

VRAN Newsletter

Vaccination Risk Awareness Network Inc.

THE CHALLENGE TO MASS VACCINATION

By Barbara Loe Fisher

It is one of the most successful public relations stories of the last two centuries: the worldwide acceptance of mass vaccination to suppress infectious diseases. Yet the universal use of vaccines as a worthy goal that prevents needless suffering and benefits all mankind has begun to be challenged by a growing number of parents and physicians in the U.S., Canada and Europe. At the heart of the heated public debate is a challenge to the premise that mass vaccination with multiple vaccines safely and effectively controls diseases and improves individual and public health.

The voices of critics are heard in the living rooms of families whose children have been injured or have died from vaccine reactions, and in courtrooms and state legislatures, where parents are suing vaccine makers and challenging mandatory vaccination laws. At scientific conferences and in the pages of prestigious medical journals, researchers and physicians are risking their careers by discussing their research into vaccine side effects. On network TV, millions are watching parents, who say vaccines hurt their children, square off with mandatory vaccination proponents, who say vaccines rarely hurt anyone at all. And in Congress, federal legislators are trying to come up with a way to fix the broken federal Vaccine Injury Compensation Program (VICP) while others are holding investigative hearings into vaccine safety issues and con-

flicts of interest involving vaccine makers and federal health agencies. In the middle of this scientific, legal and political battle are defensive pediatricians backing parents into a corner and losing their trust and a booming pharmaceutical industry with billions of dollars invested in new vaccine development.

How It All Began

It has been 207 years since British physician Edward Jenner acted on a hunch and scraped cowpox pus onto the arm of an eight-year-old boy. He theorized that a mild bout of cowpox would prevent a more virulent case of smallpox, and then convinced enough people he was right because his procedure was quickly adopted by physicians. But it failed in Jenner's own 11-month old son and lethal reactions were legendary.

One mother in England bitterly complained in 1883 about mandatory vaccination laws that allowed public health officials to issue a summons, threaten parents with imprisonment, and impose stiff fines for refusing to vaccinate their children. She said, "In no country has the cry of the mothers been allowed a hearing. They who see and realize that their children suffer from this practice have never been consulted as to its initiative or its continuance. If the will of the mothers could be made potent and effective, this cruel

Challenge to Mass Vaccination cont.on page 5

INSIDE THIS ISSUE

page

- 1 - The Challenge to Mass Vaccination
- 1 - Message to Autism Conference
- 3 - VRAN News
- 13 - Shaken Baby Accusation
- 15 - Vaccination Risks & Options
- 18 - No Vaccination Safety Net
- 19 - Letters
- 23 - Influenza Shots?
- 27 - Dealing With Flu Naturally
- 28 - News Clips

MESSAGE TO AUTISM CONFERENCE

By Viera Scheibner, Ph.D
(Principal Research Scientist-retired)

Kanner described autism for the first time in 1943. At the time, the administered vaccines were diphtheria, tetanus and occasional whooping cough. Nowadays, babies and small children are given a multitude of vaccines besides DPT and Polio: Hib since late 1980's; in the US and Australia since early 1990's HepB at birth and more doses at 1 months or at two and 4 months later, and, recently in the UK, USA and

Autism Conference cont. on page 11

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With thanks to Lisa Farr for the newsletter layout.

Statement of Purpose

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

VRAN's Mandate is:

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

VRAN publishes a newsletter 3 to 4 times a year as a means of distributing information to members and the community. Suggested annual membership fees, including quarterly newsletter and your on-going support to the Vaccination Risk Awareness Network: **\$35.00—Individual \$75.00—Professional**
We would like to share the personal stories of our membership. If you would like to submit your story, please contact Edda West by fax or e-mail, as indicated above.

VRAN website: www.vran.org

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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

DEAR VRAN MEMBERS,

November, 2003

As we approach the end of the calendar year, fundraising for VRAN becomes a top priority. VRAN's existence as an educational society responding to the public's need for vaccine risk information rests on our shoulders. We have no government nor corporate sponsors, and our ability to continue with this critically important work depends on the financial support you, our members, are able to give. VRAN operates on a shoestring budget and last year's income fell well below the bare minimum we need to cover our operating expenses. This budget shortfall threatens our ability to maintain a visible presence as the lone "voice in the wilderness" in the face of overwhelming pro-vaccine propaganda by which a misinformed public is coerced to submit to the ever expanding vaccine agendas. Where would people turn to for balanced and truthful vaccine information in Canada if VRAN ceased to exist?

We are appealing for help from a few dedicated members to form a fundraising committee which would work throughout the year on fundraising initiatives to insure that we not only 'exist', but that we thrive and forge ahead with larger vaccine awareness initiatives and projects, especially ones that tackle government white-washing of vaccine reactions and injuries and focus attention on the absence of vaccine injury compensation in Canada.

Every year, we offer a fundraising bonus to members who donate \$150

or more. This year's bonus offer is a wonderful book entitled "The Vaccination Dilemma", a compilation of essays by wholistically oriented physicians like Dr. Philip Incao, as well as Dr. Jason Whittaker's excellent CD audio seminar – "Vaccinations: Science or Dogma". Dr. Jason Whittaker shares his many years of research in this dynamic and inspiring vaccine awareness lecture which he has also presented to many groups in both Canada and the U.S. The retail value of the book and CD are \$45.

Our deep appreciation goes to a VRAN family who has pledged \$3000 as a matching "dollar for dollar" initiative in the hope of inspiring a spirit of generosity in everyone concerned about the impact of vaccines on children's health and public health. Every dollar you donate is equal to \$2 with this matching pledge. Please help us enable this generous pledge to swell to many times it's worth.

MEMBERSHIP RENEWAL & EMAIL BULLETINS

Please remember that your VRAN membership is renewed in January, the beginning of our calendar year. For new members joining VRAN, you will receive all newsletters issued within the calendar year, regardless of when you join. Please send us your email address so we can complete our members' email list and can inform you of breaking news in between Newsletter issues. A recent email bulletin urged our members to protest the Ontario Chiropractic College's plan to alter Chiropractors' scope of practice which would prohibit them from speaking of

VRAN News cont. on page 3

vaccine concerns to patients. A deluge of protest letters from our members has hopefully sent a strong message to the College that the public will not tolerate interference with freedom of speech and a practitioner's right to share vaccine awareness information with patients.

VRAN ANNUAL GENERAL MEETING

A tentative date is set for our AGM to insure that interested members have an opportunity to join us. The VRAN annual general meeting has been held by teleconference these past few years as travel to a conference destination would be prohibitive for many people. If you are interested in joining us, please note Saturday, March 13 on your calendar. Call Edda West (250) 355-2525 or Mary James (204) 895-9192 for details.

Correction to error in Dr. Incao's article

We apologize for the misprint in Dr. Incao's article, "**Reflections on Immunity, Vaccinations and Smallpox**" in the spring/summer 2003 issue of the VRAN newsletter. Close to the end of the last paragraph, column 2 on page 10 should have read: "*The early or immediate reaction is an indication of sensitivity to the virus and may be given by persons who are either susceptible or immune to smallpox. It cannot be regarded as a successful result and cannot be guaranteed to induce or increase the person's resistance to smallpox.*"⁽³⁾

CANADIANS SAY "THANKS"

By Susan Fletcher

This summer I was lucky enough to spend three months sauntering across Canada on a camping trip from my Pacific coast home to the most easterly shore of Newfoundland and back. Without compromising my enjoyment of the trip, I handed out VRAN

brochures as time and place allowed. This is something I've done in the past on my own turf. Doing it across the country further clarified for me the enormity of the void of complete vaccine information and the desire of Canadians to receive it.

In the Rocky Mountain town of Invermere a chiropractor already knew of us; a VRAN newsletter poked out of a display rack in her waiting area. It was the only one I saw on the trip. At Okotoks, south of Calgary, things started getting interesting. A campground attendant there had no qualms about adding VRAN bro's to her tourist info rack. Her 7 yr old grandson had become autistic following the MMR shot. A laundromat custodian found my offering serendipitous; she'd been debating the merits of Hep B vaccine for her 7 mos old. Further east, Alberta yielded another misfortune – a pretty 6 yr old suffering from epilepsy due, her mother thinks, to DPT vaccine. The young mother with babe tending the museum nearby had no problem accepting my bro's for both herself and for the museum's visitor info racks. By now the residents of their tiny town must be quite thoroughly educated about the downside of vaccinations.

The necessity for clean clothes provided chat time with the young mother of a pale 3 mos old at Saskatchewan Landing. Her father-in-law disapproves of vaccines but she had agreed to the first three "needles" for her daughter. Whether the brochure's message will have any effect on her future choices was unclear. At Kakabeka Falls, I waved the bro at a young couple with baby camped next door. For them the timing couldn't have been better; they had delayed their child's first shots until she was 6 mos old and the second shots were imminent. The father asked how I became involved with VRAN. He said it was good to be able to relate real life stories to relatives who criticized their reluctance to vaccinate and he urged me to carry on with my

work.

Sometimes a parent would be wheeling an infant or toddler toward me as I walked along a street or exercised along a jogging path. I usually wore clothes with large pockets that could hold a few bro's at the ready. I gave one to a father pushing a baby carriage in Trois Riviere. His English was as limited as my French but we still made the connection. However, things did slow down in the province of Quebec. It felt especially good to be able to get information out in the Maritimes where VRAN is all but non-existent. In Charlottetown my hairdresser and I discussed her and her children's ill health and how vaccines might play a part; she had found help from alternative therapies and was receptive to VRAN's line of thought.

When time or opportunity to make direct contact were lacking, I'd often leave small piles of bro's here and there. Of course, health food stores welcomed them. Sometimes coffee shops would take them too. Restrooms were a favourite spot – near baby change tables or on top of toilet tanks (for closet readers). When a bulletin board caught my eye I'd pin up a folded bro or, if there was room, spread two out to show both sides. My most exhilarating bulletin board moment came in Carbon, Alberta on the trip home. The Laundromat there was located across the hall from the "Wellness Centre" whose hallway bulletin board held the August schedule for visits from the chiropractor, foot doctor, etc. The last "well baby clinic" had been in July and it wouldn't reoccur until September. Naturally, I filled the gap by providing vaccine information from VRAN.

Rarely was there a problem in handing out the brochure. One mother with a cartload of children in a Portage la Prairie grocery store literally snatched it from my hand so keen was she to have it. My approach to people was

simple: usually I'd show the brochure and say "You might be interested in reading this.".....no pressure, just prof-fer. About 1% refused the bro and walked away; a few were ambivalent. The only vitriol I encountered was from two relatives, both scientists. Despite the truth-seeking nature of their profession, concerning vaccinations their minds were as closed as a geoduck's shell. Most people took the bro, read a few lines, kept it and gave me their thanks.

VRAN BROCHURE

We hope Susan Fletcher's cross Canada trip will inspire many others to reprint and distribute the VRAN brochure in their communities. We have included a brochure with this newsletter for you to photocopy and distribute it in your area. Keep them in your car and have them available to hand out as the opportunity arises and post on bulletin boards in every likely corner. The following flu shot press release recently sent out to media across Canada can also be copied and distributed in your community.

"Necessity is the plea of every infringement of human freedom. It is the argument of tyrants; it is the creed of slaves."

William Pitt (1759 - 1806)

No need to worry about those silly old warnings... I never pay any attention to them anyway.

GIVE US A SHOT OF TRUTH SAYS VACCINE GROUP

October 27, 2003 – Winlaw, B.C. Vaccination Risk Awareness Network Inc (VRAN) is warning Canadians they are being fed distortions to encourage their acceptance of flu shots. Misleading statistics and statements regarding flu deaths, incidence and the effectiveness of the shots are being disseminated by health authorities, ministries of health, the media and pharmacies.

For those who get influenza-like illness (ILI) once or twice a year, chances are slim that it's influenza. Canadian labs consistently show that only about 10% of all ILI reported each year is actually caused by influenza virus; 7% influenza was recorded for 2002/2003. The vast majority of flu-like illnesses are caused by other viruses against which the vaccine is completely ineffective. Unless the viruses in the vaccine closely match those circulating, the vaccine is useless. Even with a good match, only healthy individuals can hope for the "70-90%" efficacy commonly claimed. These facts are being suppressed.. Millions of taxpayers' dollars are being squandered annually for a vaccine with minor benefit. The suggestion that SARS would be easier to detect if all Canada got a flu shot is ludicrous.

The public is being scared with combined influenza/pneumonia death figures which undoubtedly include all pneumonia deaths. Records preceding 2002

from BC Vital Statistics Agency disclose an annual average of 59 deaths directly due to influenza, 2 to 3 indirectly. Considering this, Health Canada's declared "500 to 1500" direct and indirect flu deaths per year for the whole country seems a touch high. For years, the BC Centre for Disease Control has fudged the stats, using 1,400 as the death total for BC alone. In a lock step of deceit, the BC Interior and Vancouver Island Health Authorities blame influenza by itself for "about 7000" and "up to 4500" annual deaths across Canada.

VRAN is Canada's premier group to advocate for informed choice in making vaccination decisions. Formed in 1992, it was born of the committee that in 1984 won an exemption of conscience from vaccines required by the Ontario 'Immunization of School Pupils Act'. VRAN recommends consumers beware of flu shot propaganda; we hold individuals and organizations accountable for misleading information about influenza and its vaccines.

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Reflections on Immunity cont. on page <None>

legislation would be at once and universally repealed."

The mothers prevailed in Victorian England and got mandatory vaccination laws repealed in that country, where vaccination remains voluntary today. But 19th century physicians in Europe and the U.S. quickly adopted and promoted Jenner's new procedure despite public protests. Physicians and politicians were desperate to keep epidemic diseases from invading the overcrowded, filthy cities of Europe and the New World. They failed to realize that eliminating the root causes of poor health — poverty, malnutrition, water contaminated by human and animal waste, spoiled food, and industrial air pollution, among others — would help prevent the spread of many diseases. Today, effective public health measures such as improving sanitation, nutrition, living conditions, health education and access to affordable and convenient health care, especially in underprivileged populations, often take a back seat to achieving a 100 percent vaccination rate.

Health officials and doctors point to how successful mandatory mass vaccination policies have been in dramatically reducing the numbers of cases of once routine childhood diseases, such as measles. In 1965 before routine use of measles vaccine, there were more than 400,000 cases of measles reported in the U.S. By 1995 with nearly 95 percent of American children receiving measles vaccine, there were only 309 cases. Baby boomers, who lined up in school in 1955 for polio vaccinations, witnessed the eradication of polio from the western hemisphere in 1979. These impressive declines in childhood infectious diseases have made mass vaccination policies the cornerstone of government preventive health programs around the world.

The Paradigm Shift

However, despite the millions of dollars that are committed by industry and government to touting the accomplishments and benefits of mass vaccination programs, cracks are appearing in the united front that the medical establishment has maintained for two centuries. In industrialized countries, dissatisfied patients and alternative health care proponents are questioning orthodox medicine's basic foundations, especially its heavy reliance on surgery and synthetic drugs. The proliferating numbers of vaccines are just one more target for increasingly well educated and Internet-savvy health care consumers, who are wary of the many magic bullets drug companies promote.

Where doctors once prescribed antibiotics for every sore throat and sniffle, prescription-dependent patients are now being blamed for new strains of antibiotic-resistant bacteria. A new drug promoted as a lifesaver today is sometimes pulled off the market tomorrow for killing those who took it. In the April 15, 1998 issue of the *Journal of the American Medical Association* (JAMA), an analysis of drug side effects found that toxic reactions to correctly prescribed medications make more than two million Americans seriously ill every year and kill 106,000, putting the side effects of doctor-directed drug taking among the top 10 causes of death in the United States. Among children, antibiotics and vaccines cause more adverse reactions than any other prescribed medicines, according to a Canadian study presented at the American Academy of Allergy and Asthma in 1998. An analysis of Canadian data on more than 1,500 cases of drug reactions between 1985 and 1995 found that the antibiotics amoxicillin and ampicillin accounted for 24 percent of total adverse reactions, with vaccines coming in second at 19 percent.

As the over-drugged, over-vaccinated baby boomer generation comes of age,

many are intuitively moving toward the notion that preventing illness and maintaining health requires better nutrition, more exercise, management of stress, adopting a positive attitude and a less toxic and medically intrusive approach. A 1998 survey in JAMA found 39 million Americans made more than 600 million visits to alternative health care practitioners in 1997, more than to primary care physicians. The patients paid most of the \$21.2 billion cost themselves because health insurance plans generally don't reimburse patients or have limited reimbursement for alternative health care, such as chiropractic. The patients wanted alternative therapies primarily to "prevent future illness from occurring or to maintain health and vitality."

Embracing the more spiritual concept of achieving better health through better living rather than through better chemistry, members of the ME generation — who challenged every institution and social convention as teenagers — continue to exercise their counter-culture instincts as adults and parents by asserting their right to make independent health care choices for themselves and their children. And they have been joined by segments of the "X, Y and echo" generations who grew up going to health food stores with their parents and now can pick up bottles of Echinacea, Goldenseal and soy vitamin drinks at the chain grocery and drug stores.

The pharmaceutical industry and organized medicine, which have had a stranglehold on the popular imagination when it comes to how we view health, may be gritting their collective teeth about the people's move toward herbal supplements and yoga and away from Ritalin and Prozac, but they are not about to tolerate independent thinking when it comes to vaccination. The public demand for the freedom to make vaccination choices

Challenge to Mass Vaccination cont. from page 5

puzzles and worries MDs, including some outspoken alternative health care advocates.

Andrew Weil, MD, a respected leader in the alternative health care movement, defends mass vaccination. Sparring with Richard Moskowitz, MD in *Natural Health* magazine in 1997, Weil asserted, "The debate about immunization could only be going on in a country where the people are mostly immunized. If people in this country lived with these diseases, you wouldn't hear them questioning immunization." Moskowitz, a clinician who specializes in homeopathy, countered, "For us to bombard a newborn baby with a whole battery of vaccines as, in effect, their first immunological experience I think is reckless beyond measure. I would say it borders on the criminal."

And as questioning parents are thrown out of pediatricians' offices if they do not submit their children to every state mandated vaccine and the American Medical Association (AMA) and American Academy of Pediatrics (AAP) adopt a "no exemption to vaccination" stance, parent vaccine safety and informed consent advocates are organizing in states and fighting for the right to freely make vaccine choices. In 2003, after seven years of work in Texas and two years of work in Arkansas, citizens of both those states won the legal right to exercise conscientious, philosophical or religious belief exemptions to vaccination. Outraged by the success of the effort in Texas led by Parents Requesting Open Vaccine Education (PROVE), physicians and public health officials mounted a public protest in an unsuccessful attempt to convince the legislature in special session to repeal the conscientious belief exemption just signed into law by the Governor.

Sensing a threat to their dominance that could become contagious, even the international public health commu-

nity got into the act. An article on what the parents in Texas managed to do became hyperactively discussed in the pages of *The Lancet*. PROVE President Dawn Richardson commented "I didn't know we were creating an international incident by standing up for the right to exercise informed consent to vaccination. If vaccines are so safe and so effective, why are doctors so afraid of people having the freedom to follow their conscience and make informed vaccine choices?"

Vaccines: Man vs. Nature

Vaccines are supposed to fool the body's immune system into producing antibodies to resist viral and bacterial infection in the same way that actually having the disease usually produces immunity to future infection. But vaccines atypically introduce into the human body lab altered live viruses and killed bacteria along with chemicals, metals, drugs and other additives such as formaldehyde, aluminum, mercury, monosodium glutamate, sodium phosphate, phenoxyethanol, gelatin, sulfites, yeast protein, antibiotics as well as unknown amounts of RNA and DNA from animal and human cell tissue cultures.

Whereas natural recovery from many infectious diseases stimulates lifetime immunity, vaccines only provide temporary protection and most vaccines require "booster" doses to extend vaccine-induced artificial immunity. The fact that manmade vaccines cannot replicate the body's natural experience with the disease is one of the key points of contention between those who insist that mankind cannot live without mass use of multiple vaccines and those who believe that mankind's biological integrity will be severely compromised by their continued use.

Philip Incao, M.D., a Colorado physician who utilizes a multidisciplinary approach in his alternative health care practice, maintains that health is

about the individual successfully overcoming illness. He is part of a group of physicians in the U.S. and Europe who are taking a holistic approach to health and healing that marks the paradigm shift that is occurring in health care. According to Incao:

"Physically, health is about balancing acute inflammatory responses to infection, which stimulate one arm of the immune system, and chronic inflammatory responses to infection, which stimulate the other arm of the immune system. Just like a seesaw, the two arms of the immune system must remain in balance to maintain health. Vaccines tend to stimulate only one side of the immune system. Overuse of vaccines to suppress all acute, externalizing inflammations early in life can set up the immune system to respond to future stresses and infections by developing chronic internalizing disease later in life."

However, visitors to the US Centers for Disease Control and Prevention (CDC) website are told that "vaccines give your baby's immune system the chance to practice and make protective antibodies before real germs invade. If left totally to chance, your baby's first exposure to a disease may be from a germ too strong for your baby to fight. That's why before parents had vaccines for their children, many children died from whooping cough, measles, diphtheria and other diseases. Those same germs exist today but today's babies are protected by vaccines."

At the center of the vaccination debate, then, are two equally contentious questions. First, is it better to protect children against infectious disease early in life through temporary immunity from a vaccine or are they better off contracting certain contagious infections in childhood and attaining permanent immunity? Second, do vaccine complications ultimately cause more chronic illness and death than infectious diseases do? Both

Challenge to Mass Vaccination cont. on page 7

Challenge to Mass Vaccination cont. from page 6
questions essentially pit trust in human intervention against trust in nature and the natural order, which existed long before vaccines were created by man.

More Vaccines and More Immune and Brain System Dysfunction

Between 1964 and 2002, the US added eight new vaccines (a total of 23 doses) to the mandatory vaccination schedule, including five doses of live virus polio; two doses of live MMR (measles-mumps-rubella) vaccine; four doses of Hib (haemophilus influenzae type b, which is a type of meningitis); three doses of hepatitis B vaccine; one dose of live virus varicella zoster (chicken pox) vaccine; four doses of pneumococcal vaccine and more strictly enforced existing laws mandating five doses of DPT (diphtheria-pertussis-tetanus) vaccine.

In addition to more than doubling the number of doses of vaccine children have received during the past four decades, vaccination coverage rates rose in the US from between 60 and 80 percent in 1967 for MMR, polio and DPT vaccines to between 80 and 95 percent coverage in 1996 for MMR, polio, DPT, hepatitis B and Hib vaccines. Since 1996, vaccination coverage rates for American children entering kindergarten have continued to hover around 95 percent with the "core" vaccines. Reported coverage rates are lower in states that include the two newest mandated vaccines, hepatitis B and chicken pox, in their reports.

During the same time period that the number of doses of childhood vaccines have more than doubled and vaccination coverage rates have neared 95 percent for five year olds, the number of American children suffering from immune and brain system dysfunction has risen dramatically. There has been a doubling of learning disabilities, attention deficit hyperactivity disorder (ADHD), and asthma, a tripling of dia-

betes and a 300 to 600 percent increase in autism in most states. These increasingly common brain and immune system disorders plaguing our children are forcing public school systems to build special education classrooms to accommodate the special needs of these children who are "stuck on sick."

After heart disease and cancer, autoimmune disease has become the third leading cause of illness in the United States and in many technologically advanced countries. According to the American Academy of Allergy, Asthma and Immunology (AAAAI), the autoimmune disease, asthma, is now "the most common disorder in children and adolescents, affecting nearly five million children under the age of 18, including an estimated 1.3 million children under the age of five. Fifty to 80 percent of children affected with asthma develop symptoms before they are five years old."

A 1997 study published in Science found that asthma has doubled in Western societies during the previous 20 years and in the United States causes one-third of pediatric emergency room visits. A 1995 report by the CDC stated that between 1982 and 1992, asthma increased 52 percent for persons between 5 and 34 years old and asthma deaths increased 42 percent.

Another autoimmune disorder, arthritis, is also "on a steady rise" according to the CDC in 1998, which estimated that arthritis now plagues more than 40 million Americans and projected that the number will grow to 60 million by 2020. Cases of diabetes, yet another chronic autoimmune disorder, have tripled in the US since 1958, now affecting nearly 16 million Americans and ranking fourth in the leading causes of death in America. The CDC concluded in 1997 that "the number of newly diagnosed cases of diabetes was almost 50 percent higher in 1994 than in 1980" and did not

appear to be a result of the aging of the population.

In Europe, a 2000 report by the EURODIAB study group published in *The Lancet* evaluated the incidence rate of diabetes from 1989 to 1994 in Europe and Israel and found a 63 percent increase in children under 5 years old, a 31 percent increase in children five to nine years old; and a 24 percent increase in children 10 to 14 years old. They said "The rapid rate of increase in children under 5 years old is of particular concern." There is no explanation for why adult-onset diabetes, once extremely rare in children, has become more prevalent in American children in the past ten years.

In addition to an unexplained increase in autoimmune disorders during the past three decades, there also has been an unexplained increase in the numbers of minimally brain damaged children who are filling classrooms for the learning disabled in schools across America. A disability survey of US children under 17 years old published in the *Morbidity and Mortality Weekly Report* (August 25, 1995) stated that the "6 to 14 year old age group had the greatest number of disabled people." Learning disability led the way, occurring in nearly 30 percent of all disabled children. A total of 1,435,000 children were listed as learning disabled with another 1,446,000 children reported as suffering from speech disorders, mental retardation, mental or emotional disorders, epilepsy and autism.

The 1997 *Digest of Education Statistics* looked at children 0 to 21-years-old served in federally supported programs for the disabled between 1976 and 1996 and found that the numbers of children with specific learning disabilities more than tripled in those years; those with serious emotional disturbances nearly doubled; and the numbers of autistic children served rose from 5,000 in 1991-92 to

Challenge to Mass Vaccination cont. on page 8

Challenge to Mass Vaccination cont. from page 7
39,000 in 1995-1996 to produce a staggering 680 percent increase.

About five percent of US children (at least two million children) are estimated to have attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD). A 1990 survey of 2,400 practicing physicians showed there were about two million patient visits with the diagnoses of ADD. By 1994, ADD diagnoses had increased to 4.7 million, with 90 percent being prescribed drug therapy. By 1995, there were 1.5 million children taking Ritalin and a 2000 study reported that the number of two to four year olds taking prescription drugs like Ritalin and Prozac rose 50 percent between 1991 and 1995.

According to one NIH official, 40 percent of children diagnosed with ADHD have learning disabilities and "anywhere from 20 to 70 percent of children who have ADHD also have conduct disorder" often involving delinquent behavior. The growing numbers of children with an ADHD diagnosis is cause for concern because, as one researcher observed in an article in JAMA in 1998: "Adults with a history of attention deficit hyperactivity disorder appear to be over represented in the ranks of felons." This observation coincides with the evidence presented by medical historian Harris Coulter, Ph.D. in his 1990 book *Vaccination, Social Violence and Criminality*, where he draws parallels between the residual learning disabilities and hyperactive/abnormal behavior caused by complications of disease or vaccine-induced encephalitis and the hyperactive/abnormal behavior and learning disabilities being exhibited by more and more American children.

Many children with learning disabilities, ADHD and developmental delays exhibit signs of autoimmune dysfunction, with severe allergies to foods, drugs, and environmental toxins. This is particularly true for a brain disorder,

autism, which is affecting more and more children in the US, Canada and Europe and has caused the most controversy in the vaccine safety debate.

Autism Numbers Soar

The Autism Society of America (ASA) estimates that "more than one-half million people in the US today have autism or some form of pervasive developmental disorder," making autism one of the most common developmental disabilities. Autism is also the fastest growing developmental disability affecting children in the U.S.

A 1998 Maryland Special Education Census Data report revealed that the state experienced a 513 percent increase in autism between 1993 and 1998, while the general population in Maryland increased just seven percent from 1990 to 1998. Between 1992 and 1997, data from the 16th and 20th Annual Reports to Congress on the implementation of the Individuals with Disabilities Education Act (IDEA) showed a 300 percent increase in autistic children served under IDEA in 25 states.

In an April 1999 report, the state of California's Department of Developmental Services (DDS) found a 273 percent increase between 1987 and 1998 in the numbers of new children entering the DDS system with a professional diagnosis of autism. The report concluded that "the number of persons with autism grew markedly faster than the number of persons with other developmental disabilities (cerebral palsy, epilepsy and mental retardation) and "compared to characteristics of 11 years ago, the present population of persons with autism are younger (and) have a greater chance of exhibiting no or milder forms of mental retardation..."

In a report in April 2000, the CDC found the incidence of autism in Brick Township, New Jersey in 1998 was 1 in 150 children. In 2003, the state of California issued another report that

revealed that during a 15 year period from 1987 to 2002, the number of new cases of autism increased by 634 percent while the number of other disabilities only increased between 57 and 79 percent. Between the years 1999 and 2002, the number of new autism cases entering the system nearly doubled. Autism, once rare (1 in 10,000 births) is now the number one disability entering California's DDS system and is estimated to be occurring in 1 in 323 children. Because these latest figures only represent those cases which are professionally diagnosed as full spectrum autism and does not include milder forms of autism or those children born before 1997, the autism prevalence numbers for California may be closer to 1 in 150 children.

Although public health officials and doctors in the US, Canada and Europe are claiming that autism in children is not actually increasing but just appears to be increasing because of changes in diagnostic criteria, better diagnosis and better record keeping, parents of autistic children disagree. Rick Rollens, the father of an autistic son and co-founder of the M.I.N.D. Institute at the University of California-Davis, said "Anyone who knows anything about autism knows it can't be better diagnosis because you can't hide an autistic child. You can spot an autistic child from across an airport."

Conservative Institute of Medicine Weighs In

Because the brain and immune systems develop at their most rapid rate in the first three years of life, it is a legitimate scientific question to ask whether artificial manipulation of the immature immune system with vaccines can cause permanent damage and death and could be contributing to an increase in immune mediated neurological and autoimmune dysfunction in children. Underlying the skepticism about the safety of national one-size-

Challenge to Mass Vaccination cont. on page 9

Challenge to Mass Vaccination cont. from page 8

fits-all vaccine policies, which do not take into account biodiversity and genetic differences and justify vaccine casualties with the utilitarian "greater good" argument, is a basic challenge to the quality and quantity of the science which is used to under-pin mass vaccination policies.

When Congress passed the National Childhood Vaccine Injury Act of 1986, they included a mandate for the Institute of Medicine (IOM), National Academy of Sciences, to convene independent experts to examine the medical literature and gather other evidence to find out whether vaccines can or cannot cause permanent disability and death. Between 1991 and 2003, the IOM published reports which have been both praised and denounced by public health officials and parents alike.

But whatever the two sides have to say about the IOM reports, it is clear that one of the most conservative segments of the scientific community has looked at the evidence and concluded that, yes, vaccines can cause a range of autoimmune and brain dysfunction and there is a lot that is still unknown about vaccine side effects. And, like the National Childhood Vaccine Injury Act of 1986, this is the first "official" acknowledgement of that fact in the history of vaccination in the U.S.

In the 1991 and 1994 reports, IOM committees found a causal relationship between certain vaccines and autoimmune disorders such as acute and chronic arthritis, Guillain Barre syndrome (GBS), and thrombocytopenia (failure of blood to clot) as well as brain inflammation and encephalopathy (degenerative disease of the brain). Two live virus vaccines — oral polio (OPV) and measles — were found to cause vaccine strain viral infections that could end in death. Because either too few scientific studies had been conducted or the quality of the studies which were conducted were not good

enough, the IOM could not conclude whether or not vaccines were involved in the development of many other brain and immune system disorders such as residual seizure disorders, aseptic meningitis, learning disabilities, attention deficit disorder, erythema multiforme (lesions of the skin or mucous membranes), or certain demyelinating diseases of the brain such as optic neuritis and transverse myelitis.

The 1991 IOM report concluded "In the course of its review, the committee found many gaps and limitations in knowledge bearing directly and indirectly on the safety of vaccines. Such shortcomings relate, for example, to pathologic mechanisms of specific infectious agents, the molecular basis of vaccine injury, and the natural history of conditions such as encephalopathy, mental retardation and chronic arthritis....many of the population based epidemiologic studies are too small or have inadequate lengths of follow-up to have a reasonable chance of detecting true adverse events, unless these effects are large or occur promptly and consistently after vaccination. If research capacity and accomplishment in this field are not improved, future reviews of vaccine safety will be similarly handicapped."

The 1994 IOM report again noted that "the lack of adequate data regarding many of the adverse events under study was of major concern to the committee. Presentations at public meetings indicated that many parents and physicians share this concern." The report added, "The committee was able to identify little information pertaining to why some individuals react adversely to vaccines when most do not. When it is clear that a vaccine can cause a specific adverse event, research should be encouraged to elucidate the factors that put certain people at risk for that adverse reaction."

In a report in 2002 issued by the IOM Immunization Safety Review

Committee on vaccines and autoimmune dysfunction, the committee found that scientific evidence from epidemiological studies on whether allergy, including asthma, can be caused by multiple vaccination was conflicting and concluded the evidence "was inadequate to accept or reject a causal relationship." The committee found there was biological mechanism evidence that vaccines could increase the risk of immune dysfunction in some children that could lead to increased infections and allergy, including asthma. It stated that "the biological mechanism evidence regarding increased risk for infections is strong." The report added:

"The committee was unable to address the concern that repeated exposure of a susceptible child to multiple immunizations over the developmental period may also produce atypical or non-specific immune or nervous system injury that could lead to severe disability or death. There are no epidemiological studies that address this. Thus, the committee recognizes with some discomfort that this report addresses only part of the overall set of concerns of some of those most wary about the safety of childhood immunizations."

Evidence that Diseases and Vaccines Adversely Affect Brain Function

Inflammation of the brain (encephalitis, encephalomyelitis, encephalopathy) has been documented for more than 200 years in the medical literature to be caused by viral and bacterial infections as well as by vaccines containing altered viruses and bacteria. It is well known that smallpox infection and smallpox vaccine can both cause brain inflammation as can rabies and rabies vaccine.

It is widely accepted that pertussis or whooping cough can cause brain inflammation and permanent brain

Challenge to Mass Vaccination cont. on page 10

Challenge to Mass Vaccination cont. from page 9

damage, with endotoxin and pertussis toxin in the B. pertussis bacteria responsible for most of it. In 1994, the IOM acknowledged that the whole cell pertussis vaccine in the DPT shot, which contains endotoxin and pertussis toxin, can cause both acute brain inflammation and chronic neurologic dysfunction in previously healthy children within seven days of receipt of DPT vaccine.

Measles virus infection has long been associated with demyelinating disorders and brain damage. In 1998, officials of the federal Vaccine Injury Compensation Program found that a causal relationship exists between live measles vaccine and encephalopathy after analyzing cases of children who received measles vaccine alone or in the combination MMR shot and, within 15 days of vaccination, suffered neurologic signs that progressed to death or mental regression, retardation, chronic seizures, motor and sensory deficits and movement disorders.

Evidence that Diseases and Vaccines Cause Immune Dysfunction

In addition to brain inflammation, however, viral and bacterial diseases and viral and bacterial vaccines have been associated with the development of autoimmune dysfunction. In 1935, scientists investigating the neurological complications of rabies vaccine discovered they could deliberately induce brain inflammation in lab animals by injecting them with brain myelin, causing an autoimmune reaction whereby the animal develops antibodies to its own brain tissue, causing demyelination.

The autoimmune diseases, diabetes, multiple sclerosis and lupus, for example, involve chronic inflammation that causes tissue destruction including central nervous system damage. It is thought that these diseases may be triggered by an infection that activates

autoreactive T-cells. And in individuals genetically susceptible to developing autoimmunity, chronic inflammation and/or autoantibodies may occur that selectively destroy organs in the body such as the brain.

The pertussis toxin has been shown in animal studies to provoke excess production of insulin by the pancreas and diabetes in mice. And from the earliest days of pertussis vaccine use, it has been associated with development of asthma in previously healthy children.

The primary complications for rubella disease and live rubella vaccine are autoimmune. There is evidence that persistent rubella viral infection in congenital rubella victims can cause diabetes. And chronic arthritis has been confirmed to be caused by both the disease and vaccine.

Since the late 1800's, the development of diabetes after mumps infection has been reported and there have been case reports of diabetes following mumps vaccination and after measles-mumps vaccination and MMR vaccination. In 2003, a study conducted by Barthelow Classen and David Carey Classen, published in the *Journal of Pediatric Endocrinology and Metabolism*, identified clusters of cases of type 1 diabetes mellitus, occurring in consistent temporal time periods after Hib vaccination, and it concluded that there are also clusters of cases of diabetes occurring 2-4 years after pertussis, MMR and BCG vaccination. The study data were also consistent with the occurrence of clusters following mumps infection.

A gastrointestinal disorder thought to be caused by infectious or immune mechanisms is Crohn's disease, which has been linked to measles infection and measles vaccine. Crohn's disease and ulcerative colitis, both thought to be autoimmune disorders, have also been reported to occur at a high rate in persons who had measles and mumps infections in the same year of life.

The virus that causes hepatitis B disease attacks the liver and can cause such severe joint pain, fatigue and weakness that the disease is sometimes mistaken for rheumatoid arthritis or lupus. Rare complications of hepatitis B disease include demyelinating disease, such as transverse myelitis and neuropathy.

Likewise, clinical symptoms that follow hepatitis B vaccine complications are similar to lupus or rheumatoid arthritis as well as optic neuritis and multiple sclerosis. GBS, chronic fatigue and vascular disorders have also been reported following hepatitis B vaccination. Researchers have also described CNS inflammation within 10 weeks of hepatitis B vaccination and concluded that, "The persistent inflammatory activity observed clinically and on MRI in these patients is comparable to that usually observed in multiple sclerosis," hypothesizing a triggering role of hepatitis B vaccination in CNS demyelination.

Barbara Loe Fisher is co-founder and president of the National Vaccine Information Center (NVIC). She is co-author of DPT: A Shot in the Dark and editor of THE VACCINE REACTION newsletter. She served on the National Vaccine Advisory Committee, the Institute of Medicine Vaccine Safety Forum and the FDA Vaccines and Related Biological Products Advisory Committee.

*For more information about vaccines and NVIC: <http://www.nvic.org>
NVIC has a free Vaccine E-News daily bulletin service.*

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Australia, also meningococcal C and pneumococcal vaccines. I am surprised that any babies survive such an assault of toxic substances as vaccines are, containing not only a number of foreign proteins (antigens) which are bacteria or their protein envelopes and viruses, but also adjuvant and tissue fixatives and preservatives. However, no babies survive without some deleterious effect, even though most parents think that their babies were 'perfectly normal' until the last assault by MMR. Their babies had previous reactions, but parents believed their doctors that it was normal and to be expected. MMR was just the last straw that broke the camel's back!

When I attended the Conference on Autism at the Tulane Medical School in New Orleans, I told one of the mother-doctors who organized the seminar that her son experienced serious reactions to his first vaccines, not just MMR. First she said "No" and then when I asked her to have a look at the photos of her child she was showing during her lecture (from birth to after MMR), put her hand over one eye and have a look where the other is aiming and then change hands, she would notice that the child was not focusing properly and the color of the eyes changed into pitch black (indicating toxicity). Then she admitted that he screamed for 3 days after every DPT, Hib and Polio vaccines. I asked her "What do you think he screamed of?" and she said she did not know. I told her that he screamed from excruciating pain due to brain inflammation. She should have prudently stopped any vaccination after the first screaming event.

Animal viruses (the most well-known are the monkey, simian, viruses and amoebas in the polio vaccines) contaminate the vaccines because most of them are cultured on animals tissue and one does not have to be a rocket scientist to realize that animal tissue

contains animal microorganisms. The amount of toxins, such as mercury exceeds manifold what is considered a safe level. There is no safe level for formaldehyde. Is it surprising that it was published already in 1990's that the US infant mortality rates rival those of the Third World? As if this was not disconcerting enough, when babies die from vaccines, parents and other care-

a vaccinated child: vaccinated children often have difficulty developing natural immunity and may come down with measles several time. Those vaccinated, and only those vaccinated, also may develop atypical measles, which is an especially vicious form of measles due to immunosuppression by vaccination.

I observe that even many of those doctors trying to warn of the dangers

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Infectious diseases are beneficial for children... provided they are properly managed.
.....

givers are accused of Shaken Baby Syndrome (SBS)! Vaccinators not only kill your babies, then they also throw you into prison. No thanks for your unquestioning compliance.

Many parents vaccinate because they are told and hence mistakenly believe that infectious diseases represent a surge that has to be prevented at ANY price; quite the opposite is true. Infectious diseases are beneficial for children by priming and maturing their immune system, provided they are properly managed. Complications and death may arise if such diseases are mismanaged, by the inappropriate administration of antibiotics in a viral disease such as measles; this damages the gut flora and suppresses the immune system. Antibiotics are useless in a viral disease anyway, even if they worked.

Relentless suppression of fever (an important healing process) is another example of quackery in the orthodox medical system.

The best treatment in any infectious diseases is sufficiently high doses of vitamin C.

There is also a substantial difference between acquiring measles by an unvaccinated healthy child (meaning no vaccines at all, not just MMR) and

vaccines, say that they are not against vaccination and that they do not want to see those large epidemics of measles, mumps and rubella. I urge these doctors to take the time to study what has already been documented in medical research about the dangers and ineffectiveness of individual vaccines. The only safe vaccine is the one never administered.

The Amish who claim religious exemption to vaccination, did not report a single case of measles between 1970 and 1987 (for 18 years!) That was the time when the well-vaccinated communities experienced regular 2-3 year epidemics amongst those who were vaccinated. Then, starting in December 1987, the Amish reported large outbreaks of measles already in 1982, just when the US health authorities were going to pronounce measles eradicated (by 1 October 1982). Obviously, infectious diseases have their own dynamics which are not studied, because of the morbid preoccupation with vaccination.

When the individual US states mandated DPT vaccination starting in 1978, the incidence of whooping cough increased in a sustained manner, with the majority of cases occurring

between 6 weeks and 6 months and in the vaccinated! In contrast to this, when the UK parents stopped vaccinating in 1975, it was followed by the longest interepidemic period with the lowest incidence of whooping cough on record. When the normal 4-year epidemic arrived in 1978 the age distribution returned back to normal: the majority of cases occurred in 4 year olds. The same happened in Sweden after 1979 when they discontinued the use of pertussis vaccine: no incidence

Many medical researchers now admit that a pandemic of such immunoreactive disorders as asthma and allergies is caused by too much hygiene and mass vaccination programs, but that does not mean that we should change these (harmful) health practices. They just fall short of saying that infectious diseases are desirable, because having measles prevents asthma and other immunoreactive diseases, degenerative diseases of bone and cartilage, sebaceous skin diseases and certain cancers (as published in the Lancet

see the value of their own research results. One or two cases of adverse events after vaccination may be coincidental, but not hundreds of thousands of cases all over the vaccine-crazy developed world. Do vaccines cause autism? Quite obviously, they do! You have seen it with your own eyes and some even video-recorded it. I am re-introducing the word OBVIOUS into science. Besides this, there is plenty of published research documenting how and why vaccines cause autism (and many other deleterious effects): by deranging all systems in the body, starting with the immune system.

There are many angles to approach this problem, but they all point in the same direction. Stop vaccinating and you will have healthy and normal children, as non-vaccinating parents all over the world will confirm. The only people who should get vaccines are the vaccinators. Medical Observer published another of my letters to the editor, in which I challenged an aggressive pro-vaccinator to go on TV and to show us how safe vaccines are, by allowing himself to be injected with all baby vaccines and either put up put up or shout up. He chose to shut up. I told a few prosecutors in the US to take their flu injections every year. Tell vaccinators to take their own medicine and then watch the horror in their eyes.

<http://vacinfo.org/viera.htm>

DEFINITION * TREATMENT * PREVENTION
Autism is 1 in 150 children today, 1 in 68 families! TAAP (The Autism Autoimmunity Project) is a non profit charity dedicated to obtaining funding for independent research addressing immune and immunogenetic abnormalities in autism. Please visit our website for more information at: <http://www.AutismAutoimmunityProject.org> and help us put an end to this silent epidemic!!! Know the Cause, FUND the Cure!

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Parents believe your own eyes.
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below the age of six months, with very low incidence below the age of 2 1/2 years and the majority of cases occurring between 2 1/2 and 10 years. At that age, whooping cough is not a dangerous disease. It is only potentially dangerous in small babies.

When you hear about outbreaks of any 'vaccine-preventable' infectious diseases, first ask how many of the 'victims' were vaccinated (you will usually hear that most, if not all). In the last four years, Australia has been experiencing large outbreaks of whooping cough, after our former health minister increased the vaccination compliance by unlawful means, by making certain social security payments depend on vaccination (even though this can be circumvented when 'conscientious objection' is lodged; this is an equally questionable practice since vaccination is not mandatory in Australia, so why would anybody have to claim conscientious objection to it).

Large epidemics of polio followed mass vaccination drives in Taiwan, Oman, Namibia, Gambia, Jordan, Albania and many other countries, typically mostly after the first dose. This is all published in the Lancet and other reputable medical journals.

in 1985). That having mumps prevents ovarian cancer, was published already in 1966. That rubella vaccination does not prevent congenital rubella syndrome and that immunity acquired by having the disease is superior to that acquired by vaccination, has been published in Australia and elsewhere.

Babies and small children do not need any vaccines. Individually administered, measles, rubella and mumps vaccines are just as harmful as given together. Medical Observer published my letter to the editor in which I wrote that the best way to know whether MMR causes autism or not is to stop using it. Japan admitted the causal link between MMR and the OBSERVED side effects such as meningitis and simply discontinued MMR vaccination. No epidemics of higher magnitude than normal of measles, mumps or rubella followed. There is nothing wrong with that. When people tell me that the UK Health Department published that so many children then died from measles, I always ask "And you believe it?" Vaccinators are capable of publishing not only lies, "They publish total lies", as one TV cameraman said.

Parents believe your own eyes. Sadly, you can't trust doctors who can't even

ANOTHER FAMILY DESTROYED BY SHAKEN BABY ACCUSATION

By Lisa Mullenax

Our beautiful 3 1/2 month old Baby Lucas was killed by adverse reactions to vaccines and over-dose of medications. As a result, my husband and I have lost our home, our savings, our careers, and our reputations because we were accused by the medical establishment of having killed our precious baby. Our lives have radically changed in this past year. The police investigated our son's death for 11 1/2 months and then came by surprise and indicted my husband. My husband, Alejandro is currently incarcerated due to incompetent physicians and blatant medical malpractice. He is charged with 1st and 3rd degree murder and the state of Pennsylvania is seeking the death penalty.

Dr. Mohammed Al-Bayati, a highly respected toxicologist and pathologist conducted a thorough investigation into the true causes of our son's death which led him to make some startling discoveries.. The evidence produced in his report will speak for itself. We are not by any means an isolated incident. This "Shaken Baby Syndrome" epidemic is becoming a national crisis as thousands of innocent people are being victimized by these false allegations. Many are wrongly convicted.

Following is a brief excerpt from Dr. Al-Bayati's report:

"Baby Lucas was born at 41 weeks of gestation on May 16, 2002. He was in excellent health until the day of his vaccination on July 23rd when he was 9 weeks of age. He was simultaneously administered seven vaccines (DTaP, Hepatitis B, Hib, IPV, and Pneumococcal vaccine) and developed an upper respiratory tract infection within one to two days post-vaccination. He was treated with Tylenol for two to three days for fever. At seven days post-vaccination, Lucas's mother

took him to his pediatrician because he was still suffering from an upper respiratory tract infection. Also, one day prior to Lucas's vaccination, his mother suffered from mastitis and she was treated with a 10 days-course of Dicloxacillin. She breast-fed Lucas during her treatment with an antibiotic and he developed diarrhea. Furthermore, Lisa was also treated with an eleven days-course of an antibiotic on May 20th, when Lucas was four-days old and she also breast-fed him during her treatment."

"The clinical data collected during Lucas's hospitalization following his cardiac arrest on August 27th revealed that he suffered from serious health problems, which were responsible for his cardiac arrest and the bleeding in the brain, subdura, retina, and other locations. These included diabetes mellitus; metabolic acidosis, liver damage, urinary tract bacterial infection, pneumonia, vitamin K deficiency, anemia, and brain edema. Lucas's health problems were induced as a result of his seven vaccines received on July 23rd, and the treatment of his mother with antibiotics during Lucas's breast-feeding period used to treat her upper respiratory tract infection and mastitis."

"On day six of Lucas's hospitalization, it was determined that the baby was not breathing spontaneously. Brain death protocol was initiated and followed. Lucas was pronounced dead at 1200 on 9/2/02. An autopsy was performed on September 4, 2002 by Dr. Samuel Land and he determined that the cause of injury and death was blunt force trauma to the head. However, the clinical events described above indicate that the cardiac arrest and the bleeding in the brain and other locations were caused by the adverse reactions to vaccines and medications.

They caused Lucas's diabetes, metabolic acidosis, reduction of potassium levels in cardiac muscles and other tissues, vitamin K deficiency, and bacterial infections."

"The vaccines given to Lucas on July 23, 2002 induced an upper respiratory tract infection within 1-2 days post-vaccination and I believe that this infection also caused Lucas's urinary tract bacterial infection observed on August 28th and his pneumonia discovered at autopsy. Lucas's systemic infections caused hyperglycemia and metabolic acidosis, which subsequently led to the reduction of the levels of potassium in the cardiac muscle and nervous tissues and that led to cardiac arrest. Serious adverse reactions to vaccines and death in children have also been reported in the medical literature. For example, in the USA, reports to the Vaccine Adverse Event Reporting System (VAERS), concerning infant immunization against pertussis between January 1, 1995 and June 30, 1998, revealed 285 cases of death and 971 cases of non-fatal serious illnesses."

"The treatment of Lucas's mother with antibiotics predisposed Lucas to vitamin K deficiency by reducing the levels of vitamin K in her breast-milk, causing Lucas's diarrhea, and reducing vitamin K synthesis in Lucas's gastrointestinal tract (GIT), and vitamin K uptake from the GIT. Lucas also suffered from liver damage and other systemic problems that reduced the synthesis of coagulation factors in liver and reduced food intake. Vitamin K deficiency was the primary cause of bleeding in the brain and other tissues in this case. I presented the clinical evidence that show Lucas suffered from vitamin K deficiency. Vitamin K deficiency is the common and well-documented cause of bleeding in breast-fed infants in Section IV of this report."

"Furthermore, the treatment of

Shaken Baby Accusation cont. on page 14

Lucas with epinephrine in the hospital on August 27th and thereafter also contributed to the subdural bleeding and bleeding in other locations as shown by several brain CT scans taken on August 27th through August 30th. In addition, on August 28th, the blood pH reached a critical low of 6.64 and the baby was treated with sodium bicarbonate. Unfortunately, he was treated with excessive amounts of sodium bicarbonate and the blood pH reached a critical high of 7.67. This treatment caused severe brain and pulmonary edema, hypoxia, and hypokalemia.”

“The radiology findings show that Lucas had an old-healed fracture of rib #11. Rib fractures have also been observed to occur during labor in babies as explained in this report (V). Lucas was born by vaginal delivery at 41 weeks of gestation with manual assistance and the force used caused his mother to suffer from vaginal laceration, severe bleeding, hypotension, and anemia that required a blood transfusion. It is likely that Lucas’s rib fracture happened during labor.”

“This family has suffered from two tragedies because the physicians who treated Lucas with vaccines and those who treated his mother with antibiotics during the breast-feeding period did not take into consideration the adverse reactions of those agents on Lucas’s health. In addition, the physicians who treated Lucas during his hospitalization following his cardiac arrest and the medical examiner in charge of this case did not consider the adverse reactions of medications and vaccines given to Lucas and the adverse reaction of antibiotics given to Lucas’s mother in their investigation. The first tragedy is the loss of Baby Lucas due to adverse reactions to vaccines and medications. The second tragedy is the false allegation, accusing the parents of killing their Baby Lucas - a horrible crime that they did not

commit.”

“I urge the doctors who are involved in this case, health care workers, and officials in the state of Pennsylvania to review the medical evidence presented in this report. It clearly shows that Lucas died as a result of the adverse reactions to vaccines and medications and Lucas’s parents are innocent. Actions should be taken to prevent similar tragedies from occurring again. The objective of the state and health care workers should be to determine the factual causes that lead to the illness and death of a child and to prevent such problems from happening to other children. Accusing innocent parents of abusing and killing their children based on unsupported theory, as in this case, will not prevent the death of other children from the adverse reactions to vaccines and medications. However, it certainly puts innocent people in prison and causes great suffering. It also costs the taxpayers huge sums of money in order to pay for unnecessary trials and legal fees while destroying the lives of innocent parents and caretakers.” Dr. Al-Bayati’s recommendations to prevent future infant deaths and false accusation of innocent parents as a result of adverse reactions to vaccines and medications can be viewed at the Redflags Weekly website below.

We are asking for your assistance in exposing this witch-hunt so that it will increase awareness of this growing tragedy and will in turn help to prevent future infant deaths. We ask that you please consider linking Lucas's toxicology report to your web-site. Until more cases like ours are exposed, babies will continue to needlessly die as a result of adverse reactions to these allopathic drugs. Devastating accusations will continue to destroy other innocent peoples' lives if the medical establishment continues to refuse to perform differential diagnoses once mention of "Shaken Baby Syndrome" is made. The tragedy of many "Shaken

Baby Syndrome" findings is that they are based upon a theory that has not been borne out of current scientific or medical evidence. Furthermore, there is a dichotomy of testimony between various medical experts who strongly debate the validity of this theory.

This can happen to anyone. Our Lucas was a healthy baby until he was administered his two-month immunizations. Young parents tend to not know or understand the potential lethal ramifications of immunizations and medications. My only goal is to increase awareness of this growing epidemic so that other innocent babies do not needlessly die and so that other innocent families are not afflicted by these heinous allegations, because no matter which of the two happen, the families' lives will be profoundly affected forever.

These iatrogenic (doctor induced) injuries must be exposed so that the same grave errors will not continue to be repeated. Our society has an obligation to its citizens to not allow these miscarriages of justice to perpetuate. A paradigm shift is approaching within the medical establishment and we must act now to expose this tragedy for the sake of our children.

To read full details of Dr. Al-Bayati’s extensive report published at the Shaken Baby Syndrome Conference co-hosted by Nicholas Regush and Sandy Mintz, go to:
http://www.reflagsweely.com/conferences.shaken_baby/aug22_A_Bayati.html and much more documentation on Shaken Baby Syndrome at:
<http://www.freeyruko.bizland.com/albayati1.html>

Susan Kreider, RN has more information pertaining to this case. She is a vaccine-injured adult.
<http://www.informedchoice.info/SIDS.html> or
http://www.informedchoice.info/SIDS_aux4.html

THE POWER OF KNOWING - VACCINATION RISKS & OPTIONS

By Rita Hoffman

On October 11, 2003 the grassroots organization Know Vaccines hosted a national conference on vaccine issues in Rochester, New York. The day was in honor of Alexis Spaker, the daughter of conference organizer and Know Vaccines founder Sevaste (Sam) Spaker. Alexis died of Hodgkin's disease in 1998 at the age of 17. After her daughter's death, Sam Spaker discovered research indicating links between vaccination and childhood disease. The discovery in Alexis' medical records that indicated an allergy to the DPT vaccine as an infant and the MMR vaccine as a teen raised more questions as it was shortly after her MMR that Alexis was diagnosed with Hodgkin's. The more the Spakers learned the more they became committed to educating parents about the side effects of vaccines.

Sam Spaker welcomed the crowd. She described the thirst for information on the topic of vaccines and stressed that parents have a need and a right to information in order to make a decision about vaccination for their children. After thanking her husband Bill, her son and others who assisted her with organizing the conference she introduced the first speaker of the day, Dr. Jason Whittaker, DC, who, with his wife Danella, run a family wellness practice in King City, Ontario.

Dr. Whittaker presented a dynamic power-point presentation, **Vaccinations, Science or Dogma**. He told the crowd that his interest in vaccines developed after learning through his chiropractic studies about wonders of the immune system. He has researched vaccination for eight years and has been speaking about vaccination for five. Through his studies he began to connect his own childhood

health problems including allergies and hearing impairment due to chronic otitis media to the vaccines he received as a child.

Parents in the audience could easily understand Dr. Whittaker's descriptions of the workings of the immune system and the effects of vaccinations. He covered natural immunity vs. artificial immunity from vaccines, and the sides of the immune system called the Th1 (cell mediated, "search and destroy", deals with infections and cancer) and Th2 (humoral - memory, support, suppression, clean-up).

Dr. Whittaker described how the immune system is designed to learn sequentially and that the sequence is important. A pregnant woman's immune system shifts from Th1 to Th2 so that she does not reject the baby. Infants are born with a Th2 skewed

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...parents have a need and a right to information
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immune system. After birth the transition from Th2 to Th1 begins. This transition is assisted by breastfeeding. Dr. Whittaker provided the audience with an excellent example of how vaccines bypass the sequence of the immune system. The "army" - people at the front half of the conference room were the "Th1" search and destroy side of the immune system and the back half of the army was the "Th2" memory, clean-up side.

Everyone was to watch the two exit signs at the front of the room where the "enemy" comes from. But - the enemy (via vaccination) came in through the back door bypassing the Th1 and blindsiding the Th2! The whole army was surprised and ambushed. Vaccines actually weaken our systems because the "enemy"

enters from the "back door" causing a "paranoid and chronically reactive Th2 system" and a "weak Th1 search and destroy" side of the immune system.

Dr. Whittaker told the audience that with vaccine research the "antibodies are the be all and end all of producing immunity" and that if a vaccine produces the desired antibody response it is considered effective, passed and marketed. The problem is that antibodies are only one small part of the still largely undiscovered immune system. He stressed that clinical efficacy trials described in vaccine package inserts use only healthy children that have received vaccines. He also pointed out that new vaccines aren't compared to placebos which are inert, but to another vaccine product which means that negative results can be excluded from the final conclusions.

Questioning whether germs cause infectious disease Dr. Whittaker quoted German pathologist Dr. Rudolph Virchow who said, "If I could live my

life over again, I would devote it to proving that germs seek their natural habitat, diseased tissue, rather than being the cause of diseased tissue." An example is streptococcus bacteria, which may be present in your mouth without causing the symptoms of strep throat. It is only when the body's natural resistance is lowered that the balance of health is shifted toward illness.

Dr. Whittaker admitted his bias and he encouraged the audience to research the information and resources themselves. He encouraged the audience to read a paper by researcher Hilary Butler entitled "The Role of Vaccines in SIDS". He also told the audience about VRAN and our website. He said that VRAN has the best newslet-

Vaccination Risks & Options cont. on page 16

Vaccination Risks & Options cont. from page 15
ter on vaccine issues in the world.

Boston area homeopathic physician and author Richard Moskowitz, MD spoke regarding vaccines and chronic diseases. He described how reactions run a wide spectrum for small to major problems and those extreme cases are the “tip of the iceberg”.

Many of you may have read Dr. Moskowitz’s paper “Vaccination, A Sacrament of Modern Medicine”. He describes vaccination as a religion.

Dr. Moskowitz described numerous case studies seen in his practice that showed how vaccines “aggravate what’s already there” and that homeopathic medicine can help clear up vaccine damage. One case described a 2-year-old boy with allergic asthma where the homeopathic remedy he prescribed cut his inhaler use by 50%.

After a DPT vaccine booster the child developed bronchitis and his allergies worsened. A repeat of the same remedy at a different dosage eliminated the problem.

Dr. Moskowitz called measles a graduation ceremony for the immune system by providing a mechanism for expulsion of the virus. The immunity is qualitative, absolute and life long and provides specific and non-specific immunity because it primes the immune system. He asked why we don’t let people alone that don’t want the shots? He told the audience about a study in the *Journal of the American Medical Association* (1992 Feb 12;267(6):823-6) entitled “Measles herd immunity. The association of attack rates with immunization rates in preschool children.” Schlenker et al concluded that “coverage of 80% or less may be sufficient to prevent sustained measles outbreaks in an urban community.”

He described how the cost/benefit analysis for vaccines leave out the billions spent on otitis media, asthma, autism and behaviour difficulties and that we almost never hear or see the

bad effects of vaccination, even in the media.

Dr. Moskowitz stated that he is not against all vaccines in all circumstances, and that he is pro-choice. He admitted to not having all the answers but questioned mandatory vaccine policies and reiterated that the other side of the issue needs to be heard!

Dr. Philip Incao, MD was next to speak about ways to strengthen our children and their immune systems. After earning his MD in 1966 Dr. Incao continued his studies in anthroposophic medicine in Europe because he “hadn’t learned about healing in

gave his son homeopathic remedies, calendula cream and changed dressings, the impetigo spread from head to toe. He started to think the homeopathics may not work, and that he may need penicillin. But he then realized that his son’s skin was not being attacked – he was shedding or throwing off (Th1) the strep germ and moving it out of his body. In ancient medicine pus was always thought of as a good thing as it meant the body was cleansing. A rash indicates that the body is getting rid of something, either a cellular waste or toxin. The strep in the impetigo sores may have been an

.....
He describes vaccination as a religion.
.....

medical school.” Dr. Incao was delighted and surprised by the number of people in attendance at the conference and felt that it showed how widespread the concern of vaccination is today.

After learning anthroposophic medicine, which is a more humane and holistic approach, he started to think differently. When Dr. Incao’s first child was born he waited to vaccinate and now 33 years later he’s still waiting to vaccinate and none of his three children were vaccinated. He decided to risk Mother Nature than the “changeable recommendations of medicine.” His children have never taken antibiotics or painkillers. He treated his children with homeopathic remedies when through the years they developed fevers, earaches, Rubella and whooping cough.

He described his most important lesson with his middle son who, at the age of 6, had his skin break out in weeping oozing sores called impetigo, which his traditional medical training taught him was caused by streptococcus bacteria and that “strep” had to be treated with antibiotics. Although he

opportunistic scavenger. If the strep went inward instead of outward that would have been dangerous. His son recovered uneventfully without penicillin.

Dr. Incao said the immune system stirs up toxins with inflammation and then the toxins work their way out. Inflammations that don’t discharge are the problem ones. He said the most important thing is how the patient is acting or behaving. To strengthen children to have good resistance to illness it’s important to not suppress or mask symptoms with painkillers. Antibiotics have their place but should be used only in a toxic crisis, not indiscriminately. Dr. Incao recommended that the healthiest way to get better is to fast, drink liquids, purge (laxative such as prune juice, and sweat (wrap in blankets). Dr. Incao stressed that inflammation is your friend as it’s trying to cleanse the body.

Dr. Incao urged the audience to remember that children are more sensitive than we realize and that we should protect them from unnecessary stress which is ever increasing in the modern

Vaccination Risks & Options cont. on page 17

world and with modern healthcare.

One of the leading stresses in children today is vaccination.

Dr. Lynn Friedman, DC, spoke on her attempt to get a religious exemption to vaccination for her child Luke to attend public school in New York State. New York is supposed to provide exemptions from vaccination for religious and medical reasons but the Department of Health regulations allow individual school districts to determine whether a person is entitled to an religious exemption.

In a riveting speech, Dr. Friedman described how her faith in God and his design led her to choose not to vaccinate her child. She told the audience of a scripture in 1 Corinthians 2:5 "Your faith should not stand in the wisdom of men, but in the power of God." Her personal relationship with God has helped her through the great adversity she has faced for her decision to not vaccinate her child.

When Luke was to begin school Dr. Friedman submitted a religious exemption form and notarized letter from her Pastor to school officials. One week later she received a certified letter questioning her "alleged" religious beliefs and a 9-page questionnaire prying into her personal life and her beliefs. She then contacted an attorney and completed the questionnaire with him. A meeting was set up with the School Superintendent and attorney where she was asked to provide 5 days prior to the meeting, her medical and dental records for the past 10 years, and all of her sons medical records which she refused. Her attorney convinced her to bring her son's records. She went through, what Dr. Friedman calls a "4 hour inquisition" into her personal life and her chiropractic opinions. She was also asked to quote Biblical scripture. She then received a letter denying her religious exemption and Luke was expelled from Kindergarten.

She searched for another attorney and she contacted Barbara Loe Fisher of the National Vaccine Information Centre who put her into contact with Joel Oster of the Liberty Council, a law firm located in Orlando, Florida that specializes in handling religious liberty cases. Dr. Friedman obtained a temporary restraining order for her son's admission to school. She cried out to God and a quiet calm and clarity and the words "trust in me Lynn, trust in me" led her to know that God was in control. She described how the Bible contains the words "fear not" 365 times, one for every day of the year.

Dr. Friedman filed suit in District Court against the school district and the New York State Department of Health claiming they violated state and federal law by refusing to grant religious exemptions to forced vaccinations.

The opposing attorneys subpoenaed medical and dental records. Dr. Friedman and Luke's Godparents underwent hours of grueling questioning at the trial. After 2 days of testimony with three attorneys cross-examining, Dr. Friedman lost the case in court. Joel Oster told Dr. Friedman, "God may want this to touch many more lives than just ours." She then enrolled her child in a private Christian school where they found she had true beliefs and had full religious exemptions.

Dr. Friedman appealed the decision and in September of this year the 2nd Circuit Court of Appeals affirmed the original District Court's judgement. The case may be appealed to the Supreme Court of New York. The U.S. Constitution guarantees all Americans free rights to religion but the courts seemed to be trying to take that right away for Dr. Friedman and her son.

Dr. Friedman closed with a story told by Barbara Loe Fisher at the 2002 National Vaccine Information Center

conference where Dr. Friedman also spoke. "Once there was a man on the beach throwing washed up starfish back into the ocean. A stranger passing by asked why was he doing that because he knew he could not possibly save all of them. The man picked up a starfish and threw it into the water and said, 'I made a difference for that one.'" The crowd cheered as Dr. Friedman proudly introduced her son Luke, who is now 7.

After a question and answer session with the speakers Sam Spaker was given a standing ovation from the crowd in thanks for organizing the informative day.

The conference concluded with the viewing of Direct Order, a film directed by Scott Miller and narrated by actor Michael Douglas. This incredibly powerful film is about the men and women of the US military suffering from the devastating after effects of the anthrax vaccine as well as the fallout experienced by members of the military who chose to speak out, question or refuse the shot.

Sources:

Know Vaccines
www.knowvaccines.com

Jason Whittaker, DC
www.drwhittaker.ca
Vaccinations – Science or Dogma CD or Audio tape from the website or call 1-877-773-1568
Part proceeds to VRAN

Richard Moskowitz, MD
<http://members.aol.com/doctormosk/>

Philip Incao, MD
www.philipincao.com

Direct Order by Scott Miller
www.directorder.org

Please note: Hilary Butler's "The Role of Vaccines in SIDS" can requested via email from VRAN and we will send you an electronic version of the article. Write to info@vran.org

AMERICANS TEND TO BELIEVE THERE IS A VACCINE SAFETY NET FOR CHILDREN. THERE ISN'T ONE.

By Virginia Young

The following is one mother's account of vaccine reactions suffered by her children, currently posted on the Red Flags Weekly online Vaccine Conference (November 15, 2003)

There is no doubt in my mind that vaccines are a cause of SIDS. We chose to not vaccinate our youngest until she turned 6 months of age. At that time we reluctantly tried the DTaP and IPV. He fell ill within hours of the inoculations. He ran a low-grade fever and became pale and fussy. The next day he had staring spells punctuated by intermittent screams. He no longer smiled and babbled, and he absolutely refused to eat solid food. He lost his voice and could not sleep, and instead he would cry out in five-minute intervals. The following morning he broke out in hives on his upper body. The hives stopped at the nipple line. The lower body was pale. He was given prednisolone and benadryl in the emergency room and sent home. That day he either stared or cried out in pain. He did not want to be held, but he did not want to be put down. His breathing was shallow and rapid.

On the third day, he had a seizure in my arms. That night I watched him cry out, posture, and take shorter and more shallow breaths until he stopped breathing. This went on for several days. The worst of it was over by the time the apnea monitor arrived. He urinated enough to soak his diaper, clothes, and our king-size bed; and he did so twice in a two-hour period. We made many trips to the doctor's office and more calls than I can count.

All we could do was watch and wait. After one episode of hives and fussing he appeared to pass out. When

we brought him to the E.R. I was told I was over-reacting and his hives were probably "his reaction to my stress". He had numerous other side effects such as gelatinous stools. Thankfully, he still nursed from me a little, but he was barely wetting one to two diapers a day. These symptoms lessened over time, but nonetheless lasted for two months.

On the day of his vaccines he was a very happy, healthy, strong, 25-pound

.....
... unable to list the contents of the vaccines, and ... unaware of the dangers.
.....

baby ready to crawl at any moment. The day after his shots he could not even sit up. I have heard the same story over and over again. In general, the American public believes a safety net is in place for children. Common sense tells us that long-term studies are necessary. I made the mistake of assuming that such studies had been performed. It boggles my mind that vaccines would be mandated without long-term tracking, and looking at all possible side-effects.

My three youngest children have all reacted severely to vaccines. I was told time and time again that the reactions were coincidences and the subsequent illnesses were blamed on ear infections, viral infections, even food allergies. My twins were vaccinated simultaneously, and they reacted simultaneously with 105 degree fever and high-pitched screaming. Despite these classic reactions we were never given medical exemptions. My middle children were left with a list of neurological and

behavioral problems with no answers and no support. Our baby was vaccinated at 6 months of age with supposedly thimerosal-free DTaP and IPV. He reacted so severely that we thought we were going to lose him on several occasions. The reaction started within hours of the shots and lasted for two months. At six months of age he stopped smiling, babbling, and interacting with others. The reaction was so obvious that even my 9 year old knew the vaccines were to blame as soon as she saw the changes. We had never discussed the dangers of vaccines with her. I had always told my children that they were necessary and important for the protection of their health and well-being.

My husband and I have medical backgrounds. The medical community is so fully indoctrinated into the belief that vaccines are safe and necessary that we are blind to the truth. Most pediatricians that I have spoken with are unable to list the contents of the vaccines, and they are unaware of the dangers of these chemicals and possible contaminants. I never asked questions or thoroughly researched the vaccines. I had blind faith in "the system", and my family has paid a high price.

Virginia Young

Reprinted from Vaccines: An Online conference sponsored by Redflags Weekly and Vaccination News
<http://www.redflagsweekly.com/conferences/vaccines/index.html#p4f5>
<http://www.redflagsweekly.com/conferences/vaccines/index.html>

LETTERS

September 30, 2003

Anne McLellan, M.P.
Minister of Health
Ottawa, Ontario K1A 0A6

Dear Minister McLellan,

Re: Epidemic of Anaphylaxis in Children and vaccine adverse events

Thank you for the response regarding the relationship between vaccination and anaphylaxis dated June 26, 2003.

You have provided information on a few studies that have not indicated a link between vaccines and allergies, and you have determined that "Taken together, these studies fail to support the hypothesis that vaccines cause allergic disease". Unfortunately, you totally ignored the numerous studies that I provided that do indicate a link – not even a mention of these! I must then assume that your government has no intention of investigating the link between the changes in the vaccine schedule in the early 1990's and the epidemic of anaphylaxis in young children and the cause will remain "unexplained".

You also did not address the 975 adverse events reported for the vaccines my 9 year old anaphylactic child received as an infant. Local and provincial health authorities will not comment on this data and informed me that the federal government is responsible for this area.

Dr. Kirsten Rottensten, on behalf of the Ontario government, wrote "I would suggest that you address your concerns to Health Canada, as Health Canada has the responsibility for the licensure and the national monitoring of vaccines and other biologicals in Canada."

Dr. A. Lynn Noseworthy, Medical Officer of Health for my area, stated, "As you may also know, vaccines used in Canada are regulated and their safe-

ty is monitored by Health Canada."

The buck seems to have stopped with the Federal Government. As you did not address this data in your last response, I am re-sending via registered mail, copies of the following adverse event reports for the following vaccine lot numbers:

DPT-P 24008-11
exp. June '94
49 adverse events (1 death,
2 seizures/convulsions)

Hib 3A0896
exp. June '94
42 adverse events (4 seizures/convulsions)

DPT-P 24009-11
exp. Nov. '94
76 adverse events (3 seizures/convulsions)

Hibtitre 3J0158
exp. Nov. '94
6 adverse events (1 seizure/convulsion)

DPT-P 24010-11
exp. Nov. '94
111 adverse events (8 seizures/convulsions)

Hibtitre 3C0629
exp. July '94
21 adverse events (2 seizures/convulsions)

5 doses combined in one syringe –
"PENTA"
DPT-P 24017-11
exp. June '96
664 adverse events (34 seizures/convulsions)

Act-Hib K0421
exp. Apr. '96
6 adverse events

TOTAL ADVERSE REACTIONS REPORTED - 975

The reactions, attached, include: death, seizure/convulsion, dyspnoea, speech disorder, allergic reaction, adenopathy, hypotonic-hyporesponsive episode, severe pain and/or swelling,

screaming episode, hypokinesia, persistent crying, severe vomiting and/or diarrhea, lethargy, fever, cyanosis, rashes, eczema, pneumonia, lymphocytosis, sterile abscess/nodule/necrosis, infective abscess, tachycardia, gait abnormal, ataxia, bulging fontanelle, sepsis, vasovagal reaction, tremor, arthritis, cellulitis, bradyapnoea, delirium, reduced consciousness, shaking, somnolence, anaphylaxis, apnoae, encephalopathy, asthma, injection site reaction, shortness of breath, and confusion.

The National Report on Immunization, 1996 states: "If the number and type of reports for a particular vaccine lot suggested that it was associated with more serious adverse events or deaths than are expected by chance, the *federal government has the responsibility and will*, as well as the legal authority, to immediately recall that lot."

The U.S. Centers for Disease Control considers a vaccine "hot lot" one that generates reports of more than two deaths or two convulsions or a total of 10 adverse reports. Health Canada officials reported an investigation should be initiated after a "cluster of reports" and that means "3 or more." Vaccines that my child received had as many as 664 adverse events reported and 34 seizures/convulsions. If this is the case, the majority of the vaccines my child received should have been recalled. Please answer this question: Why weren't these vaccine lots recalled?

I will feel responsible, on behalf of all children and parents in this country, to contact the Royal Canadian Mounted Police for their interpretation of this data if I do not receive a response from you that includes a plausible reason why these vaccines continued to be administered to children even though it was clear that they were causing severe health problems and death.

I eagerly anticipate your swift

Letters cont. on page 20

Letters cont. from page 19

response to this most important children's health issue.

Sincerely,

Rita Hoffman
R.R. #2, Stirling, Ontario K0K 3E0
pancakehill@sympatico.ca

* * * * *

In October, the College of Chiropractors of Ontario proposed a change to the scope of practice for Chiropractors in Ontario which would prohibit them from discussing vaccine concerns with patients. We appealed to VRAN members to vigorously protest this proposal. We know the College was deluged with impassioned objections to what is nothing less than a gag order on practitioners. Following is a sampling of submissions to the College.

The College of Chiropractors of Ontario
130 Bloor Street West, Suite #902
Toronto, Ontario M5S 1N5

Dear Colleagues:

Thank you for the opportunity to voice my concerns regarding the change to the CCO policy on vaccines. As a Chiropractor licensed in Ontario in 1983, I have grave concerns about our position as a profession on this matter of vaccinations as our profession's founding principles and philosophy indicate that chiropractic is to remove interference to the nervous system without drugs or surgery and without going beneath the level of the skin, one of the body's primary defense systems.

Vaccinations do go beneath the level of the skin, though new avenues are being created. They do not enhance the immune system and work to depress and/or shutdown the T-Cell production which has been implemented in the cause of cancer. They introduce heavy metals into the system, as well as, introduce environmentally sensitive

chemicals into the body. Our profession's position is to do no harm. Changing the internal environment/chemistry by injection is conducive to harming the nervous system and may depress the nervous system to the point that it cannot respond to invading pathogens, giving the appearance of maintaining health through lack of response. If numbers are properly calculated, I would suspect there are more children dying from vaccination related responses, than from the diseases themselves. Public Health is to protect the public and NOT force the public into non-optional programs. Supporting the advent of Mandatory Vaccination Programs is not in the best interest of our profession.

I question your policy when so many recorded risks are associated with the introduction of vaccines beneath the level of the skin. The nervous system, the foundation of our specialty, needs healthy receptors to provide the needed afferent supply to the brain. If oral antibiotics can affect the hair cells of hearing, what more can injected substances do to the system. I personally had as patients one family that lost two infants at two months to vaccine injections and had a third child brain damaged. This is an outrage. I fought to defend this family from vaccinations as they were threatened with having all their children removed for child abuse if vaccinations were not administered. These parents tried to fight for the lives of their children and lost. I warned the MD not to give the last male infant the vaccination. His attitude was that this family didn't deserve to have children anyway. The child died three days after the injection and this MD had the gall to attend the funeral. What kind of system are you supporting? We as chiropractor know that the nervous system develops the most the first seven years of life. Why would we support any program that interferes with the development of the

system that we purport to enhance the function of?

Our patients are really students of wellness as we as chiropractors perform our duty to do no harm and educate them on natural preventive health by teaching them how to maintain a healthy nervous system. Let us continue to perform our God given duty to teach health knowing that our governing bodies protect the principles of our founding fathers and are committed to truth and will stand against treason.

Thank you for this opportunity to submit my concerns on this monumental decision facing our profession.

Sincerely,
Dr. Julie K. Bjornson

* * * * *

To: College of Chiropractors of Ontario, Oct. 22, 2003

Joint Statement from VRAN & Association for Vaccine Damaged Children

Vaccination Risk Awareness Network Inc. and the Association for Vaccine Damaged Children (AVDC), Canada's longest existing vaccine information groups advocating for families suffering from vaccine reactions and injuries, and providers of reliable information not available from government and medical sources, are alarmed that the CCO is considering this amendment. We believe that **it would eliminate the critical "balance" that your current Policy P-033 endorses**, i.e. to ensure that "the public receives balanced and accurate information with regard to immunization."

VRAN and the AVDC contend that the public has not and will not receive "balanced and accurate" information from a majority of physicians, nurses and health officials, many of whom habitually suppress information regarding legal exemptions to vaccinations, minimize and deny serious reactions, side effects of vaccines, fail to

Letters cont. on page 21

disclose documented contraindications to vaccines, and consistently fail to report vaccine reactions and injuries to Health Canada.

The scientific community cannot claim cost effectiveness of vaccination programs because the hidden cost to society of vaccine reactions, injuries/disabilities, chronic disease and deaths have never been calculated in Canada or included in the equation.

Without the rigorous science in place to prove that mass vaccination programs are safe and not contributing to the explosion of neuroimmune and autoimmune disorders, the much touted reassurances of safety are theoretical, and NOT factual. The only way to scientifically prove that the use of multiple vaccines does not significantly contribute to the incidence of chronic disease such as autism, asthma, learning disabilities, diabetes, is to conduct methodologically sound, controlled large, long term studies comparing groups of highly vaccinated, lesser vaccinated, and completely unvaccinated children, and measure for all morbidity and mortality outcomes, including pathological changes in immune and brain function in the individual children participating during the entire course of the study.

To the shame and discredit of the scientific community, these studies have never been done and permit health officials to make unproven and fraudulent claims about vaccine safety.

As well, we have evidence that some statistics they use to support the use of vaccinations are misleading and deceitful. If Standard of Practice S-015: Immunization is adopted, the public will be left with even less chance of making thoughtful, informed decisions about vaccinations than they are now.

It is imperative that chiropractors retain their ability to provide their patients with data relating to vaccinations and/or refer them to independent educational sources such as ourselves.

VRAN and the Association for Vaccine Damaged Children request that the College of Chiropractors of Ontario reject proposed Standard of Practice S-015: Immunization.

* * * * *

Dear VRAN,

I will be sending you an article that appeared in our Peterborough Examiner on Wednesday regarding the ingredients put into many of the Vaccines being given to children. The woman is a Professor at Trent University and her husband died of mercury poisoning. I also read in yesterday's paper that there is a new Whooping Cough vaccine being distributed to doctors here. It is called Adacel. Has anyone contacted you about the ingredient in this new vaccine??? I will try some research and see what I come up with.

Also, I took Thomas (now a whopping 25 pounds, with his first tooth, standing and walking around already and was 9 months old on October 28th!!!!) to see the doctor for a regular check up (that is stopping as of now!). I figured we were past the point of making me feel guilty for not getting Thomas vaccinated until that visit on October 16th. First his nurse said, "So which needle is Thomas getting today?" ...I said "He doesn't get needles thank you." I got the side way glance and the "Ohhhhhhhhhh", you could hear the tsk tsk in the voice. I wasn't in the mood to explain and felt I didn't have to.

Then in comes the doctor...again "So, what vaccination are we doing today?" I said "Let me refresh your memory...Thomas isn't getting vaccinated." Period...so we move onto the weight and length and general health...all excellent!!! During the exam he off-handedly said he had his first case of whooping cough last week. I said that was too bad and I hoped everyone was getting better. He said it was a teenager and they don't

die of whooping cough! Out the door he went. By the time I got Thomas dressed and got back to the clinic parking lot I was feeling like a really shitty parent. Here we go again!!!!

That night I had nightmares about Thomas becoming seriously ill, the next night the same thing. For the next 4 days I didn't take Thomas anywhere, we stayed on the farm and away from everyone, I was becoming completely paranoid. Lucky for me I have a voice of reason, in the form of my Mother. We are in contact every day and live close but I figured I could manage this one on my own...besides I didn't want her nagging at me for taking Thomas to a 'well baby' visit, which she says is totally unnecessary (I do agree with her now).

I told my Mom what had transpired at the doctor's office and that I was feeling like a real crappy Mommy and what if Thomas got sick, and what if, and what if... She reminded me that babies didn't die of whooping cough either. She reminded me of my cousin that had it as a baby and also that my future sister-in-law went through it with her son, now a healthy 7 year old. Also my eye doctor who is a friend of the family who is 41 and was vaccinated as a child and STILL got a case of whooping cough. It has been almost a month since that visit and I am now just beginning to unclench my body from the fear and guilt.

There was a paragraph on the Whooping Cough Vaccine that said that there were 26 cases so far this year reported and there were 30 last year, none resulted in death.

So Edda keep your eyes open for an envelope coming from me with these 2 articles. I hope all is well in Winlaw and look forward to my next issue.

Sincerely,
Heather Zischler
Peterborough, Ontario

**Letter to the Vancouver Sun
Nov. 17/03**

Thanks to Matthew Ramsey (Van Sun; B11, Nov 15) for distinguishing between confirmed cases of influenza and all flu-like illness. According to Fluwatch records, influenza vaccine can possibly prevent only about 10% of all flu-like illness. The 70-90% efficacy commonly stated for the vaccine is an *approximate* measure for *healthy* individuals when circulating viruses *closely match* the influenza viruses in the vaccine.

Due to the combining of all pneumonia deaths with those of influenza in Vital Statistics' records, the impression is made that influenza deaths are much higher than is truly the case. Ramsey stated "Influenza kills approximately 1,200 British Columbians each year." If he had contacted BC Vital Statistics directly, he would have discovered that, from 1990 to 2002, BC has had a yearly average of 66 deaths directly due to influenza, only 3 to 4 indirectly due to influenza.

Vaccination Risk Awareness Network Inc believes there would be less risk to health and life from all causes, including adverse vaccine reactions, if yearly flu shots were replaced by healthy lifestyles and the occasional vitamin and/or herbal supplement.

Susan Fletcher, Sechelt, B.C.

* * * * *

**Re: Canadian Media
Vaccine Debate on T.V.O
October 25, 2003**

Tomorrow they tape the vaccine debate for the TV show "Second Opinion" They asked me to participate on this show as a parent to discuss the fact my daughter died a few hours after an adverse reaction to a vaccine. Last night they phoned me to tell me that I am not allowed to mention my

daughter, her death or vaccine reaction at all on the show tomorrow. Their legal department has advised against this and they fear lawsuits because the story is too compelling and will make the show too anti-vaccine. "They don't want to cause public panic, which may lead parents to not vaccinate"

I told the TV people that I would not go on the show and say "A vaccine killed my child" I would simply give the facts, that she was vaccinated, had a reaction and then died." The cause of death is listed as SIDS, which means no known cause. I would just give the facts. They still said no.

Instead they want me to be on the show as a nurse and talk about the science and the facts only. I have also been told I can only discuss the flu shot and no other vaccines because the pro vaccine doctor on this show doesn't have the knowledge on other vaccines. I was specifically told I cannot discuss autism and vaccines. I know the media is often gagged here on what they can discuss when it comes to vaccination but I have never been told what I am and not allowed to say through the media. I am considering still doing the show. There are plenty of "facts" I can still discuss and then go to another form of media and tell them my story. That I was asked to do a vaccine debate and stick to the facts and pretend my daughter didn't die after a vaccine. How can the public know the truth if they are only being given half a story? So much for freedom of speech!

Has anyone ever done this type of media and been instructed on what you can say or not say? Any ideas?

And after the debate, Christine writes:

I did the televised debate last week and had my first face to face experience with the lies. I have read about the lies, heard about the lies, but to see them first hand that way, was a real eye opener for me. The doctor, (Mary McGeer) talked out of both sides of

her mouth, contradicted herself constantly but still managed to end every sentence with "everyone should get vaccinated" or "the risks are so great from disease (the flu) and so small from the vaccine" bla bla bla. If I made a point that was too good for the anti vaccine side she outright lied to defend the vaccine. I just found it utterly shocking and I still have difficulty comprehending why anyone believes this crap. They change their story so many times. "The vaccine prevents disease...oops, the vaccine doesn't prevent the disease but makes the symptoms less severe, oops, that last vaccine was no good but now we have the new 'safer better' vaccine available"

I just hope there comes a day that the majority wakes up and fears the doctors, the lies and the vaccines more than the disease. I believe the flu shot being used here on a mass scale will wake up a lot of people. It will be more difficult to hide so many adverse reactions under the rug. Of course that won't stop them from trying!

Christine Colebeck,
Kitchener, Ontario

Editor's note: Canadian media is used to being gagged!! Last year when the Montreal Autism Society, ATEDM convened a large conference on the relationship between mercury in vaccines and the epidemic of autism spectrum disorders, media was called to a large meeting at a Montreal hospital and were told point blank that if they reported the vaccine/mercury/autism issue, they would be held responsible if vaccine uptake declined and diseases made a comeback and would be held liable for the deaths of children resulting from a drop in vaccine compliance!!

Re: Flu shots could help to identify SARS cases
CTV National News
Wednesday Sept. 24, 2003

Dear CTV News,
Avis Favaro and Lloyd Robertson,

Your flu shot report on the 24th of September has Dr. McGeer saying that ".....and for kids getting their flu shot -- it substantially reduces their risk they'll have an ear infection."

A fellow parent researching vaccine safety and efficacy had that same day sent me the abstract of a study from the September 24th Journal of the American Medical Association which concluded, "Administration of inactivated trivalent influenza vaccine to children aged 6 to 24 months DID NOT (emphasis mine) reduce the burden of AOM (Acute Otitis Media) or their utilization of selected health care and related resources."

Who do we believe?

And where are the safety studies for giving the flu shot along with the numerous doses of other vaccines (diphtheria, pertussis, polio, tetanus, hib, meningococcal, pneumococcal, measles, mumps, rubella and chicken-pox) that may be given to 6 to 18 month old babies? Have babies vaccinated with all of these vaccines been compared with a completely unvaccinated control group? And have the vaccinated and unvaccinated babies been followed up for their developing chronic diseases like asthma, diabetes, anaphylaxis, autism and learning disorders? No they haven't.

God bless you Lloyd Robertson for bringing up parents' concerns after the segment above, and thank you Avis Favaro for including Mr. Wylde, the homeopathic specialist, in this piece.

Thank you for the opportunity to comment.

Sincerely,
Rita Hoffman
Stirling, Ontario

INFLUENZA SHOTS? NO THANK YOU!

The Flu vaccine is worthless and damaging! It is impossible to prevent disease by artificial means.

By Vivian Virginia Vetrano, D.C. hM.D., M.D., PH.D.

Does the influenza virus vaccine really protect us from the flu? Hygienic doctors proclaim "DEFINITELY NOT."

Physicians hypothesize: "Yes, Maybe and No! It depends." Yet, they still recommend that persons of selected groups take the newly concocted flu vaccine. Those targeted for the vaccine range from babies six months or older; to persons age 65 or older; special groups, such as those with chronic disorders of the pulmonary or cardiovascular systems, and others too numerous to mention. Actually, the list takes in practically everybody.

The Hygienic theory of the development of influenza is the antithesis of medical orthodoxy. Physicians believe the disease is due to various and numerous bacteria or viruses. Hygienists realize that the development of any disease is dependent on the lifestyle of the individual. Hygienists live in such a clean manner that their bodies retain no excess toxins and their Defense Mechanisms are in perfect condition!

It is impossible to prevent disease by artificial means. You are a living creature and your body will develop disease when the physical, mental and environmental conditions are so unsatisfactory they force the body to initiate an acute elimination crisis, such as influenza--which, if cared for properly, is not the dreaded disease as pictured by the purveyors of vaccinations. Vaccines add to the toxicity of the body and hence, cause disease. You can't make a healthy person a sick one unless you overwhelm him with poisons. And vaccines are poisons!

Former flu virus vaccines, using "live" viruses, produced too many seri-

ous, adverse reactions, so a new one had to be concocted. The latest 2002-2003 formula for flu vaccines is called the "subvirion." This is a mutilated virus "blended, spliced and macerated" until nothing but bits and pieces of the virus are left. However, splitting the virus makes it no less harmful. The toxic antigens, usually protein or carbohydrate in nature, are still present and are still poisonous. If they were not poisonous they would not cause the body to produce antibodies in self-defense. Medically speaking, this is why they are thought to produce immunity. Physicians are trying to cause a mild disease based on the ancient idea that if you suffer the disease once you won't get it again. We very well know that flu, colds, pneumonia and other acute diseases can develop in the same individuals multiple times. Although the split virus is purported to be less toxic than former flu vaccines, after scrutinizing and analyzing its components and their chemical attributes, I have serious doubts.

Should We Be Vaccinated?

Is the 2002-2003 influenza virus vaccine helpful or detrimental? Will it protect us or will it cause a great ruckus in the body? Studying the effects of the components of the influenza virus vaccine is not as enjoyable as drinking a delicious mango-banana smoothie, but it will help answer your questions. In fact, learning the contents of this new vaccine may make you want to either retch or shout: "No thank you!"

The flu vaccine contains a variety of other substances besides the molecules of the subvirion that wreck havoc with your health. I am sorry to have to tell

Influenza Shots? cont. on page 24

you that it is grown in an embryonic chicken or in the allantoic fluids that surround it in the egg. All flu vaccines are manufactured a little differently, and contain slightly different components, but they all contain *hemagglutinin antigens* that can cause clumping of the red blood cells. If this happens in the bloodstream, it will cause an even greater blockage of circulation than an accident on a busy freeway. The *hemagglutinin* antigens coupled with the body's antibodies against them can block arteries, killing cells by the thousands. The cells in vital organs will be starved for air, food and water, just as they are in serious cardiovascular diseases. In short, this could easily lead you to premature death and a beautiful but gloomy casket.

It may be difficult to understand how this little 0.5 milliliter dose could be so devastating, but this will become clearer as we explore the disruptive effects of each component of the vaccine on your body. The 2002-2003 influenza vaccine contains 15 ug hemagglutinin antigens of different viruses thought to cause influenza, such as New Caldonia, Panama, Moscow, and Hong Kong. In addition to the "jet-set" hemagglutinins, the vaccine also contains the enzyme neuraminidase. The hemagglutinins are the factors that are supposed to engender antibodies to render you immune to influenza. Both *hemagglutinins* and *neuraminidases* are on the surface of the virus and end up as toxic molecules in the split virus, the subvirion.

Neuraminidase is an enzyme that catalyzes chemical reactions of N acetylneuraminic acid and other neuraminic acids, which are members of a group of substances classed as sialic acids. Neuraminic acid is one of the major species of sugars found in humans and *it is a component of practically all the glycoproteins*. N-acetylneuraminic acid and other neuraminic acids are the predominate sugars in

glycoproteins. Glycoproteins consist of a spine of protein with carbon chains of oligosaccharides jutting off its sides like centipede legs. The enzyme *neuraminidase*, found in the flu vaccine is very damaging. It can cut out *neuraminic acid* from any or all of the glycoproteins in the cell membrane just like a good cutting horse cuts out the exact calf wanted by his master. Cutting out one calf weakens the herd. Cutting out neuraminic acid from the cell membrane weakens the cell membrane.

Glycoproteins: Our Lives Depend on Them

Glycoproteins are complex carbohydrates that are practically omnipresent and needed everywhere for very crucial functions. All the plasma proteins are glycoproteins, except for albumin. Glycoproteins are in all cell membranes; in bone and cartilage, in the brain, etc. If they are disrupted or destroyed by vaccines containing neuraminidase, untold detrimental effects occur throughout the entire body! Like a Jack Of All Trades, glycoproteins perform many VIP functions. Similar to private limousines that transport VIP people to special places, glycoproteins transport VIP substances such as vitamins, lipids, minerals and trace elements throughout the body. Additionally, glycoproteins are produced by cells when exposed to viruses, bacteria, and experimental chemicals. They actually become antiviral substances themselves, and are called "interferons" because they interfere with viral multiplication.

To damage glycoproteins in any manner can be compared to the demolition of a huge building by pulling out several of the basic parts of its foundation. The whole body falls apart, as does the building. *That is what neuraminidases can do to you when you allow them to be injected in the form of "immunizations."* Actually, rather than immunizing you, they do just the

opposite; they give you false hopes of protection and then slash away at you with enzymic knives.

The liver recognizes and destroys all glycoproteins that are missing their sialic acids, inactivating the glycoproteins.

The pharmaceutical companies say that neuraminidase aids the virus to leave the cell, but this is at the expense of cellular life itself. The cell has that lost its glycoproteins is now functionally crippled, because its glycoproteins are damaged. If one pile of a bridge is damaged, this leads to a weakening of the whole bridge, which becomes a hazard to those crossing it; just as our cell membranes are a hazard to us when their glycoproteins are functionally damaged.

Medical Theory of Vaccination is Flawed

Medical theory holds that increased levels of antibodies against specific antigens by vaccination will prevent the development of a particular disease, such as influenza. On the other hand, Hygienists hold that our susceptibility to disease increases with the number of vaccinations. This includes the dreaded demon disease, cancer.

Red blood cells and all cells have antigenic properties because all have both protein and carbohydrates in the cell wall, as we have just learned. Research has demonstrated that N-neuraminidase causes red blood cells to lose their antigenicity. It follows then that the virus hemagglutinins in the vaccine also lose their antigenicity because of N-neuraminidase, and consequently those who are vaccinated cannot form antibodies against the hemagglutinins! If antibodies can't be formed then according to medicine, the vaccine is useless, because it is the antibodies that, in medical thought, create immunity to influenza. If the pharmaceutical companies think they are producing immunity with this vaccine they

had better rethink their hypothesis. The small oligosaccharides in glycoproteins of mammalian tissues are formed with just a few monosaccharides and *neuraminic acid is the predominate one*. Furthermore, neuraminidases also split off *other sugars* from glycoproteins, producing as much damage as cutting off neuraminic acid. These oligosaccharides are found in the glycoproteins of all cell membranes. So the vaccine is worthless as well as very damaging to all the tissues in the body.

The Growing and Preparation of Influenza Virus Vaccine

The allantoic fluids in which the flu vaccine is grown, contain a white crystalline substance called allantoin. As an animal waste product, it is not usable and hence it is toxic. Allantoin has a high nitrogen content, which is why it is used as fertilizer. Allantoin is broken down to diureidoacetic acid. Diureidoacetic acid can be further broken down to another product that is partly responsible for the development of kidney and bladder stones.

Five hundred micrograms of *gentamicin*, a broad spectrum antibiotic, is added to each embryonated chicken egg to inhibit the growth of bacteria. Formaldehyde, which is often used as a preservative, and thought to be carcinogenic in humans, is used to inactivate the virus.

Two chemicals, *tri butylphosphate* and *Polysorbate 80*, USP are added to the subvirion to inactivate and disrupt a significant proportion of the virus. Then, resin is added to eliminate "substantial portions" of these two chemicals, tri butylphosphate and Polysorbate 80. You can be certain that some of these chemicals are still components of the vaccine when injected. Still, more purification is required because of the presence of *undisclosed* other "undesirable materials" in the vaccine.

So, at this point, we see that the vaccine contains: *Allantoin* and its breakdown products; various egg proteins; *gentamicin*, an antibiotic; *formaldehyde*; *resin*, and *tri butylphosphate*, as well as *polysorbate 80*, which is used as an excipient in formulating tablets. In other words, polysorbate 80 is the vehicle or carrier for most drugs, and it is also found in ice creams and other fabricated fake foods. To preserve this witches' brew, *thimerosal*, a mercury derivative, is used. Therefore, each 0.5 milliliter dose influenza vaccine contains 25 micrograms of mercury. Do you want all that in your body?

Some companies use *polyethylene glycol* and *Isooctylphenyl* for various reasons when producing the subvirion. Such chemicals cannot produce health. *Polyethylene Glycol* is a relative of *ethylene glycol* (antifreeze) which is often used to poison dogs and other predators of sheep. The body has a very difficult time expelling it because it is resistant to biodegradation.

Isocetylphenyl ether is a compound of ether and has anesthetic properties. Isooctylphenyl ether is a teratogen, causing abnormal prenatal development. It also induces testicular atrophy in animals, and possibly in people.

I wish to caution you that animal reproductive studies have not been conducted with influenza virus vaccine. It is also not known whether influenza virus vaccine can cause fetal harm when administered to a pregnant woman or if it might affect reproductive capacity.

Vaccines Guarantee Nothing

Please be aware that the vaccinating profession does not proclaim complete immunity for you, but states that it merely "reduces the likelihood of infection; or if you do develop the disease it will be a milder case." Listen to another confession: "It is known definitely that influenza virus vaccine, as now constituted, is not effective against all possible strains of influenza

virus. Any protection afforded is only against those strains of virus from which the vaccine is prepared or against closely related strains." *Our body's defense mechanisms do better than that! It has natural killer cells that attack all strains of viruses and bacteria.*

The 2002-2003 vaccine is not "effective" against any other strain of influenza virus or some that are closely related. You are not protected even if you are vaccinated! So many different viruses and bacteria supposedly cause influenza that it is a wonder people don't see that there is something wrong here! How can one be artificially immune to any disease when hundreds of different viruses and bacteria "cause" the same disease? How can we even believe that they cause disease in any case, since they are always present in health and disease? Most of the time they are our benefactors—they actually help us rid the body of toxins.

Vaccines Build Disease!

Perhaps you have been assured by your physician that Influenza virus vaccine contains only dead viruses and that it cannot cause influenza. This is nonsense. Influenza vaccine contains the proteins found in the RNA of the virus. These proteins, like egg or chicken protein, are alien to our bodies. Our bodies can only use the proteins and carbohydrates we make ourselves. All others are toxic and must be degraded and tossed out. Therefore, when you take vaccines, the foreign proteins and carbohydrates increase the toxicity of your body sufficiently to warrant an elimination crisis. Not only could you get influenza but you could get any other disease to which you have a physical tendency. This is why physicians state that "...coincidental respiratory disease unrelated to influenza vaccination can occur after vaccination." Excuses, excuses...

The most frequent "side effect" of

vaccination is soreness at the site of the vaccination site for up to two days. Does that sound like something that is good for you? Your body tissues become red, swollen and inflamed because of the toxic vaccine. Other injection site reactions are: pain or tenderness, erythema, inflammation, skin discoloration, induration, a mass or lump; and hypersensitivity reactions including puritus and urticaria. In

body parts. You may find yourself leaking from the nose, or throat, or lungs, or eyes and ears, and sometimes all of these at once; or the inflammation may march along like a band going from one block to the next, until the toxic level has come down to the toleration point of the individual. You are apparently well, and you are indeed free of symptoms because the body ceases its eliminations upon reaching your particular toleration

should find out what in his or her lifestyle is causing the sickness, eliminate it; and then work towards a more healthful lifestyle. If you desire to keep well it certainly helps to know what can make you sick and avoid it.

Medical treatments of all kinds can predispose you to influenza. In short, anything that enervates, or saps energy, can exacerbate any tendencies we may have toward disease. All "enervators," i.e., those things which rob you of nerve energy and weaken you physically and mentally, will predispose you to an acute disease. Some of the greatest enervators are all drugs, medications, and poison habits such as indulging in coffee, tea, alcohol, and smoking. All bad health habits are enervating, but the greatest enervators of all are pharmaceuticals, including vaccines.

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...homeopathy can be very helpful during the fluand cold season.
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addition, the following types of systemic problems have occurred after vaccination: Fever, malaise, myalgia, and other systemic symptoms such as arthralgia, asthenia, chills, dizziness, headache, lymphadenopathy, rash, nausea, vomiting, diarrhea, pharyngitis, angiopathy and vasculitis, as well as anaphylactic shock. Many asthmatics have severe reactions from taking flu virus vaccines and anaphylaxis is one of them, sometimes ending in death within one hour.

point. However, you are not really healthy until your body tolerates only the normal amount of wastes, as in a genuinely healthy individual. It takes time and right living to get to that point. Fasting hastens this process.

It is difficult for individuals to see all this clearly, because for 24 hours a day they are under the barrage of medical propaganda and coercion. They fear for their lives and know nothing about the healing powers of the living organism. The ill-fated individual does not know what to think or do, being lost in the hazy woods of the mysticism of medicine. What we need in this world is truth and enlightenment! To quote Dr. Herbert M. Shelton's favorite slogan: "Let us have the truth though the heavens may fall."

The human body learns to tolerate poisons if given to them often enough and long enough. But the price is dear, because changes in tissues are taking place that are detrimental to your health, ending up in one or more degenerative diseases. The only way out is to live healthfully so you do not tolerate toxins!

An acute disease, such as influenza, is a necessary pathophysiological process instituted by the body itself, designed to eliminate the excess body wastes by way of the mucous membranes. The bodily intelligence decides which area is the most appropriate and best avenue to rid itself of certain waste products, and when these are so overwhelming that the ordinary avenues of elimination such as the kidneys can't handle them all, they are then pushed out through other channels such as the skin and mucous membranes. When cared for Hygienically, influenza never becomes a deadly disease.

Dr. Vetrano is a Physiologist, lecturer, Co-director of The Rest of Your Life Healing Center. She has a health information service and will be pleased to answer any questions. Call "Dr. Vetrano's Health Information Service" at 830-234-3499
<http://www.livingnutrition.com>
vvetrano@rionet.cc

Getting vaccinated builds disease-not immunity! All vaccines are poisons and every new vaccine is a new poison!

Why We Get the Flu

Sickness already exists before the virus or bacteria can propagate in large numbers. The body's toxic tissues are the basic cause of the disease; not the bacteria. When your body finds itself overflowing with excess waste, like a stopped up toilet, it flows over too, with mucus exuding from one or many

The point is that the body is self-protecting and self-healing. If we all gave up the idea of "cures" and lived correctly, there would be no need for medications to suppress our symptoms or vaccines to give us a false idea that we are "protected."

Keeping Well

Neither healthy nor sick persons need to be vaccinated. The healthy person should continue on with a healthful lifestyle, and the sick individual

Dr. Vetrano's excellent smallpox essay is posted on VacLib's smallpox index for those who would like to reference it.

www.vaclib.org/basic/smallpoxindex.htm

DEALING WITH THE FLU SEASON - NATURALLY

By *Ingri Cassel*

There are two herbs that are essential to have on hand during the cold and flu season: raspberry leaves and yarrow. They are also my favorite since they are simple to harvest making them a remedy freely given to us – costing only your time and energy.

If anyone in our family begins feeling nauseous and throwing up for any reason, I immediately make a large pot of raspberry leaf tea. The person drinks nothing but raspberry leaf tea until the symptoms subside. This is a sure cure that fixes the problem in less than 24 hours. The first cup of tea may be thrown up, but the rest of the tea is assimilated, giving the body essential minerals and nutrients with which to recover.

If there is no nausea or vomiting but the usual high temperature, weakness and chills instead, make a large pot of yarrow tea. Drink nothing but yarrow tea for the 24 hours. In both instances it is good to take a hot bath to both hydrate and increase the temperature of the fever. Adding a tablespoon each of cayenne, ginger root powder to the bath water is a great way to stimulate a good sweat while drinking a cup of yarrow tea. It is important to go right to bed after the bath (source: Herbal Home Care by Dr. John. R. Christopher).

When my family gets sick, we stop consuming acid-forming food and drinks such as meat, dairy products, carbohydrates, coffee, sugar and alcohol. Actually, we usually stop eating altogether and start drinking large quantities of alkalizing beverages such as purified water, fresh-squeezed lemonade with cayenne and maple syrup in addition to the herbal teas mentioned above.

Alkalinization and hydration are

critical to expedient recovery. Cold and flu bugs love the partially digested fecal matter in our digestive tract. We use a quality colon cleanser such as Perfect 7 or Dr. Schulze's Intestinal Formulas 1 and 2 to promote the elimination of toxins and other "pathogenic-organism habitat" material from our colons.

Homeopath, Jennifer Zint, director of Vaccination Liberation in South Indiana, tells us her favorite flu remedy is Oscillocochinum by Boiron, available at health food stores – www.oscillo.com It works fast – about 16-24 hours after the first dose. Recommended is three doses a day and each dose about 6 hours apart.

Frequency medicine: Mary delaFuente uses a zapper as soon as someone in her family experiences flu symptoms. She also uses tincture of cayenne pepper, raspberry leaf tea and copious amounts of vitamin C. A zapper can be obtained at www.drclarkstore.com

Homeopathic Remedies

Recommended by Dr. Grant L. Reich, Homeopath

Gelsemium (Yellow Jasmine) is for symptoms that come on slowly. You may feel tired for 2 or 3 days before the flu or cold takes hold. Along with the tiredness and fatigue, comes a generalized body ache and trembling. Trembling because of the chills running up and down your back. An irritating, watery, runny nose, heavy, droopy eyelids and headache which starts at the back of the head are all common. If you have been weak and basically never well since the flu, Gelsemium may be the answer.

Eupatorium (Boneset) is another remedy which can be very helpful when the main complaint is a tremen-

dous body pain, which is more severe than the Gelsemium body ache or heaviness. The Eupatorium body pain feels like it is going right through the bones. The bones ache as if they were broken. So, if the common flu symptoms of fever, flush, chills and fatigue are accompanied by a severe body and bone pain, consider Eupatorium.

Ferrum Phosphoricum is a homeopathic remedy noted for its usefulness at the beginning stages of inflammation. If you don't feel quite as well as you normally do, and feel it could be the early or first stage of oncoming flum symptoms, now is the time to try Ferrum Phosphoricum. This remedy is generally not as effective once the flu has progressed past this early stage.

Homeopathic Belladonna is a remedy which can be helpful for acute symptoms which appear and disappear suddenly. The symptom picture often includes a sudden high fever with a hot, red face and dilated pupils. A prolonged fever will generally not respond to Belladonna.

Sometimes the easiest and most effective plan is just to go with a homeopathic combination remedy. These combinations are available and include the remedies mentioned and more.

In recent years, one remedy seems to have risen above the rest. It's called Anas Barbariae. In my family, it's a mainstay during the fall and winter months. In any case, homeopathy can be very helpful during the flu and cold season. The homeopathic remedies mentioned above are available at Nature's Bounty Nutrition Centre.

With appreciation to Susan Fletcher for submitting homeopathic remedies recommended by Homeopath, Grant L. Reich, RHom (Homeopath) Nature's Bounty Nutrition Centre in Sechelt, BC - 604-885-7001, and to Ingri Cassel of Vaccination Liberation for sharing her favourite herbal remedies she and her family have used for many years.

NEWS CLIPS

Canadian Field Trials of New Nasal Spray Flu Vaccine Begin

Oct. 16, 2003 - ID Biomedical announced today that it has received a "No Objection" letter from Health Canada conveying approval to begin its scheduled field study of FluINsure(TM) trivalent influenza vaccine, a non-living vaccine for intranasal administration. In addition, Health Canada has provided lot release for all of the test articles to be used in the trial, which allows administration of the vaccine to begin. Screening of potential subjects and shipments of study vaccine are underway.

The 2003 "in-season" field trial is being conducted at approximately 25 sites across Canada, and is planned to enroll a target of 1,320 healthy adult subjects, 18 to 64 years of age. Subjects will be assigned randomly, with stratification on age and receipt of influenza vaccine in the prior two seasons, to one of three approximately equal-sized treatment arms receiving either placebo, one dose of active vaccine, or the same total amount of active divided into two sequential doses separated by two weeks. The trial will collect safety and immune response data on both vaccine regimens. In addition, subjects will be followed from December 01, 2003 to April 18, 2004 for the occurrence of influenza-like illnesses, and viral culture specimens from the nose and throat will be obtained from suspect cases to confirm influenza. Close-out visits will occur in April and May of 2004.

Biocompare News _ ID Biomedical Receives Approval To Begin Field Trial Of FluNhttp://www.idbiomedical.com/

Researchers Claim Vaccines Cause Nine out of 10 Neurodevelopmental Disorders

Taken from: Pulse, 19 May 2003, By Brian Kelly – and reprinted in Britain's, The Informed Parent

GPs have been warned to brace themselves for a controversial study to be published in a peer-reviewed journal that 'confirms and extends' the work by Dr. Andrew Wakefield on MMR, autism and bowel disease. GP leaders fear the national press will 'sensationalize' the research causing confidence in childhood vaccinations, and especially MMR to plummet to an all-time low.

The US researchers also claim to have established a causal link between mercury in thimerosal-containing vaccines and brain disorder in a further three papers due out this summer. Dr. Mark Geier, leader of the studies and a geneticist at the National Institutes of Health in the US, concluded his research that "thimerosal contributed to about 75% of cases of neurodevelopmental disorders while MMR contributed to 15%."

Dr. Geier told Pulse, "The studies tend to confirm and extend the work of Dr. Andy Wakefield that caused so much concern in the UK." The research has been presented to solicitors and medical advisers at law firm Alexander Harris, which is leading the MMR litigation against the manufacturers of the vaccine in the UK.

Dr. Geier told Pulse the study, to be published in International Paediatrics, found statistically significant increased relative risk of autism, cerebellar ataxia, mental retardation and encephalitis within 5 to 20 days of MMR immunization. He based his study on the official U.S. VAERS (Vaccine Adverse Events Reporting System) database of vaccine reactions. One of his papers on thimerosal-containing vaccines is due to appear in Experimental Biology and Medicine (July).

Whole-cell DTP, single diphtheria and tetanus and some influenza and hepatitis B vaccines contain thimerosal.

MMR uptake in the UK currently stands at a record low of just 81% in 2 year-olds.

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Doctors giving MMR 'by stealth'

by Beezy Marsh, Daily Mail - Britain

Family doctors have been accused of administering the MMR jab by stealth to children coming into their surgeries to receive other vaccinations. At least 50 horrified parents have complained that their GPs have 'mistakenly' given their children the combined measles, mumps and rubella vaccine, it has emerged.

All the children had been recalled to their GP practice to receive a booster jab of the Hib vaccine, which protects against the potentially deadly haemophilus influenza type B disease, which causes meningitis. Once there, they have been given the MMR jab in an apparent mix-up - but there are fears that some GPs are using it as an opportunity to administer the MMR without parental consent.

The jab is at the centre of fears of a possible link to autism and bowel disease, leading to a dramatic fall in uptake, which now stands at 82 per cent nationally in Britain. In London, the rate has plummeted to 67.5 per cent, prompting fears of measles outbreaks.

In Britain, GPs get more money for vaccinating 90 per cent of children but those who fail to meet the target - by even one child - can lose more than £2,000 a year. Some critics say family doctors are being pressured into underhand methods in order to help meet vaccine targets and win extra payments.

One distraught mother was allegedly told by a practice nurse who had just administered the MMR without con-

News Clips cont. on page 29

sent: 'You were on our target list for the MMR.'

Many of the children had already received single measles, mumps and rubella vaccinations from private clinics. One mother from Bedfordshire whose four-year-old son was vaccinated with MMR without her consent said yesterday: 'I had purposely given my son single vaccines because I was concerned about autism. 'But the GP gave the MMR to him without my consent when we went in for the Hib booster - I only found out because I asked why he was giving my son two injections. 'It made me feel distraught and angry. I was beside myself with concern about what was going to happen to my son's health.'

Sarah Dean, director of the private jabs clinic Direct Health 2000, said: 'We have been receiving about ten calls a week for the past five weeks and all of the parents are telling a similar story. 'They go in for the Hib booster and end up with their child having the MMR without their consent.' Questions are being asked about whether GPs are doing this because of a financial motive in order to meet their MMR practice targets

Last night the British Medical Association warned that giving an injection without seeking full and informed parental consent constituted an assault on the child which could lead to criminal charges. The BMA has already warned that the MMR target payments system is undermining trust between doctors and patients.

A Department of Health spokesman said: 'No children should be immunised unless their parents have given consent. None of the childhood vaccinations available in the UK are compulsory.' Some parents have been concerned that giving the MMR after single jabs could pose the threat of an 'overdose' of the vaccine, but health experts say this is not the case. http://www.femail.co.uk/pages/standard/article.html?in_article_id=200847&in_page_id=169

http://www.femail.co.uk/pages/standard/article.html?in_article_id=200847&in_page_id=169

'Antibiotics link' to MMR and autism

By Stephen Hull , Metro(Daily Mail) - UK

Antibiotics may be to blame for hundreds of children developing autism after having the controversial MMR jab, it has been claimed. More than two-thirds of youngsters with the condition received four or more antibiotics in their first year, a survey revealed. It is thought the drugs weakened their immune systems, leaving them unable to withstand the impact of the triple jab.

Jon Tommey, publisher of Autism File magazine, attacked a 'cavalier attitude' to the measles, mumps and rubella jab and similar inoculations. 'Doctors need to pay more care to whether a child is well enough to be vaccinated,' he said. Mr. Tommey said youngsters received four sets of multiple vaccines in their first year.

'There is evidence that giving children with weakened immune systems vaccinations such as MMR could damage sensitive areas, such as chemical pathways in the brain,' he added. Mr Tommey said his seven-year-old autistic son was perfectly normal but received five courses of antibiotics in his first year. Shortly afterwards, he had the MMR jab - not long after a course of antibiotics and while he was ill.

The Autism Research Centre said: 'There seems less care these days about checking to see if a child is fit for immunisation.' Anti-MMR campaign group JABS said: 'There must be an urgent investigation into why our children are ill.'

http://www.femail.co.uk/pages/standard/article.html?in_article_id=199412&in_page_id=169

Funding Pulled on British MMR Class Action Suit

September 19 - 2 October 2003

Private Eye reports that "Last week's decision to pull the plug on legal aid for more than 1,000 families who claim their children were damaged by the MMR vaccine appears perverse and serves no public interest. Indeed, the court case everyone hopes will settle the controversy is now only six months away; and crucial tests and experiments on the children are continuing.

So far the case has cost taxpayers about £10m - about £10,000 for each child - a pittance compared to the huge sums available to the three defendant drug companies. Yet the MMR case is vital not only to the families involved, some of whose children have died and others who are severely disabled; but to all parents who are bewildered about whether the vaccines they are giving their healthy children are safe. The case is also vital because of the ongoing research into the causes of what is described as an autism "epidemic".

Because of previous health scandals, people no longer trust the government and its allies in the powerful drug companies who between them control information and most research. With MMR, many people are angry that they have been denied a choice of vaccine and have either sought costly single jabs or left their children unvaccinated (which helps no one). They too need an independent judgement on the safety of the jab.

The decision by the Legal Services Commission (LSC) to dump families now will only confirm their view that the combined Goliath powers of government and drug companies are working against them.

Ever since they first voiced concerns that their children's often catastrophic plight might have been the rare result of vaccination, these parents have been

shunned and accused of "scaremongering" and being "anti-vaccine". They have seen doctors and scientists who treat their children and share their concerns, notably Dr Andrew Wakefield, being accused of junk science and losing their research grants and jobs. These "scaremongers" are coping often with little financial and physical help with sick and often very challenging children - children who, when their parents can no longer cope, are heading towards an isolated adulthood dependent on the state.

These families want to know what, if not MMR, is a trigger. Lawyers acting for them are to appeal the LSC's decision on 30 September. But to stop the action now would serve no use - not even to the defendant drug companies. The controversy will not go away, it will grow."

And London's Daily Mail reports that: "Compelling evidence of a link between MMR, autism and bowel disease has emerged in research carried out for a landmark legal battle. Experts say children suffering autism and gut disorders have the same strain of the measles virus in their bowel, blood and spinal fluid as the one used in the triple jab.

The findings are the closest scientists have come to proving a causal link between the jab, autism and painful gut disorders. But campaigners claim authorities are trying to prevent the evidence being made public after legal aid was withdrawn from more than 1,000 families suing vaccine manufacturers. It means their case - seen as a crucial test of whether MMR is safe - is unlikely to go ahead because the families will probably not be able to afford to continue their fight against drug firms GlaxoSmithKline, Merck and Co and Aventis Pasteur MSD. Legal aid bosses said yesterday that they were 'mistaken' to have backed the families' case. Richard Miles, whose 14-year-old autistic son Robert

is involved in the case, said: 'It seems incredible that the scientists can come this far and then the powers that be decide that we should not take the case to court.'"

* * * * *

Human Milk and the Prevention of Infection

From Infections in Medicine

Posted 07/23/2003

By Benjamin Estrada, MD - Associate Professor of pediatrics, University of South Alabama, Mobile.

Breast-feeding is the recommended form of infant nutrition. In addition to nutritional and psychological benefits, it is well known that breast-feeding has a protective effect against infection. Human milk contains significant concentrations of secretory IgA and oligosaccharides, which provide protection against bacterial infection. In addition, the bifidus factor present in human milk stimulates the development of protective intestinal microflora in breast-fed infants. Protective effects of human milk against infection caused by rotavirus, enterobacteria, and Streptococcus pneumoniae are well known. The following are a series of recent findings that add significant information to our understanding of the anti-infective properties of human milk.

Recently, the presence of different natural antibacterial agents has been described in human milk. Hakansson and collaborators (Hakansson A et al. Mol Microbiol. 2000;35:589-600) have reported that alpha-lactalbumin present in human milk has bactericidal activity against S pneumoniae. The antibacterial activity of this substance seems to be independent of S pneumoniae bacterial serotype or antibiotic resistance pattern. In addition, Liepke and collaborators (Liepke C et al. J Chromatogr B Biomed Sci Appl. 2001;752:369-377) have identified a peptide in human milk similar to a proteolytic fragment of human k-

casein. This peptide was found to inhibit the growth of gram-positive and gram-negative bacteria as well as yeasts (Hakansson A et al. Mol Microbiol. 2000;35:589-600). Human milk contains relatively large amounts of xanthine oxidase, and this enzyme has been linked to antibacterial activity. The combination of xanthine oxidase and nitrites present in the newborn's GI tract generates nitric oxide, which inhibits the metabolism of Enterobacteriaceae, Escherichia coli, and Salmonella enteritidis (Hancock JT et al. Antimicrob Agents Chemother. 2002;46:3308-3310).

It has been proved that human milk contains protective cytokines, such as granulocyte colony-stimulating factor (G-CSF). The concentrations of this cytokine have been found to be higher during the first 2 postpartum days, and they are lower in breast milk of mothers who have given birth to premature infants than in milk of mothers who have given birth to full-term infants. In addition, G-CSF receptors are present in intestinal cells of breast-fed infants (Calhoun DA et al. Pediatrics. 2000;105:e7).

Among the major protective factors present in human milk are secretory IgA and sialic acid, which have activity against infections with enteric pathogens. Recently, investigators have demonstrated that these factors present in human milk survive passage through the GI tract and are present in higher concentrations in the stool of breast-fed infants than in the stool of bottle-fed infants (Kohler H et al. J Pediatr Gastroenterol Nutr. 2002;34:188-193; Fernandes RC et al. Diagn Microbiol Infect Dis. 2002;44:331-336).

Two recent studies support previous research that suggested a role of breast-feeding in protecting against infection caused by rotavirus. In a study performed in Italy, breast-feeding was found to be associated with a significantly lower rate of nosocomial

rotavirus infection. Breast-feeding was more effective than administration of lactobacillus GG in the prevention of nosocomial rotavirus infection in the same setting (Mastretta E et al. J Pediatr Gastroenterol Nutr. 2002;35:527-531; Gianino P et al. J Hosp Infect. 2002;50:13-17).

New data suggest that the anti-infective properties of human milk can be preserved for up to 3 months after its expression when the milk is frozen at 2200C (24.00F) (Ogundele MO. Br J Biomed Sci. 2002;59:205-211).

These findings should encourage the promotion and acceptance of breast-feeding as the ideal form of infant nutrition. Time spent in the promotion of breast-feeding is always time well invested.

A Theory of why the Autism Ratio is Approximately Four Boys to Every Girl

One theory published in Mothering Magazine, Issue 115, November/December 2002 by Boyd Haley, Ph.D., Professor and Chair of the Chemistry Department, University of Kentucky, Toxic Overload: Assessing the Role of Mercury in Autism, tested the possibility that this could be hormone related. The results were quite marked in their effects. Neurons that were pre-incubated with estrogen

demonstrated substantial protection against thimerosal-induced neuron death. In contrast, the addition of testosterone caused a very large increase in thimerosal-induced neuron death. A low nanomolar level of thimerosal that gave less than 5 percent neuron death in three hours could be increased to 100 percent cell death by the addition of one micromolar level of testosterone. Testosterone alone at this level also showed less than 5 percent cell death. The opposing effects of estrogen and testosterone may explain the gender-based four-to-one ratio. Most important, the tremendous enhancement of thimerosal toxicity by testosterone points out the impact of synergistic effects when addressing mercury toxicity. <http://www.autismautoimmunityproject.org/responses.htm>

Thrombocytopenia after immunization of Canadian children, 1992 to 2001

Alberta Children's Hospital, Calgary. Pediatr Infect Dis J. 2003 Feb;22(2):119-22

BACKGROUND:

Thrombocytopenia occasionally follows immunization of children, especially after administration of measles-containing vaccines. The purpose of this study was to describe the clinical features of postimmunization thrombo-

cytopenia, with emphasis on the rate of complications and outcome. METH-ODS: A prospective survey was conducted by 12 pediatric centers in Canada during 1992 to 2001. At each center a nurse monitor searched for inpatient cases. Cases were defined as having onset of clinical signs or laboratory measures of thrombocytopenia (platelet count, <50 x 10(9)/l) within 30 days after immunization. Cases were described in a standardized manner, including follow-up data as available. RESULTS: Sixty-one cases were detected, an average of 6 per year or approximately 1 case per 15,000 general hospital admissions. Median age of cases was 13 months. The mean platelet count at diagnosis was 8.6 x 10(9)/l. Most cases (79%) followed measles-containing vaccines. Only 1 child had a serious (fatal) complication. Platelet counts returned to normal within 30 days of onset in 46 of 57 children (80.7%) with information available. Five children (8.2%) had persistent or intermittent thrombocytopenia for 3 months or more. CON-CLUSION: Thrombocytopenia associated with routine immunization of children is rare and usually benign, resolving within 1 month in most children.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12586974&dopt=Abstract

PMID: 12586974 [PubMed - indexed for MEDLINE]



IMMUNIZATION INFORMATION ON THE INTERNET

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

Eagle Foundation

<http://www.eaglefoundation.org>
Canadian organization in support of
vaccine injured families.

WHALE Vaccination Resource

[http://www.whaleto.freemove.co.uk/vac-
cines.html](http://www.whaleto.freemove.co.uk/vac-
cines.html)
Excellent site.

New Atlantean Immunisation Resources

[http://www.new-atlantean.com/
global/vaccine.html](http://www.new-atlantean.com/
global/vaccine.html)
A good list of resources; global pro-choice
vaccine groups books, tapes and videos.

Vaccination Information Paradigm

[http://www.cco.net/~trifax/vaccine/
vacindex.html](http://www.cco.net/~trifax/vaccine/
vacindex.html)
Very good information, updated regularly.

Sebastiana's Medical Journal listings of vaccine risks

<http://www.omen.net.au/~pienaar/index.html>

National Vaccine Information Center

<http://www.909shot.com>
Excellent site run by the largest N.A. group.

Attachment Parenting & Natural Nurturing & Vaccine Links

www.geocities.com/Heartland/Fields/2460
Excellent site offering concepts that create
health in the family and access to
Vaccination OneList network.

Natural Immunity Network

<http://www.i-wayco.com/niin/index.html>

Concerned Parents for Vaccine Safety

[http://home.sprynet.com/sprynet/Gyrene/Ho
me.htm](http://home.sprynet.com/sprynet/Gyrene/Ho
me.htm)
Excellent site—links to many others.

Informed Parents Home Page

[http://www.unc.edu/~aphillip/www/
vaccine/informed.htm](http://www.unc.edu/~aphillip/www/
vaccine/informed.htm)
Excellent site—well researched.

Immunisation Awareness Society

<http://www.ias.org.nz>
Excellent site—offers international research.

FEAT (Families for Early Autism Treatment)

<http://www.feat.org>

Dr. Harris Coulter's Website

<http://home.earthlink.net/~emphtherapies/>

Leading edge Research Group: The Biological Manipulation of Human Populations

<http://www.trifax.org/menu/bio.html>

Center For Complex Infectious Diseases— info re. stealth viruses & Dr. John Martin's research

<http://www.ccid.org>

Tetrahedron — AIDS, Ebola, vaccines, Gulf War Syndrome

<http://tetrahedron.org/>

International Advocates for Health Freedom — John Hammell

<http://www.iahf.com/index1.html>
Networking between health freedom
activists

Health World Online- Discussion Forums on Vaccines

<http://www.healthy.net/>

Vaccination Information & Awareness— Links to many sites

<http://www.access1.net/via>

Vaccine Safety Website—Dr. B. Classen

<http://vaccines.net/risks.htm>

Australian Vaccination Network

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

MEDICAL INFORMATION & PRO-VACCINE LINKS:

WHO & Communicable Diseases Surveillance

<http://www.who.int/emc/>

Vaccine News Updates— Immunization Briefs

www.infoinc.com/imnews2

Vaccine Weekly Magazine—For the medical world

<http://www.holonet.net/homepage/1v.htm>
Covers new vaccines.

Infectious Diseases in Children

[http://www.slackinc.com/child/idc/199805/v
accine.htm#speclink](http://www.slackinc.com/child/idc/199805/v
accine.htm#speclink)

Immunization Action Coalition— Pro-Vaccine site

<http://www.immunize.org/>

Achoo & MD

<http://www.achoo.com>
Consultation source for travel vaccines

Medscape—Online medical info

<http://www.medscape.com> ✓

DID YOU KNOW ?

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

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

SIX REASONS TO QUESTION VACCINATION

By Walene James

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

*Vaccination is not mandatory anywhere in Canada.

TEN REASONS TO JUST SAY 'NO' TO VACCINATIONS

By Walene James

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

Philosophical questions:

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

~Walene James

Walene James has authored an exceptional book that is a must read for everyone involved in educating themselves, their families and communities about vaccine risks and health creating alternatives to vaccination. She helps us take a quantum leap out of the fear-based vaccine paradigm. Walene's insightful analysis of the history of vaccines and infectious disease is complemented by a thorough investigation of the factors that create health in human populations, and what we all need to do to create health in our families. For more information, contact Ingri Cassel at Vaccination Liberation in Idaho: 208-267-8037

RESOURCE & INFORMATION LIST

Immunization: History, Ethics, Law & Health

by Catherine Diodati. Best new book about vaccines. Please order from VRAN

Cost: \$35 + \$5 postage

Immunization—The Reality Behind The Myth

by Walene James.

What Every Parent Should Know About Childhood Immunization

by Jamie Murphy

Vaccinations: Are They Really Safe and Effective?

by Neil Z. Miller

How To Raise a Healthy Child In Spite of Your Doctor

by Robert Mendelsohn, M.D.

Universal Immunization — Medical Miracle or Masterful Mirage?

by Dr. Raymond Obomsawin available from Health Action Network - (604) 435-0512

A Shot in The Dark

by Dr. Harris L. Coulter & Barbara Loe Fisher

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

Vaccination—Medical Assault on the Immune System

by Viera Scheibner Ph.D.
to order: (204) 895-9192

The Immune Trio

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

Every Second Child

by Dr. Archie Kalokerinos (204) 895-9192

Vaccinations and Immunization: Dangers, Delusions and Alternatives

by Dr. Leon Chaitow.

What About Immunizations?

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

Vaccinations—The Rest of the Story

published by Mothering Magazine. P.O. Box 1690-Santa Fe, N.M. 87504.

The Immunization Decision—A Guide for Parents

by Dr. Randal Neustaedter.

The Case Against Immunizations

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

The Immunization Resource Guide

by Dr. Zoltan Rona, M.D.

to order call:

1-877-920-8887

Natural Alternatives to Vaccination

by Diane Rozario
available from Vaccine Policy Institute
(937) 435-4750

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