1998, a 75% reduction.

In summary, there was a marked decrease in the incidence of febrile seizures and HHEs when a combination vaccine containing an acellular pertussis component was introduced in Canada. This does not seem to be related to any bias in changes in hospitalization rates or to a decrease in the overall immunization rate. Thus, the promises from preclinical trials have been realized in the "real world." [1]

But it didn't end there. To my confounded self was revealed an even further unsettling reality. As a part of my parental duty I felt obliged to inform Health Canada through our district here in Saskatoon that my son had possibly been injured by vaccine. Even though Kirk's neurologist had remained adamant this type of injury was impossibly related to the vaccine. Even in the light provided by several months of intensive and invasive physical investigation of my 6 month old son, resulting in an idiopathic diagnosis. Nope he seemed convinced this was the very normal onset of disease even though the product monograph states: "*Neurological complications such as peripheral neuropathies and demyelinating diseases of the central nervous system (CNS) following some tetanus toxoids or diphtheria toxoids have been documented but are rare*"(3)

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The following neurologic illnesses have been reported as temporally associated with some vaccines containing tetanus toxoid: ..... EEG disturbances with encephalopathy (with or without permanent intellectual and/or motor function impair-ment)." "As with any vaccine, there is the possibility that broad use of the vaccine could reveal rare adverse reactions not observed in clinical trials. A temporal association of neurological disorders (including encephelopathy, with or without permanent brain damage and/or intellectual impairment) has been reported following the parenteral injection of other biological products and should always be carefully considered when an immunization is indicated." (3)

As I felt it was important to at least report our parental concerns to the appropriate bodies I continued unconvinced to file a report no one seemed to want to take. Finally after almost two years of fighting with the district, including an hour long conversation over the phone with the local health nurse, in which she tried to convince me that my injured son should be fine for subsequent shots. She said that his type of injury was not a "contraindication" for further vaccination, and then reluctantly took the report.

As any parent might feel inclined to know, I phoned the vaccine maker to find out where I might find information on injury. Information on just how many children like my son may have experienced a similar reaction if any. Their response was simple. Nope. If you want that information you'll have to get a lawyer to get it because it's proprietary. Since it's on trial we don't have to reveal that information to you without legal encouragement... why do you ask? After explaining my reason for calling and that I had seen a number of similar cases on the VAERS Database (The United States Vaccine Adverse Event Reporting System), they told me that I should have reported the suspect injury to them regardless of the report filed with Health Canada. Their reason? Because Health Canada isn't legally bound to share that type of information with them.

If you want information, you'll have to get a lawyer ... because it's proprietary.

Surely they couldn't be telling me that the vaccine that may have injured my son was;

1. currently on clinical trial in Canada,

2. being evaluated for, among other things, safety, and

3. that the maker was unable to rely on any clinical information from Health Canada? Instead, relying on feedback direct from physicians and consumers which they encouraged through published contact information on their vaccine monograph. Information that parents in this province didn't receive? Instead we got the Health Districts one pager on risk that omitted warnings of catastrophic injury and regretfully, any vaccine maker contact information should the need to report arise, because it might "alarm" parents.

... got a ... one pager on risk that omitted warnings of catastrophic injury...

Wow. This is some kinda serious loophole, I thought. I better try to inform the people in charge of our children's health in Saskatchewan. The Right Honourable Minister of Health. Not only should I tell him about the under reporting but I should also share what I had been able to uncover regarding that which qualifies as a report.

In the 5th Guide for Immunization in Canada and the Canada Communicable Disease Report, there are strict rules regarding the reporting of a possible injury. Things like;

" ***Reporters are not required to have made any formal causality assessment in their reports.***" (4) (I guess our neurologist hadn't read that part) and that;

"the cornerstone" of Canada's elite reporting system is the reliance on health care providers to report what they "**feel**" is an injury. Pretty scientific to be sure. And that;

"*...the cornerstone of vaccine surveillance activities is a voluntary system in which health care providers ...report to local, provincial/territorial public health authorities events they feel are temporally associated with an immunization.*" (4)

As well, there's the whole matter of the 0-72 hour guideline for tracking injury. How was that arrived at? Given this is a new product, would that be adequate time given reactions to other vaccines have been commonly observed up to 4-5 days post immunization at the site of injection. (5)

Well you can't just talk to any old minister of Health any time you want...so I met with our MLA and presented my concerns in the form of a letter to the minister. After several months and an equal number of inquiries I got a reply in the form of a letter that indicated my concerns were heard. They were forwarded to the Chief Medical Officer of the whole province, and that he would contact us within the following weeks. True to his word we had a meeting. I recorded our meeting and for an hour shared my concerns regarding injury tracking in the

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province and Canada...and in return he shared his faith in the system. If your child "slipped through the crack" and failed to get reported he's only one, so really no cause for alarm because the law of averages will prevail.

When I pointed out that when he's talking about "one in a million", to coin his phrase, that wouldn't two in a million be statistically significant? He seemed less interested in debating those concerns and continued to try to focus on the disease and fear. The same tactic Kirk's pediatrician took when he tried to defend his position after learning of Kirk's possible vaccine injury. Regaling me with horrifying stories of the third world where he'd doctored and had seen disease run unchecked.

Still I was satisfied I had done my part. I shared the information with the people in charge of infectious disease and monitoring in Saskatchewan and they were all over it. You can imagine my surprise then, when a few weeks later I read in the paper the minister of Health had just appointed a new CMO? Well, what are the chances the outgoing CMO had had an opportunity to share our mutual concerns over injury reporting with the new guy..? I'd better meet with him too.

My second meeting with the new CMO was better. He seemed to genuinely care and endeavoured to forward our concerns to the minister. It was true, I got word from my cousin, an MLA, that our names were mentioned in a document that was passed through parliament underlining a need for a vaccine compliance and injury tracking registry. That was almost two years ago.

This fall, our son Kirk is preparing to enter kindergarten with a teachers aid. We have mixed emotions. Even though he doesn't yet talk and still suffers seizures daily, Kirk has steadily gotten better despite a diagnosis of Lennox Gastaut, a degenerative seizure disorder. Whether or not the vaccine is responsible for turning this healthy 6 month old, already babbling and reaching all his milestones into a child in need of constant 24/7 attention, unending seizures, and qualified supervision perhaps the rest of his life, is anybody's guess.

So what am I to assume has happened this past year or two? That knowledgeable people are working hard to try to fix our broken reporting system in Canada and that, fear not, pharma-giants will not have their way with Canadian children and use incomplete trial data to argue safety? Well you don't have to wait long for the answer. It's in the form of product introductions of a new 5 in 1 DPTaPHib vaccine by the maker in the UK and the US this year, backing it's claim for safety and efficacy with clinical data from where else……Canada.

References

1.Scheifele DW, Halperin SA, Pless R, et al. Marked reduction in febrile seizures (FSz) and hypotonic-hyporesponsive episodes (HHE) with acellular pertussis-based vaccines: results of Canada-wide surveillance, 1993-1998. Presented at the 37th Annual Meeting of the Infectious Diseases Society of America; Philadelphia, Pa; November 18-21, 1999. Session 36, Abstract 31.

2.Halperin SA, Wang EE, Law B, et al. Epidemiological features of pertussis in hospitalized patients in Canada, 1991-1997: report of the Immunization Monitoring Program--Active (IMPACT). Clin Infect Dis. 1999;28(6):1238-1243.

3.PENTACEL™ Act-HIB ® reconstituted with QUADRACEL™ Act-HIB ® Haemophilus b Conjugate Vaccine (Tetanus Protein -Conjugate) Product information as of 2002.

4.Guidelines for Reporting Adverse Events Associated with Vaccine Products. Canada Communicable Disease Report. Date of Publication: February 2000

5.VAERS Data, 2000

LETTERS

Re: Vaccine Injury

I have not one, but two children whom I believe have been affected by vaccines. Within a year after the final injection (of a series of three) for Hepatitis B my then five year old daughter was diagnosed with type1 insulin dependent diabetes. As if that was not devastating enough, 8 months later my son too, was also diagnosed. We searched both sides of the family and to our best knowledge there was no record of type1 diabetes that we could find. There is type 2, but we have been told by medical professionals the type 2 disease is not related.

An article I read about a study in Europe on the Hep. B vaccine raised my suspicions. The study claimed that there was a whopping 60% increase of type 1 diabetes in children vaccinated with the Hepatitis B vaccine! Wow that was pretty phenomenal I thought! Thus began a very long research period for me. I am totally convinced that this vaccine, or a combination of it and their previous vaccines caused this terrible disease.

I would be most happy if you could give me some input on my thoughts..

Thank you
Lisa B, Saskatchewan
(received January 29, 2005)

Editor's Note: *We asked Lisa why she decided to vaccinate her children? To further her research into the link between hepatitis B vaccine and juvenile onset type 1 diabetes, we sent Dr. Bart Classesn's website who has shown the increased risk of children developing diabetes after injection with hepatitis B vaccine and Hib vaccine (haemophilus influenza B), referral to our extensive hepatitis B section on VRAN's website, articles from Dr. Mercola's site on dietary and nutritional means of controlling diabetes, referral to Dr. Bernstein's work on dietary breakthroughs to reduce the impact of the disease and Dr. Carolyn DeMarco's excellent article on latest dietary and complementary means of treating the disease.*

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Lisa replied with the following:

Dear Edda,

Thank you for your reply and information provided. The reason my children were vaccinated early was for what we thought was a good reason at the time. There was (is) a little boy that started kindergarten at our school that was adopted from Romania. This poor little fellow was born to a mother infected with hepatitis B and he himself had the disease and survived. We were told he would always be a carrier and because my family had such close contact with him (I was a scout leader for him and my children, and we shared meals together and if he were to get cut it would be myself to treat him) The potential was there as we camped a great deal.

We decided that it was probably to our best interest to have the children and myself vaccinated. Luckily I have not suffered any ill effects (that I am aware of) to this date. I wish I could say the same for my children. The only warning that we received of any risk from the vaccine was that the liver MAY be compromised. But the risks were very minute compared to the risk of getting the disease. (wish I had been as wise to these scare tactics then as I am now!) We were not told of the possibilities of getting diabetes or any other autoimmune disease as a result of having the shots. Tragic isn't it? You have no idea how guilty I feel over this issue. My days are now consumed with trying to help my children naturally. We avoid vaccines and antibiotics as much as possible. I wish I could go back in time and erase my decisions. I hope this helps you with any work you are doing on this issue.

Lisa B

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Vaccine Peer Pressure in Schools

Editor's note: *The insidious propaganda bombarding school children to submit to hepatitis B vaccine (yearly flu shots is next), leads children to believe that without the vaccine(s) they will die, and school mates who don't get vaccinated will definitely die. No wonder the public is frozen in fear and monopoly medicine has such control over us.*

Hi Edda,

Just an update on the Hepatitis B issue: I handed out some VRAN brochures on hepatitis B to a couple of my friends whose daughters are also in my daughter's class and yesterday was the day they were to receive the shot. My daughter was the only one not to receive it and she did not go into school either. Her teacher said that some parents had concerns but still everyone ended up getting the shot. I don't know what's with people these days.

The teacher was also on Maxine's back about handing in the form even though she wasn't to get the shot. Although the form said it was voluntary, there was no place on it to mark that one does not wish receive it. It asked for physicians name and health number etc. I handed it back and refused to give this information (they can get that info from the school file). With it I gave VRAN's hepatitis B brochure as an FYI to the Teacher. I don't know what she did with it, or whether she sent it with the form back to the health department.

Now my 7 year old came home asking if he had to get the flu shot. **Absolutely not**, I said why are you asking? Because the school is sending home a note urging parents to have the children get their flu shots?! I will see the note tonight I'm sure!

Am I the only one who will take a stand against it?

One last thing, about the Hepatitis B shot, the flack Maxine is getting is mainly from her friends. Today someone said to her "do you want to die when you're 13?", because she didn't get the shot; she's 12. Tough girl! hopefully people will take a step back anyway because we did not follow like sheep. Hopefully if anything they will at least be curious. I told Maxine it takes courage to go against the grain.

Kristina S.
Markham, Ontario

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Nurse Conflicted About Vaccines

Hello Edda,

How are you? I want you to know that Prevnar is now part of the regular vaccine program here in Quebec, and that immense pressure is put on the nurses to administer it in conjunction with other vaccines. We may give up to 4 shots at one time if necessary. Some nurse colleagues have noticed much more severe reactions when Prevnar is given with other vaccines and feel that parents are insufficiently informed. Can you please send documentation or sources of info on any problem associated to Prevnar. Are you aware of any existing support group for nurses who are in a state of moral conflict concerning vaccinations

Thank you Leah R.
Registered Nurse – Quebec
(received Feb.7/05)

Editor's note: *We're not aware of a nurses support group but suggested that Leah might consider starting one. VRAN has numerous articles and links on Prevnar at http://64.41.99.118/vran/vaccines/pneumococcal/vaccine_pne.htm and VAERS (U.S. vaccine reporting system) documents 217 deaths reported after Prevnar injection since 5/2000. Remember only 1-10% of vaccine reactions are reported.*

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Chronic Illness Following Vaccination

Hello,

I found your website quite by accident. I have something to share with you.

My son Tim was going for his 18 mo shots. He fell sick within a few days. I spent days holding him in the tub trying to keep his temperature down becasue Tylenol would not work on the intense, high fever he was experiencing. He couldn't move.

The doctors at one hospital kept telling me to just wait and see. They could not see any rash, or red ears or throat so said just wait. I took him home. I got scared when his fever got close to 105. I took him to another hospital. They took full blood tests and urine etc. And found that he had abnormal lymphocyte, leucocyte levels. They are suppose to be about 50/50 his were close to 90/10. He slowly recovered

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over period of months but was plagued by these high temperatures and abnormal white counts. He never received a vaccination again as I was sure that he had a reaction to the vaccine.

I later found out that I was allergic to Thimerosal and found that this might have been in the vaccines. We have tried to figure out all manner of reasons why he reacted the way he did. Some say his immune system was overloaded as he had a bladder infection prior to getting the shots. I don't agree. Further investigation into his bladder infection flair up was a bacteria that is normal in the body. So I believe it flared up because of the immune system not keeping it in check because it was too busy trying to deal with the vaccine.

Anyway, my son Tim has never been the same. He is 20 now and is continually ill. He suffers from unexplainable shaking (vibrating hands and body), he has ongoing infection problems and is still sick often. There are blood tests over the years that indicate he has suffered from this extreme, differential on his blood counts a number of times.

Michaella my daughter has not received any of the vaccinations since the first set. She is 9 now and in grade 4. Last year she came in contact with Whooping Cough twice. The first time was from a two year old boy who was very ill. The second time a girl sitting next to her in class came down with it A note was sent home to parents. Several children in the class caught it. Michaella did not. She was sitting right next to the ill girl and didn't catch Whooping Cough. I called up the public health nurse and asked her if the children who caught the illness were vaccinated. She indicated that they probably were, but would not reveal their names. I was afraid that Michaella would get it. She didnt'.

Why would we be vaccinating our children against something that they might not catch. Even when its right in their face. We do use colloidal silver in our water as an alternative to immunization. I'm not putting in a plug forthis practice but it is what we do.

Tim comes home to get better and gets his dose of colloidal silver, recuperates and then goes on his way again when he is well.

I hope sharing this will be of assistance or useful in some way.

Thank you
Donna Shannon (received Jan. 25/05)

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Re: Desire Not to Seek the Truth
Re: Article that MMR vaccine is not tied to autism
Letter to the British Medical Journal, Rapid Responses Oct. 21/04
http://bmj.bmjjournals.com/cgi/eletters.325/7373/1134/a#91949

Sirs,

The problem governments and vaccinators face, knowing that there is now overwhelming evidence from the public as witnesses and victims supported by clinical work from people like Wakefield, O'Leary and Singh, et all, is that owning up to responsibility for the mass degradation of public health one sees from vaccination that they are responsible to the public for must never be brought to light; the best way to obfuscate therefore is to show a willingness to 'do science' whilst avoiding ever having to face the argument about 'causation', so epidemiology is their answer - governments can be seen to be 'doing science' which, by definition, has nothing to say about causation.

(Editor's note: Epidemiology cannot determine causation)

As for vaccine virus studies in sick people, it's obviously not rocket science and is done regularly for common viruses - the same process has been done to locate vaccine viruses; the problems for government and vaccinators is that it would reveal

1. Just how prevalent vaccine viruses really are in our communities
2. Just how prevalent vaccine virus diseases are, of what type and how they manifest, that beset our communities
3. Who is responsible and that won't do will it?

John P Heptonstall,
Leeds, England

NEWSCLIPS

World Health Organization admits third world vaccination programs cause nearly 23 million chronic disease infections each year - global health humanitarians cite contaminated needles as the cause.

According to an article entitled "A Point Well Taken" appearing in the Atlanta Journal Constitution Sept. 22, 2004, the leading cause of hepatitis B and C infections and contraction of HIV in third world nations is through the delivery of vaccines.

The article, while describing how scientists are developing a disposable plastic needle to stem epidemic vaccine-induced infections, supplied some alarming statistics.

"Worldwide, the 16 billion injections administered either for vaccines or drugs in the developing world each year cause an estimated 21,000,000 cases of hepatitis B, 2,000,000 cases of hepatitis C, and 260,000 cases of HIV, according to the World Health Organization (WHO)," wrote David Wahlberg for the Constitution.

The article cited that WHO believes, "The risk of infection arises from shots that are unnecessarily administered when pills could be used, from reuse of contaminated needles and from improper disposal."

Absent from the article is any discussion of a suggestion that the vaccines themselves, comprised entirely of extremely toxic and unsterile materials, could be the cause of an estimated 23.26 million people each year contracting these chronic illnesses. Instead, according to Wahlberg, "Robert Chen of the CDC and Georgia Tech mechanical engineer Jonathan Colton are attempting to develop an inch-long plastic hypodermic needle strong enough to withstand two punctures—of a rubber stopper on a vial of medication and of human skin—that can allow liquid to flow through rapidly without bending."

In an effort to sell the world on the use of plastic needles as a means to prevent the spread of hepatitis and

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HIV, once in use, they are described as easily rendered inoperable for reuse by heating over a candle and discarded into recycling bins. The needles can then be recycled into water buckets, eating implements, construction bricks, and other useful objects, thus making them an environmentally-sound innovation.

We found this to be an extremely illuminating article because the WHO admits its mass vaccination programs in third-world countries are causing epidemics of diseases that are no less serious than the ones third world populations are being vaccinated against. We also found the WHO's insistence that the problem lies in the needles, not the vaccines themselves as the source of the problem, to be medically and scientifically illogical.

Reprinted with permission from the Vaclib Letter – Fall 2004

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Latest Flu News

Editor's note: Once again, less than 10% of ILI (influenza-like-illnesses) tested positive for influenza virus – the rest, 91.2% are attributed to other pathogens which are unaffected by the flu vaccine.

Since October, two (U.S.) laboratories have tested a total of 58,314 specimens for influenza viruses and 5,138 (8.8%) were positive. The majority of the 8.8% were identified as influenza A.

It was just revealed (San Francisco Chronicle, February 9, 2005) that a new strain of Influenza A virus, dubbed A/California/7/2004, made a rapid emergence in the western states and could cause a surge in the number of cases in the last two months of the flu season. According to the CDC, the new A/California strain, first cultured in Santa Clara now accounts for 20 percent of the Influenza A viruses tested. (18) A panel of influenza experts met at the World Health Organization headquarters in Geneva on February 10/05 and recommended inclusion of the California strain, (A/California/7/2004(H3N2) in next season's vaccine. Excerpted from: The Recent Flu Vaccine Crisis: A Review by F. Edward Yazbak, MD, FAAP

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Flu Shots for the Elderly Don't Save Lives So Let's Target the Children

February 14, 2005 –(excerpt from Fox News) A new study published in the Archives of Modern Medicine led by researchers at the National Institutes of Health (NIH) challenges standard government dogma. It looks at data from the whole U.S. elderly population over time but doesn't directly compare vaccinated vs. unvaccinated elderly. Based on more than three decades of U.S. data, the study suggests that giving flu shots to the elderly has not saved any lives. "There's a sense that we're all going to die if we don't get the flu shot," said the study's lead author, Lone Simonsen, a senior epidemiologist at the National Institute of Allergy and Infectious Diseases in Bethesda, Md. "Maybe that's a little much."

Simonsen said his study should influence the nation's flu prevention strategy, by "expanding vaccination to schoolchildren, the biggest spreaders of the virus." Ira Longini a professor of biostatistics at Emory University is also proponent of vaccinating schoolchildren, saying that a "smarter government strategy would emphasize shots for children ages 5-18…. If we really want to make a difference and control influenza, we simply have to change the policy. We have to vaccinate large numbers of children,' Longini said." The CDC disagrees "We think the best way to help the elderly is to vaccinate them." http://www.foxnews.com/story/0,2933,147589,00.html

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Immunity Wanes in 5 years in Babies Injected with Hepatitis B Vaccine

A new study published in the Pediatric Infectious Diseases Journal 23(7):650-655, 2004 has found that injecting newborns with hepatitis B vaccine offers only five years of "protection". It concluded that antibody to hepatitis B surface antigen (anti-HBs) "disappeared by 5 years of age in most children who were vaccinated with hepatitis B vaccine from birth. Although most children showed immunologic memory, one-third failed to demonstrate an anamnestic response to a booster dose. Additional long term studies of low risk infants are needed to determine duration of protection and the necessity for or timing of booster doses. *(Editor: They just can't stop experimenting on our children).*

Of all vaccine agendas that bombard us, none has raised more concern or controversy than that of injecting healthy, low risk babies with hepatitis B vaccine, which until recently also contained the mercury preservative thimerosal. This policy can only be viewed as gross medical experimentation on millions of children who are not at risk of contracting the disease. Since 1991, American babies have been injected within hours of birth. In Canada, most provinces recommend the vaccine for inclusion starting at two months while babies born in the northern territories and New Brunswick have been injected at birth since at least the early 90's. There never was any data proving long lasting efficacy or safety of the vaccine. Little is known about the neurological and immunological status of a 12 hour old infant or for that matter a two month old baby. Reasons why the majority of babies should NOT get hepatitis B vaccine:

✦ Hepatitis B is an adult disease occurring primarily in high risk populations such as IV drug users and persons with multiple sexual partners;

✦The only way a newborn infant can contract hepatitis B is from an infected mother or transfusion of infected blood;

✦ Hepatitis B is not endemic in Canada or the US and less than 1/2 of one percent of mothers who give birth to babies in the US have hepatitis B disease;

✦ The vaccine manufacturers admitted in their product manufacturer inserts that the long term protection offered by hepatitis B vaccine is

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unknown but that there are no detectable antibodies in the blood after 7 years.

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Breastfeeding and Asthma

Australian researchers followed 2,195 children for six years to evaluate the effect of breastfeeding on asthma, allergy, and obesity. They found that babies who were exclusively breastfed had a lower incidence of asthma and other allergic disease. Most interesting of all, every month of additional breastfeeding resulted in a four percent reduction in the risk of asthma. The study also confirmed that being overweight is also associated with a higher incidence of asthma. The study did not find any association between overweight and non-breastfeeding, but other studies have found that adolescents who were not breastfed as infants had a higher risk of being overweight than breastfed children.

This study not only confirms the advantages of continued breastfeeding, but also once again shows that extended breastfeeding is best for babies. Studies that show an advantage for every additional month of breastfeeding should help convince parents that babies should be breastfed into their toddler years. A similar relationship between breastfeeding and reduced meningitis incidence also shows the tremendous protective effect of breastfeeding on children's health. Every extra month of breastfeeding further reduces the risk of Hemophilus (Hib) meningitis in children even long after they are weaned.

Oddy WH, et al. The relation of breastfeeding and body mass index to asthma and atopy in children: A prospective cohort study to age 6 years. American Journal Public Health 2004; Sept, 94(9):1531-7.

Babies should be breastfed into their toddler years.

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Common Cold Virus Can Cause Polio in Mice When Injected Into Muscles

DURHAM, N.C., Sept. 6
(AScribe Newswire)

Virologists at Duke University Medical Center have discovered that under the right conditions, a common cold virus closely related to poliovirus can cause polio in mice genetically engineered to be susceptible to coxsackievirus.

"In principle, coxsackieviruses could cause polio in humans," said Matthias Gromeier, MD, senior author of the study - "if we eliminate the poliovirus and cease polio vaccinations, our immune systems wouldn't produce antibodies against polio, and coxsackievirus could theoretically fill the niche of eradicated polio" he said.

Until now, it has been widely accepted that coxsackievirus and poliovirus cause distinct illnesses because they bind to different receptor sites, on host cell surfaces. The current study turned that belief on its head, said Gromeier. Poliomyelitis has long been regarded as the signature of poliovirus, a virus that recognizes and binds to the CD155 receptor. However, the mice were genetically engineered to have only the coxsackie A21 receptor, called ICAM-1, and they did not have the poliovirus receptor. Still, when the mice were injected with coxsackievirus, it initiated infection through the ICAM-1 receptor, and caused symptoms of polio.

In studying the virus' action within infected mice, they found that the virus traveled from the calf muscle where it was injected, to the central nervous system along "motor neuron axons." "We gave the coxsackievirus a distinct advantage by injecting it directly into muscle, where it had direct access to the kinds of nerve cells polio normally attacks," said Gromeier. Such a subtle change in entry mode significantly changed the virus' behavior, and therein lies one of the greatest dangers associated with viruses, said Gromeier.

Viruses are extremely adaptable and they can alter themselves dramatically based upon their environment. Coxsackievirus A21 is one of a large group of cold viruses that are genetically very similar to polioviruses. "Our study reveals how similar these viruses actually are," he said. "It is fascinating that a minor change such as injection site may cause a harmless cold virus to attack the central nervous system."

The study is published in the Sept. 6, 2004, issue of the Proceedings of the National Academy of Sciences.

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Merck memo discloses early vaccine concern

Excerpt from Los Angeles Times
February 8, 2005

Nearly a decade before the first public disclosure that infant vaccines contained excessive amounts of the mercury, a March, 1991 internal memo from the drug giant Merck & Co. shows they knew that 6-month-old children receiving their shots on schedule would get a mercury dose up to 87 times higher than health guidelines for the maximum daily consumption of mercury from fish. More than 4,200 claims have been filed with the U.S. Vaccine Injury Compensation Program, by parents asserting that their children suffered autism or other neurodevelopmental disorders from mercury in vaccines.

Merck is also fending off a legal onslaught over Vioxx, the popular painkiller it introduced in 1999. The lawsuits claim that the drug caused heart problems and that the company concealed the risks. Merck, who pulled Vioxx off the market in September, has denied the allegations.
oll=bal-health-headlines