

VRAN Newsletter

Sept.-Nov. 2001

Vaccination Risk Awareness Network Inc.

The Controversy of the Latent Period Following Immunizations

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Introduction:

In 1986 the U.S. Congress passed the National Childhood Vaccine Injury Act, which set up a system whereby the families of vaccine-injured children could be compensated for such injuries. Based on personal experience and observation, there has been much criticism of this system and question whether not it is serving its intended purpose. (1)

One of the major areas of controversy surrounding the act involves its limitations in the latent periods, whereby certain defined reactions following vaccines must be identified within a certain time period to qualify for compensation by the childhood vaccine injury act. For the complication of encephalitis, the time limitation for the DTP or DTaP vaccine is 3 days; for the measles-mumps-rubella (MMR) vaccine it is 5 to 15 days.

The limitations in latent periods following vaccines have been generally accepted by our medical-legal system as guidelines in other areas as well. Prominent among these is the "shaken baby syndrome" (SBS) in which a parent or caretaker is accused of injuring or murdering an infant by violent shaking and causing a triad of findings now commonly accepted as diagnostic of SBS: retinal hemorrhages, subdural hematomas, and diffuse axonal injury. (2-5)

However, it has been observed that many cases attributed to the SBS have occurred in a time-related fashion following routine childhood vaccines, especially in compromised children that had been born from medically complicated pregnancies. (6)

Consequently there are valid reasons for questioning whether or not some or many cases that have been accused of SBS were not the result of mistaken diagnoses, the true causes of death or injury of the child having been vaccines.

Since questions surrounding the latent period play a prominent role in many of these cases, it is timely and appropriate to review the background of this issue.

Are Current Guidelines in the Latent Period Artifactual?

A: The DTP (diphtheria-tetanus-pertussis) Vaccine:

If we think in terms of a vaccine-induced encephalitis, most of the earlier literature deals with the pertussis vaccine. Flexner (1930) noted a strong tendency for the nervous system manifestations to declare themselves between the 10th and 13th days. (7) In a review of 108 cases recorded before

Latent Period cont. on page 4

INSIDE THIS ISSUE

Page

- 10 - Smallpox as a Weapon?
- 14 - Shaken Baby Syndrome
- 16 - U.S. Vaccine Legislation
- 18 - Letters
- 21 - Alternative Modalities
- 30 - CIPRO
- 33 - Newsclips
- 38 - Smallpox & Homeopathy

Editorial

Edda West

CANARIES IN A MINE SHAFT - THE CRISIS IN CHILDREN'S HEALTH

A cornerstone of the work we do here at VRAN is listening to the stories of distraught parents whose children have suffered vaccine related injuries and who are looking for some compassionate human contact and acknowledgement that a vaccine could have caused their once healthy child to collapse in devastating ways - to succumb to health injuries from which he/she may never fully recover.

Shell shocked parents retrace their steps and recount the sequence of events, having trustingly submitted their children to the vaccinators needle, never imagining that their trust could be so bitterly betrayed by a system that promotes vaccination as THE cornerstone of preventive medicine - a system that fails to inform of the inherent risks associated with vaccines, a system that has never undertaken adequate studies to prove

Editorial cont. on page 7

VRAN NEWSLETTER

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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 4 times a year as a means of distributing information to members and the community. Suggested annual membership fees, including quarterly newsletter and your on-going support to the Vaccination Risk Awareness Network: **\$25.00—Individual** **\$50.00—Professional**
We would like to share the personal stories of our membership. If you would like to submit your story, please contact Edda West by fax or e-mail, as indicated above.

VRAN website: www.vran.org

DISCLAIMER

The contents of this publication reflect the opinion of the authors only. The authors are not licensed to practice medicine, nor are the opinions in any way 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 medical doctor prior to making any decision which may affect the health and welfare of that individual or anyone under his or her care.

VRAN NEWS

FUNDRAISING 2002

Coming up is the 20th anniversary of our visibility as a group of concerned citizens, having worked for two decades to protect the informed consent rights of Canadians. We have put medical policy makers on notice that we will not tolerate attempts by government to force dogmatic vaccine policies on the people, and we have been a key instrument in disseminating vaccine risk information across Canada to help parents make informed decisions about vaccination. We are the place that parents turn to after they have been told by medical experts that their child's neurological injuries, immune problems, seizure disorders that developed following vaccination, is just a "coincidence". This is where families turn to for compassionate support, acknowledgement of their plight, and alternative healing possibilities that are available to seek out.

In 1982 a small group of worried parents, when faced with our children's exclusion from school because of the newly enacted mandatory Immunization of School Pupils Act, decided to take action against this new law which threatened our freedom to make important health care choices for our families. The Act failed to provide adequate exemption for those families who had philosophical objections to vaccination, and for the many families whose children had suffered vaccine adverse reactions but didn't qualify for a medical exemption.

Our direct challenge to government and health officials mushroomed into a

two year lobby effort of meetings with members of parliament, hiring a constitutional lawyer, writing briefs, holding press conferences and meeting with families whose children had suffered vaccine adverse reactions. This work culminated in the amendment of the Act in 1984, and the introduction of a 'conscience' clause which guarantees philosophical exemptions from any vaccines for children from nursery school age through high school. A precedent was also set for the rest of Canada – a precedent that says that children cannot be excluded from school because of incomplete or no-vaccine status.

Today we hear vaccine policy makers lament that "the public is losing confidence in vaccine programs". Is it any surprise considering the decline of children's health in the wake of accelerated vaccine schedules in the last few decades – the alarming increase in learning disabilities, epilepsy, mental retardation, autism, asthma, diabetes and cancer? Is it really any surprise – considering the absence of long term vaccine safety studies comparing the health of vaccinated and unvaccinated people? Is it really any surprise that finally, parents are beginning to question the need to inject their babies with 23-29 vaccine antigens in the first 18 months of life, with many areas now adding hepatitis B vaccine to the early infant schedule, and big pressure to accept chickenpox (another live virus vaccine), Prevnar – the pneumococcal vaccine, and the new Conjugate C meningococcal vaccine? The critical question we must ask is "How much more vaccine assault can children endure before there is a catastrophic

VRAN News cont. on page 3

collapse in children's health – in human health ?”

As more vaccines are constantly being added to the vaccine schedules, and parents face relentless pressure to comply with vaccine agendas, we need more vigilance, more involvement from concerned parents across the country, and better ways to enable people to access information. Above all, we need a strong level of commitment to keep this work going. Please remember VRAN has no corporate sponsors, nor government grants to help keep this life line afloat. Our continuing work depends on the generosity of you, our members.

In the words of Lise Encontre, a dedicated mother who has so generously donated a percentage of her soap crafting income to VRAN, “Use your money conscientiously! Use your money to speak! I ask you to please support these people who are making a difference by giving parents a choice, and who are supporting environmentally healthy alternatives! Remember, information and knowledge is truly power! It is one thing that can never be taken away, misplaced, or lost. Many people think they must do big things to make a difference. I am of the belief, the smallest good deed, is far better than the largest good intention. If not now, when? If not you, who?”

We are pleased to offer Walene James' classic “Immunization – the Reality Behind The Myth” as this year's fundraising bonus offer in appreciation for donations of \$150 or more. In Canada, the retail value of the book is \$42.95. Walene's book guides the reader through the history of vaccines, exposes the flaws of the germ theory of disease, and liberates us from the vaccine paradigm that keeps us captive to the current medical tyranny. This book needs be on every family's bookshelf as it brings with it a gift of inspiration enabling us to evolve to a new

health consciousness – to embrace an understanding of the true and timeless determinants of health.

With deepest appreciation for your continuing support,

**FROM VRAN PRESIDENT,
MARY JAMES**

The Manitoba Chapter of VRAN is fortunate to have Lise Encontre on board as our primary fund raiser. Lise has been making beautiful, hand-made soaps from her Goddess collection for the past five years, and has generously donated a percentage of the sales from her soap to our organization. To date, Lise has donated over \$1000.00.

Lise has spent countless hours creating new and unique soap combinations, packaging and selling her soap at craft shows, health and wellness expos, and home parties. Each bar is made with high quality, natural ingredients such as essential oils, flowers and spices.

Lise is a firm believer in the importance of making an informed vaccination decision. “You can't put a price on good health,” is one of her oft repeated expressions. She has chosen to make her own personal contribution to the Vaccination Risk Awareness Network with her soap making abilities.

We thank Lise for her generous spirit which enables us to carry on our important work in public education. Anyone interested in more information about The Goddess Handmade Soap Collection may contact Lise at: success@skyweb.ca or (204) 878-9787

Essential Oils

In this newsletter, we explore alternative health modalities that can be utilized for enhancing immune system strength and helping us deal with sickness when it does occur. Essential oils can be used for both prevention and

DID YOU KNOW ?

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

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

1929 by Gorter (1933), the onset of encephalitis was "strikingly constant," usually observed between the 10th and 12th days following vaccination, commonly with a febrile period on the 7th and 8th days, followed by recovery until onset of the encephalitis. (8) In 1929 an editorial in the *Journal of the American Medical Association* reported on an increase in severe neurological complications following infections and inoculations occurring on about the 11th day after vaccines. (9)

Over 50 years later Munoz, (1984) in a mice study of experimental encephalomyelitis elicited by injection of pertussigen, found the same latent period of 11 to 13 days. (10)

In contrast, some of the literature since the 1970s has reported an entirely different pattern, with the onset of encephalopathy largely falling within a 3-day period following vaccines. (11-13) We can only speculate as to the reasons for this changing pattern. Perhaps it can be attributed to the fact that, in those early years, children were given very limited numbers of vaccines in comparison with more recent years during which they have routinely received the hepatitis B, H influenza, and polio vaccines in addition to the DTP, all given at the same time. The hepatitis B vaccine has been implicated in neurological disorders, autoimmune disorders, various forms of vasculitis and cutaneous reactions, as well as hemorrhagic complications. (See below, page 6) Both the pertussis and H influenza vaccines have been shown to have unusually high hyper-sensitizing properties. (14) In many vaccines thimerosal, which contains ethyl mercury, has been added as a preservative. (In some vaccines its use dates back to the 1930s.) Thimerosal has also been found to have sensitizing properties. (15) Consequently there are valid reasons for believing that the pertussis and H influenza vaccines, some of which contain mercury, may be acting

in a three-way synergy in causing hypersensitivity reactions.

In the text, *Vaccinations and Behavioral Disorders*, by Greg Wilson, the author made the following comment in regards to the latent period:

"Today the latent period is rarely mentioned in connection with neurological complications of immunization...Contemporary studies on the pertussis vaccine select an arbitrary time limit in which reactions have to occur to be considered as vaccine related. This time limit is usually 3 to 7 days.

"Perhaps the only study which explores the dynamics of post DPT reactions is an independent Australian study by Karlsson and Scheibner which, with a monitor which followed breathing volumes, found particular times of stress-induced breathing following DPT injections." (16)

"Of special importance (for stress) are days 2,5,6, and 8,11,13-16 and 18-21. (17)

By way of explanation, the above study involved the use of a Cotwatch breathing monitor controlled by a micro-processor and designed to provoke alarms with breathing delays (apnea of hypopnea with 5% or less of normal breathing patterns) following DTP immunizations. It was found in the study that these periods of stressed breathing occurred in clusters of 15 minutes at a time on the post-vaccine days listed above, varying greatly from child to child. From our point of view, the important feature of the study is not so much the specific post-vaccine days on which the stressed breathing occurred but the fact that the clusters continued for 21 days following the vaccines, (18) which would tend to discredit the current medical-legal limitation for DPT reactions to 3 days.

Dr. Scheibner's findings do have some support in a study which showed a fairly high incidence of cardio-respiratory complications in premature infants following vaccinations. (19) Unfortunately, this study was of limited duration. Another study throwing light on the latent period is one coming from Japan, from which it was found that increased histamine sensitivity in mice, brought about by the pertussis vaccine, showed two peaks, one on the 4th day following vaccination, and a second on the 12th day. (20) In the same vein, in a letter to the *British Medical Journal*, Rosemary Fox, secretary of Parents of Vaccine Damaged Children, made the following comments:

"Two years ago we started to collect details from parents of serious reactions suffered by their children to immunizations of all kinds. In 65% of the cases referred to us, reactions followed the triple vaccine (diphtheria-pertussis-tetanus). The children in this group total 182 to date; all are severely brain damaged, some are also paralyzed, and 5 have died. Approximately 60% of reactions...occurred within 24 hours of vaccination, 80% within 3 days, and all within 12 days." (21)

It is important to point out in the above-survey that 20% of reactions occurred beyond the current 3 day medical-legal limitation for the DPT vaccine.

Another important study throwing light on the latent period involves an unpublished series of 25 cases with accusations or convictions of parents or caretakers for the shaken baby syndrome, a series collected by attorney Toni Blake of San Diego, California (personal communication, 2000) which have the following features:

1) All occurred in fragile infants born from complicated pregnancies. Problems included prematurity, low

birth weights, drug/alcohol problems, diabetic mothers, or other maternal complications.

2) All infants were 6 months age or less.

3) Onset of signs and symptoms occurred at about 2,4, or 6 months of age, **WITHIN 12 DAYS OF VACCINES**

4) All infants had subdural hematomas.

5) Some had multiple fractures.

In addition to the work of Dr Viera Scheibner and attorney Toni Blake, another enlightening area of study for the latent period is the federal Vaccine Adverse Events Reporting System (VAERS). In her book, *What Your Doctor May Not Tell You About Children's Vaccinations*, (22) Dr. Stephanie Cave makes the following observations about VAERS: "It is common knowledge that less than 10% of all adverse events following vaccinations are reported to VAERS, which means that instead of the 12,000 to 14,000 reports of hospitalizations, injuries, and deaths made every year, there may be as many as 120,000 to 140,000."

Even a cursory examination of the VAERS database for DTP/DTPaP vaccines will reveal that the latent periods for many vaccine reactions extend into the 7 to 13 day periods, some extending beyond 14 days. (23)

No review of the latent period would be complete without pointing out an almost insuperable difficulty in getting dependable data on these reactions due to the extreme reluctance of doctors to report on vaccine reactions, a pattern which has existed since the earliest days of childhood vaccines. There are a number of reasons for this. From their earliest years of training, medical doctors have been taught to look upon vaccines as one of the greatest achievements in medical science, and any question about the vaccines is often looked upon as disloyalty to the

profession. In addressing this issue in the classic text, *Shot in the Dark*, by Coulter and Fisher, the authors quoted an attorney specializing in vaccine-damaged children. In commenting on the deficiency in doctors' reporting of vaccine reactions, the attorney commented, "As is the case with many pertussis-vaccine-injured children, none of the treating physicians would commit themselves to a final etiological diagnosis. It is strange that parents of pertussis-vaccine-damaged children often can only get an etiological diagnosis by hiring an attorney and seeing one of the few recognized experts in the U.S. on post-pertussis vaccine encephalopathy." (25)

As a result of this physician-reluctance to report vaccine reactions, large numbers of reactions may be taking place beyond the currently established time limits of the latent period, unrecognized as to their true nature.

B: The Hemophilus influenza (HiB) vaccine:

In one of the largest, if not the largest randomized epidemiological trial ever conducted, the effect of the Hemophilus vaccine on the development of insulin dependent diabetes mellitus (IDDM) was studied in Finland. (26) All children born in Finland between October 1st, 1985 and August 31st, 1987, approximately 116,000, were randomized to receive 4 doses of the HiB vaccine (PPR-D, Connaught) starting at 3 months of life or one dose starting at 24 months of life. An intent to treat method was used to calculate the incidence of IDDM in both treatment groups until age 10. The incidence of IDDM was also calculated in a control group of 128,500 children which did not receive the HiB vaccine. (27) The results demonstrated a rise in IDDM which was specific for the vaccinated cohort. (28) However, the important point for our purposes was that *there was a consistent delay of 3.5 years between vac-*

ination and onset of IDDM. (It should be pointed out that IDDM is considered an autoimmune disease.)

At a presentation this past spring in Nashville, Tennessee sponsored by the American College for the Advancement of Medicine, (29) Dr. John Classen reviewed 32 publications in the medical literature showing a similar increases in diabetes mellitus in a number of countries with the MMR and hepatitis B as well as the HiB vaccine, *again with latent periods up to three years or more*, according to graphs that were provided. (Copies of references will be provided on request). Rather than being specific to any one vaccine, Dr. Classen offered his opinion that the general immune stimulation from the vaccines was the cause of a rise in autoimmunity. As an interesting sidelight, Dr. Classen mentioned that personnel in the U.S. navy are more heavily immunized than their European counterparts, and that the U.S. navy personnel have five times more diabetes than their European counterparts.

C: The MMR (measles-mumps-rubella) vaccine:

Whereas DTP and Hib vaccine-related encephalopathy may be the result of interactions between endotoxin and mercury, (the latter in the form of the additive, thimerosal), the primary mechanism of viral vaccines in causing encephalopathy may be related to the propensity of viruses (and viral vaccines) in bringing about autoimmune reactions. (30)

In order to provide an overview of the latent period, there are two basic classes of immune systems, the humoral or antibody producing system, which tends to produce immediate-type reactions, and cellular immunity, in which reactions are delayed. Either class is capable of producing autoimmunity. (31) Obviously, the usual 15 day limitation for the MMR

vaccine excludes a recognition of the delayed-type autoimmune reactions and, by inference, even denies their existence. In an article by Cohen and Shoenfeld dealing with questions of vaccine-induced autoimmunity, the authors pointed out that it is a subject about which relatively little is known, due to the paucity of clinical and laboratory studies. (32) In point of fact a more recent review on this subject cites a temporal relationship of 2 to 3 months between vaccines and autoimmune reactions. (33)

Recently the subject of the latent periods for the MMR vaccine came sharply into focus in an article published in *Adverse Drug Reaction & Toxicology Review*, (34) in which researchers Andrew Wakefield and Scott Montgomery, who have been investigating a possible causal relationship between the MMR vaccine and the autism-enterocolitis syndrome, carefully reviewed deficiencies in the early pre-licensing trials of the MMR vaccine. In the article they pointed out that follow up periods following the vaccine were a maximum of 28 days and in some studies even shorter periods. They stressed that such short periods of observations following the vaccine were totally inadequate to detect delayed reactions, including pervasive developmental delay (autism), immune deficiencies, and inflammatory bowel disease, which are known from earlier published reports to occur following both the natural measles infection and the measles vaccine.

The most interesting feature of the Wakefield/Montgomery article was that it was reviewed by four leading British authorities, all of whom had previously held positions in the regulation and licensing of medicines in the United Kingdom. (35) Taken as a whole, the reviewers were supportive of the article, three highly so. Peter Fletcher, formerly a senior professional medical officer for the Department of

Health wrote, "being extremely generous, evidence of safety (of the MMR vaccine) was very thin." Noting that single vaccines for measles, mumps, and rubella already existed, he argued, "caution should have ruled the day...granting of a product license was definitely premature." Professor Duncan Vere, former member of the Committee on the Safety of Medicines, agreed that the periods for tests were too short. "In almost every case," he wrote, "observation periods were too short to include the onset of delayed neurological or other adverse events."

D: The Hepatitis B vaccine:

Other than the references provided by John Classen, M.D. on the findings of increased diabetes from the hepatitis B vaccine with a latent period of 3 years, I am not aware of additional information bearing on the latent periods between hepatitis B vaccine and other forms of reactions, which reflects the sheer lack of data on the subject.

However, many reactions to hepatitis B vaccine may be taking place unrecognized, for two reasons: Reason one, I have in my possession a list of 109 references of published articles reporting on complications from the hepatitis B vaccine including autoimmune disorders, neurological disorders, vasculitis and cutaneous reactions. This list will be provided on request.

For reason two, in 1994 a special committee of the national Academy of Sciences (Institute of Medicine) published a comprehensive review of the safety of the hepatitis B vaccine. When the committee, which carries the responsibility for determining the safety of vaccines by Congressional mandate, investigated five possible and plausible adverse effects, they were unable to come to conclusion for four of them because they found that relevant safety research had not been done. Furthermore, they found that serious "gaps and limitations" exist in

both the knowledge and infrastructure needed to study vaccine adverse events. Among the 76 types of vaccine adverse events reviewed by the IOM, the basic scientific evidence was inadequate to assess definitive vaccine causality for 50 (66%). The IOM also noted that "if research...(is) not improved, future reviews of vaccine safety will be similarly handicapped. (36) For this reason, the published reports of hepatitis B vaccine reactions may only be a small portion of those actually taking place, with large numbers of delayed reactions taking place unrecognized.

Conclusion:

Based on published evidence that many vaccine reactions take place beyond current medical-legal time limits that have been established for vaccines, and on overwhelming evidence that large numbers of delayed vaccine reactions may be taking place unrecognized, there are grounds for believing that these time limitations may be unrealistic and artifactual.

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Latent Period cont. from page 6

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Editorial cont. from page 1

vaccine safety, a system entrenched in patterns of pathological denial that sentences vaccine victims and their families into a living hell of obscurity, without due justice or compensation, and arrogantly pronounces all such cases to be a "coincidence."

Families are left to their own devices to pick up the pieces – often finding that their child, now suffering from intractable seizures and/or severe neuro/immune disorders, developmental delays and chronic illnesses can't really be helped by the system or its drugs. And because of the entrenched pathology of denial and absence of medical experts willing to diagnose vaccine injuries, parents are forced to seek diagnostic help outside of this country, often at great personal expense and hardship. Through organizations like VRAN, the Association for Vaccine Damage Children, the Eagle Foundation, and similar groups in the States, parents are able to find resources and health practitioners who can begin to help the children and their families.

In this issue of the VRAN newsletter Kathy Pasay recounts how her healthy baby boy Nicholas developed a seizure disorder a few weeks after his four month Pentacel shot which contains five vaccines in one. He was then vaccinated again at 6months, with no concern for the possibility that another injection with the same 5 vaccines might be too much for him to handle. No one cautioned her that it might be wise to delay this next shot for a while - to let the baby's immune system and neurologic system strengthen and mature before submitting him to another vaccine challenge. This mother had no knowledge of vaccine risks prior to her baby's adverse reaction and was unaware that they can cause neurological injury, or that his seizure disorder could worsen with more shots. No one bothered to tell her –

Editorial cont. on page 8

neither the child's doctor who was treating his seizure disorder nor the health nurse who injected the final shot. What is clear is that concern for the baby's overall health came secondary to the importance of staying on target with the required vaccine schedule!

This dogmatic "one size fits all" mentality does not evaluate the unique health profiles of individual children. The dominant medical mindset that discounts the possibility that some children might not be able to withstand a continuing vaccine challenge, particularly where there is an already existing medical problem, poses a serious threat to children's health. This cavalier mindset recklessly disregards basic precautionary principles and operates as assembly line medicine, disabled from acting in the real best interests of the individual child. In its obsession to adhere to the prescribed vaccine schedule, no matter what, it has lost sight of the real, living, breathing, feeling human child on whom it imposes the prescribed vaccine agendas. Desensitized and dehumanized, the "one size fits all" assembly line medicine having abdicated any responsibility for the consequences of its actions, is itself a major contributing factor to the decline of children's health today.

"Increasing numbers of children are being diagnosed with autism, attention deficit hyperactivity disorder and other neurological and behavioural problems -- and in the worst cases, they are committing suicide. As well, the incidence of asthma and other respiratory diseases is soaring", reported Macleans Magazine in May of 2000. The disease most likely to take the lives of young Canadians between ages 5 and 19 is cancer - leukemia and brain tumours being the biggest killers. According to Statistics Canada, the incidence of pediatric cancer grew by four per cent between 1984 and 1995. (1)

"If you look at these things," says Dawn Walker, executive director of the Ottawa-based Canadian Institute of Child Health, which has published a major report on child health, "then it is not so clear that all Canadian children are better off than in the past." Too many are using drugs to manage chronic diseases like asthma and ADHD, says Walker. "We need a lot more research into why this is happening." (1)

In the last few decades the volume of toxic chemicals that children are exposed to is unprecedented in human history, as is the volume of toxin laden vaccines injected into infants, often starting at birth. A mind-numbing array of over 70,000 chemicals which have never been tested for safety, much less for their effects on the very young, contaminates the food supply, air and water, and bombards children with ever increasing intensity. Similarly, safety testing of vaccines is completely inadequate with no long term studies evaluating the impact of combined multiple antigens given at one time, ever having been done.

Bill Moyers, in a special documentary entitled *Trade Secrets*, aired on PBS last spring, exposed the subversive tactics of the chemical industry in preventing public disclosure of the real impact of cumulative chemical exposures on human health. The documentary offers a stark view of the impact of toxic exposure on children's health and development. "Children exposed in the womb are at greatest risk of all." (2)

Exposure to chemicals the mother has absorbed, predisposes the child to weakened immunity and detrimental impact on the developing brain.

"Because cellular structures change so rapidly during embryonic and fetal growth, a toxic exposure at the wrong moment can permanently alter further development. According to Dr. Landrigan, Chairman, Preventive Medicine, Mt. Sinai School of

Medicine, the central nervous system is especially vulnerable. To function properly, the developing brain must lay down an intricate web of interconnecting neurons. Small doses of neurotoxins during critical periods of brain development can alter those crucial neural pathways - one mistake early on, and the brain may be forever changed in subtle or serious ways." (2)

"We are conducting a vast toxicologic experiment, and we are using our children as the experimental animals" states Dr. Landrigan.

Babies don't excrete contaminants or store them away in fat in the same ways that adults do, making the poisons more available to affect rapidly growing bodies. Furthermore, because a baby's immune system is not fully functional, a baby's body cannot counteract toxic effects as well as an adult. In adults, the blood-brain barrier insulates and protects the brain from many harmful chemicals, but in babies that barrier isn't developed until six months after birth. (2) Barbara Loe Fisher, author and vaccine risk educator cautions that "The administration of an ever increasing number of vaccines in early childhood may be a co-factor, along with increased exposure to environmental toxins, in the dramatic increases in learning disabilities in children biologically predisposed to adverse responses to these multiple exposures."

The Institute of Child Health in Ottawa, is concerned about children's vulnerability and susceptibility to injury from exposure to environmental toxins. In their recently published book, *The Health of Canada's Children* the authors stress that "The environment must be viewed as the ultimate health determinant - the fact that the endocrine and immune systems and the developing brain are susceptible to these ubiquitous pollutants

[lead, PCBs and methylmercury, etc.] must be viewed with major concern." (4)

They draw urgent attention to "windows of susceptibility". "Exposures at critical periods of development - notably during embryogenesis, fetal life and infancy - can result in irreversible damage to growing nervous systems and affect emerging behaviour patterns, cause immune dysfunction, and have serious reproductive effects. If a toxic exposure occurs during critical growth stages, the system affected can sustain permanent damage."

These critical periods of development are thought of as "windows of susceptibility". (4)

"This window of susceptibility to neurotoxic effects is broad because age-related development of the brain and nervous system extends from fetal stage into adolescence. Damage to the "wiring" process is thought to underlie such permanent adverse effects as cognitive disability, developmental language disorders, learning disabilities, motor disorders, effects on intelligence and behavioural disorders, attention deficits and sensory abnormalities." (4)

We cannot have a complete or meaningful discussion of environmental impact on children's health without raising important questions about the effects of vaccines on the developing brain and nervous systems of infants and young children, and whether exposures to environmental contaminants magnify and intensify children's vulnerability to vaccine related injuries. A broad assessment of the state of children's health is incomplete and dishonest if it fails to include a serious discussion of the potential for injury from the bolus of biologicals and chemicals injected directly into the young child's fragile internal micro-environment precisely within the critical time frame when the brain and nervous system is unfolding and during sequences of "windows of susceptibility".

Whereas the body can to a certain extent, filter out some of the impact of food and airborne toxins, the delivery of toxic substances via injection, giving direct access to the blood stream, lymphatic system, internal organs, and the brain, may have a far greater potential for destructive impact than toxic exposures from exterior sources.

Any discussion of substances that can damage or disrupt the "wiring" process in human brain development, must also encompass medical research that includes the known potential for vaccines to trigger neuro/immune injuries, including disruption of myelin formation, the essential fatty substance that insulates nerve tissue. Both pertussis vaccine and MMR (measles mumps & rubella) vaccine have been implicated in autoimmune reactions that damage the myelin coating resulting in neurological injury.

We cannot pretend that we have thoroughly scrutinized the sources of toxic exposures children are subjected to without a critical assessment of the long term impact of known neurotoxic vaccine components like mercury and aluminum. Although Canada quietly replaced mercury containing infant vaccines (DPTP) in 1997 with Pentacel, a purportedly mercury free DTaP + Polio + Hib vaccine, babies still continue to suffer adverse vaccine reactions and injuries.

Currently drug giants Merck and Aventis Pasteur are recruiting Canadian babies to be test subjects for a new 6 in one vaccine that has hepatitis B antigen added to it. The new vaccine called HR 51 will be given at 2, 4, 6 and 12-14 months of age. The study's information and consent form provided to parents excludes information about vaccine ingredients. Participants are promised free chicken pox vaccine and \$150 for 'expenses'. (5)

Why is children's health hanging in jeopardy today? Could it have anything to do with the "health care experts" we expose our children to?

Dr. Robert Mendelsohn, MD, doesn't mince any words in his book *"How To Raise a Healthy Child in Spite of Your Doctor"*. He warns parents that "Among doctors as a group, I believe the pediatrician is the most dangerous. The pediatrician serves as the recruiter for the medical profession. He indoctrinates your child from birth into life-long dependence on medical intervention. It begins with a succession of needless "well-baby checkups" and immunizations and then moves on to routine annual physical examinations and endless treatments of minor ailments that would cure themselves if they were left alone."

When we pledge allegiance to the medical status quo, and buy into the need for "well-baby checkups", the vaccine schedules, the antibiotics for every little fever and earache, we embark on a perilous road that leads to sickness, ear infections, asthma, allergies, weakened immune systems, chronic diseases, and dependency on a drug oriented system that undermines health. When we give away our power of self determination to the "experts", we also risk losing touch with our own deeply rooted innate abilities to nurture and heal our children and to stay grounded in our intuitive wisdom, which, combined with our intelligence, leads us to make the best health care choices for our children and families. Dr. Mendelsohn's well considered advice to parents is that "Mothers, fathers and grandparents are more capable than doctors of managing the health of children."

Jane Sheppard, editor and publisher of the Healthy Child Newsletter in which she compares the chemical and vaccine industries says "While watching Trade Secrets, it was alarmingly clear in my mind that this is the same story happening within the vaccine industry. There are many parallels between these two industries - the same game of denial." (3)

Chemical Industry:

"The chemical industry hides known health risks of certain chemicals and funds studies designed to show that the chemicals are safe. It creates expensive public relations campaigns to prevent negative public perception and uses its financial power to gain the loyalty of politicians and avoid regulations and legal liability. The business of making and marketing chemicals is extremely profitable and they want to stay in business."

Vaccine Industry:

"The vaccine industry denies evidence of serious vaccine adverse effects without doing the proper studies. They say that death, autism, or other serious health problems acquired by children directly after receiving their vaccines are merely a coincidence. Hundreds of case reports of immune system destruction following vaccines are also referred to as coincidence. Instead of seriously addressing adverse effects, they fund studies designed to show that vaccines are safe, hire "vaccine experts" and create expensive PR campaigns to prevent negative public perception. They have even avoided legal liability by ensuring that the government pays the vaccine- damage claims. Huge profits are at stake in this multi-billion dollar business. One thing is precisely the same in both scenarios: **CHILDREN REMAIN THE GUINEA PIGS.**" (3)

A Postscript from VRAN member Susan Fletcher

Terrorism on a grand scale is nothing new. The world has been increasingly threatened for the last sixty years or more, yet few have recognized it - or would admit to it. The needle is loaded and poised - are you willing to receive it? Toxic chemicals; bits of sensitizing animal protein; who-knows-what never-as-yet-discovered contaminating viruses with DNA ready to

insert itself into the human genome and cause havoc now or much later when our aged immune systems are becoming depleted; repeat injections of millions of doses provoking emergence of fearful new pathogens - this is vaccination, the terrorist that has caused cancers, immune disorders, neurological damage and outright death. It acts in stealth, increases drug-dependence and, over time, has the potential to destroy us all.

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SMALLPOX AS A WEAPON - OR IS IT A VACCINIA?

Susan Fletcher, B.Sc

Feelings of sympathy aside, I've found it difficult to suppress a guffaw or two while observing health and government officials trying to calm terrorized citizens in the wake of Sept 11th and the anthrax cases. In a rare reversal of the fearmongering tactics they usually use to encourage vaccination compliance, they at first indicated that reintroduction of smallpox vaccination was not being considered due to the slight likelihood of a terrorist attack using smallpox (variola) virus and the fact that the vaccine itself carries considerable risk. We heard Health Minister Allan Rock say "...there's no reason for Canadians to regard this [terrorist attacks with biological agents] as anything but a remote threat." (1) Later he stated that we already have 380,000 doses of smallpox vaccine in stock and "I would say it could be diluted to two to three million doses." (!?) This vaccine, he said, might be used for treating cases as they arose and containing them. (2) And Nov 13th he announced the creation of the 'National Advisory Committee' on biological security and research among others, to help us "...prepare and respond to any potential threat that may occur." (3)

In a Nov 8th letter to the editor of the *National Post*, UBC public health professor, Richard Mathias, MD, makes the astonishing admission that "Smallpox has been eradicated from the world not by mass vaccination, but by vaccinating those who were exposed." and "Health Canada should continue to be wary of smallpox, but mass immunization will never be a necessary response."

Smallpox as a Weapon cont. on page 11

Meanwhile, in the US, Department of Health and Human Services, secretary Tommy Thompson, during the week of Oct 19th said his department had no plans to implement a mandatory vaccination program and cited horrendous side effects as the main reason.⁽⁴⁾ But on Oct 25th he asked Congress for \$500 million for the partnership of Acambis (formerly Ora Vax) and Baxter to produce enough smallpox vaccine “so every American will be assured there is a dose with his or her name on it if it is needed.” This new vaccine will require extensive testing.⁽⁵⁾

As for risks from the vaccine itself, Donald Low, chief microbiologist at Toronto’s Mount Sinai Hospital (and chair of the newly created National Advisory Committee previously mentioned), in the Oct 27th edition of the *Globe & Mail*, made the ultra-conservative prediction that if everyone in Canada is vaccinated for smallpox “Thirty people are going to die for something that hasn’t happened.” Philip Russell, professor emeritus at Johns Hopkins University School of Public Health and an expert on infectious diseases, said that vaccinating the whole US population against smallpox “...would cause tens of thousands of deaths.”⁽⁶⁾ Dr. Anthony S. Fauci, director of the US National Institute of Allergy and Infectious Diseases will attest that Americans are more likely to experience severe reactions now than in the past since there are many more individuals whose immune systems are depressed because of HIV or chemical treatments for cancer, organ transplants, autoimmune diseases and other health problems.⁽⁷⁾ It’s predictions like these plus historical accounts of dire reactions to the vaccine that have vaccine information groups in the US scrambling to stave off draconian new legislation commissioned by the Centers for Disease Control: ‘The Model State Emergency Powers Act,’

detailing avenues for individual states to supercede federal laws in cases of disease epidemics or other natural disasters.

In early times smallpox seems to have been endemic mostly in Africa, Asia and the Middle East but later was carried to Europe by the returning Crusaders, to the Americas by slave ships and to South America by the Spanish. Smallpox occurrence peaked during the 18th century, flourishing in Europe where overcrowding in filthy city slums and its associated improper nourishment and hygiene was brought about by the Industrial Revolution.⁹ There were two main forms of the disease: variola major which was the much more severe of the two, in Asia resulted in case-fatality rates of 30% or more, and was the predominant form through to the end of the 19th century; variola minor (alastrim) was first discovered in South Africa at the turn of the century and later spread to the US, Latin America and Europe - deaths from this form of smallpox typically happened only in 1% or less of cases.⁽¹⁰⁾

Although Edward Jenner is credited with the initiation of vaccination against smallpox (and thus, all subsequent types of vaccinations) he admitted that the prototype cowpox vaccine he formulated in 1796 “had no protective virtue.” Nevertheless, after attempting a second formula and again failing, he was able to successfully promote the prototype vaccine such that by 1807 mass vaccination against smallpox was begun!⁽¹¹⁾ The subsequent devastation caused in highly vaccinated populations is a wonder to behold: during major epidemics alone, excluding numerous lesser outbreaks, over the course of 62 years (1857-1919) there occurred in England, Germany, Italy and the Philippines a total of 425,770 deaths.⁽¹²⁾ In India, where vaccination was universally enforced, there were 3,344,325 smallpox deaths in the 30 years, 1877-

1906!⁽¹³⁾ Yet the English town of Leicester, according to William Tebb in 1881, showed that “with many thousands of unvaccinated [emphasis mine] children, smallpox seems to be about the least dangerous of all diseases, and is not to be named by the side of scarlet fever, measles, whooping cough, diarrhoea, or even consumption.”⁽¹⁴⁾

Dr. Raymond Obomsawin in *Universal Immunization: Medical Miracle or Masterful Mirage* states that “...it’s estimated that only 10% of the world population actually received the [smallpox] vaccine.”⁽¹⁵⁾ And in statements of a recent JAMA article from a group working on biodefence comes the admission, in regard to the smallpox vaccine: “The duration of immunity, based on the experience of naturally exposed susceptible persons, has never been satisfactorily measured.” Neutralizing antibodies are reported to reflect levels of protection, although this has not been validated in the field.” and “During the smallpox epidemics in the 1960s and 1970s in Europe, there was considerable public alarm whenever outbreaks occurred and, often, a demand for mass vaccination throughout a very widespread area, even when the vaccination coverage of the population was high.”⁽¹⁶⁾ (underlining mine). In regard to the latter statement - why “epidemics....when the vaccination coverage....was high”?

The global smallpox eradication campaign, begun in 1967, was considered feasible only because there was “...no recognized [emphasis mine] animal reservoir of the disease....”⁽¹⁷⁾ In fact, there have been several animal reservoirs found (monkeys, camels, rodents) of various poxviruses. So-called “white” poxviruses found in healthy monkeys or rodents in Zaire were found to be indistinguishable from variola virus; and African monkeypox virus, while distinguishable from variola, in simple laboratory

tests, nevertheless could cause clinical smallpox in humans.⁽¹⁸⁾ In fact, at the end of the 19th century, eminent scientist, Health Officer and Bacteriologist, Dr. A. R. Campbell, discovered that the bedbug, *Cimex lectularius*, was the cause of smallpox in his area of San Antonio, Texas, and that its bite was the only way the variola virus was transmitted to humans. The panic that arose in New York City in 1947 after a solitary suspected smallpox case came to light resulted in the vaccination at that time of over 5 million people. Too bad they hadn't heard that the patient carried proof of recent vaccination and too bad they didn't know what the New York University lab later discovered: the clothes of the victim contained a specimen of *Cimex lectularius*!⁽¹⁹⁾

The orthopoxviruses of which the smallpox virus, variola, is one, is a genus which, as noted previously, includes other viruses that can infect humans. An article from *New Scientist* quoted in the Obomsawin report states that "The smallpox family of viruses is genetically unstable", and that new viral strains could emerge anywhere and threaten the WHO smallpox eradication program.⁽²⁰⁾ Cases of human smallpox-like illness occurring in areas supposedly smallpox-free started showing up in West Africa in 1970 and continue to this day. Viera Scheibner negates the effectiveness of smallpox vaccine in "eradicating" smallpox by pointing to the fact that bubonic plague had very obvious vectors in rats and fleas yet it disappeared as equally as has smallpox without the use of a vaccine; she says "Smallpox has not been eradicated. It has a potent animal reservoir."⁽²¹⁾ Peter Jahrling of the US Army Medical Research Institute of Infectious Disease in Fort Detrick agrees, speaking in 1997 of the largest outbreak of monkeypox ever seen in humans: ".....for practical purposes, smallpox is back".⁽²²⁾

The vaccine used against smallpox subsequent to Jenner's initial cowpox vaccine was one derived from cowpox-inoculated persons and its live virus was named vaccinia. It is unknown how vaccinia evolved: possibilities include derivation from cowpox or variola virus by prolonged serial passage, production by genetic recombination or derivation from a virus that is now extinct except for that in stores of the vaccine.⁽²³⁾ Adverse reactions to smallpox (vaccinia) vaccine are mainly of four different types. Eczema vaccinatum occurs in persons who have eczema or a history of eczema and have been vaccinated for smallpox or in contact with individuals vaccinated with smallpox vaccine. It manifests as eruptions where eczema is or has been, and becomes intensely inflamed and sometimes spreading; the prognosis can be especially grave in infants. Progressive vaccinia (ie progressive, you understand, not in a beneficial sense), vaccinia necrosum, occurs in persons with immune deficiency. It is termed "progressive" because it involves the progressive spread of lesions, beginning with the lesion left at the site of vaccination, until, usually, the victim dies two to five months later. Prognosis is much better for the condition of generalized vaccinia where, six to nine days following vaccination a rash develops and sometimes covers the whole body. However, postvaccinial encephalitis is considered to be the most serious reaction (other than death itself): in infants under two years it begins with violent convulsions and when it exits, often leaves the victim with cerebral impairment and paralysis; in older persons it has an abrupt beginning with fever, vomiting, headache and malaise followed by symptoms such as loss of consciousness, amnesia, confusion, restlessness, convulsions and coma with about 35% of victims dying, usually within a week of vaccination.⁽²⁴⁾

For more information on reactions

to smallpox vaccine visit www.nccn.net/~wwithin/smallpox.htm.

In the US, federal rules require vaccinia immune globulin to be on hand whenever smallpox vaccinations are given so that adverse reactions may be treated (serious reactions are estimated to occur in one out of every 4,000 vaccinees). In one instance, when a soldier who was unwittingly developing AIDS suffered sores all over his body following a routine smallpox injection, the entire supply of vaccinia immune globulin in a large army medical depot was used to save him from death. Any present stocks of globulin are meager and likely to be unfit for use but new stock can only be made from the blood of people recently vaccinated against smallpox. Therein lies a dilemma for those in favour of present-day smallpox vaccination.⁽²⁵⁾

As for the vaccine itself, present supplies left over from the mid 1970s were produced by the traditional method of growing the vaccinia virus on the scarified flank of a calf: "A prior batch of smallpox vaccine is dropped into the slashes and allowed to fester over a period of days. During this time the calf stands in a headstock so that he can't lick his belly. The calf then is led out of the stock to a table where he is strapped down. His belly scabs and pus are scraped off and ground into a powder. That powder is the next batch of smallpox vaccine."⁽²⁶⁾ This method would be unacceptable in the production of a new vaccine since it is now recognized that such a product "inevitably contains some microbial contaminants, however stringent the purification measures."⁽²⁷⁾ But Health Minister Rock expects us to accept the leftover old vaccine until it's all used up!

The new vaccine that has been ordered in the US will contain vaccinia grown in cultured human fetal tissue cells and the production timeline has been shortened so that 50 million

Smallpox as a Weapon cont. from page 12

doses should be ready by winter 2002 with pilot lots ready for testing in January. It remains to be seen how many eager citizens will volunteer. Dr. Fauci has said "it's the most accelerated vaccine program I've ever seen." And even if the method is new, isn't the initial inoculant of vaccinia going to be from the old, probably contaminated, stock? Since the initial order was placed, the possibility of mass vaccination looms and so the order may be extended to include as many as 250 million doses and manufactured by additional drug companies.(28)

Recent media reports suggest that smallpox is easily transmitted. For instance, the October 20th editorial in the *Globe & Mail* says "...smallpox can be inhaled at a distance of two metres from an infected person." (!) However, the JAMA biodefence report referred to earlier states "Historically, the rapidity of smallpox transmission throughout the population was generally slower than for such diseases as measles or chickenpox." (29) The reason being that, unlike many other diseases, smallpox is not transmitted to others while it is incubating, which means that "individuals infected with variola virus become sick before they are fully infectious to others. For this reason, the spread of smallpox historically in nonendemic areas was principally to close family members. Patients are most infectious during the first week of rash." (34)

The WHO Smallpox Advisory states that "Smallpox is transmitted from person to person by infected aerosols and air droplets spread in face to face contact with an infected person after fever has begun, especially if symptoms include coughing. [Yech!! - a new "complication" of kissing?!!] The disease can also be transmitted by contaminated clothes and bedding, though the risk of infection from this source is much lower." (underling mine)(30)

But if variola were to be used as a biological weapon it would most likely be converted to an aerosol form just as it was by the Soviet Union in experiments in the 1980s when it was produced in large quantities and adapted for use in bombs and intercontinental ballistic missiles. In recent years Russian research into production of more virulent and contagious recombinant strains of the virus has suffered due to lack of funding and the fear is that its expertise and equipment may have found their way to less friendly enclaves. It is known that vaccinia, released in aerosol form and not exposed to UV light, may persist 24 hours or longer in relatively cool and dry conditions and it's thought that variola would persist similarly.31 However, one biologist doubts this: according to him "Biological warfare is a flawed concept. The only route usually considered is airborne, because bombs and missiles create the delivery system. There is no disease in existence which is propagated in that manner. Even the airborne diseases require close contact with the source. The reason is because wind disperses the agents too thinly, and gravity brings them down too rapidly. Increasing the quantities massively will get a few persons but only a few.The only way biological warfare agents can be used in a significant manner to create disease is to inject them into their victims. If they are then contagious they go a lot farther." (32)

Hmmm... brings to mind the concern that some experts have about vaccinating emergency room personnel and hospital staff in case of a future smallpox terrorist attack - they think newly vaccinated health care workers could spread the live vaccinia virus to patients with deficient immune systems. D. A. Henderson, who led the worldwide campaign to "eradicate" smallpox in the 1970s says "Trying to vaccinate your health care workers in advance, we don't think it's a great

idea." (33) Considering the disease possibilities from receiving smallpox vaccine perhaps the aforementioned biologist has made a good point!

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SHAKEN BABY SYNDROME OR VACCINE DAMAGE?

November 2 – A Joint Statement was released today at the Second National Conference on Shaken Baby Syndrome (SBS) taking place in Saskatoon. The Joint Statement forwards the belief that SBS involves cases of abusive head trauma to infants, and "occurs when an infant or young child is shaken violently causing brain damage." Organized by the Saskatchewan Institute on Prevention of Handicaps, the conference called on child health and welfare agencies, police, social services, justice and education professionals to deal with and help reduce the incidence of (SBS), and points to a recent Canadian study - "over a 10-year period, 364 children were hospitalized for SBS. Of those, 19% died and 59% had neurological or visual impairment and/or other health effects." The Statement cautions that "the incidence of SBS may be severely underestimated due to missed diagnosis and under reporting." (1)

The problem with the existing theory of SBS as reflected in the Joint Statement is that it makes a number of erroneous assumptions based on outdated information, and doesn't take into account new scientific evidence that disproves violent shaking as the sole reason for brain and retinal bleeding. Dr. Harold Buttram has conducted an extensive review of the scientific literature on Shaken Baby Syndrome, and is also an expert medical witness in SBS cases. He has written a detailed rebuttal to the Joint Statement which VRAN will present to the organizations that have co-authored this misleading report. Our intention is to show that there are a number of critical factors which have been excluded from the current diagnostic parameters of SBS, not the least of which are adverse reactions to vaccines which

can precipitate the kinds of brain and retinal bleeding attributed to SBS. This new information must be included in the diagnostic equation, to ensure that ALL medical criteria are taken into account and that innocent parents and caregivers are protected from false prosecution for a crime they did not commit. (Please see Against All Odds – The Yurko Project in the letters section of this newsletter)

Shaken Baby Syndrome Diagnosis on Shaky Ground (Abstract)

Journal of Australasian College of Nutritional and Environmental Medicine Vol. 20 No. 2; August 2001
Viera Scheibner, PhD

An epidemic of accusations against parents and baby sitters of shaken baby syndrome is sweeping the developed world. The United States and the United Kingdom are in the forefront of such questionable practice. Brain (mainly subdural, less often subarachnoid) and retinal haemorrhages, retinal detachments, and rib and other bone 'fractures' are considered pathognomonic. However, the reality of these injuries is very different and well documented: the vast majority occur after the administration of childhood vaccines and a minority of cases are due to documented birth injuries and pre-eclamptic and eclamptic states of the mother.

Evidence that vaccines cause brain and retinal haemorrhages and increased fragility of bones, has been published in refereed medical journals. That this has been to a great extent due to the depletion of vitamin C reserves resulting in acute scurvy, has also been published. I refer to such articles and demonstrate that there is a viable differential diagnosis available

Shaken Baby Syndrome cont. on page 15

explaining the observed injuries in what is called the Shaken Baby Syndrome (SBS) as non-traumatic injuries, and that the diagnosis of SBS is an artifactual incorrect evaluation of the cause of such injuries; it has resulted in unspeakable injustices and suffering for the affected individuals and their families, and deprived the surviving babies of their paternal care by replacing it with foster care. It does not reflect well on the justice and medical systems in the developed world which are, sadly, characterised by blindness to the most obvious and victimisation of the innocent.

Those who inject babies with great numbers of vaccines within short periods of time in the first months of life, often ignoring the observed serious reactions to the previous lots of vaccines, are not only the accusers of innocent carers, but are not prosecuted or brought to justice; quite to the contrary, they continue injecting babies with toxic cocktails of vaccines and creating further innumerable cases of grievous bodily harm and death.

Conclusions

The above brief review of the perceived benchmark publications dealing with issues directly related to the diagnosis of Shaken Baby Syndrome, demonstrates that the diagnosis of SBS is on very shaky ground indeed. The pathology, considered currently to be foolproof evidence of inflicted trauma, may be caused by inductions and other birth injuries, temporary increased fragility of the bones due to acute scurvy caused by the toxic effect of vaccines and the observed brain and retinal haemorrhages may also be a result of vascular injuries due to the toxic effect of the administered vaccines. Indeed, the only documented facts in the vast majority of cases of SBS are the administered routine vaccines while the evidence of any shaking, other than slight shaking as a part

of resuscitation efforts by the carers who found the infants in distress, is missing.

There are more plausible mechanisms than shaking which explain the increased bleeding tendency without the standard tests revealing the usual blood clotting disorder due to low platelet count. Hans Selye postulated the presence of liquid unclotting blood due to decreased viscosity of blood as one of the characteristics of the second stage of his non-specific stress syndrome which is caused by the stress dynamics of retention of water rather than changed platelet count. Indeed, shaking is the most unlikely cause of such injuries.

The practice of accusing innocent carers of injuring vaccine-damaged children should cease forthwith.

All past cases of SBS should be revised and the victims released from prison and compensated for their mental suffering, financial losses and emotional trauma.

The practice of administering toxic substances such as vaccines should be looked into and there must be an independent inquiry, which should include the critics of vaccines, and should investigate vaccines' questionable prophylactic value and proven dangers.

And last but not least: the unjustifiable accusations of innocent parties and victimisation of the vaccine victims should serve as a serious warning about the shortcomings of the western medical and legal systems and their susceptibility to serious errors. (2)

Reference:

1. The Joint Statement:
http://www.hcsc.gc.ca/hppb/cheldhoodyouth/cyfh/homepage/lifestages_infancy.html
2. The full text of Dr. Scheibner's paper can be obtained on request from VRAN.

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U.S. POISED TO FORCIBLY VACCINATE ALL CITIZENS

November 5, 2001
Washington, DC. (Reuters Health)

“Public health officials must have the authority to quarantine and forcibly vaccinate the entire population—with the help of the military if needed—in the event of a smallpox attack on the US, a bioterrorism expert said Monday.”

Vaccine risk activists in Canada and around the world are keeping a close eye on a Model State Emergency Health Powers Act now being processed by state governors in the U.S. Drafted for the CDC (Centers for Disease Control and Prevention), by a team of health and legal experts headed by Lawrence Gostin, a professor of law and public health at Georgetown University, the Act would grant unlimited police powers to a ‘Public Health Authority’ to impose forced vaccinations, drugs and other tests on all citizens, quarantine and imprisonment of those refusing to submit to vaccinations, as well as seizure of property and other drastic measures in the event of a disease outbreak.

The “model legislation” exempts the State, public health authorities and other State officials, from liabilities associated with the death or injury to persons on whom these medical procedures have been forced. There are no detailed criteria for what constitutes an ‘emergency’, and one case of smallpox is likely to be considered an epidemic.

In Canada, proposed anti-terrorism laws could forebode a similar threat. What is at stake is the very foundation of a ‘free’ society that upholds the individual’s right to health freedoms, which means freedom from unwanted physical interference by state mandated drugs, vaccines, or other invasive medical procedures.

The following is excerpted from an impassioned plea sent by Dawn Richardson, President of PROVE, (Parents Requesting Open Vaccine Education) to a large network of concerned parents, and vaccine risk groups. November 2, 2001

Forward this to anyone who wants to maintain their right over what medications or vaccines are forced into their own bodies.

“Horrible legislation commissioned by the Centers for Disease Control and written by one of the most dangerous conniving strategists for public health police power that I have ever read the works of, provides for the legal forced vaccination of anyone - including adults with vaccines that are made by drug companies immune from liability for the side effects. Lawrence Gostin has a long history of trying to brainwash people that sacrificing individuals' rights for society is okay in many areas of medical policy. His record speaks for itself. He is a threat to the freedoms our country was built upon. And now his ideas are codified in legislation that will be pushed around the country ostensibly offering “security” from microbes in exchange for your freedom to make your own medical decisions.

Everyone who values our freedoms and rights in this country needs to commit to educating family and friends about the dangers of such an unchecked medical dictatorship.

Every vaccine is different and so is each individual. There are many people who physically cannot tolerate some vaccines because of the havoc they will wreak on their bodies and immune systems. Because there has been NO research into the biological mechanisms that predispose people to vaccine reactions and there has been

no effort to screen out these individuals, this type of action should be condemned as it would create unfathomable human suffering and sacrifice.

PROVE continues to assert that vaccination is a medical procedure that has the ability to cause injury and death and therefore the assessment of risks and benefits and ultimate decision should be made by the individual without government force or sanctions. Anyone who has a concern about a particular virus or bacteria and wants to be vaccinated should have that right just as anyone who doesn't should be protected and respected to make that decision.

Follow up letter - November 13/01

There is a huge push to create the legal ability to forcibly vaccinate the entire population - no medical, religious or conscientious exemptions allowed! As unbelievable as this may sound, it is a very real threat to each and every one of us who believes in our civil liberties and in informed consent to medical treatment. We will continue to stand for each person having the right to make the risk/benefit analysis and ultimate decision for themselves. There are so many families with a high tendency to react horribly to vaccines and an action like this could be the equivalent of a death sentence.

This is not about whether or not someone should or shouldn't take a vaccine - it is about leaving that decision to the person, and letting them make that decision with full truthful information about risks and benefits. This is also about the value of human life. A death or injury to a person from a vaccine is just as important as a death or injury from a disease and the notion that it is somehow okay to sacrifice the lives of healthy individuals

U.S. Vaccine Legislation cont. on page 17

"for the good of society" is barbaric! It is a totally different situation if someone takes a risk with a vaccine or a disease fully knowing the risks but made that decision with their free will. That is where we feel things need to be.

It is very unfortunate that so many well-meaning legislators are making decisions based on fear rather than fact, and it is despicable that some are exploiting this fear to advance positions and programs beyond the scope of what a supposedly free country should ever contemplate.

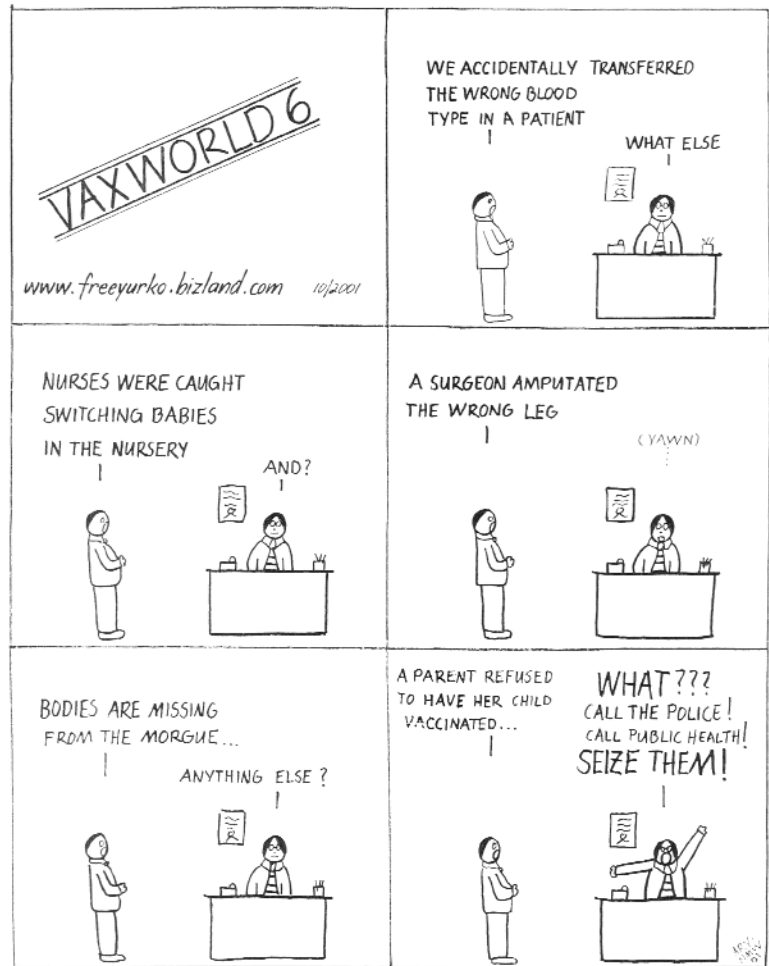
We are grateful to all of you committed to staying informed on these issues by being on this mail list. NVIC, PROVE, and other groups around the county will continue to do what we can to research and provide reliable trustworthy information on these topics. We firmly believe that giving up our liberty for a sense of security will most likely leave us with neither.

Sincerely,
Dawn Richardson
PROVE(Parents Requesting Open
Vaccine Education)
<http://vaccineinfo.net>

What we don't learn from history, we are doomed to repeat !

Until British citizens revolted against enforced vaccination, small-pox epidemics continued to ravage the population. "By 1907, the Vaccination Acts of England were repealed, with the help of some of the world's preeminent scientists who had turned staunchly against vaccination: Alfred Russel Wallace (one of the founders of modern evolutionary biology and zoogeography, and co-discoverer with Charles Darwin of the Theory of Natural selection), Charles Creighton (Britain's most learned epidemiologist and medical historian), William Farr (epidemiologist and medical statistician, first to describe how seasonal epidemics rise and fall-

known today as Farr's Law"), and the renowned Dr. Edgar M. Crookshank, Professor of Bacteriology and Comparative Pathology in King's College, London, and author of the scathing scientific critique of vaccination, The History and Pathology of Vaccination (1889). But before the law was amended in 1898 to include a conscientious exemption clause, an average of 2,000 parents per year were jailed and prosecuted-some repeatedly-for resisting vaccination. Large numbers went to prison in default of paying fines. Hundreds had their homes and possessions seized." (Source: Gary Krasner press release Oct. 22/01)



LETTERS

Nicholas' Story

Director of Regional Health Units,
Fort Saskatchewan, Alberta
October 30, 2001

Dear Sir,

Our son, Nicholas, a healthy child, was born on December 1, 1999, and was developing normally (he loved to laugh and play games with his sister and bounce in his jolly jumper) until he received his fourth month immunization on April 12, 2000. Three weeks after his vaccination, he presented the following symptoms: inability to hold his head upright for extended periods; involuntary eye rolling. As a result we took Nicholas to the Fort Saskatchewan medical center to have these symptoms diagnosed. Although the attending physician concluded there was nothing wrong with our son, the symptoms persisted. Consequently, we visited several other hospitals which included the Roll Alex and the University of Alberta over the next few days but each attending physician maintained there was nothing wrong with our son. Only after repeated trips to the hospital was our son finally admitted for tests and observation (on May 17, 2000), by an attending physician at the University hospital.

After subjecting Nicholas to a battery of tests, his symptoms were attributed to a severe seizure disorder called infantile spasms (west syndrome). The attending physician prescribe Vigabatrin for Nicholas's condition. Our son was now experiencing up to three brief (less than five minutes) seizures per day, but continued to develop normally. This changed dramatically, however, when Nicholas received his 6 month inoculation.

Only four days after receiving his six month inoculation, Nicholas seizures transformed into episode of up to ten

per day, some lasting up to 45 minutes and comprising up to forty-five seizures. Even after repeated increases in Nicholas's medication, Nicholas enjoyed no relief. We became greatly concerned about our son's health at this point he was taking up to 1750 mg of vigabatrin per day. Since the medication was having no affect, we decided, after consulting with a pediatrician we decided to put Nicholas on the ketogenic diet and take him completely off his medication.

Nicholas's condition improved slightly as soon as we stopped administering his medication, and his condition improved dramatically after being on the diet for only seven days he became seizure free for almost 2 weeks. the seizures did return but not as severe nor as protracted. Nicholas's doctor prescribed lamictal to treat these remaining seizures. Nicholas continues to experience seizures and we have been informed that they will increase in duration and intensity as Nicholas ages. Nicholas, who will be twenty four months in December, 2001, has been severely impacted by these seizures: he presently functions at the level of a six month child.

I recognize that there is no way we can conclusively prove his four month inoculation caused his seizures, even though the circumstantial evidence appears overwhelming. I would, however, like to know why one of your nurses, in spite of the symptoms Nicholas's exhibited after his four month inoculation, insisted on administering the six month inoculation, even after I explicitly informed her of the symptoms/treatment Nicholas's was experiencing/undergoing. The nurse, moreover, failed to warn me of the possibly that the inoculation could in anyway worsen my sons condition. It is reprehensible to administer an inoculation based simply on the child's age when the child in question has a neurological disorder and the inoculation in question may, in anyway,

impact that condition.

It now seems my once healthy son will suffer for the rest of his life because I was not given the information to make a informed choice as to whether my son, already severely affected by his four month inoculation, should receive his scheduled six month inoculation. Surely ensuring a child's well-being is more important than conforming to a bureaucratic schedule?

Parents need to be informed about the potential effects of the inoculations, no matter how remote. I find it incomprehensible that my son was subjected to an additional inoculation when there was the remotest possibility that an earlier inoculation precipitated his seizures. There is a growing body of evidence that links symptoms such as those exhibited by my son to the inoculations. It is imperative that parents be informed of the risks before they subject their children to further inoculations of any sort. Knowing what I know now, I will not subject my children to further inoculations of any sort. In my experience, the risks associated with inoculation far outweigh any potential benefits.

After contacting the pharmaceutical company that manufactured the vaccine my son was given, I learned that they have no conclusive evidence to support their contention that this vaccine was safe for kids like Nicholas. Why must the burden of proof be on parents to prove a vaccine is unsafe rather than on the pharmaceutical companies to prove it is safe. I would appreciate knowing if any other children within your designated area of practice have been affected by this same vaccine that was given to my son. I would be particularly interested in cases where the vaccine in question was from lot numbers: p1329(administered Feb 02/00;c0301(administered April 12/00); and c0431 (administered June 07/00).

I would appreciate your prompt

Letters cont. on page 19

Letters cont. from page 18

consideration of my concerns and attention to my request for information.

Sincerely,
Katherine Pasay
Concerned mother

Against All Odds – The Yurko Project

Four years ago I believed that childhood vaccinations were the greatest miracle of medicine, and necessary to protect our child's health. This belief and many others flew out the window when, in late 1997 my newborn baby was killed by his routine vaccinations and other iatrogenic (doctor/drug caused) complications. Because we were blinded by the party line vaccine and medical myths, we had no idea the vaccines triggered his death.

A chain of events ensued which saw my husband Alan blamed, charged with and convicted of our baby's death by "Shaken Baby Syndrome" and sent to prison for life. Our daughter was taken by the State and molested in their care. We lost all faith in "the system" and realized there were basically two choices – quit trusting the system or accept the hand dealt to us. The latter has never been considered. We started our own research. We educated ourselves. We wrote and called thousands of scientists, lawyers and experts. People agreed to review our records and transcripts, and one by one, the opinion that my son's true cause of death was triggered by vaccinations rang clear. Today over 100 doctors, scientists, experts and 70 + organizations on three continents stand behind our plea for justice.

Plea For Justice Redefined

Admittedly, we started our quest with the goals of proving my husbands innocence and restoring our family. Today, in light of what we've learned,

this seems narrowly selfish to us. We have found out that ours in not the only family victimized and wrongly accused. We have discovered that there are thousands of cases of vaccine and iatrogenic damage mistaken as child abuse around the world. Early last year (2000), other families in a similar plight started contacting us. We continue to offer our experience, contacts, research, time and whatever we can do to help. We've helped over 30 families to date – some with great significance. It was in this that our plea for justice was redefined. We started The Yurko Project.

The Yurko Project's main goals are health freedom, justice, action and choice. Yes we still aim to restore our family and free my husband, but speaking out and raising awareness is paramount. It has changed our lives.

Momentum is gaining, and it is apparent that the vaxscene and health freedom movements are reaching a critical mass. Injustices are being exposed, awareness is being raised and many feel the momentum is nearing an apex. Mainstream media is publishing more news about vaccine risk injuries and iatrogenesis. Our case has been featured in over 40 medical and health journals with more publications on the horizon.

We are planning to file my husband's appeal by March 2002. We have found an appellate attorney who works exclusively with post-convictions cases and is accepting payments on an installment basis. We are focusing on raising the necessary funds. Unfortunately, access to justice comes at a phenomenal cost.

Along with the appeal will be a brief known as Amicus Curiae which means "Friends of the Court". This brief is something like a petition - its purpose is to educate the court about the myths in medicine surrounding cases like ours and will be signed by many dozens of doctors and scientific experts from all over the world. Our prayer is that our

appeal will be won and my husband's innocence proven, and that our victory can serve as a springboard to justice for the many other families who share our plight.

I have been blessed a million times over as I've met and become close to some of the most dedicated people in the movement all over the world. We consider these people to be our family. The outpouring of support over the years, in the face of great adversity brings tears of gratitude. The Yurko Project was inspired by that love. We intend to give that love back to any and all in need !

Thank you for your concern,
Fran Yurko

The Chiropractors Hero Fund was set up by the International Chiropractors Association Council on Pediatrics to help our family and others like us and is accepting donations on our behalf. EVERY LITTLE BIT COUNTS!

Please contact:

Chiropractors Hero Fund
c/o Warren Bruhl, DC, DICCP
630 Vernon Avenue, Suites F&H
Glencoe, Illinois 60022 USA
tel (847) 835 4700

Mrs. Francine Yurko
c/o The Yurko Project
P.O. Box 585965
Orlando, Florida 32858-5965
<http://www.freeyurko.bizland.com>

Subject: Letter to the President on smallpox and other vaccines

November 12, 2001
Dear President Bush:

I read the following in the NY Times on Friday, November 9, 2001 regarding universal vaccination of the American people for smallpox: "But Mr. Bush said he was hesitant to back

Letters cont. on page 20

Letters cont. from page 19

universal vaccination of the American public because of the likelihood that a small percentage of those receiving the vaccination would die. 'I would be deeply concerned about a vaccination program that would cause people to lose their life,' he said."

I'm very concerned about the vaccines that are already out there and that there are safety concerns about them and the fact that a smallpox vaccine would be introduced, would not be in the best interests of the citizens of our country. There has been considerable controversy about the anthrax vaccine that has caused Gulf War syndrome and basically has undermined our military. When I was in the U.S. Navy from 1966-68, there were not nearly as many vaccines as there are now. The manufacturer of the anthrax vaccine has been cited for various violations and there have been numerous deaths and disorders attributed to the anthrax vaccine by military personnel and their families. Major Sonnie Bates, head of our Delaware chapter of the Autism Autoimmunity Project, was forced to resign from the Air Force because he refused to get the anthrax vaccine. He was concerned after hearing reports from other personnel on his base were coming down with debilitating side effects after taking the vaccine. Also, he was concerned after his son, who was normal and healthy, had multiple vaccines and regressed into autism.

Unfortunately, Major Bates is not the only parent who has seen their normal child regress into autism after getting a vaccine. I have been in contact with more than 400 families across the U.S. who have seen the same thing happen to their child. Our son, Eric, received the MMR vaccine in April 1986 when he was 15 months old. Eric was born normal and healthy. In early 1989, he was diagnosed as autistic. In 1995, we found out that Eric had elevated measles titers/anti-

bodies ten times higher than normal, T-cell abnormalities and tested positive for myelin basic protein antibodies. We have tried all kinds of treatments including the intravenous gamma globulin but while he has improved, he still has speech and social problems. God made a perfect baby boy and man with his defective product, the vaccine, destroyed Eric and gave him his permanent disability.

Autism is in epidemic proportions across the U.S. and in other countries where vaccines are used in abundance. I started the Autism Autoimmunity Project to define, prevent and treat the immune problems of autism in 1998. To date, the NIH, CDC and FDA do not recognize that autism is an immune/gastrointestinal disorder and do not recognize that vaccines can cause autism. Parents and independent researchers do see a connection and they want the research that will make their children improve. Unfortunately, the same Federal health agencies that are supposed to look out for our children, stand in the way of science that could prevent and treat autism.

When I was a teen in the 1950's I never met a child or an adult with autism. Now, I meet new children every week that have autism. Herbert Hoover said that our children are our nation's most important asset. Why then are vaccine companies using our children as guinea pigs for their safety studies? I believe in free enterprise and profit-making, that is what makes our country great, but should money and profits come before safety when it is our children?

In a letter to the medical journal, the Lancet, July 8, 2000, in the Correspondence section titled The MMR Question I mentioned about how Dr. Jacqueline Bertrand of the CDC addressed the incidence of autism in Brick, NJ. I asked her if any of the children were not vaccinated in Brick, NJ. She said No, it was a highly vaccinated population. I then asked

her if the CDC planned on doing any immune blood panel tests on the children. Again, she said No. Yet, the CDC announced in the newspapers that there was no connection to autism and the MMR vaccine or any other vaccine. Where was their science?

Recently, in April of this year Dr. Andrew Wakefield appeared before the IOM (Institute of Medicine) regarding autism and the MMR vaccine. When Congressman Dan Burton asked for tapes on the session, he got blank tapes from the IOM. What is the IOM trying to hide? Why the obfuscation of the truth and the fear of science? Why are there people in government health agencies who make decisions on vaccines, also connected financially to the vaccine manufacturers? When it comes to vaccine safety by the vaccine manufacturers, our children, our young people in the military are the victims.

Please don't allow the attack on our country by terrorist thugs to allow the vaccine companies to make more vaccines that can disable and kill, when we already have a program in place that is doing that. Safety and science needs to be the number one priority or the human and financial costs will be horrendous.

Sincerely,
Raymond Gallup, President
Autism Autoimmunity Project
45 Iroquois Avenue
Lake Hiawatha, NJ 07034
Tel (973) 299-9162
truegrit@gti.net

Letters cont. on page 21

Medical Officer of Health Gives False Statistics

Dr. Paul Mariquet, MD
Medical Officer of Health,
Coast Garibaldi Health Services
Society,
British Columbia

Dr. Martiquet,

I have your *Coast Reporter* Sept 30, 2001 "Healthy Choices" column in front of me. The emphasized quote under the headline "Get a vaccine, not the flu.!" states "6000 people died because of the flu in Canada last year," In the body of this article you state "...6000 died as a result of the flu or its complications." and "In British Columbia, 1,400 people die each year from the flu and from a complication of pneumonia."

I have just received influenza stats from the BC Ministry of Health Department of Vital Statistics. Their records show that in 2000, 80 people died as a direct result of influenza and 13 died as an indirect result giving the grand total of 93. And according to information received from them, some of this total would have been confirmed through tests but this would not have been the general case.

According to Health Canada information on the internet, the number of

deaths due to influenza or its complications in Canada during the flu season each year is estimated to be 500 to 1,500. According to the Respiratory Viruses Section of the National Microbiology Lab, for the 1999 to 2000 season (4 Sept 1999 to 31 Aug 2000) a total of 5907 influenza cases (not deaths) were confirmed.

In October in a telephone conversation with a PHN named Leah, she told me that 30 to 50 children 0 to 11 years old die each year in BC from hep B. According to BC Vital Statistics, 0 (zero) children 0 to 14 years old died last year or during the last 10 years from hep B or its complications.

I would like to see a retraction of your false statistics published in "Healthy Choices" in the *Coast Reporter* Nov 18, 2001 edition, as well as in all other newspapers and websites where the above article was published. It should be printed in a similar manner to, and as clearly visible as the original statistics. In addition, if these statistics have been given to the public in any other way, I would like them retracted. If you fail to do these things I will feel compelled to go public with this issue myself.

Susan Fletcher
Sechelt, BC
Vaccination Risk Awareness Network
Inc.

ALTERNATIVES AND ANTIDOTES TO INFECTIOUS DISEASES

"A man's mind stretched to a new idea never goes back to its original dimensions."

Oliver Wendell Holmes

A pressing question that has arisen out of the recent "terrorist" assaults with weaponized inhalation anthrax, and speculation that smallpox as a candidate disease in a biowarfare attack would pose an even greater threat, is whether alternative or complementary medicine has any viable preventatives or antidotes. Both the anthrax and smallpox vaccines have a very scary track record of adverse reactions, as does the antibiotic, ciprofloxacin. Are there other options? What other prevention and treatment methods can we explore to strengthen the immune system and counteract infectious diseases?

The healing modalities that seem to be in the forefront are essential oils, vitamin C therapy, herbal/plant extracts, methods of strengthening the immune system, homeopathy, colloidal silver, electrical frequency generating devices, Miracle 2 Soap, and new nano-emulsifiers that have the ability to decontaminate and neutralize deadly disease entities and toxic chemical agents. The following excerpts and articles are a collage - an attempt to offer a sampling of some of the information that is available, and includes as well, sources on the internet for more extensive study and places to gather resources and products.

Essential Oils

Since biblical times, the health enhancing and healing properties of essential oils have been recognized. Dr. Gary Young, Naturopath and leading

Alternatives cont. on page 22

researcher in the field of essential oil therapies is also the founder and director of Young Living Essential Oils. Dedicated to growing, distilling, manufacturing, and marketing the highest-quality organic essential oils and oil-enhanced products in the world, he describes essential oils as "subtle, therapeutic-grade oils distilled from plants, shrubs, flowers, trees, roots, bushes and seeds that are oxygenating and help transport nutrients to the cells of our body. Clinical research shows that essential oils have the highest frequency of any natural substance known to man, creating an environment in which disease, bacteria, virus, fungus, etc., cannot live." (1)

Dr. Paul Valnet, MD was the first medical doctor to research and to write about the medical application of essential oils in modern times. Valnet and his colleagues discovered that essential oils contain antiviral, antibacterial, antifungal and antiseptic properties as well as being powerful oxygenators with the ability to act as carrying agents in the delivery of nutrients into the cells. They found in laboratory experiments that the essential oil from thyme literally destroys the anthrax bacillus, the typhoid bacillus, the glanders bacillus, staphylococcus, the diphtheria bacillus, the diphtheria bacillus, meningococcus, and Koch's bacillus, which is the bacteria responsible for tuberculous lesions.

Essential oils can be diffused in the home and have the ability to increase the atmospheric oxygen, as they release oxygenating molecules into the atmosphere. They also increase ozone and negative ions in the home, which inhibit bacteria growth. When applied to the body by rubbing on the feet, essential oils will travel throughout the body in 20 minutes. Essential oils play a major role in their effect on blood circulation, not only in the delivery of oxygen and nutrients to the tissues but also in assisting in the disposal of toxic

waste from the tissues. In 1985, Dr. Jean C. Lapraz said he couldn't find bacteria or viruses that could live in the presence of essential oils of cinnamon or oregano - and found many other oils displaying the same qualities. (1)

Dr. Valnet wrote that "The essence of lemon is second to none in its antiseptic and bactericidal properties. The works of Morel and Rochaiz have demonstrated that the vapors of lemon essence alone will neutralize the meningococcus in 15 minutes, the typhus bacillus in less than an hour, pneumococcus in one to three hours, staphylococcus in two hours and hemolytic streptococcus in three to 12 hours. Applied directly, the essential oil itself neutralizes the typhus bacillus and staphylococcus in only five minutes and the diphtheria bacillus in just 20 minutes." (2)

"This is how I am currently using thyme, oregano, and lemon", says Toni VanGils director of the Aromatherapy Education Institute. "I use the essential oils of thyme serpolet, oregano, and lemon in a preventative way I am on the following regimen to keep my immune system strong. Two weeks on thyme and two weeks on oregano. I dilute the essential oils in olive oil, or some other pure vegetable oil on a 1-4 ratio combination. I then put four drops of the oil mixture in a gel capsule and take a capsule three times a day. By doing this, my body does not become toxic with one essential oil. I use lemon in my diffuser each day, as well as other essential oil blends that contain cinnamon and clove, which are also useful with these conditions."

"It is much easier to prevent than to cure, and I think we would be wise to consider this. If our immune systems are strong, we will be better able to 'throw off' bacteria and viruses if they float our way." (2)

The following blends of oils produced by Young Living are recommended for their antiseptic/antibiotic properties:

Thieves - oils used historically in the 15th century to avoid the plague. Laboratory studies found this blend killed 99.96 % of airborne bacteria such as anthrax. How to use: Diffuse for short periods of time (1/2 hour or less) or apply to the bottom of the feet or dilute with V-6 Mixing Oil or Massage Oil Base for a stimulating massage under the arms and on the chest at the base of the neck.

Ingredients: clove, lemon, cinnamon, eucalyptus radiata, and rosemary.

R.C. - was formulated to help give relief to respiratory infections. Great for coughs, sore throats, sinusitis and allergy symptoms. This might be successfully used against upper respiratory Mycoplasma infections that are widely affecting Americans at this time, as well as possibly anthrax that commonly results in pneumonia. How to use: Diffuse in living areas and workplace. Use in a humidifier. Apply on chest, neck, ears, and bottom of feet. Use with a compress on chest and back. Ingredients: Eucalyptus globules, E. radiata, E. australian, E. citriodora, myrtle, marjoram, pine, cypress, lavender, spruce, and peppermint.

Melrose - provides antiseptic properties to prevent diseases associated with bacterial and fungal infections. This may also be helpful against the "flu-like" illness associated with Mycoplasma. How to use: Diffuse or apply topically on cuts, scrapes, burns, rashes, and infections. Ingredients: melaleuca, naouli, rosemary, and clove.

In an article entitled "Essential Oils for Biological Warfare Preparedness", authors Dr. Len Horowitz and Dr. Sabina Devita offer a detailed discussion of the use of essential oils to maintain health and prevent infectious diseases. In a wholehearted endorse-

ment of Young Living Essential Oils, they review the history and application of these miraculous plant derived substances. "Thyme thymol (*Thymus vulgaris* CT thymol) and Melissa - For Anthrax infection- Fill an empty capsule with about 12 or more drops of Thyme and 1 drop of Melissa. Take 3 caps a day for 10 days, rest 48 hours then start up again. Also rub these oils mixed with Massage Oil Base or V-6 Mixing Oil all over the body." (3)

"Mountain Savory and Oregano - are powerful anti-microbial oils, particularly against viruses. These oils are akin to natural antibiotics. How to use: Diffuse or apply topically mixed with V-6 Mixing Oil or Massage Oil Base. Melissa - is a powerful anti-microbial oil, particularly against viruses. This has powerful calming, relaxing, and antiviral properties. How to use: One drop under the tongue, or in water or juice, may suffice as treatment for viral infections. Rub two drops of Melissa into your hands and then run your hands through your hair as a preventive and sedative. Dr. Cates, leading researcher at Brigham Young University, found that Turkish Oregano and Melissa to be much better than many antibiotics." (3)

Taking Care of Yourself-Boosting Immunity, Dr. Len Horowitz's interactive audio and guidebook package offers common sense recommendations for a healthful daily routine, and "provides easy to follow instructions to succeed in your quest for powerful immunity agents, common illnesses and the coming plagues." For more details, please refer to Dr. Horowitz's website in the references listed below. (3)

Dr. Gary Young concludes that, "There is no doubt that essential oils were ordained as the medicine for mankind and will be held as the medicine of the future: the missing link of

modern medicine, where allopathic and holistic medicine join together to leap into the 21st century. When we recognize the incredible attributes of essential oils with their high antioxidant, antiviral, antibacterial and anti-infectious properties, high antimicrobial activity and immune-stimulating power, one would almost have to conclude that essential oils are truly God's greatest gifts to mankind." (1)

Vitamin C

For decades vitamin C has proven to be a potent and reliable antimicrobial and antiviral agent. Volumes of information are available attesting to the effectiveness of ascorbates in treating infectious diseases, chemical toxicity and maintaining a strong immune response. Unlike most mammals on earth, humans cannot generate their own stores of vitamin C, but must rely on food derived sources.

Dr. Robert Cathcart, MD, creator of the orthomed website has compiled a vast resource library of materials on the use of vitamin C/ascorbates. Included on his website is the remarkable work of Dr. Frederick Klenner who cured many cases of polio in the 1940's and 50's with high doses of intravenous vitamin C. Dr. Cathcart feels a tremendous urgency to get the word out that vitamin C should be a critical component of prevention and treatment. "We undoubtedly can ameliorate anthrax and can probably cure most cases of inhalation anthrax with massive doses of ascorbate and the appropriate antibiotics. We also block most of the allergic reactions to such drugs as Cipro. So far I get no responses from anyone (government/public health agencies). How many deaths do there have to be before they will listen? If other agents such as smallpox, Ebola, Lassa fever, Marburg virus, etc. are used, the morbidity and mortality would be decreased by the proper use of massive

doses of ascorbate."

When dealing with acute life-threatening diseases or toxicity, Dr. Cathcart and many others have experienced remarkable success using high doses of vitamin C given intravenously which enables the body to absorb and utilize much higher doses than if given orally. "What has not been realized is that the human body is very tolerant to massive amounts of ascorbate that carry massive amounts of electrons. When you provide enough electrons, you will neutralize the free radicals generated by infectious diseases.....which are the source of injuries caused by all infectious diseases."

The following quotes are some key points from Dr. Cathcart's webpage:

- "The more serious the disease is, the more free radicals are produced and therefore the more ascorbate is destroyed. This results in acute induced scurvy. Moderate doses of ascorbate may, depending upon how toxic the disease is, prevent the spread of this acute induced scurvy."

- "The necessary amount of ascorbate will be that which can drive the electrons into the tissues primarily involved in the disease and neutralize all the free radicals. Doses of ascorbate less than that necessary to drive the electrons into the tissues primarily involved in the disease will not cure or ameliorate the disease."

- "To neutralize all the free radicals in the primary sites of infectious diseases, it takes more massive doses of ascorbate."

- "In case that a patient is sick enough to be hospitalized with an infection or fever of unknown origin, intravenous sodium ascorbate should be given until the fever goes away. Even if the infection is not anthrax, elimination of the free radicals will ameliorate any disease and reduce

problems caused by necessary antibiotics. If it is anthrax, smallpox, Ebola, etc., a useful treatment will have already been initiated.”

- “I would guess that with inhalation anthrax that intravenous sodium ascorbate should be used in doses beginning with at least 180 grams per 24 hours in addition to the Cipro. If the fever is not controlled or the symptoms are not reduced, the dosage and the rate of administration should be increased until they are controlled. The doses of 180 grams per 24 hours would be administered in 3 bottles of lactated Ringer's, D5W. or 1/2NS with 60 grams of sodium ascorbate added per 8 hours. Do not be afraid of increasing the rate of administration. When I give one to two of these bottles in the office I have them run in 2 to 3 hours each. When I mention a rate that is administered in 24 hours, I mean just that, the rate. If the fever does not abate in the first 3 or 4 hours, the rate should be increased to whatever necessary to break the fever.”

- “For cutaneous anthrax the doses will be less because it is not so toxic as the inhalation form. In patients who have good bowel tolerance, bowel tolerance doses of ascorbic acid orally along with Cipro will hasten healing and prevent many problems with Cipro. When the inhalation form of the disease has remitted to the point where intravenous sodium ascorbate is no longer necessary, bowel tolerance doses should be given orally until there is complete recovery.”

- “When these massive doses of ascorbate are used, allergic reactions to antibiotics such as Cipro is markedly diminished if not eliminated because of the elimination of the free radicals that turn on these adverse reactions.” For in depth details on the therapeutic use of vitamin C, please visit Dr. Cathcart's website. (4)

Many naturopathic doctors and practitioners of complimentary medicine are equipped to provide patients with intravenous vitamin C treatments. Please consult with a qualified practitioner in your area or contact the Canadian Complimentary Medical Association for a listing of practitioners at: www.ccmadoctors.ca

Olive Leaf Extract – Natural Antibiotic

Kimberly Pryor's well researched article published in the November, 2001 issue of *Vitamin Research News* highlights exciting new discoveries about the antipathogenic properties of olive leaf extract. “The antibacterial, antiviral component derived from olive leaves is called *oleuropein*. In the late 1960s, researchers at the Upjohn Company discovered an antimicrobial fraction of oleuropein called *calcium elenolate*. This substance was lethal to every virus the researchers tested it against (using both in vitro and in vivo studies). Studies demonstrated that the components of olive leaf extract are also toxic to a wide range of bacteria, protozoa, yeasts, parasites and fungi.”

Citing numerous studies that explore the antibiotic properties of olive leaf extract, Pryor refers to Dr. Morton Walker's book, *“Nature's Antibiotic: Olive Leaf Extract”*. Of particular interest, Dr. Walker noted that this natural substance is toxic to bacteria-caused diseases like anthrax and botulism. According to Dr. Morton Walker, olive leaf extract also inactivates smallpox, Ebola, plague, Epstein-Barr virus and hepatitis.

Researchers also determined that olive leaf extract inhibited at least 56 disease-causing bacteria, viruses and protozoa, including the malaria-causing *Plasmodium falciparum*. They also found it was effective against Vaccinia, a contagious viral disease of cattle, produced in humans by inoculation with cowpox virus to confer immunity against smallpox. Components in olive

leaf extract also have inhibited the growth of *E. Coli* and *Bacillus subtilis*, as well as *Staphylococcus aureus* which is notorious for its ability to mutate against antibiotics. Few antibiotics remain effective against this life-threatening micro-organism.

“Olive leaf extract's safety and efficacy has been demonstrated in animal experiments and by the hundreds of clinicians around the country who have used olive leaf extract to treat their patients with remarkable results.”

“Traditional antibiotics such as doxycycline or ciprofloxacin are the first line of defense in case of an Anthrax attack. But natural antibacterial substances like olive leaf extract could serve as a back-up in the event terrorists bioengineer Anthrax organisms to resist antibiotics or in case antibiotic supplies are exhausted during an epidemic. In addition, once Anthrax symptoms arise, antibiotics may prove ineffective. Olive leaf extract is a safe antimicrobial substance suitable and safe for preventive and daily consumption. As an antiviral, it may also protect against terrorist-triggered outbreaks of viral diseases such as smallpox.”

“Finally, it should be emphasized that the components of olive leaf extract inactivated every cold and flu virus they were tested against, indicating Olive Leaf should occupy an important place in the medicine cabinet.” (5)

More suggestions from Vitamin Research News

Dr. Ward Dean MD, writes that microbiologist Larry Harris has tested MSP 400 (Mild Silver Protein) against anthrax in vitro (i.e., in a culture). ‘Mr. Harris found that MSP 400 was lethal against anthrax, confirming older research. He estimated that 5 cc (one teaspoonful) daily should be the “bare-bones minimum” dosage. He estimated that a more effective dose would be in the range of 1 cc per 5 pounds body

Alternatives cont. on page 25

weight. For a 150 pound person, that would be two tablespoonfuls each day (30 cc)."

"According to Mr. Harris, MSP 400 could also be used as an aerosol mist. He recommends a 30% concentration of silver be delivered as an aerosol in case of upper respiratory infections. Obviously, that's cost-prohibitive in a cool mist vaporizer, but would work in a nebulizer, as is used to deliver breathing treatments to asthmatics. Alternatively, a room humidifier could be used with a towel over ones head to limit the spread of the aerosolized silver." Dr. Dean also suggests using a cool-mist vaporizer (one bottle of hydrogen peroxide (H2O2) and two bottle of water, giving a 1% H2O2 aerosol mist) as a treatment for viral and bacterial infections.

Vitamin Research News also discussed the use of an extract from a moss, *Lechenya meera*, used in Russia to decontaminate facilities that were known or suspected to be contaminated with anthrax spores. *Lechenya meera* has been used traditionally in Russia as an anti-infective. Recommended use is "a 30% concentration of *Lechenya meera* in a cool-mist humidifier to decontaminate the interior of houses and for the prevention and treatment of upper respiratory infections, including pulmonary anthrax." And in case of widespread dissemination of a biological agent, microbiologist Larry Harris recommends "obtaining a pump sprayer, and filling it with two ounces of *Lechenya meera* per gallon of water. Prior to entering homes, those who are or may have been exposed to a biological agent should "take a shower" in this solution — clothes and all. Clothing should be thoroughly soaked in the solution, and the solution should then be applied to the entire body." (6)

Colloidal Silver

According to Mark Metcalf's book "*Colloidal Silver*", silver has been used for thousands of years as a powerful, natural prophylactic/antibiotic. "One of the properties of silver is that it kills bacteria on contact in six minutes or less." Drawing on the work of numerous researchers like Dr. Robert O Becker, author of "The Body Electric", we learn that silver deficiency is responsible for the improper functioning of the immune system, and that "silver works on the full spectrum of pathogens without any side effects or damage to the body. All strains of pathogens resistant to other antibiotics are killed by silver." Yet it does not promote the development of resistant strains of organisms. Silver also stimulates the repair of injured tissues, and is widely used in the healing of burn patients.

"Colloidal silver is the result of an electromagnetic process that pulls microscopic particles from a larger piece of silver into a liquid, such as water. Colloidal silver works as a catalyst, disabling the enzyme that all one-celled bacteria, fungi and viruses use for their oxygen metabolism. Because no known disease-causing organism can live in the presence of even trace amounts of the chemical element metallic silver, colloidal silver is effective against more than 650 different disease-causing organisms."

Metcalf believes that it is "highly unlikely that even germ warfare agents could survive an encounter with colloidal silver, since viruses Like Ebola and Hanta, or even the dreaded "flesh-eating bacteria" are, in the end, merely hapless viruses and bacteria". And referring to the work of a Texas microbiologist who experimented with a 'kissing cousin' bacteria of anthrax, found that the bacteria was completely eliminated when placed in a petri dish with a few drops of 10ppm colloidal silver.

Metcalf's book is a fascinating and

easy read, and an inspiration to anyone wishing to broaden their scope of alternative remedies. The book draws on the long history of the use of silver as an effective anti-microbial, highlights the scores of healing successes of numerous doctors and researchers, as well as personal testimonials. And most empowering are the chapters on how to make colloidal silver, how to use it, and clear instructions for constructing a colloidal silver generator. The simple, inexpensive parts are readily available at any hardware store, and can be assembled for under \$100. Metcalf believes that colloidal silver is "the safest and most powerful medicine on earth". His book is a sincere offering to help people reclaim their health creating power. (7)

Bill Sardi's Report

Health activist Bill Sardi has prepared a special report that identifies the many natural and alternative medicines available to us. He believes that everyone should have an emergency biological response kit in their homes. Says Sardi, "The threat of biological warfare is real and concern over preparedness of the civilian population and medical professionals is growing. There is virtually no practical way that vaccines, antibiotics or other treatment can be delivered to a frightened populace in a timely manner during a crisis. The current strategy of having an unprotected citizenry travel to physicians' offices or hospitals to receive prophylactic care or treatment is unfeasible. The public must be armed with preventive or therapeutic agents in their vehicles, homes and the workplace. Natural antibiotics and antitoxins are well documented in the medical literature, but overlooked by health authorities. These antidotes are readily available for the public to acquire and place in an emergency biological response kit."

Citing research published in numer-

ous scientific journals, Sardi offers antidotes to nerve gas agents, discusses chelating substances that disable bacteria, viruses and fungi from accessing iron on which they depend upon for growth, reviews the benefits of sulfur-bearing antioxidants (alpha lipoic acid, N-acetyl cysteine, taurine) and vitamin C, which elevate levels of glutathione, a natural antioxidant within the body that counters the toxicity produced by anthrax. The sulfur compounds can be obtained from health food stores and taken in doses ranging from 100-500 mg. And then there is garlic !!

"The Garlic Information Center in Britain indicates that deadly anthrax is most susceptible to garlic. Garlic is a broad-spectrum antibiotic that even blocks toxin production by germs. [Journal Nutrition, March 2001] Before vaccines were developed against polio, garlic was used successfully as a prophylactic. In one test garlic was found to be a more potent antibiotic than penicillin, ampicillin, doxycycline, streptomycin and cephalexin, some of the very same antibiotic drugs used in the treatment of anthrax. Garlic was found to be effective against nine strains of E. coli, Staph and other bugs. [Fitoterapia, Volume 5, 1984] Freshly cut cloves of garlic or garlic powder may be beneficial."

"The antibiotic activity of one milligram of allicin, the active ingredient in garlic, equals 15 units of penicillin. [Koch and Lawson, Garlic: The Science and Therapeutic Application, 2nd edition, Williams & Wilkins, Baltimore 1996] Garlic capsules that certify their allicin content are preferred and may provide 5-10 milligrams of allicin, which is equivalent to 75-150 units of penicillin."

"Other studies reveal that allicin from garlic is active against Clostridium botulinum (botulism) and Vaccinia (cowpox virus, similar to smallpox). Thus, allicin is a potential natural weapon against a wide array of

potential biological weapons. It would not require lengthy testing nor costs to confirm these reports." (8)

Miracle II Soap and Miracle II Neutralizer

Miracle II Soap and Miracle II Neutralizer are highly recommended by health activists Susan Cameron Block and Captain Joyce Riley as detoxifying substances with a broad spectrum of use in the household. The two ingredients are combined to create a complex mixture of natural minerals and organics and includes a substance called "Sandia Foam". "The foam is a combination of a mild nucleophile such as hydrogen peroxide carbonates commonly found in toothpaste, a positively charged non-toxic surfactant often found in hair conditioners, and hydrotropes found in detergents. Hydrotropes found in detergents solubilize and catalyze the neutralization or the agents. Using a simulant for the biological warfare agent anthrax, the foam achieved a 7-log kill; meaning only one anthrax spore per 10 million is alive after one hour."

According to the scientific description on the Miracle II website, the product "neutralizes the most potent nerve toxins and airborne pathogens known to man. The product acts to neutralize these agents and cleanse them from the skin like an antibacterial soap. But it is not soap." One of the product developers, Dr. Mark Tucker, explains that "the peroxide gel, an oxidizing agent in conjunction with the surfactant and hydrotrope, surrounds the organism or chemical agent, oxidizes it and will not allow it to interact with its environment, effectively neutralizing the toxic agent. The surfactant hydrotrope combination is apparently very effective in seeking out only toxins and gram-positive pathogens."

The product monograph seems to indicate that the Miracle II products are both for internal and external use, "capable of neutralizing toxins and

pathogens while facilitating elimination. We now have this product available - Miracle II Soaps and Neutralizer! These products have been on the market for the last 18 years, quietly used by thousands of people with virtually nothing but positive benefits to their health. Benefits that can only be attributed to the products used as directed. What we are witnessing is a totally new paradigm in health care and preventive maintenance. A paradigm that is both inexpensive and effective.....a product capable of sequestering toxins and pathogens in such a manner that they can be washed from the body internally as easily as they can be washed from the skin with soap" (9)

Miracle II suggested use for a POSSIBLE Anthrax decontaminant:

1 oz. of Miracle II Soap,
1 oz. of Miracle II Neutralizer,
mixed with 1 gallon of clean water.
"After mixing, spray or mist the items you wish to decontaminate. As a bonus, you may also bathe with this mixture." (9)

Nanotechnology

Nanoeumulsion technology is still under development and holds great promise as an antimicrobial substance applied to the mucosal membranes (via a nose spray) and remains active for a period of time measured in hours. During this period, spores, viruses or bacteria are inactivated as they come in contact with the emulsion on the mucosa of the mouth and the nose. The proteins of the inactivated microorganisms continue into mucosal dendritic cells and generate an immune response. This technology remains under development by Dr. James R. Baker, Jr. at the University of Michigan (UoM) Medical School, and is planned to be developed as a commercial technology.

"The goal of this research was to develop a means for the prevention of

infection with respiratory or mucosal infectious agents using a nanoemulsion. A side effect was that animals became immune to organisms to which they were exposed while wearing the nanoemulsion. This resulted in both mucosal and systemic immunity, with strong cellular responses that were effective in preventing infection on subsequent exposures. It appeared that the emulsion was disrupting the organism and causing fragments of the infectious agent to be taken up by dendritic cells. These cells are the most effective means for presenting antigens to the immune system, and are also effective in generating a system immune response.” (10)

The Wise Woman Herbal Tradition

Wise woman herbalist Susun Weed recommends strengthening the immune system with a good diet, adequate sleep, regular physical activity, emotional well-being and some favourite herbal allies. “Virtually all drugs depress the immune system. This includes caffeine and nicotine, alcohol, prescribed drugs, “recreational” drugs. With a strengthened immune system you will not only enjoy better health, but you will be less likely to be susceptible to infection and possible death from bacterial and/or viral invasions. Faith in your body’s ability to protect itself will continue to bolster and reinforce the immune system as your mental well-being improves.” The following is a sampling of some of the herbs Susun recommends – for a more complete list of herbal allies, please refer to her website.

“Medicinal mushrooms are not only immune system tonics, they possess antibacterial properties which make them ideal for preventing anthrax infection, according to expert Paul Stametes. A tincture or strong infusion of any shelf fungus with pores can be used, he says. If you prefer to buy your mushrooms, rather than hunt for

them, look for reishii (*Ganoderma lucidum*) or shiitake (*Lentinus edodes*). Both are adaptogenic, revitalizing, regenerative, and able to directly suppress infection. Side effects, even from large doses, are rare.”

“Yarrow (*Achillea millefolium*) has been scientifically shown to kill all gram positive and gram negative bacteria. A small spray bottle of the tincture of the flowering tops can be used to spray the inside of the nose, killing any bacteria lurking there. Spraying tincture in your nose does sting a little and makes the eyes water, but don't dilute it, the alcohol is antibacterial too.”

“Salt is lethal to bacteria. The simplest home remedy for those worried about exposure to anthrax is to rinse your nose with salt (any kind will do) mixed into water. Taste your mixture to be certain it is very salty. Getting this up your nose can be accomplished by putting your nose into the salt solution and snorting it in, or you may wish to buy a “neti pot,” a device from India used to rinse the nasal passages. Afterwards, blow your nose and spit out any residue that runs into the mouth.”

“Echinacea root is the all-American immune system strengthener. It triggers production of white blood cells, interferon, leukocytes, T-cells, and B-lymphocytes, as well as directly inhibiting the growth of most bacteria and viruses. Peter Holmes, author of *Energetics of Western Herbs*, cites it as being effective against anthrax. Echinacea tincture is my first choice for counteracting infection. (Capsules and pills of echinacea, if used for lengthy periods, may be counterproductive.) A dose of the tincture is one drop for every pound of body weight. I take this several times a week as a preventative, several times daily when there is active infection. If I were exposed to anthrax, I would take a dose every hour for at least ten days.”

“Usnea, a common lichen, is especially rich in a powerful antibacterial bitter called usnic acid (also usinic

acid). I use the tincture of *Usnea barbata* (a dose is 1-2 droppersful), but other lichens show similar immune-enhancing and tonifying properties. There are no side effects reported from use of even large amounts of usnea tincture.”

“Siberian ginseng (*Eleutherococcus*) is widely considered the single most effective immune tonic and adaptogen in the herbal realm. Safe and inexpensive, it helps the immune system respond quickly to infection and mitigates the effects of stress. *Astragalus* root is also an excellent ally for building powerful immunity. Both, or either, may be taken daily for extended periods with no ill effects. I throw several pieces of these roots in every pot of soup I cook. Tincture is less effective as a tonic; and I avoid capsules completely.”

Susun’s favorite foods for nourishing the immune system include beets, carrots, garlic, medicinal mushrooms, seaweeds, and dark leafy greens (including nettle infusion). “For rapid results, try miso soup with seaweed and wild mushrooms. Carotenes strengthen and activate all parts of the immune system, especially the thymus (the “master gland of immunity”). A half-cup of dandelion greens, two cups of nettle infusion, a small baked sweet potato, or two large cooked carrots or beets is a “dose;” but ten times that much can be consumed safely. Repeated doses provide a cumulative effect starting about a week after you begin.”

“Selenium is a trace mineral with special abilities for building a healthy immune system. Best sources are organic garlic, medicinal mushrooms, and astragalus. Zinc helps build energetic white blood cells (which eliminate bacterial infections). Best sources are echinacea, nettles, and seaweed. The B-vitamin complex, especially B6 (pyridoxine), is critical to immune system health. Best sources are potato skins, broccoli, prunes, and lentils.” (11)

Homeopathy

For over 200 years, Homeopathy has been one of the most elegant and effective healing systems to grace the planet. Discovered by Dr. Samuel Hahnemann in 1796, Homeopathy as a healing art has spread to all corners of the world. Under the guidance of a qualified, classically trained homeopathic practitioner, a vast range of diseases and disorders can be successfully treated, including health dysfunctions such as allergies, constitutional diseases, inherited diseases, emotional stress, suppressions due to drugs like vaccines. Historically, homeopathy was able to also treat epidemics of infectious diseases. Although the current colleges of homeopathy are treading very carefully around the question of the efficacy of homeopathic remedies in the treatment of anthrax and smallpox, certainly the historical records show that homeopathic physicians successfully treated and prevented diseases like influenza, diphtheria, measles, smallpox, scarlet fever and more.

Homeopathy is based on the Law of Similars, and can be described as a principle that states that any substance which can cause symptoms when given to healthy people can heal those who are experiencing similar symptoms. Hahnemann discovered that substances given in small doses stimulate the organism to heal that which they cause in overdose. The trained homeopath will find a remedy that will exactly match the presenting symptoms and enable the body to rally its innate healing power to overcome the disease and to complete the curative process.

Children especially respond well to homeopathy – a gentle medicine that can help with fevers, flus, tummy upsets, scrapes and bruises and a help resolve a broad scope of health challenges every family faces. Many excellent books are available that can serve as basic guides to homeopathy, and numerous websites will help to expand

your knowledge base. Two good basic books to start with are: *Everybody's Guide to Homeopathic Medicines* by Stephen Cummings and Dana Ullman, and *The Complete Homeopathy Handbook: A Guide to Everyday Health Care* by Miranda Castro. An excellent web link to homeopathic information is Sheri Nakken's webpage at:

<http://www.nccn.net/~wwwithin/homeo.htm> as is the National Center for Homeopathy at: <http://www.homeopathic.org/index.html>

The Healing Power of Meditation and Prayer

The levels of stress, fear and negative emotions we experience directly affect our immune system and overall health. Setting aside time every day to reflect in meditation and prayer with a focus on protection, peace and global healing is perhaps the most powerful instrument we have to beneficially alter our own vibratory frequency and that of the larger planetary consciousness. By practicing regular attunement with the powerful universal energies of compassion and love, we deepen and enhance the quality of our own lives and those whose lives we touch.

Electrical Frequency Generating Devices

The following perspective is offered by Eagle Foundation Directors, Dr. Gerry Bohemier and Rose Stevens

Having lost all respect for vaccinations, we have chosen to adopt and promote safer non invasive protocols and a more holistic approach to the prevention of infectious illnesses. Regrettably, the vast majority of our population, fueled by fear and feelings of helplessness will blindly welcome our government's and Health Department's latest vaccinations to 'protect' us from biological terrorism. This does not sit well with the increasing numbers of Canadians who recognize the absurdity of vaccinations as

being the only solution put forth by authorities for the prevention of infectious diseases.

At the Eagle Foundation, our research has led us to the discovery of promising alternatives. Electrical frequency generating devices with the potential of neutralizing harmful pathogenic microorganisms, are an interesting option within our grasp. As far back as the 1880's scientists had been obtaining patents world wide for their discoveries and devices which clearly showed their ability to neutralize and/or destroy organisms using certain electrical currents and generated frequencies.

Lamentably, as early as 1910, Rockefeller dominated medicine forbade accredited medical universities and researchers from using or investigating electro-medicine. Their propaganda machine was highly successful in dissuading scientists and the public from venturing into these areas. Today throughout the world, ordinary people and researchers are making important in-roads into producing and distributing numerous devices which clearly show benefit in assisting us in reducing biological loads in our bodies.

One such device is the Robert Beck Ph.D blood electrification unit. Based on the 1991 published research by Drs. Kalli and Lyman of the Albert Einstein College of Medicine, a small amount of micro current was capable of inactivating microorganisms such as parasites, bacteria, viruses, and fungal forms, even AIDS. These findings were confirmed by Dr. Beck., who for a number of years has been developing his protocol, using the verified research of the above named scientists.

The Beck Protocol includes a non invasive non pharmaceutical neutralization of pathogens circulating in the blood with the use of a gentle biphasic electrical stimulus applied at strategic pulse points on the human body resulting in electrical neutralization and

elimination of pathogens. This mild electrical current has been shown to be effective in neutralizing all forms of invading pathogens. Dr. Beck's protocol also calls for the use of a magnetic pulsing device which is a useful tool in neutralizing hibernating organisms that incubate in the lymphatic and vital organ tissues.

Dr. Beck also recommends the use of ionic colloidal silver which has been used for generations in preventing microbial loads from infecting the body. As well, he recommends drinking ozonated water. This is a highly oxygenated water that helps the body to eliminate toxins in the body.

To maintain the healthy homeostasis achieved after using blood electrification, it is our belief that one must also make critical lifestyle and dietary changes. After studying the work of Dr. Gunther Enderlein(4) and his concepts of pleomorphism, assisted by live blood cell analysis, we recognize that it is extremely important to maintain an optimal pH in the body.

One can have the so called "immortal blood" after blood electrification, however if one does not make the necessary changes in diet to maintain a neutral acid/base equilibrium, these pathogens and the disease process will return. Other methods of alternative medicine, such as chiropractic, homeopathy, naturopathy, massage therapy, herbs, vitamins can help assist our bodies to maintain a healthy immune system and a healthy body -one which is not vulnerable to parasites and/or pathogenic microbes. In essence, it is not microbes per se that cause disease, but the unhealthy terrain and diseased tissue that sustains and encourages their growth.

The Rife Technology

Reported by Dr. Bohemier & Rose Stevens

In the last decade another remarkable technology has been revived. In

1931 Rife had invented the world's most powerful microscope capable of viewing viruses, mycoplasma and bacteria of all kinds. He recognized that each organism fluoresced at a very specific light frequency. He then deduced that specific radio frequencies could destroy these very same organisms.

Rife was the first to suggest and prove that some cancers were caused by specific viruses and that frequencies could disable these viruses and allow the body to heal itself. With the aid of top cancer researchers he demonstrated his ability to cure 16 out of 16 terminally ill cancer patients with this technology. Remember he did not use radiation chemotherapy or surgery. This did not fit well with Rockefeller's institutionalized, pharmaceutical and medical orthodoxy. As such, the 'powers that be', disallowed any further experimentation with the Rife device. They literally destroyed his microscope, research and technology.

Today, thanks to Dr. James Bare D.C. of New Mexico, and Don Tunney from Rife Technology on Vancouver Island, Rife Devices have been revived and are presently showing remarkable ability in neutralizing pathogens and reducing microbial loads. This Canadian-made Rife/Bare unit has been designed using some of Rife's original research, salvaged from the fire that 'mysteriously' destroyed his lab. These devices deliver beneficial frequencies to their recipients via a photon emitting tube capable of transmitting up to 30 feet using its present power configurations.

These Rife/Bare and the Beck devices may be excellent alternative protocols to use in place of vaccines during biological threats. They may also be very useful for lowering the loads of mycoplasma, which, according to research from the Common Cause Medical Research Foundation, has been shown to be a common element of all neuro-systemic degenerative diseases such as CFS, multiple sclerosis,

lupus, gulf war illness, Alzheimer's, Parkinson's, endometriosis, etc. (10)

For more information on how you may benefit from these alternative healing modalities please contact us at the Eagle Foundation - www.eaglefoundation.net
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In Canada, Alive Magazine is a wonderful source of current information about health, healing, nutrition, supplements and publishes many articles on a wide diversity of health issues. Alive Magazine is a monthly publication and can be picked up for free at all health food stores across Canada.

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HEALTH ALERT - CIPRO

From: Parents of Flouride Poisoned Children

October 21, 2001

Two months ago we reported on the withdrawal of Bayer's BAYCOL (Cerivastatin), a fluorinated drug (statin class) which had caused death- and serious adverse health effects worldwide (1,2,3).

BAYCOL had been found to cause muscle destruction/wasting - a condition known as rhabdomyolysis - and displayed compounded toxicity when used with other drugs. It had been linked to at least 31 deaths.

We also showed how the adverse reactions documented with BAYCOL were largely identical to those of numerous other fluorinated drugs - all of which had been withdrawn from the market in recent years (3).

Anthrax and Cipro

As a result of the current Anthrax scare another fluorinated drug called CIPRO has received extensive media coverage and the name has become familiar to millions almost overnight. As soon as the first cases of anthrax resulting from suspicious mail became known, there were wide reports of a hectic run on this drug.

Mass hysteria seems present as governments, pharmacies and individuals everywhere are stockpiling this drug. Pharmacies are reporting record sales, and on-line prescription services and Internet sites are found selling the drug at more than \$7.00 per pill.

People everywhere, hyped into believing their flu-like symptoms are caused by anthrax exposure and misinformed by irresponsible media reports, are taking CIPRO, and worse yet - are giving it to their children.

What is Cipro?

CIPRO is ciprofloxacin, a fluorinat-

ed quinolone, belonging to a class of fluorinated antibiotics which also include enoxacin, fleroxacin, temafloxacin, grepafloxacin, norfloxacin, sparfloxacin, tosufloxacin, lomefloxacin, ofloxacin, etc..

Ciprofloxacin has been in use since 1987 for a variety of other indications and is the most-widely used fluoroquinolone in humans and animals worldwide (4).

In 2000 the FDA approved its use in treatment for inhalational anthrax under its "accelerated approval" regulations (5). It had actually taken the unusual step of urging Bayer - the sole manufacturer for all countries except India - to file for such approval, supposedly in order to protect the public from future terrorist attacks. The US Department of Defense had already ordered reserves of CIPRO during the 1991 Gulf War (6).

Adverse Effects

As mentioned in the info on BAYCOL, temafloxacin and grepafloxacin are two other fluoroquinolones now withdrawn from the market because they had caused severe liver and renal damage - and deaths, just like fluorinated drugs from other, different classifications (3). The same information also exists for CIPRO.

Fatal liver failure associated with ciprofloxacin was reported in the Lancet in 1994 (7, 8 -> 150 more related refs).

Ciprofloxacin has been implicated in several cases of acute renal failure and is the most established fluoroquinolone to cause such renal dysfunction (4, 9, 10, 11 -> 96 related refs).

Fluoride

The most common side-effects reported due to CIPRO (2-16%) are gastrointestinal in nature and equal those reported when children accidentally ingest "too much" fluoride from their toothpaste - such as nausea, diarrhea, vomiting, and abdominal pain. Why?

CIPRO cont. on page 31

Ciprofloxacin administration results in elevated serum fluoride levels (12). In a series of tests evaluating the safety of ciprofloxacin in children, serum fluoride levels increased after 12 hours in 79% of the children; on day 7 the 24-hour urinary fluoride excretion was higher in 88.9% of children observed (12).

Rhabdomyolysis

Just as in the case of Baycol and other fluorinated drugs, CIPRO can cause musculo-skeletal disorders such as rhabdomyolysis. Since the introduction of fluoroquinolones on the market in 1987 more than 200 cases of rhabdomyolysis, tendinitis, tendon rupture etc. have been reported in the literature (4,13,14,15).

In October 1994 the Japan Pharmaceutical Affairs Bureau was first to amend the product information for fluoroquinolones to state that rhabdomyolysis may occur (16).

In 1996 the FDA also issued directives to manufacturers to include warning statements on all fluoroquinolone product inserts to alert patients and caregivers to the potential for tendinitis and tendon rupture (17). Also in 1996 the Sri Lanka Drug Evaluation Sub-Committee decided that the product information of fluoroquinolone antibiotics should include a warning stating: "The onset of tendon pain calls for immediate withdrawal of fluoroquinolone antibiotics." (18)

Achilles tendon rupture was shown to occur even after withdrawal of the drug. Pathologically there was ultra-structure alteration in tendinocytes. Just as in other cases of fluoride poisoning, studies in animals show that magnesium deficiency aggravate the induced tendinopathy (14,19).

Drug Interactions/Death

Just as with BAYCOL, drug interactions with ciprofloxacin have resulted in fatal outcomes due to potentiation

of another drug's effects such as theophylline (4,20), methadone (21), or warfarin (22). Just like BAYCOL and other fluorinated drugs, ciprofloxacin is a potent inhibitor of the thyroid hormone-regulated P 450 enzyme system in the liver. Of all fluoroquinolones, ciprofloxacin and enoxacin have shown the greatest inhibitory capacity (4).

P450 IA2 prevents the metabolism/inactivation of methylxanthines, thereby causing increased serum concentrations of drugs like theophylline and caffeine, which in turn causes excess CNS and cardiac stimulation. As mentioned above, CIPRO also elevates serum fluoride levels.

The liver has been identified as a target organ of fluoroquinolone toxicity in animal studies (23). Already in the 1930s the same was shown by Bayer's scientists such as Litzka or Knoll's Kraft who found that ALL organic fluoride compounds tested (including those used for fluoroquinolone production) interfered with thyroid hormone activity in liver and muscle tissue. Meanwhile, they also showed "anti-bacterial" activity. This led to the development of many fluorinated medications, including the numerous compounds then used very successfully in the treatment of hyperthyroidism (24,25). Kraft invented many fluorinated "medications". When it was discovered that some of these organic compounds had the same detrimental effects on teeth and bone as inorganic fluoride - although much less actual F- was involved - he even filed patents on behalf of Knoll's using these compounds in dental preparations (26,27).

Pregnant women should never take ciprofloxacin. CIPRO transfers through the placenta. It inhibits P450 1A2 which has been shown to be critical for neonatal survival by influencing the physiology of respiration in neonates. Mice lacking this cytochrome died shortly after birth

and showed symptoms of severe respiratory distress (28). Respiratory distress is a side-effect of ciprofloxacin also in adults (9). CIPRO also transfers through breastmilk.

Resistance to Bacteria

Taking Ciprofloxacin can spur germs to mutate so that future bacterial infections become untreatable. During the last decades a dramatic increase in bacterial strains multiresistant to antibiotics, particularly CIPRO - has been reported (30, 31, 32). This increase has led to the occurrence of incurable bacterial infections with a fatal outcome, and a particularly serious problem in connection with hospital-acquired infections.

For example, *Clostridium difficile* has become one of the most common acquired organisms in hospitals and long term care institutions. The organism typically infects patients whose normal intestinal flora has been disturbed by the administration of a broad-spectrum antibiotic such as CIPRO. The diarrhea and inflammatory colitis associated with infection represent a serious medical and surgical complication leading to increased morbidity and mortality, and prolonging hospital stays by an average of nearly three weeks. This is especially true for the elderly and for patients with serious underlying diseases who are the most likely to develop the infection. *C. difficile* associated diarrhea represents a major economic burden to the healthcare system, conservatively estimated at \$3-6 billion per year in excess hospital costs in the U.S. alone (33).

The emergence of this "antibiotic resistance" is a result of the overwhelming use of antibiotics in human and veterinary medicine. High rates of fluoroquinolone resistance have been reported in many countries (30). For example, in Asia CIPRO no longer can be used to treat gonorrhoea, because the disease has become resistant to the drug (34).

While the FDA in August 2000 approved CIPRO as the first-line treatment against anthrax, a few months later (October 2000) it asked Bayer to remove BAYTRIL - its equivalent for animals.

The FDA proposed banning the fluoroquinolones, which chicken and turkey farmers have given to birds in their water since 1995 to help shield the animals from infection. The agency acted after linking the drugs to a jump in *Campylobacter* bacteria immune to the medications. Nearly 18 percent of one common strain that infects humans are now immune to the very same drugs which were considered the last line of defense against the infection.

Campylobacter is the leading bacterial cause of food poisoning in the United States. Typically contracted through raw or undercooked meat, the germs afflict more than 2 million people and kill some 500 each year in the US, according to the CDC.

While Abbot voluntarily withdrew its version of the antibiotic (SaraFlox), Bayer decided to challenge the FDA. The company had the option to comply with the proposed ban or seek a hearing to determine whether such a move was justified. Bayer refused to comply with the ban, a move that kicked off a lengthy process that could take years (35). Meanwhile Bayer gets to poison the world, AND make huge profits from it...

The AMA has advised its members to prescribe CIPRO very cautiously, saying the worldwide problem of antibiotic resistance poses future dangers worse than the anthrax attacks of today (Orlando Sentinel, October 20, 2001).

Photosensitivity

Photosensitization can result when light interacts with chemical agents in the skin and eyes. This process can produce undesirable clinical conse-

quences, such as phototoxicity (i.e. exaggerated sunburn), photoallergy, or photocarcinogenicity. People receiving CIPRO or any other fluoroquinolone are warned on the product inserts not to expose themselves to direct sunlight. Rashes develop on the areas exposed.

Upon UVA-irradiation the "fluorine" of numerous fluoroquinolones such as lomefloxacin and fleroxacin, are "lost" as fluoride (36).

"We have discovered that anions can activate visual photoreceptors in the dark. One anionic activator is the commonly used dental agent fluoride. The data on in vitro preparations indicate that these anions modulate photoreceptor biochemistry and may effect photoreceptors sensitivity..."

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MEDLINE has many articles on fluoride and photoreceptor activation (Gprotein-coupled) (35).

Other Cipro Side Effects (29)

Abnormal dread or fear, achiness, bleeding in the stomach and/or intestines, blood clots in the lungs, blurred vision, change in color perception, chills, confusion, constipation, convulsions, coughing up blood, decreased vision, depression, difficulty in swallowing, dizziness, double vision, drowsiness, eye pain, fainting, fever, flushing, gas, gout flare up, hallucinations, hearing loss, heart attack, hiccups, high blood pressure, hives, inability to fall or stay asleep, inability to urinate, indigestion, intestinal inflammation, involuntary eye movement, irregular heartbeat, irritability, itching, joint or back pain, joint stiffness, kidney failure, labored breathing, lack of muscle coordination, lack or loss of appetite, large volumes of urine, light-headedness, loss of sense of identity, loss of sense of smell, mouth sores, neck pain, nightmares, nose-bleed, pounding heartbeat, ringing in

the ears, seizures, sensitivity to light, severe allergic reaction, skin peeling, redness, sluggishness, speech difficulties, swelling of the face, neck, lips, eyes, or hands, swelling of the throat, tender, red bumps on skin, tingling sensation, tremors, unpleasant taste, unusual darkening of the skin, vaginal inflammation, vague feeling of illness, weakness, yellowed eyes and skin.

CIPRO causes fluoride poisoning. Will any practitioner know how to deal with this, considering that the ADA (American Dental Association) has shielded all from proper knowledge of fluoride toxicity?

Andreas Schuld, Wendy Small,
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Parents of Fluoride Poisoned Children (PFPC)
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NEWSCLIPS

Meeting on Vaccine Safety – Moving Toward Compensation?

October, 2001. Health Canada has finally released a report of The Meeting on Vaccine Safety held last November in Montreal. Hosted by the Divisions of Immunization, Centre for Infectious Disease Prevention and Control, Health Canada, the meeting was convened to "consult with appropriate individuals/organizations across Canada to develop a national strategy to enhance immunization safety." (Editor: We do not know of any vaccine risks groups or parents of vaccine injured children that were either informed of this meeting or invited as participants to share their front line experience with vaccine injury/safety issues.)

The report says vaccination programs are being threatened by the public's loss of confidence, lack of infrastructure and resources, and calls for public relations and educational strategies to defend against the "unfounded arguments being propagated by opponents of immunization." It says it is "crucial that immunization, be as safe as possible and seen to be so." Issues relating to public health activity, surveillance, communication and research were discussed and recommendations formulated.

There was agreement on the need for a compensation program. Participants believed that the same compensation system need not be in place in all provinces/territories, but that it should be equitable. There were various opinions on whether a compensation program should operate retroactively.

It was recommended that by 2005, every Canadian should have access to a vaccine injury compensation program for long-term sequelae caused by vaccines, and that this program should

be organized according to the following:

- ◆ compensation should be based on causality
- ◆ an expert advisory committee should be set up to develop the rationale, program components and criteria for compensation, etc.
- ◆ the program should be equitable across the country.

Editor's note: As a starting point, Canadian parents with vaccine injured children must participate in any committees or process that is set up to formulate a vaccine injury compensation plan. A compensation program based on causality will set up an adversarial process similar to what has happened in the U.S. with the National Vaccine Injury Compensation Program that turns away the majority of vaccine injury cases where healthy individuals succumbed to catastrophic injuries following vaccination, but could not prove the vaccine caused it, or fell outside of the arbitrary time lines within which a vaccine related injury is recognized as occurring.

The Manitoba Law Reform Commission wrote an in depth report last year addressing vaccine injuries and compensation and recommended a no-fault compensation plan because it recognized that in most cases of vaccine injuries, it is extremely difficult, if not impossible to prove causality, and that a humane system would recognize a balance of probabilities where the evidence suggests that there is a real possibility that the adverse consequences were caused by a vaccination. The planning and creation of a compensation plan must involve and include the victims of vaccine injuries. It is time for government "experts" to hear the voices of the families who have borne the brunt of the vaccine risk/benefit equation!

Editor's note: On November 12, the following news item was carried by both the BBC and Promed, the International Society for Infectious Diseases. By the following day, BBC had retracted the report, and new information was released blaming the deaths and illnesses on excessively high doses of vitamin A given to hundreds of thousands of children. Following this article is an overview of World Health Organization policies that piggyback vitamin A onto oral polio vaccine campaigns.

Morbidity and Mortality after Polio Vaccination in Assam

By Subir Bhaumik

CALCUTTA: At least 10 children have died in India's northeastern state of Assam of side effects after being administered a vaccine during an polio immunization campaign run by the state government. More than 500 children have been admitted to government and private hospitals after falling sick. Angry groups of parents have surrounded offices of the local administration in protest in Assam's southern city of Silchar.

On Sunday, thousands of children were administered a polio vaccine throughout Assam and the rest of the country. But within a day of the massive polio immunisation campaign, reports have come in of large-scale side effects in and around the city of Silchar in southern Assam. Officials say 9 children have died in one village Labok, while one died in Malugram locality of Silchar.

Non-governmental organizations in Silchar who assist the government in this campaign say outdated vaccines were possibly supplied in some areas. But officials were not willing to speculate on the causes of the large-scale side effects.

Oral Polio Vaccine Campaigns and Vitamin A

The World Health Organization (WHO) uses polio eradication campaigns as a "platform" for vitamin A during National Immunization Days (NIDS) in India for the purpose of preventing blindness. The vitamin A syrup is given orally following the oral polio vaccine. The doses are very high - 100,000 international units given to infants between the ages of 6-11 months and double that amount to older babies. The high dose of vitamin A is stored in the liver and presumed to last 4-6 months, at which time, health agencies deliver another round of vitamin A. One report says that "thousands of children were reported to have fallen ill because of the syrup, and now the Assam state government says at least 16 children have died." Health officials speculate that the children might have received 2 1/2 times the normal dose because of the introduction of a different size dispensing spoon. UNICEF denies that the vitamin A was contaminated.

The WHO claims that high doses of vitamin A are safe, but that "some children may experience temporary side effects such as headache, loss of appetite, vomiting, or a bulging fontanelle (in infants)." The WHO considers these symptoms as harmless, requiring no special treatment. However, hypercalcemia has been shown to result from vitamin A toxicity, can lead to cardiac dysrhythmia and represents a life-threatening emergency. Other common symptomology of vitamin A toxicity include hepatomegaly, dermatological and neurological effects (Nurse Pract 1989 Aug;14(8):28, 30-1). If the reports of administering high doses of vitamin A is true, then subsequent hypercalcemia and its effects on the children should be considered as a potential cause for these deaths, says Dr.P.Badrinath M.D. of the Department of Community Medicine,

Newsclips cont. on page 35

United Arab Emirates. More information on vitamin A toxicity can be accessed at the Promed website. <http://www.promedmail.org/pls/askus/f?p=2400:1010:2975> (access at Nov.18 "Unexplained Illness, Children India)

Lawyers Claim CDC Cooked Books on Mercury: Secret Report Reveals

October 18

An announcement by the U.S. law firm of Waters & Kraus, a leading vaccine injury law group indicates that their firm is now in possession of an unreleased confidential report authored by Centers for Disease Control scientists which studied autism as a potential neurological injury caused by mercury in children's vaccines. Until now, the secret report has been withheld from public scrutiny.

Health Authorities have strenuously continued to deny that the systemic accumulation of mercury contained in vaccines could cause autism in children. A recent Institute of Medicine study remains inconclusive on the issue of whether the mercury-based vaccine preservative known as thimerosal has contributed to cause a nationwide epidemic of regressive autism and other neurological disorders in small children. However, the SAFEMINDS support and advocacy group obtained a secret version of a CDC report that found the cumulative exposure to thimerosal within the first 3 months of life substantially increased the risks of 'neurological development disorders', including autism, stuttering and attention deficit disorder.

This confidential version of the study clearly demonstrates that an exposure to more than 62.5 micrograms of mercury within the first three months of life significantly increases a child's risk of developing autism. Specifically, the study found a 2.48

times increased risk of autism - that is to say, children with the exposure were more than twice as likely to develop autism as children not exposed.

Andy Waters, the lead attorney in the firm, called the report's contents and the fact that it was kept from the public as "shocking, but unfortunately not surprising, given the political influence of pharmaceutical companies and the tremendous liability they face if they are forced to compensate thousands of families for the costs of care that these children require." Waters added that "no amount of money can give these children back the potential that they were born with, and no amount of money will comfort the parents that watched helplessly as their children literally just slipped away."

The purpose of the lawsuits his firm is currently prosecuting, said Waters, is "to bring to the surface the truth on this issue, a truth that government agencies seem unwilling to admit, perhaps for fear that parents will stop vaccinating their children, and to force the companies that profited from this disastrous mistake to shoulder the responsibility that so many families now bear on their own, often without even the aid of health insurance benefits." Inquiries should be directed to Victoria Gibson at 800-226-9880

MMR Safety Tests 'Flawed and Invalid'

by Sarah-Kate Templeton - quoted from the *Sunday Herald, UK*, October 14, 2001

"A new study into children who were allegedly damaged by the MMR vaccine claims safety tests for the triple jab were massively inadequate. The study shows that children who developed autism after receiving the MMR vaccine did so on average two and a half years after their jab. But doctors checked children for reactions for only three to six weeks after vaccination

before giving the go-ahead to licensing the controversial treatment for use in the UK in 1988.

The authors of the new research, published in the journal *Adverse Drug Reactions*, argue that studies into the vaccine's safety should monitor children for at least three years. Professor Walter Spitzer, professor of epidemiology at McGill University in Canada, and Scottish child psychologist Dr Ken Aitken, state: "Virtually none of the cases would have been classified if followed for only six weeks after immunisation."

Their report concludes: "The key finding of the survey is the delay between exposure to MMR and the emergence of autistic symptoms, or the delay to definitive diagnosis of an autistic syndrome. The average we report for diagnosis is 2.5 years. That means the assumptions about delay in many published articles and safety assessments are invalid. The findings reported here warrant repeating prospective and historical safety studies or undertaking them for the first time in most countries. Such studies should be planned with adequate length of follow-up, i.e. at least three years following MMR vaccinations."

Professor Spitzer, who was the lead author of the study, said: "This shows that if you are only following up for around six weeks, it is grossly inappropriate to then say there is no connection. Any follow-up of less than three years makes the evidence inadmissible. It means that some of the studies cited to argue that there is no relationship between the MMR vaccine and autism are based on inappropriate data. This shows that they are flawed."

For the full story, please go to: <http://www.sundayherald.co.uk/19257>

100 Families in Quebec Undertake A Class Action Suit

From the Autism Society Canada,
Societe Canadienne de l'Autisme
November 1

With today's announcement in Quebec of a class action suit by nearly 100 families of children with autism, this brings to six provinces in which parents of children with autism have been forced to undertake legal action against their Provincial Government to access a medically necessary treatment. The recent rapid increase in the number of cases of autism in Canada has accelerated to epidemic proportions. It is estimated that about 1000 Canadian children born each year will develop autism spectrum disorders by the age of 3, but difficulties with delayed diagnosis are resulting in an estimated 3000 new Canadian cases being identified. Using data from three provinces, it is also estimated that there are over 100 000 Canadians with autism conditions. Without treatment, those who remain severely handicapped will require as much as \$2 million each in public services over their lifetimes. In Canada, this translates into an annual cost of about \$3 billion. In addition to this multi-billion dollar health, education and social service expenditure, the cost in human terms is incalculable.

The Autism Society Canada calls on the Canadian Government for the immediate establishment of an Autism Secretariat to address these autism issues, including development of national standards based on best practices and universal no-cost accessibility to effective treatments and adequate supports for people of all ages with autism conditions. For more information, please contact: Infember -Quebec Class Action Committee Vice President- Autism Society Canada
Home: 1-514-274-7141
Work: 1-514-987-3000 ext. 3304#

Anthrax Overview & Information Sources

An enormous volume of information has been generated about anthrax, and treatments for exposures to both inhalation and cutaneous forms of the disease. The following is a brief summary of some of the current information and views. For more in depth information, please refer to the internet sources we have provided. Dr. Meryl Nass MD, has been researching all aspects of anthrax and has been active in the movement to uncover side effects and severe health problems associated with the vaccine. Latest, breaking news on both the disease and the vaccine can be found at her website at: <http://www.anthraxvaccine.org> As well, The Anthrax Vaccine Network, Inc. is a nationwide organization comprised of active-duty troops, veterans and others working to stop the anthrax vaccine. Side effects can lead to permanent loss of health and death. For more information: <http://www.anthraxvaccine.net> and <http://www.majorbates.com>

MEDSCAPE's Infectious Diseases website is a mainstream medicine source for online medical information and provides up to date reports infectious diseases and vaccine developments <http://id.medscape.com> The following is an excerpt from an editorial published in JAMA (Journal of the American Medical Association) Vol.286 No.20 - Nov.28/01) Titled, **Bioterrorism on the Home Front: A new Challenge for American Medicine** "Since October 4 and as of November 7, the Centers for Disease Control and Prevention (CDC) has confirmed a total of 10 cases of inhalational anthrax and 7 cases of cutaneous anthrax. Five additional cases have been identified as being suspicious for cutaneous anthrax. All but 1 of these cases appear to have been directly linked to the US postal system. The epidemiologic link of the apparently

isolated case of the 61-year-old Bronx resident and employee of a Manhattan hospital who died of inhalational anthrax remains a mystery. Clinical cases of cutaneous or inhalational anthrax have clustered in the Boca Raton, Fla, New York City/New Jersey, and Washington, DC, areas. However, traces of anthrax spores, which likely are secondary contamination from identified primary sources of anthrax spores, have been found in distant locations such as Indianapolis, Ind, and Kansas City, Mo. More than 30 000 people are estimated to have received antibiotics as a consequence of possible exposure to anthrax spores."

"While one needs to be cautious in drawing generalizations from a handful of cases, several points can be made at this time from the available information. First, it is quite clear that with early recognition and rapid, aggressive initiation of appropriate antibiotic treatment, inhalational anthrax is a serious but nonetheless treatable disease. Of the 10 cases of inhalational anthrax reported at this point in the current outbreak, 4 have died, 3 have been released from the hospital continuing successful treatment, and 3 (including the 2 patients in the report by Mayer et al) are recovering while continuing to receive therapy. The fact that 6 of these patients have survived provides hope that the published mortality rates of 86% to 97% for inhalational anthrax may not be accurate in the year 2001."

"The organisms that have been identified thus far during the current outbreak appear indistinguishable and have uniformly been susceptible to ciprofloxacin, doxycycline, chloramphenicol, clindamycin, rifampin, vancomycin, clarithromycin, penicillin, and amoxicillin. Current CDC recommendations for initial treatment of inhalational anthrax include intravenous ciprofloxacin or doxycycline

along with 1 or 2 additional agents. The recommended duration of therapy for inhalational or cutaneous anthrax is 60 days."

For the full story: <http://jama.ama-assn.org/issues/v286n20/full/jed10079.html>

From Dr. Ted Koren's website:
www.korenpublications.com
CIPRO

Not long ago other fluorinated drugs were withdrawn from the market because they caused severe liver and renal damage and deaths, just like CIPRO. Specifically, in August, Bayer was forced to withdraw its anti-cholesterol drug "Baycol", admitting it might have killed 52 people and potentially crippled another 1,000. Several lawsuits are pending. Temafloxacin and grepafloxacin were also withdrawn.

Says Ted Koren "We're going to see a lot of sick and dead people from Cipro. I bet they'll blame it on anthrax. In August 2000 the FDA approved CIPRO as the first-line treatment against anthrax however a few months later (October 2000) it asked Bayer to remove BAYTRIL - its equivalent for animals."

Robert Mendelsohn, MD had a rule: "You never hear about the dangers of any drug unless another drug to replace it is available." Now we hear the US Supreme Court Justices were not given Cipro to take after anthrax spores were found but doxycycline, "because doxycycline has fewer side effects and is equally effective." (The Sunday Oregonian Oct 28, 2001 p.1)

"The side effects of CIPRO-like drugs may be worse than Anthrax." says health activist Bill Sardi. "The over-use of antibiotics like CIPRO will only hasten the early demise of millions of humans worldwide as more germs mutate and become resistant to these drugs, permitting bugs like E. coli, Enterococci, Staphylococcus, Helicobacteri pylori, and yes even anthrax, to escape treatment and

increase morbidity and mortality."

Babies of Vaccinated Mothers Susceptible to Measles

Pediatrics November 1999;104:e59

Babies whose mothers were vaccinated against measles as children may be more susceptible to measles than those born to mothers who were not vaccinated. The investigators believe that this might have contributed to the increase in the number of cases of measles in the US between 1989 and 1991.

Infants up to 15 months of age represented only 2% of the US population between 1989 and 1991, according to the Centers for Disease Control. But this group of infants accounted for 24% of the 55,622 cases of measles reported during that period.

Women who are vaccinated against the disease have lower levels of infection-fighting antibodies in their blood than those who were infected naturally. Therefore, vaccinated mothers pass on less immunity to their infants, and these children may be more susceptible to infection.

To test this theory, Papania's team interviewed the mothers of 128 infants who were 15 months or younger and had been exposed to measles between 1990 and 1992. In infants whose mothers were born after the measles vaccine was licensed in 1963, the measles rate was 33%. In infants born to older mothers, the rate was only 12%.

Dr. Mercola's Comments: "Well folks, here we have it straight from the experts at the CDC and published in the journal of Pediatrics no less. This is the first evidence I have seen which clearly documents generational complications of immunizations. What really floors me is that the investigators take this observation and use it to promote even more aggressive immunization. How can they be so blind?

There are clearly many short-term complications of immunizations as this newsletter has described, but one must also contend with generational consequences of immunizations. This study clearly shows that if you immunize your female child you will TRIPLE her likelihood of raising a child who will eventually come down with measles."

The measles article is posted at Dr. Mercola's website: <http://www.mercola.com/2001/nov/24/measles.htm>

TREATING SMALLPOX WITH HOMEOPATHY - HISTORICAL INSIGHT

Excerpted from the Conquest of Disease

By **A.C. French, MD**

Corpus Christ, TX.

Corpus Christi Printing, 1943

My Experience with Smallpox and Internal Vaccination

by **W. L. Bonnell, MD** (read before the IHA, June 18, 1940)

Few Homeopathic doctors get to air their troubles in a Health Board Trial. But doing so, when odds seem against you, and still you are vindicated acts as a boost and benefit.

One winter, a number of years ago in our city, we had at one time over seventy-five cases of smallpox. The city health physician and local doctors recommended immediate vaccination, in the arm, of all school children.

Here I was, a regularly licensed physician in Oklahoma, but I believed in internal vaccination*. Though it seemed mandatory that the vaccination be external, I fortified myself with legal information and began giving internal vaccination. My first fifty patients I gave one powder of Variolinum 12x., three times daily for three days. I took these powders myself. After the first fifty patients, however, I decided to change to Vaccinum 12x, three powders each day for three days. During this epidemic it fell my lot to treat twenty cases, and to these twenty cases I gave two powders of Variolinum 30x for four or five days. Among these twenty cases, two were black or confluent smallpox. One of my cases, a woman, had black, hemorrhagic smallpox. She was very low for nine days; all her hair came out, and all the tissue fell off her nose and ears. She was a hideous looking sight, more like a corpse than a living person.

**When Dr. Bonnell talks about internal*

vaccination he means the taking of homeopathic remedies orally at the time of the epidemic (not as a routine thing - but actually when the epidemic is at your door)

Nearly one-half of my cases were treated in the city pest-house, and here especially there was a chance for comparison of the homeopathic and the "old school" method. Not one case receiving homeopathic care died, while the "old school" doctors lost twenty percent of their cases.

I gave about three hundred internal vaccinations, five to adults acting as practical nurses; to the man who installed the telephone and lights in the pest-house; to mothers who slept with their children while they had smallpox in its severest form. All of these people, exposed daily, were immune.

During this epidemic we had, in our city, a regular licensed, "old school" physician who vaccinated himself on the arm with the glycerinated virus point. It did not take, and two weeks later he vaccinated himself again. It took in a very mild form. A year later, to make sure he was immune for life, he took varioloid. Within two years, however, he took smallpox in a very severe form and nearly died.

About the third or fourth week of this epidemic I had a peculiar experience. I had left some of the internal vaccination powders for a man in a rooming house. He was in first class physical condition, but seemed to have an idiosyncrasy for the powder. By the third powder he had a headache, was sick at his stomach with a desire to vomit. On the second day he broke out, with a small, red rash. I was called, and diagnosed it as a physiological disturbance caused by the powder, a term known as vaccinoid. A couple of hours later the city health officer

called on my patient and diagnosed it as varioloid and much to the patient's disgust, removed him to the city pest-house. The same day I was handed a summons to appear before the city health board charged with failure to report a case of smallpox which has been taken to the pest-house. I was asked to prove that the insignificant looking little powders I was giving were as effective as the arm point vaccination.

I hired a fine lawyer, and he began studying smallpox and internal vaccination. To my surprise the second morning after taking the case, he told me that he wanted to take the powders. He visited my patient with me at the pest-house. We found, eighteen hours after the vaccination powders had been removed, that the eruption had entirely disappeared. Together, my lawyer and I studied, in minute detail, the preparation of the glycerinated virus. When the trial started he was "loaded to the brim" with information on smallpox.

He cross-examined the city doctor until he was completely befuddled. He pointed out that this was a severe epidemic, and that he, the city doctor, had lost a lot of cases. The doctor answered truthfully that he had lost about twenty. The lawyer asked if the case of mine had ever scaled off, or if there was ever any desquamation, and the doctor replied, "No." When asked if he knew what vaccinoid was, the doctor replied, Yes, it's a fine, little powder which Dr. Bonnell states will make you immune to smallpox." Whereupon, my attorney told him that, according to his information, varioloid was a mild form of smallpox, and vaccinoid was a constitutional disturbance, produced upon a healthy body by giving, in a triturated, minute dose, the active pus from a small pox pustule.

The court's attention was then called to similar cases in other courts, proving

Smallpox & Homeopathy cont. on page 39

that homeopathic vaccination was equally as good, or better than the old school form of vaccination.. He showed the court that more than twenty percent of the "old school" doctors patients had died, and that all those treated homeopathically had lived. He proved that internal vaccination was safe, and effective, and that our city physician was not as well informed on smallpox as he should have been. At his suggestion the case was promptly thrown out of court.

On page 246 of the book there is the legal case of Ed Canning vs. the Board of Health of the City of Council Bluffs Iowa; the Independent School District of Council Bluffs, Iowa,; and the members of its Board of Education. The case was held in the District Court of Pottawattamie County, Iowa on the 19th of October 1905. The court found that while the Board of Education has the right to require students to be vaccinated against smallpox when an epidemic is prevailing, the Board did not have the power to specify and enforce any recognized method of vaccination to the exclusion of others "recognized and practiced by any Standard School of Medicine, authorized or established under the laws of this State." Since the homeopathic "school" was recognized (it had a department at the university of Iowa), and since "internal vaccination" is "equally or more effective than vaccination by the scarification method," the court found that the schools could not exclude children who had been given an internal vaccination.

Editor's note: With special thanks to Sheri Nakken for posting these excerpts on her vaccination email list. She received these clips from Julian Winston, the famous Homeopathy Historian, author of "Faces of Homeopathy", which she describes as a "wonderful book"

healing. To order your own high quality essential oils and help support VRAN at the same time, call 1-800-763-9963 or register on the website at . You will need to give your name and address, social insurance number, credit card number and method of shipping. You will also need to give the number of your sponsor, Edda West, (#473535), order a minimum of \$50 for the first time only and pay \$5 to join as a distributor, the most economical way to order the oils. Other orders can be made as necessary.

If you spend \$50, \$8 will go to VRAN or 16% of your total. Oil prices vary according to the difficulty and expense in making the oil. Samples prices are lavender \$18, oregano \$20 clove \$11, lemon \$9, thyme \$22 rosemary \$11 peace and calming \$19, melrose \$16 (tea tree oil blend) and thieves \$27.

REMEMBRANCE OF DR. GIL BOHEMIER

Dr. Gil Bohemier, well known and loved Winnipeg Chiropractor, passed away on October 10, 2001. Dr. Gil was passionate about Chiropractic. He delivered well over one million spinal adjustments in his 27 years of practice and his healing hands touched the lives of thousands. In the Eulogy to his brother, Dr. Gerry Bohemier said that "Gil's life and health was changed by Chiropractic and he was determined to let all know about this often misunderstood form of healing art." The Canadian Chiropractic Association presented their Award of Merit in 1998 to Dr. Bohemier for his outstanding contributions to Chiropractic in Canada.

Dr. Gil Bohemier co-founded the Eagle Foundation with Dr. Gerry Bohemier and Dr. Ray Shupena. The foundation's role is to provide access to vaccine risk information and to

assist families of vaccine damaged children. Dr. Gil was the chief fundraiser. The Eagle Foundation has generously supported the work of VRAN since its inception. Gil Bohemier leaves behind his loving wife Denise, three children Carmen, Joël, Janelle and extended family of brothers and sisters. One of his favourite sayings was "We never know how far reaching something we may think, say or do today will affect the lives of millions tomorrow. It is better to light one candle than to curse the darkness."

MEMBERSHIP DUES

Please remember that your VRAN membership comes up for renewal in January, regardless of when you joined during the calendar year. This enables us to simplify our record keeping. On joining VRAN, all new members are sent the entire year's issue of newsletters. We thank you for your continuing support of the work we do at VRAN and wish everyone a happy holiday season, and health and blessings for the coming new year.

ANNUAL GENERAL MEETING

VRAN's second annual general meeting will be held in Winnipeg on March 9, 2002. For more information, please contact Mary James at (204) 895-9192 or Edda West at (250) 355-2525

RESOURCE & INFORMATION LIST

Immunization: History, Ethics, Law & Health
by Catherine Diodati. Best new book about vaccines. Please order from VRAN

Cost: \$35 + \$5 postage

Immunization—The Reality Behind The Myth
by Walene James.

What Every Parent Should Know About Childhood Immunization
by Jamie Murphy

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

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

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

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

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

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

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

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

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

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

Natural Alternatives to Vaccination
by Dr. Zoltan Rona, M.D.
1-877-920-8887

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

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

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

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

Vaccination—The Hidden Truth
New Video. Five medical doctors speak out about vaccine risks.
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