

VRAN Newsletter

Vaccination Risk Awareness Network

January 1999

Parents Take Court Action to Challenge Hepatitis B Vaccine

Winnipeg has recently become the epicentre for vaccine related issues. This past November (1998) a group of parents with the assistance of the Association for Vaccine Damaged Children challenged public health officials with a court injunction in an attempt to stop the hepatitis B vaccine campaign from being launched in public schools.

Historically, this is a First! It is the first time that a group of Canadians have appealed to the courts to stop the fraudulent and unethical actions of a provincial health bureaucracy from imposing a mass vaccination campaign aimed at all grade 4 children. The issue is informed consent. The consent form fails to disclose all the material risks of the vaccine, but proceeds to play up the fear of an epidemic arising if children aren't vaccinated, and implies that people who choose to defer from the vaccine are bad parents for not protecting their children. In some schools, only vaccinated children received rewards such as teddy bears or treat bags.

In October, 1998, the French courts ordered a halt to further vaccination of school children following reports of neurological illnesses being provoked by the hepatitis B vaccine. A large class action lawsuit is in the works in France, launched by 15,000 people claiming vaccine caused injuries which have resulted in chronic disabilities like multiple sclerosis and lupus. Medical doctors, researchers, and parents both

in Europe and North America are expressing alarm at the ever increasing numbers of reports of vaccine associated health problems.

The Manitoba court was presented with compelling scientific evidence linking hepatitis B vaccine to a heightened risk of neurological injury. The court was told that the consent form designed by health officials failed to disclose serious vaccine risks, thereby disabling parents from making an informed decision on behalf of their children.

Predictably, the Court ruled in favour of the province, allowing it to proceed with its mass vaccination plan. Shockingly, it failed to uphold the biomedical/ethical standards derived from Canadian Case Law, that material risks, regardless of how insignificant they may be statistically, must be disclosed prior to any medical procedure. The Court's failure to order health officials to re-write the consent form to include the possibility of serious, adverse reactions is a striking violation of the principle of informed consent granted all Canadians. It is a compelling example of the dysfunction of our legal system in its failure to uphold the most fundamental ethical standards in the practice of medicine and public health. It is a testament to the degree that the current medical monopoly has the power to violate the individual's right to "security of the person", as provided in the

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Editorial

by Edda West

It is time to lift the veil on the mythology of vaccines as benign, magic potions saving us from death and disability. As biological and chemical agents, vaccines penetrate the deepest recesses of human physiology. They have the ability to infiltrate our chromosomes and our genetic code. They have the power to wreak havoc on our immune and neurological systems. They can damage us to the extent that our complex protective immune resources turn against us, bringing on chronic degenerative diseases like MS, Lupus, Rheumatoid Arthritis, Chronic Fatigue Syndrome,

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VRAN NEWSLETTER

VRAN BC

Vaccination Risk Awareness Network

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Edda West, Mary James, Julie Shams, Catherine Diodati, Andreas Schuld, Rita Hoffman. With thanks to Catherine Orfald for the newsletter layout.

Statement of Purpose

- VRAN was formed in October of 1992 in response to growing parental concern regarding the safety of current vaccination programs in use in Canada.
 - VRAN continues the work of the Committee Against Compulsory Vaccination, who in 1982, challenged Ontario's compulsory "Immunization of School Pupils Act", which resulted in amendment of the Act, and guarantees an exemption of conscience from any 'required' vaccine.
 - VRAN forwards the belief that all people have the right to draw on a broad information base when deciding on drugs offered themselves and/or their children and in particular drugs associated with potentially serious health risks, injury and death. **VACCINES ARE SUCH DRUGS.**
 - VRAN is committed to gathering and distributing information and resources that contribute to the creation of health and well being in our families and communities.
- VRAN's Mandate is:**
- To empower parents to make an informed decision before they vaccinate their children.
 - To educate and inform parents about the risks, adverse reactions, and contraindications of vaccinations.
 - To respect parental choice in deciding whether or not to vaccinate their child.
 - To provide support to parents whose children have suffered adverse reactions and health injuries as a result of childhood vaccinations.
 - To promote a multi-disciplinary approach to child and family health utilizing the following modalities: herbalist, chiropractor, naturopath, homeopath, reflexologist, allopath (regular doctor), etc.
 - To empower women to reclaim their position as primary healers in the family.
 - To maintain links with consumer groups similar to ours around the world through an exchange of information, research and analysis, thereby enabling parents to reclaim health care choices for their families.
 - To support people in their fight for health freedom and to maintain and further the individual's freedom from enforced medication.

VRAN publishes a newsletter 4 times a year as a means of distributing information to members and the community. Suggested annual membership fees, including quarterly newsletter and your on-going support to the Vaccination Risk Awareness Network: **\$25.00—Individual** **\$50.00—Professional**

We would like to share the personal stories of our membership. If you would like to submit your story, please contact Edda West by fax or e-mail, as indicated above.

DISCLAIMER

The contents of this publication reflect the opinion of the authors only. The authors are not licensed to practice medicine, nor are the opinions in any way to be construed or intended as medical information. This publication is for informational purposes only and should not be construed as medical advice. The particulars of any person's concerns and circumstances should be discussed with a medical doctor prior to making any decision which may affect the health and welfare of that individual or anyone under his or her care.

VRAN NEWS

NEW POLICY AND REMINDER

To all members across Canada, we'd like to take this opportunity to thank you for your membership renewals and your ongoing support and commitment to informed choice around vaccine issues. We'd also like to remind you that ALL SUBSCRIPTIONS BEGIN IN JANUARY, and that membership renewals are due this month. If you subscribe after January you will receive all of the issues published since January with your first mailing.

VRAN FUNDRAISING

We want to take this opportunity to express our deepest, most heartfelt appreciation to our membership for your generous response to the recent fundraising appeal. Your contributions are enabling us to step up to a new level of activity in this work of empowering parents to act through knowledge rather than fear. There is a groundswell of parents who are making health creating choices for their children based on natural nurturing, breastfeeding, wholesome food and delaying vaccinations. Your ongoing support is key in helping us gather knowledge from many sources world wide, to carry this forward into the community, and to foster a new culture of parenting that dares to challenge orthodox medicine and is rooted in a vision of human health that springs from intuitive wisdom in alignment with wholistic and health creating philosophies.

VRAN WEB PAGE

For all VRAN members who are Internet connected, VRAN is proud to announce our new web page posted with Freedom of Choice in Health Care. Although the format does not permit us

to bring the newsletter on line, nor to post new items at this time, it nevertheless gives us visibility and conveys valuable information such as our recommended reading list, and most importantly, provides direct links to a large selection of excellent web sites. Within the next few months we will also be working with Vancouver area people to construct a web site that will be dynamic, and will enable us to post items from the news letter and other noteworthy happenings, particularly as concerns the Canadian scene. To access our site, go to: <http://www.yesic.com/~fchc>

DR. SCHEIBNER IN CANADA

We are pleased to announce that Dr. Scheibner is returning to Canada. She will be speaking at several sessions at the Consumers Health Association of Canada conference in Toronto in March (see next item) and will also present lectures in Vancouver, and Winnipeg. Please Contact Health Action Network for Vancouver area dates.

Please call 1-888-432-HANS or e-mail: hans@hans.org

Contact Association for Vaccine Damaged Children for Dr. Scheibner's Winnipeg dates: 204-895-9192 or 204-895-9192 ; e-mail: tjames@autobahn.mb.ca

CONSUMERS HEALTH ORGANIZATION OF CANADA CONFERENCE

The Consumers Health Organization conference will be held in Toronto March 19-21 at the Queen Elizabeth Complex (CNE grounds). It is the largest health conference of its kind in Canada bringing together outstanding speakers, alternative health practitioners, and the latest information on innovative healing modalities. This year's special panel will focus

on vaccinations, featuring American activist and author Dr. Leonard Horowitz, Australian science researcher and author Dr. Viera Scheibner, Catherine Diodati, the Canadian author of the dynamic new book *Immunization: History, Ethics, Law and Health*, and Edda West, co-founder of VRAN. The forum will be held on Saturday, March 20 at 12:15–1:45 pm.

For more details, please call the CHOC at 416-490-0986. VRAN will also have an information table at the conference and Edda will be available all weekend to talk to the public. Any members wishing to assist at the VRAN table would be so welcome.

VRAN MEETING, TORONTO

Please reserve the evening of Tuesday, March 23 for a members meeting. The meeting will be an opportunity for Ontario/ Toronto area members to get together, meet each other and Edda West, and to strategize and plan the direction of VRAN's activities for this coming year.

For details about the time and place of the meeting, please call Edda in BC 250-355-2525, or in Toronto after March 18th at 416-533-0153.

EXEMPTION FORMS

We have received numerous inquiries about exemption forms in Ontario and people not being able to find them. In Ontario, the form is contained within the Immunization of School Pupil's Act. The Act is available from the Ontario Government book store on Bay St. in Toronto—cost is around \$5.00. The form is also available from every public health unit in the province. Often, there is blatant denial that such a form exists as zealous health officials actively try to discourage parents from exercising their right to exemption. When you remind them that the Act contains the form, they usually recover from their amnesia and produce it. The form, upon completion must also be notarized—meaning that an official signature must accompany it to make it valid. This can cost anywhere from

\$10.00 –\$50.00. However, most municipal offices employ a Commissioner of Oath who will sign the form for free.

EAGLE FOUNDATION WEB SITE: WWW.EAGLEFOUNDATION.ORG

Readers will remember that The Eagle Foundation was created in 1995 by concerned Winnipeg Chiropractors in order to assist families with vaccine injured children. Recently, the Foundation has also offered assistance to Sergeant Mike Kipling who faces court martial by the Canadian Armed Forces for refusing the Anthrax vaccine, and onerous legal costs to defend his right to refuse this experimental and unapproved drug. The Eagle Foundation has created a web site that tells his story, and the plight faced by armed forces personnel who do not wish to submit to the battery of injections forced on them. The site also publishes an appeal to school administrators to review the documented scientific evidence that is implicating hepatitis B vaccine in neurological injuries, and the collapse of ethics and safeguards that permits this vaccine to be given to Canadian school children.

Y2K—AN AWAKENING

Entering this home stretch towards the millennium, VRAN has been offered an exciting fundraising opportunity through the distribution of a beautiful poster depicting a map of the world that details the critical areas of concern arising from the year 2000 computer crisis. It is a

meticulously researched overview of the facts, follies, possibilities, probabilities and certainties that we as a community will face. The problem is vast and complex, and is perhaps the greatest challenge modern, technological society has yet had to face. Juxtaposed with the stark, hard hitting reality of what may unfold in the wake of critical systems breakdown, is a powerful message of hope best described as a "Covenant with Creation" that reminds us of the eternal values of Human Purpose, Home and Family, Ancient Indigenous Wisdom, and Planetary Ecology. Size of the poster is 36" x 24" and is available singly or in bulk orders. To order, please refer to the price list enclosed with the newsletter.

A SPECIAL THANKS TO MEG EDWARDS

Meg has retired from her post as VRAN's newsletter editor. For the last three years, Meg has given so generously of her time; writing articles, gathering newsworthy items, and shaping the newsletter to a standard we can all be proud of. As a core member of VRAN, Meg has devoted countless hours to responding to information requests, talking to concerned parents, organizing meetings and representing our concerns to the media. Thank you Meg for infusing VRAN with your skills, clarity and wisdom. Wishing you best of luck and success in your new computer design venture!

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VIDEOTAPES AVAILABLE FROM VRAN...

VACCINES: THE OTHER SIDE OF THE STORY

From the National Vaccination Information Center. Answers your questions about vaccine reactions, your rights and the law, questions to ask your doctor.

"DANGERS AND INEFFECTIVENESS OF VACCINATION"

A presentation by Dr. Viera Scheibner of Australia. Powerful, informative and reveals the pseudo science behind vaccine safety trials.

"DPT: VACCINE ROULETTE"

The original NBC production that blew

the whistle on the dangers of whooping cough vaccine. This is the historical documentary that spearheaded the global vaccine awareness movement.

Cost \$ 25.00 each
\$20.00 refundable upon return of video (\$5 retained for shipping and handling)
Please send cheque or money order to:
VRAN: Vaccine Info Videos
c/o Laurie Murray
4 Purdy Place,
Kingston, Ont.
K7M 1B3

Vaccination and Military Exemptions

by Catherine Diodati

They stand in the line of fire to protect the rights and freedoms guaranteed by the Constitution and the Charter of Rights. They regularly relinquish their personal desires for safety and self-preservation when they are faced with a clear and present danger that requires redress. However, military personnel are finding their own rights are being violated when they stand before the vaccination frontline.

Although U.S. immunization waivers are available, they are limited, difficult to obtain and can be revoked "if necessary to ensure the accomplishment of the military mission" if, for example, it is believed that there is an imminent risk of exposure to a particular disease. (Paragraph 13 of AFJI 48-110). Religious exemptions can be obtained only when the military or civilian personnel (e.g. those employed by the military or training under military sponsorship) are active members of a recognized religious group whose tenets oppose immunization. Obtaining immunization exemptions for family members of military personnel can be equally difficult and frustrating.

I was recently in contact with a mother whose husband is being transferred to an Air Force Base in Japan. She was told that she could not accompany her husband for his three year tour unless their son received all vaccinations. Lee Ann and her husband had made an informed choice to refuse all vaccines for their son DeAndre. This apparently did not present a problem until the transfer orders arrived. At that point they were told that, if the family wanted to remain together, they would have to foot the travel expenses and mother and child could not live on base housing.

One of the most poignant observations Lee Ann made was that the physicians and the clinic personnel

they had consulted were dumbfounded when asked to explain the procedure for obtaining immunization exemptions. Their immediate reaction was to take the easy road and bluff, imposing unwanted vaccination, rather than using available resources to obtain information on applicable exemptions. Repeatedly, the parents ran into red tape and road blocks despite the fact that the vaccines were not required either where they lived or in the region to which they were being transferred. Interestingly enough, Lee Ann eventually found out that these medical professionals were not only uninformed, but they were not authorized to make such a decision!

Lee Ann and her husband consulted a variety of lawyers and doctors and they made a plea to their State Senator. Each of these efforts brought them a little closer to obtaining an exemption and to keeping their family intact. Eventually an immunization exemption was obtained through the Surgeon General at the base hospital in Japan. I asked Lee Ann what she would advise others who are seeking immunization exemptions for military family members. Not surprisingly, she cautioned against debating the issue with others who merely think they have authority to deny exemptions. There is a high cost in stress, tears, and wasted time that could be better spent preparing to move.

Lee Ann advises anyone in the same position to contact their State Senator and their relocation officer as soon as you are aware of a pending transfer. The relocation officer should contact the Surgeon General at the base hospital where the transfer is to take place. It is this Surgeon General who will have the final say on the matter. Lee Ann also found the *Think Twice* webpage (<http://thinktwice.com>)

to be of enormous benefit because it can link you to various organizations and lawyers who specialize in immunization legislation. There is even a section that will help you to draft an immunization waiver. It took a great deal of strength, courage and perseverance for Lee Ann and her husband to achieve success. Hopefully their story will help others find their own way to success.

While doing background research for this article, I tried desperately to find immunization exemption information for Canadian Military Personnel. I had already made survey inquiries to National Defense Canada and, while they freely answered many questions about immunization, the sections covering allowable exemptions, immunization legislation and compensation for vaccine-injuries were left blank. Interesting! At first, I simply concluded that they may not be willing to provide such information to civilians. Fair enough. However, when I made numerous inquiries to military personnel, I found that none were aware of any allowable exemptions. Two questions arose:

1. Is this information only provided on a "need-to-know" basis? or
2. Are there really no provisions for Canadian military personnel to exercise exemption rights?

The first question seemed to be eliminated rather quickly as I began receiving reports from people who had expressed, to no avail, their unwillingness to be vaccinated. The second question seemed to be confirmed as I learned about the plight of a Canadian flight engineer who refused the highly experimental anthrax vaccine.

Sergeant Mike Kipling, who has served with the Canadian Forces for 26 years, was in Kuwait when he refused the anthrax vaccine. Already, Kipling has received enough vaccines to fill four immunization record books and he suffered a severe reaction to

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vaccines given before he was deployed to the Gulf. He had particular concerns over anthrax vaccine.

The anthrax vaccine has not been demonstrated to protect humans from inhaled anthrax spores which is precisely the threat that would arise from biological weaponry. Animal trials have demonstrated between 4%–100% survival rate upon challenge with anthrax post-vaccination. Efficacy is, therefore, questionable at best. Even if the vaccine demonstrated adequate efficacy, there is no way to guarantee that the particular strains of anthrax released by biological weapons would be the same strains contained in the vaccine. There have never been tests conducted to determine whether the vaccine can cause cancer or how it will affect fertility or what effect it may have on the children yet to be conceived. The sole manufacturer for this vaccine has been having "quality control problems" and they were threatened with closure before they received the military anthrax vaccine contract. Indeed, Kipling and many other soldiers have good reason to refuse this vaccine.

Kipling refused the anthrax vaccine on March 15th 1998, but it wasn't until the first of December that the military decided how to respond. Typically, those who refuse vaccines will be discharged. Kipling, on the other hand, was sent home to Winnipeg and now faces a court martial. If convicted, Kipling faces fines, demotion and a potential two-year prison term. Legal fees for the Kiplings are expected to fall somewhere between \$25,000 and \$100,000. The day seems to be coming when we all may be in the very same position as the Kiplings find themselves today: submit to vaccination or be stripped your rights, your freedom and all of your assets.

Francine and Mike Kipling have two children and, not surprisingly, they are a family burdened with excessive emo-

tional strain. Mike simply wanted to protect his health, continue serving his country and provide for his family. It really isn't too much to ask. It is without a doubt that Kipling's court martial is meant to silence other military personnel who would refuse the anthrax vaccine and any other experimental vaccine that arises in the future. Surely this is a clear and present danger that requires immediate redress.

A defense fund has been established for the Kiplings through The Eagle Foundation. If donations exceed the requirements for this case, the excess will be used to assist vaccine-injured families.

The Kipling Defence Fund:

c/o The Eagle Foundation

154 Provencher Blvd.

***Winnipeg, Manitoba R2H 0G3
Canada***

***(Cheques must be made payable to:
The Eagle Foundation, Inc.: Sgt. Mike
Kipling Defence Fund)***

PROTECTING OUR SOLDIERS TO DEATH

by Catherine Diodati

written for VRAN newsletter, 1998

It is no great secret that military personnel do not enjoy the same liberties afforded by the general population. They are frequently treated as guinea pigs when it comes to experimental pharmaceuticals. Take Gulf War Syndrome for example. Troops were injected with nine or so immunizations, often referred to as a "chemical cocktail," within a few short days. They were led to believe that they would be protected from biological weapons but there was no evidence to substantiate that claim and the troops were not allowed to provide informed or voluntary consent. Now numerous people suffer from chronic and disabling illnesses,

including asthma, severe rashes and lesions, chronic fatigue, headaches, muscle and joint pain, memory loss, gastrointestinal and respiratory problems and immunologic disorders, to name but a few. How do we know the adverse effects were caused by the vaccines and not from chemical agents? Soldiers who remained at home are suffering from the same bizarre set of ailments that their deployed counterparts are suffering. Furthermore, troops from France are not exhibiting any signs of Gulf War Illness. France was the only country out of the 28 Coalition Countries who did not vaccinate their troops, instead they supplied their troops with daily doses of doxycycline (a tetracycline antibacterial).

Believe it or not, there was no war in the Gulf. That is the official story. Instead, the Persian Gulf is considered to be a "special duty area." If you are not a war veteran, then you do not receive war-veteran benefits. One such "non-war veteran," Terry Riordan, was given notice at 10 am Christmas morning 1990 that he would be leaving for the Gulf at 8 pm the following day. Before he left, he reported to the base hospital where he received a myriad of shots, some of which were never recorded in his personal immunization records. Terry returned home in February but he was not the same man who left Canada only a few months before.

Susan Riordan knew that something was clearly wrong with her husband even before he returned. When Terry left for the Gulf, he left as a man with above average intelligence who enjoyed marathon athletics. When he descended the plane in February, he was pale, shaking and in pain. At his first medical upon returning home, Terry exhibited the classic symptoms of Gulf War Syndrome: chest pain, frequent urination, bloody bowel movements, short

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term memory defects, light & heat intolerance, severe headaches, numbness & tingling in the extremities and depression. Shortly thereafter, he experienced mood swings, difficulty swallowing and breathing, blurred vision, eye and groin pain. Sue recalls that during the first 6 months of Terry's return, he seemed to be so confused that she would have to announce her presence from a safe distance before entering the bedroom at night. Otherwise she would find herself pinned to the floor, bed or wall—obviously Terry wasn't entirely certain of his surroundings.

The initial diagnosis was "stress" and Terry was given sleeping pills. Although Terry and Sue trusted the military physicians, they knew that there was something else going on besides stress. They petitioned for treatment at the Gulf War Clinic, headed by Military Medical Officer Ken Scott. Oddly enough, the only blood test done prior to admittance was for cholesterol. While under investigation at the clinic, Terry was diagnosed with having epilepsy and major depression. Although the latter diagnosis had been made much earlier, the military failed to inform the Riordons or to secure treatment for Terry. In fact, this was the result for a number of diagnoses and treatments outlined by some of the military medical personnel. Terry was given anti-seizure medication and was told that he would remain stable for the next two to three years on the medication and be able to return to work in his chosen field: a police officer but outside of the military. Nonetheless, Terry was returned to work as a Base Security Officer but his driver's license was removed. Being well aware of his physical and mental limitations, Terry felt that he couldn't function adequately. Since he would be well again within a few years, and since he felt that he was

letting his country down, Terry retired from the military on July 31, 1995 after twenty-three years of service.

The Riordons consulted civilian neurologists who did extensive tests on Terry and it was shown that he did not have epilepsy nor did he ever have seizure disorder. Terry's driver's license was returned but the hope for recovery after two to three years was lost. The Riordons had made enormous life-changing decisions upon the belief that Terry would be well within a few years. Soon, however, it became clear that Terry's condition would worsen. Terry began to experience asthma, burning semen, incontinence, and pain that was so severe that he would sit on the floor sobbing and holding his head because even his skin was excruciatingly painful. Terry's night terrors began to invade the daytime. They last from one to six hours and, during that time, he exists in a horrifying world. Sue must be careful to allow Terry to time to "accept [her] into his present reality" and then she can provide help and comfort. Sometimes that means "removing" imagined blood, gore, maggots or worms from Terry's body. Other times, that means helping Terry to "kill" himself because he cannot stand living anymore. Sue would take hard candy, broken with a meat hammer, and mix it with Vitamin C so that it would resemble one of Terry's medications. Now she has "fake drugs" to supply when this happens. Fortunately, for Terry, he rarely recalls these episodes, Unfortunately, for his wife and children, they cannot forget.

Terry now takes between 20–30 pills per day plus morphine and Alzheimer medication. The latter, which Veteran's Affairs will not cover (because he does not have Alzheimer's), allows Terry to be "really with [Sue] for 1–10 hours per week: an increase of 3 hours per week." Terry's memory is gone and

he is in need of a wheelchair. Unfortunately, their house is not wheelchair-friendly and they have not received the help they need to move to a more suitable home. Terry requires a great deal of home care equipment. Sue is no longer a wife; she is a full-time caregiver and legal custodian of her husband. She exists on three hours of sleep most days and cannot afford the \$24/hour that nursing care would cost. She must continually fight various Veteran's Affairs Departments for help and it often doesn't arrive.

There are at least five recorded clinical diagnoses of Gulf War Syndrome for Terry, three of which are signed by Ken Scott, Medical Officer in Charge of the Gulf War Clinic. Yet, Col. Scott has repeatedly stated in interviews that there is no such thing as "Gulf War Illness." Clearly, the old motto that "the military takes care of its own" is a fallacy. The House of Commons established a Standing Committee on National Defense and Veteran's Affairs (SCONDVA) to investigate injury claims and potentials for assistance. Sue testified to the Committee on May 7th 1998. On May 11th, Terry's pension was denied. Coincidence? It took the help of many Members of Parliament to reinstate the pension. Now we await the results from the Standing Committee to see if our injured war veterans will indeed receive realistic care—perhaps a bit of public encouragement would be appropriate. Terry's story is but one of many. He, like others, may still be living but they have lost their lives. Yet, the military continues to inject our troops with chemical cocktails without informed consent and without the opportunity to refuse.

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BOOK REVIEW

IMMUNIZATION: HISTORY, ETHICS, LAW AND HEALTH
BY: CATHERINE DIODATI, M.A.

Catherine Diodati's book is the most important new addition to the growing body of literature that examines immunization policies. Within a broad and varied framework, the author weaves together the related issues of immunology, history, ethics and law. This meticulously researched work carries us to a new dimension of understanding about vaccine issues, and enables the reader to comprehend the extent to which universally acknowledged biomedical ethics and standards are violated by current policies.

Diodati explains the immune system response in clear and understandable language, accompanied by illustrations. She discusses the concept of "herd immunity" and how artificial immunity is meant to imitate natural infection plus differences between artificial and natural immunity. She delves into how vaccines are made, the biological and chemical ingredients and their known effects, and their ability to cause undue harm to vaccinees which violates the principal of non-maleficence (do no harm). The book takes a long term look at statistics and the effects vaccination have had on disease incidence, morbidity and mortality. She explores the history of vaccine development, accomplishments, trials, errors and disasters. Catherine Diodati presents a model compensation scheme for vaccine victims, looks at military vaccines, including Gulf War Syndrome, the anthrax vaccine controversy, new vaccines under development, and the effect on privacy from immunization tracking systems and smart cards.

Catherine Diodati maintains that informed and voluntary consent are absolutely vital in view of inherent risks associated with vaccines. Adequate information is unreasonably

difficult to obtain and rarely reaches the public. She finds that current immunization policies and procedures violate the legal and ethical requirements for informed and voluntary consent. The current state of inadequate adverse reporting, results in public ignorance of the real risks associated with mass immunization programs. In Canada, no effort is made to adequately compensate vaccine-injury victims.

The book, which is due to be published in March, 1999, runs approximately 325 pages. It is the most comprehensive book in its field to date and is the first book to examine Canadian immunization policies, procedures and legislation, and delves as well into international perspectives. Diodati states that "immunization is distinct from all other medical practices in that healthy individuals assume largely unknown risks, some permanently disabling or even fatal, with no goal of improving their present state of health."

The decision to accept or refuse immunization affects virtually every person world-wide.

Diodati presents her findings in clear, non-technical language that will facilitate "informed choice" for all parents who agonize over the vaccination question. This book challenges the status quo that disregards fundamental ethical standards and scientific integrity. Undoubtedly, it is destined to become a classic.

**To order the book, please contact
Catherine Diodati at:
2949 Alderbrook Dr.
Windsor, ON N8W 5H5
or by e-mail: diodati@MNSi.net**

Blood Products:

A Common Ingredient in Vaccines

*The following is a dialogue that was posted on Health World:
www.healthy.net*

"Many vaccines, such as the Measles-Mumps-Rubella and Allergy and Rabies vaccines contain human albumin, a blood product. I feel that the fact that these shots contain human albumin should be part of the consent process or it is not truly informed consent. Had I know human albumin were in vaccines the risk/benefit ratio would have been to not give my daughter any shots that contain human albumin. Of course for some people the decision may be different. But you can't decide if you don't know all the facts, and to me blood products in a vaccine are a material fact."

by D. Oney, Sept.20/98

"MMR contains human albumin which is a blood product. But all vaccines contain blood products of some kind. The most common is 'fetal bovine serum'. This has just as serious ramifications, if not more than human albumin. I was researching diabetes looking at the relationship with bovine serum antibodies, because there was postulated a link between the two. Dr Mark Atkinson from Florida University wrote an interesting paper in which he did a study on children who had had no contact in utero or post-birth with cow's milk, and children who had. He considered that the cow's-milk-causing-diabetes hypothesis was not viable because children who had had no contact with milk still had bovine serum antibodies.

I wrote to him and pointed out that childhood vaccines were made on cultures which had 10% fetal bovine serum, so how could he say that these children had had no contact? He wrote back saying that my com-

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Canadian Charter of Rights and Freedoms.

The precepts that have arisen out of case law and Supreme Court decisions to form the body of knowledge contained within Canadian medical law uphold and grant "Every individual's right to information on material risks and the fundamental right of persons to be free from unwanted physical interference. Medical care is wrongful and a 'battery' unless the patient has given consent to it." True consent cannot be obtained from people who have been denied knowledge of all material risks.

Although the parents lost the court case, they won a moral victory in that the media attention alerted parents across the province to seek more information prior to submitting their children to the vaccine.

Representatives from the Association for Vaccine Damaged Children, the Eagle Foundation, and Parents for Informed Consent appeared on television shows and on radio programs across the province warning the public of the potential risks of this vaccine. Public health officials, in spite of requests from radio and television producers, refused to debate the issue with them on the air.

Public health officials were infuriated that Parents for Informed Consent showed up at some parent advisory committee meetings to share information they had received from respected scientists and doctors who have serious concerns about this vaccine. Principals were reprimanded for allowing this information into their schools. Even a community newspaper was chastised by health officials for quoting Dr. Bonnie Dunbar, a cell biologist, medical professor and vaccine developer who has blown the whistle on hepatitis B vaccine in the U.S. Yet

despite parents' repeated requests for Public Health's scientific research on the safety of the vaccine, they have received only WHO's (World Health Organization) editorialized propaganda, without any hard, scientific data to back up safety claims.

In Manitoba, as in other provinces, health officials are still under the delusion that they can get away with their fraudulent and coercive mass vaccination campaigns, based on disinformation and lies. In Manitoba, health nurses have been telling parents that of the billion doses of the vaccine that have been given there have been no side effects, and that the worst case scenario is fever and/or swelling and redness at the injection site. These nurses, sent out to speak to the public, have failed to inform parents that the Centers for Disease Control in Atlanta has on one diskette alone 40,000 reactions to the hepatitis B vaccine ranging from fever, to blindness, to death. It is estimated that only 10% of adverse reactions get reported. Nor is the public told that Manitoba does not have a mandatory reporting system of adverse reactions without which there can be no true picture of the rate of vaccine injury. In addition, none of the nurses appeared knowledgeable about the health effects of the genetically engineered properties of this vaccine, one of the most critical areas of concern, not only because of the newness of this technology in injectable form, but also because of the discussion genetic engineering is generating in food technology.

The Association for Vaccine Damaged Children and Parents for Informed Consent have distributed information on this vaccine and its adverse side effects to Health Ministers, Education Ministers, MLA's, Senators, College of

Physicians and Surgeons, Medical Association of Registered Nurses, Dentists, Pediatricians, Neurologists, Professors of Medical Ethics, Chiropractors and Naturopathic Doctors. Their goal in appealing to these various organizations is to raise awareness about the potential dangers of this genetically engineered vaccine and to initiate long-term, independent studies investigating the safety of hepatitis B vaccine. They are calling for the federal government to institute a mandatory reporting system to document adverse reactions to all vaccines.

Undoubtedly, the greatest obstacle to the public's understanding of the real risks posed by mass vaccination programs to children and the future health of our society, is the monopoly exerted by orthodox medicine and its unholy alliance with the transnational pharmaceutical cartel. Together, they have aggressively spawned the unbridled expansion of a drug based ideology. Just as religious ideology was removed from public schools, so must we now depose the medical dictatorship and its drug based ideology from the public school system. Parents, teachers and concerned citizens should contact the Association for Vaccine Damaged Children as well as their school boards to demand that the school based vaccination programs be terminated. The health of our next generation depends on it !!!

***The Association for Vaccine
Damaged Children,
67 Shier Dr.
Winnipeg MB R3R 2H2
(204)895-9192 or (204)896-0971***

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Blood Products cont. from page 7

ment was interesting, but that as it wasn't his area of expertise he couldn't comment. I wrote back and suggested that as a logical variable, shouldn't it be taken into consideration? I didn't get anywhere on the issue, but there you go.

I have since researched the various components of what is actually in vaccines, and frankly, human albumin is the least of my worries! A friend of mine posted somewhere on the Internet an article I wrote called "Why the Catholics and Muslims Rebelled." She never told me where she put it, but it detailed some of these things, and man, did she get hate-mail galore from some American doctors who didn't consider that parents had a right to know all this stuff. The "hate-mail" was so vituperative we didn't even bother to answer. You know you've hit a nerve when medicos behave like juvenile delinquents."

by Hilary Butler, Immunisation Awareness Society, Oct. 1, 1998

Note: The Immunisation Awareness Society is listed on VRAN's Internet Resource Directory. This is one of the world's leading web sites researching vaccine issues.

Formaldehyde in Tobacco and in Vaccinations: A Comparison

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TOBACCO

**(taken from recent press releases
issued by the B.C. Government)**

If you live anywhere in B.C., Canada, then you undoubtedly have heard about the huge B.C. Government campaign to reclaim health care and related costs associated with smoking and tobacco use from cigarette manufacturers. The Tobacco Damages Recovery Act was unanimously passed by the legislature in June 1997, allowing the government or B.C. residents to take tobacco companies to court.

On February 13, 1998 B.C. Health Minister Joy MacPhail unveiled several health ads on toxic chemicals in tobacco smoke. One, a B.C. Transit ad entitled "Sucked In", illustrates some of the toxic chemicals that are known to be in cigarette smoke, but are not publicly disclosed by the tobacco industry. The ministry has also released a new poster based on the transit ad, depicting how cigarette smoke contains the same harsh and deadly chemicals that are used in household products for purposes such as killing insects or cooling automobile engines. "People don't know what they are taking into their bodies when they inhale cigarette smoke, and the industry doesn't want them to know," MacPhail said.

On June 11, 1998 new Health Minister Penny Priddy introduced the new Tobacco Fee Act, which will allow government to charge a licensing fee to tobacco manufacturers selling cigarettes in B.C., and amendments to the

Tobacco Damages Recovery Act which will clarify the legal basis for lawsuits against the tobacco industry to recover health care costs caused by tobacco use. "The Tobacco Fee Act is a historic piece of legislation—the first and only one of its kind in Canada," Priddy said. "It is a major milestone in our continuing fight against the damage that tobacco companies wreak on the health of British Columbians." The tobacco companies licensing fees will be used by the government to fund the costs to government of developing and implementing its comprehensive strategy for reducing tobacco consumption in British Columbia.

Total revenue from the new license fees in this fiscal year is set at \$20 million. In future years, the amount will be set by government regulation. The proportion of the total amount to be paid by each tobacco company will be determined according to the size of its market share in British Columbia. Companies with less than five per cent of market share will not be required to pay a fee, but will have to be licensed.

"In other words, the more a particular tobacco company contributes to the problem, the more it will have to contribute to the solution," Priddy said. "The licence fee paid by the industry works out to eight cents on a pack of cigarettes—a small contribution to make toward funding initiatives to tell kids and their parents the truth about the dangers of smoking."

Priddy said the amendments to the Tobacco Damages Recovery Act will allow for a fundamental change in how B.C. approaches the tobacco industry through the courts in seeking to recover health care costs. "There has been growing evidence in the past year that the entire tobacco industry has concealed the known health risks of smoking and the addictive properties of nicotine, and has targeted children and teenagers to be consumers of its products."

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Every year in British Columbia nearly 6,000 people die from tobacco product use, and many thousands more become ill or incapacitated. The economic impact on the province of tobacco-related illness, including health care costs, is over \$1.3 billion.

In their e-mail pamphlet entitled "Tobacco Facts—What's In Each Puff", it is revealed that Health Canada research has uncovered the levels of forty-four of the most poisonous compounds in three leading Canadian cigarette brands. On a list of some of the known or suspected carcinogens (cancer-causing agents), formaldehyde is the first ingredient. According to the pamphlet the normal smoker breathes 35.5 micrograms of the chemical in one cigarette; an intense smoker inhales 83.6, more than twice as much.

VACCINATIONS

A vaccine can routinely contain 100–125 micrograms of formaldehyde per 0.5 ml infant dose!

British Columbia prides itself with having one of the best immunization programs in the whole world. In the last ten years, 95 per cent of all B.C. children have had all their "shots" by the time they start school.

Infants in B.C. and throughout Canada are routinely vaccinated against diphtheria, pertussis (whooping cough), tetanus, polio, and Haemophilus influenzae type B (DPTPHib). These vaccines are given free to all children, starting at age two months, and are given again at four, six and eighteen months and just before starting school.

At age twelve and eighteen months, infants are also given the measles, mumps and rubella (MMR) vaccine. Hepatitis B vaccine is offered to all students in Grade six as a series of three shots, and Vancouver/Richmond area now administers this vaccine to newborns within twelve hours of birth.

All of these vaccines contain

formaldehyde—at a dose MUCH higher than even the heaviest smoker will inhale!

According to Health Canada, pertussis and inactivated polio vaccines are made from live bacteria or viruses that are killed with formaldehyde. Both tetanus and diphtheria toxins are inactivated with formaldehyde to make the toxoids. Following the inactivation process, purification of the vaccines removes almost all of the formaldehyde. The diphtheria, pertussis, tetanus, polio and Haemophilus b five-in-one vaccine contains less than 0.02% formaldehyde per dose, or less than 200 parts per million.[6]

At 0.02%, this would equal 100 micrograms in an infant dose of 0.5ml!

By the time a child is two years old he/she will have had between twelve and eighteen injections of this known carcinogenic. All vaccines, except one that is given orally, are injected directly by needles into the system, bypassing the mucosal immune system (the Secretory IgA system) of the respiratory and gastrointestinal systems. These systems can act as a cushion for many infections. Therefore, it is hard to believe that the challenge of receiving these vaccines would not overstimulate and use up the capacity of the infant's immune system—which would leave it more vulnerable to other infections.

An article in the January 6, 1962 *Science Newsletter* indicated that "common human viruses act as carriers in causing cancer by interacting with cancer-causing chemicals; this has been indicated by experiments which show that cancer-causing substances that are present in too small a quantity by itself will become active and create tumors when combined with single doses of virus. Malignant tumors appeared in five type of injected mice." The viruses mentioned were ECHO9, B-4, Cocksackie, and Poliovirus 2. The article further indicated that

"viruses may also activate other cancer causing substances besides chemicals in the environment, such as DMBA, AF, and DBA."

According to the 1994 *Physician's Desk Reference*, regarding Merck's Recombivax HB, "Each formulation contains thimerosal (a mercury derivative) 1:20 000 added as a preservative and has been treated with formaldehyde prior to adsorption onto aluminum hydroxide. In each formulation, hepatitis B surface antigen is adsorbed onto approximately 0.5 mg of aluminum (provided as aluminum hydroxide) per ml of vaccine. The vaccine is the adw type" (Can you believe the amount of aluminum in this one? 0.5mg per dose? 0.25 per 0.5 infant dose? Unbelievable...)

As tobacco companies face enormous liability for the health destruction caused by their products, a powerful precedent is being set. As evidence grows that drug companies along with national and international health boards have conspired to conceal the disabilities and death caused by vaccines, they too must be held accountable. On behalf of our children, and for the sake of future generations, nothing less will do!!!

RECOMMENDATIONS:

1. Implementation of a Vaccine Injury Compensation program, similar to the one in the U.S., but free of the political paralysis that prevents most injured parties from receiving compensation.
2. Mandatory requirement that doctors and health boards report adverse reactions, using the same computer system the Government now advocates to check compliance, and adherence to the 97% quota set nationally.
3. Implementation of an identical 8 cent/dose levy on vaccines to fund education programs—"a small contribution to make toward funding initiatives to tell the kids and their par-

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Formaldehyde cont. from page 10

ents the truth about the dangers of vaccinations."

- * The vaccine manufacturer's licensing fees will be used by the government to fund the costs to government of developing and implementing a comprehensive strategy for reducing vaccine-caused damage in British Columbia.
- 4. Funding of studies to examine long term vaccine damage, such as cancer, etc.
- 5. The truth and facts must be presented—without any fear by witnesses of retribution. Industry must be forced to reveal about itself!

A WORD ABOUT FORMALIN

Published in Vaccinations Onelist & submitted by Nicole Gazzard

Formalin, the liquid form of formaldehyde, is used in vaccines as a germicide or disinfectant. Other uses include: fungicides, insecticides,

explosives and embalming fluids.

Formaldehyde is poisonous if ingested and can cause tissue damage (e.g. lung), cellular mutations, vomiting and diarrhea. Ingestion can also cause: severe stomach pain, GI bleeding, increased protein in urine, reduced urine production, overaccumulation of acids (effects depend on region effected), dizziness, coma and death. Formaldehyde can also cause skin irritation, corrosive damage to the stomach and circulatory collapse.

As formalin, this has been used for years in vaccines. As a disinfectant, formalin is somewhat inadequate and may not neutralize all vaccine antigens (e.g. viruses or bacteria). This has been known for decades and has been the cause of some vaccine "accidents" e.g. the "Cutter Incident" where many recipients of the IPV (inactivated polio vaccine) actually contracted polio from the vaccine. There are other incidents like this as well.

The reason formalin is inadequate

as a disinfectant is because the Virus in suspension may be partly clumped and surrounded by gelatinous debris of protein material. Formalin hardens this so that the virus particles inside are actually protected from the formalin's disinfecting ability. Inside the body, the coating is digested by enzymes and the virus particles are set free. Fully virulent particles are now free to reproduce within the vaccinee.

The Hazards of Immunization, written by Sir Graham S. Wilson (London: The Athelone Press, 1967) describes formalin-related problems quite well. It is an older book but still relevant.

To my knowledge, there really have been no adequate long term studies done on the effects of chemicals used in vaccines. Toxicology manuals seem to be the best avenue for further research. Most university libraries will have these available.

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FDA Bans Thimerosal

FDA BANS MERCURY COMPOUND THIMEROSAL IN ANY OVER-THE-COUNTER DRUG PREPARATION: SAYS SAFETY AND EFFECTIVENESS NOT ESTABLISHED—
NEGLECTS FACT THAT THIMEROSAL IS AN INGREDIENT OF MANY VACCINES.

Submitted to VRAN newsletter by Andreas Schuld

In a rule effective 22 October 1998, published in the Federal Register 63(77): 19799-19802, 22 April 1998, the FDA has banned the use of mercury and fifteen of its compounds, which include Thimerosal and Mercurochrome, saying that "safety and effectiveness have not been established for the ingredients... manufacturers have not submitted the necessary data". Thimerosal is a mercury based compound composed of ethyl mercuric chloride, thiosalicylic acid, sodium hydroxide and ethanol. Thimerosal is used widely as an adjuvant (additive) in the vaccine industry. On top of that, it has been widely known for some time that Thimerosal (used by the vaccine industry as a mercury "disinfectant/preservative") can result in brain injury and autoimmune disease. Other vaccine adjuvants routinely injected into babies, children and adults include phenol (a carcinogen), formaldehyde (used to embalm bodies), aluminum (contributes to brain disease), ethylene glycol (anti-freeze), and antibiotics (oblivious to allergic reactions).

Also in the vaccines are animal viruses too expensive to screen out. The vaccine industry knowing this for the last forty years amounts to a criminal enterprise, worthy of corporate charter withdrawal for all the companies involved. Curiously, and understandably from their perspective, the FDA does not halt Thimerosal use in vaccines. What is also curious is that the FDA also continues to allow mercury amalgam fillings, each of which contributes a body-load of 650 mg of elemental toxic mercury. The FDA has categorized mercury and its compounds as "drugs", but its Dental Division classifies mercury amalgam as a "dental device", presumably to aid and abet the USPHS and the ADA, who face massive numbers of lawsuits as it is. Lawsuits involving amalgam have sprouted up in Canada in 1998, promising a litigation load which could cost billions.

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Editorial cont. from page 1

Diabetes, Cancer. A physician I know calls it "letting the terrorists loose—giving them free reign to sabotage our internal micro-environment."

The public's cry of outrage at the threat posed by genetically engineered food is echoing around the world as Indian farmers burn Monsanto experimental crops, European consumer groups lash out prompting restaurants to renounce genetically-engineered food and Ottawa scientists rebel against bovine growth hormone & corporate influence peddling at Health Canada. People everywhere are waking up to a sense that runaway genetic technology threatens the matrix of life on the planet. But the public at large is still mostly unaware of the health threat leveled at children who are required to submit to genetically engineered vaccines like hepatitis B. Then there is the AIDS vaccine, already at the human experimental stage, and dozens more that will be targeting us.

The National Vaccine Information Center's special report on hepatitis B vaccine forwards the concerns of Burton A. Waisbren, M.D., a cell biologist and infectious disease specialist. He pointed out in the *Wisconsin Medical Journal* that "there is an increasing number of reports in the refereed medical literature about demyelinating diseases occurring after an individual has received the hepatitis B vaccination... since the hepatitis B virus itself has been reported to cause autoimmune problems, should we not be wary of giving antigens that seem to have triggered these problems?"

In a presentation before a 1996 Institute of Medicine Vaccine Safety Forum, Dr. Waisbren warned that "genetically engineered hepatitis B vaccines contain polypeptide sequences that are present in human neurologic tissues such as myelin and that, by a mechanism called molecular mimicry, these polypeptides can act as autoantigens which can induce autoimmune

demyelinating diseases of the brain such as multiple sclerosis." This means that the vaccine can trick the body into mounting an attack against the myelin coating which protects nerve cells. When myelin is injured, the equivalent of electrical short circuiting is triggered in the nervous system, causing neurological debilities.

NVIC's report also highlights the work of Italian researchers whose patients suffered central nervous system disorders, such as seizures and autism, following hepatitis B vaccination. "The purpose of the study was to investigate whether there is an immunogenetic basis (autoimmune type) responsible for the demyelination process in the brain that can occur following recombinant hepatitis B vaccination." The authors concluded that "autoimmune diseases are more frequent in nations where vaccines are widely used, the so called 'clear' communities" and they identified several potential genetic markers that "may visualize risk patients for autoimmune diseases following hepatitis B vaccination."

Dr. Harris Coulter reports on the findings of the Italian research team headed by Dr. Massimo Montinari. "Post-vaccinal pathology of the central nervous system (CNS) is a topic deserving further investigation. In fact, our own experience with 30 patients of Italian nationality, observed between April, 1994 and October, 1995, shows that clinical signs of CNS pathology—associated with dermatitis, food allergies, constipation, and leaking from the anus—emerged concomitantly or immediately after vaccination with the Salk or Sabin polio vaccine, DT, measles, DPT, anti-tuberculosis, or hepatitis-B vaccines."

"The first symptoms were convulsions, very high fever, or diarrhoea immediately following a compulsory vaccination. The parents had told their physicians about this; then, after taking EEGs and visiting neuropsychiatric spe-

cialists or pediatricians without getting any satisfaction, the physicians had administered the recall shots of the vaccines leading very shortly to destabilization of the condition with progressive clinical deterioration."

While mainstream medicine continues to deny the link between neurological and immunological injuries caused by vaccines, innovative researchers using advanced technologies are determining that those who are genetically susceptible to certain diseases are also vulnerable to injuries on exposure to the disease particles carried to the cellular level by vaccines. "Fever and seizures following vaccination do not prove causality" is the entrenched mantra. The accumulated historical evidence however, and emerging research blows this lie to the four winds. Parents are advised to understand that when their babies have adverse reactions to vaccines that they are at high risk for neurological injury, particularly if the reaction is discounted and shots are continued.

On January 22, 1999, ABC aired its long awaited 20/20 segment on hepatitis B vaccine. For those of us who viewed the broadcast from the perspective of having children who have suffered adverse reactions, injuries, and death from vaccines, our hearts and prayers go out to the families and children so tragically affected by the hepatitis B vaccine. We hope that the willingness and courage of the injured families to share their stories will help parents think about informed choice issues when considering vaccines for their children.

Juxtaposed to the grieving families, health officials kept their cool, insisting that the vaccine is safe and effective. Nor did they skip a beat in conjuring outrageously inflated disease incidence that went completely unchallenged by 20/20. Hopefully the many informed viewers who watched the show will challenge not only the grossly skewed

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statistics, but also will question the sloppy research that failed to present officially documented statistics. One can only wonder what influences behind the scenes might have been in motion to render the segment a virtual white-wash. Here is part of a response written by the father of a vaccine injured child, who also happens to be a chiropractor in the United States:

"The representative from the CDC blatantly lied when he told you that there are about 26,000 children a year that develop hepatitis B in the U.S. In *Morbidity and Mortality Weekly Report* (published by the CDC), October 31, 1997 issue, the CDC reported that in 1996, there were 10,637 TOTAL cases of hepatitis B reported in the U.S. Wait! His lie gets even bigger! Of the 10,637 cases, only 279 of them were in children under the age of 14! This equals 2.6% of the infected population, and .0026% of the general population!!! (Not to mention that 279 cases is far fewer than the 26,000 cases suggested by the CDC representative!) The same issue stated that, 'Hepatitis B continues to decline in most states, primarily because of a decrease in the number of cases among injecting drug users, and to a lesser extent, among both homosexuals and heterosexuals of both sexes.'

"I didn't see any mention of decline in children in that quote, did you? So why does there seem to be such a big push for vaccinating kids who are not at risk? The same reason that applies to the rest of the vaccine industry—MONEY!"

Dr. Jim Pucka concluded his letter to 20/20: "I, for one, will do all that is in my power to discourage parents in my practice from having their children receive any vaccines. Not only are they useless, they are dangerous. For when a reaction occurs with your child, the risk is 100%, and there are no second chances."

LETTER FROM A VRAN MEMBER

Dear Edda:

Thank you for the information and for the suggestions. Sounds like you've been around the block on this issue.

I found it interesting that you asked about my son's reaction and our family history. I never received my MMR shot (I am 30 years old), nor did I receive any shots after my infancy. My older sister (Heather, 36 yrs), had such a severe reaction to her MMR shot that she was hospitalized and almost died. My mother was terrified and wouldn't let my younger sister or I have any more shots than the mandatory DPT in infancy. She also, thank God, didn't allow us in school for "shot days", because the nurses always lied and tried to get us in line for shots even though we had a note from home. (Sound familiar?) As a child I contracted the mumps, but to this day I have no immunity to Rubella or Measles.

After the birth of each of my sons, there was always a doctor there insisting that I get my MMR shot. I allowed myself to be pressured into vaccinating Jonathan (2 yrs) with his initial DPT shots. But our doctor was most insistent, and at the time so was my husband. When I recounted my family history with shots, I was told that vaccines have improved greatly over the years, and I was not to worry. Vaccines are quite safe, you know.

It took the crisis after my son's MMR shot at 11 months to open our eyes. What a mess! He was so sick. An active, talkative, and very mobile baby became the opposite. He stumbled around, walking into walls and crying, though he seldom cried as a baby. He then broke out in a spotty red rash and had a high grade fever. All of this within ten days of the shot.

A return visit to the doctor left my head spinning because he said it was chicken pox. It became apparent after a few days that it was not chicken pox. Another visit: this time Roseola was the culprit, probably picked up at day care. My son has never been in day care! I suggested it was a reaction to the MMR shot... definitely not! No way! Not possible.

Well, I did the research. I frightened myself to death thinking about what I had done to my son. He lost weight, he stopped speaking and it was my fault. At least, as you mentioned, I was still breastfeeding. We went to a naturopathic doctor. This was the best decision I had ever made for my son.

We have never looked back. Jonathan still doesn't talk much, but I know he's going to be ok. He is a healthy boy and at two and a half years old he weighs a whopping 49 pounds and is 39" tall. Jonathan's experience, coupled with me sharing my knowledge, is what prompted my sister to stop inoculating her children. We are learning more and more every day about how our bodies work best without certain foreign interventions.

Your VRAN newsletter has been an excellent source of information. Thank you for letting me vent. And thank you for sharing your story. Feel free to contact me at anytime. It was a pleasure "talking" with you (via e-mail).

Kindest regards, Martha Altermann

Hepatitis B Vaccine Reaction Reports Outnumber Reported Disease Cases in Children According to Vaccine Safety Group

For immediate release, January 27, 1999, Washington, D.C.

NATIONAL POLL REVEALS MAJORITY OF AMERICANS WANT INFORMED CONSENT RIGHTS

The National Vaccine Information Center (NVIC) released figures this week which show that the number of hepatitis B vaccine-associated serious adverse event and death reports in American children under the age of fourteen outnumber the reported cases of hepatitis B disease in that age group. NVIC is calling the government-mandated hepatitis B vaccination of all children a "dangerous and scientifically unsubstantiated policy." At the same time, a national poll reveals that two thirds of all Americans want the right to make informed, voluntary decisions about vaccination.

Independent analysis of raw computer data generated by the government-operated Vaccine Adverse Event Reporting System (VAERS) confirms that in 1996, there were 872 serious adverse events reported to VAERS in children under fourteen years of age who had been injected with hepatitis B vaccine. The children were either taken to a hospital emergency room, had life threatening health problems, were hospitalized or were left disabled following vaccination. Two hundred and fourteen of the children had received hepatitis B vaccine alone and the rest had received hepatitis B vaccine in combination with other vaccines. Forty-eight children were reported to have died after they were injected with hepatitis B vaccine in 1996 and thirteen of them had received hepatitis B vaccine only before their deaths. By contrast, in 1996 only two-hundred and

seventy-nine cases of hepatitis B disease were reported in children under age fourteen.

Hepatitis B disease statistics in 1997 from eight states reinforce the lack of hepatitis B disease in young children, particularly in children under five years old. For children under five years old, New Hampshire reported one case of hepatitis B; Washington state reported two cases; Michigan reported nine cases; and Texas reported thirteen cases. Pennsylvania, Massachusetts, New Jersey and Illinois reported no hepatitis B cases in children under five years old. By contrast, in 1997 there were a total of one hundred and six VAERS reports of hepatitis B vaccine-related serious adverse events and ten deaths in children under age five living in the eight states with thirteen of the reported serious adverse events and two deaths occurring in children receiving only hepatitis B vaccine.

There were 24,775 hepatitis B vaccine-related adverse events reported to VAERS in all age groups, including 9,673 serious adverse events and 439 deaths between July 1, 1990 and October 31, 1998. Out of this total, 17,497 reports were in individuals who received only hepatitis B vaccine without any other vaccines. 5,983 of the reports were for serious events and there were 146 deaths, which means that 35 percent of reports in all age groups after receipt of hepatitis B vaccine only are for serious events.

During the same time period, there was a total of 2,424 adverse event reports, with 1,209 serious events and 73 deaths in children under age fourteen who got hepati-

tis B vaccine alone without any other vaccines. This means that 52 percent or one out of two reports for children under age fourteen, who only receive hepatitis B vaccine, are for serious events.

VAERS depends primarily upon physicians reporting and causation cannot be conclusively determined without in-depth follow-up of each serious event and death report. NVIC maintains that reports made by doctors to VAERS represent only a small fraction of the vaccine-related injuries and deaths which occur in the U.S. every year. A former FDA Commissioner wrote in *JAMA* in 1993 that one study showed "only about one percent of serious events" attributable to drug reactions are reported to the FDA.

A 1994 NVIC survey of 159 doctors' offices in seven states revealed that only 28 out of 159 doctors (18%) said they make a report to the government when a child suffers a serious health problem following vaccination. In New York, only one doctor out of forty surveyed reported vaccine adverse events to the government.

In a related development, NVIC also released the results of a national poll of 1,000 registered voters, taken by The Polling Company on December 8-11, 1998, which showed that two out of three (68%) Americans support a parent's right to be informed of the risks of diseases and risks of vaccines and be able to choose whether or not their children receive certain vaccines which could potentially hurt them. A plurality (45%) of Americans oppose state laws requiring all five-year olds to get the hepatitis B vaccine before

Hepatitis B Reactions continued on page 15

being allowed to attend kindergarten and, when given information about risks of hepatitis B vaccination, fifty-nine percent of respondents were less likely to support such mandatory vaccination laws.

Only twenty-five percent of Americans believe that people, after getting information about risks and benefits of medical procedures such as the administration of prescription drugs and vaccines, should then be required to follow the orders of their doctors or public health officials. The poll's margin of error is $\pm 3.1\%$ at the 95% confidence level (i.e. the same survey could be administered to a similar population and yield comparable results in roughly nineteen of twenty cases).

Hepatitis B is primarily an adult disease most often transmitted through infected blood. Highest risk populations are IV drug users and people with multiple sex partners. In 1991 the CDC recommended that all infants be injected with the first dose of hepatitis B vaccine at birth before being discharged from the hospital newborn nursery, even though the only newborns at risk for contracting hepatitis B are those born to hepatitis B infected mothers. By 1998, only fifteen states required mandatory screening of pregnant women for hepatitis B infection so babies born to infected mothers could be effectively targeted for hepatitis B vaccination, and yet thirty-five states required all children to get three doses of hepatitis B vaccine or be denied entry to day-care, kindergarten, high school or college.

The U.S. has historically had one of the lowest rates of hepatitis B disease in the world even before a hepatitis B vaccine was in use. In 1990, a year before the CDC issued the order for all children to get the vaccine, there were 21,102 cases of

hepatitis B reported in the U.S. out of a total US population of 248 million. In 1996, there were 10,637 hepatitis B cases reported. According to the October 31, 1997 *Morbidity and Mortality Weekly Report* published by the Centers for Disease Control, "Hepatitis B continues to decline in most states, primarily because of a decrease in the number of cases among injecting drug users and, to a lesser extent, among both homosexuals and heterosexuals of both sexes."

In October 1998, France became the first country to end hepatitis B vaccination requirements for school-children after reports of chronic arthritis, symptoms resembling multiple sclerosis and other serious health problems following hepatitis B vaccination became so numerous that the Health Minister of France suspended the school requirement.

"As more states mandate hepatitis B vaccination, NVIC is getting more reports of children dying or suffering rashes, fevers, seizures, arthritis, diabetes, chronic fatigue and other autoimmune and brain dysfunction following their hepatitis B shots," said NVIC co-founder and president Barbara Loe Fisher. "Newborn babies are dying shortly after their shots and their deaths are being written off as sudden infant death syndrome. Parents should have the right to give their informed consent to vaccination and Congress should give emergency, priority funding to independent scientists, who can take an unbiased look at this vaccine, instead of leaving the search for the truth in the hands of government officials who have already decided to force every child to get the vaccine," she said.

Drug companies marketing the genetically engineered recombinant DNA hepatitis B vaccine in the U.S. used studies to demonstrate safety which only monitored children for

four or five days after vaccination. Professor Bonnie Dunbar, Ph.D., a Texas cell biologist and pioneering vaccine researcher, said "It takes weeks and sometimes months for autoimmune disorders, such as rheumatoid arthritis, to develop following vaccination. No basic science research or controlled, long term studies into the side effects of this vaccine have been conducted in American babies, children or adults." Dr. Dunbar has joined consumers in calling for informed consent to hepatitis B vaccination as well as NIH funding for independent research to determine the biological mechanism for hepatitis B vaccine reactions, to identify high risk factors and to develop therapies to repair vaccine damage.

Founded in 1982, the National Vaccine Information Center is the oldest and largest vaccine safety and informed consent rights advocacy organization representing health care consumers and the vaccine injured. NVIC was instrumental in the creation of the National Childhood Vaccine Injury Act of 1986, which has paid out nearly one billion dollars for vaccine injuries and deaths. For more information or to report a vaccine reaction, call 1-800-909-SHOT or access <http://www.909shot.com>.

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Allergies and Asthma: Turning a Blind Eye

In a CBC interview broadcast from Kelowna, B.C. January 14, 1999, Dr. O'Burne from McMaster University was interviewed about the rising prevalence of asthma among Canadian children. Dr. O'Burne made the following points: Asthma has risen three to four fold since the 1970's. He attributes one quarter to one third of the rise to improved diagnostics. Almost every child with asthma is also allergic. Allergens in the home are a much more important source than those found outdoors, e.g. pollens, etc. Homes are more insulated and tighter. Affluence is a factor with people being able to afford carpeting that can harbour more house dust mites, cat dander, etc. There are increased rates of parents smoking in the home. If a child is allergic and the mother smokes, the child is twice as likely to develop asthma. If there is a tendency within the family toward allergies, the child is at a much higher risk of developing asthma. Where the prevalence of allergies is increased, the likelihood of developing asthma is high. Where there is a history of allergies and parental smoking, the child is at even higher risk. As for the root cause of asthma, Dr. O'Burne said they are a long way from curing it, and still don't understand what triggers it.

Two factors that are not being addressed by main stream medicine in the precipitous rise of allergies and asthma is the likelihood that infant vaccines are a significant contributing factor to the allergy/asthma spiral and that artificial infant feeding elevates the risk of allergies. Breastfed infants are much less likely to develop allergies, and

are protected from upper respiratory diseases.

The likelihood that infant vaccines are a significant factor in the onset of allergy/asthma syndromes has been forwarded by Dr. Michel Odent director of the Primal Health Institute in England who published his findings in *JAMA* 1994; 272:592-3 "Pertussis Vaccination and Asthma: Is There a Link?" The study involved 446 children, all of whom had been exclusively breastfed for six months. 243 children had received pertussis vaccine while the remaining 203 children had not.

The two groups of children presented a rare opportunity to compare a broad picture of health outcome. The data showed a significant relationship between childhood asthma and pertussis vaccine, as well as a higher incidence of ear infections and eczema amongst the vaccinated group. In the group of 243 vaccinated children, 26 had asthma compared to only 4 of the 208 children who had not received pertussis vaccine. The risk of asthma amongst the vaccinated children was 5.3 times higher, and ear infections occurred twice as frequently in this group.

From the Immunisation Awareness Society in New Zealand, we have the following excerpt posted December 23, 1997 at their website:

<http://www.netlink.co.nz/~ias/ias.htm>

"Children vaccinated against whooping cough are 50 per cent more likely to develop asthma, eczema and hay fever in later life. Being given antibiotics as a baby also puts children at three times greater risk of developing allergic diseases," says research presented yesterday at a lung conference in London.

It gives new support to doctors claiming there is a link between mass vaccination against whooping cough in infants and an explosion in the number of childhood asthma

cases. About one million children have had asthma diagnosed, while many thousands more have wheezing problems, allergic reactions and skin rashes caused by eczema.

Research findings from the Churchill Hospital, Oxford, presented at the British Thoracic Society meeting, involved almost 2,000 patients at an Oxfordshire GP practice born between 1975 and 1984. Chest consultant Dr Julian Hopkin found, after making allowances for various medical and social conditions, three different factors were independently linked to a higher risk of developing allergy in later life. They were having a whooping cough Jab, having broad-spectrum antibiotics in the first two years of life, and a history of allergy in the mother.

"These three independent variables were found to consistently predict the development of subsequent asthma, a fever and eczema," he said. "The associations were not explained by other variables."

Dr Hopkin said in the doctors' newspaper *Pulse* that the vaccine was capable of promoting an abnormally strong immune response to allergens such as pollen, which might make children prone to developing allergies. Because broad-spectrum antibiotics get rid of good and bad bugs in the gut this might "have the potential to disturb immune programming" he said.

INCIDENCE OF ASTHMA PER 100,000 CHILDREN ZERO-SEVENTEEN YEARS.

The graph below shows that the rate of asthma has risen sharply in the U.S. recently and some believe that vaccines may be to blame.

1982: 4,000 per 100,000
1986: 5,000 per 100,000
1990: 6,000 per 100,000
1993: 7,000 per 100,000

From Dr. Classen's web site:

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"August, 1998—Data From Sweden published in *Archives of Pediatrics & Adolescent Medicine* (1998; 152:734-738) showing the pertussis vaccine was associated with a 10% rise in asthma and allergies by the age of two and a half years."

Dr. Barthelow Classen reports that, "Several asthma and allergy researchers have found results similar to the earlier described relationship between immunization and IDDM (Insulin Dependent Diabetes Melitus). A group from New Zealand (Kemp, Pearce, Fitzharris et al. 1997) found that asthma and allergies were more common in children that received pertussis vaccine than in those that were not immunized. Similar results have been suggested by others (Odent, Culpin & Kimmel, 1994). More recently Dr. Julian Hopkin presented data at the British Thoracic Society meeting in 1997 which linked asthma to immunization."

As parents are alerted to the fact that vaccines represent a toxic assault on their children's immune systems and are linked to the onset of allergies, asthma, attention deficit disorders, and the long list of chronic diseases that are now ravaging children's health, there will be a growing loss of confidence in mass vaccination agendas and with it, the emergence of clear indicators that unvaccinated children are significantly healthier, and less vulnerable to these chronic diseases.

by Edda West

Protest to Bill Gates

VACCINE INFORMATION AND PARENT GROUPS PROTEST BILL GATES' \$100 MILLION CONTRIBUTION TO VACCINATION OF CHILDREN

Copy of the fax Dr. Leonard Horowitz and Ingri Cassel sent to Bill Gates:

We are shocked and outraged by your recent announcement via the media of your exorbitant contribution to "save" the world's children through vaccinations. The documentation presented in the book, *Emerging Viruses: AIDS and Ebola—Nature, Accident or Intentional?* by Dr. Leonard G. Horowitz proves beyond a shadow of a doubt that our vaccines are contaminated with man-made viruses.

Not only that, but research has shown that third world children need an adequate diet more than they need vaccines. This has been dramatically illustrated by Drs. Dettman and Kalokerinos of Australia. Dr. Kalokerinos documents in his book, *Every Second Child*, his experience working in the outback of Australia with aborigine children. Along with Dr. Dettman, they were told to vaccinate these children and were losing over 50% of these children as a direct result of the vaccines!

These children were somewhat malnourished and had a condition known as scorbutic cachexia or borderline scurvy, better known as vitamin C deficiency. Although these two doctors' attempts to warn their superiors of their horrifying results using vaccines to kill children rather than save them, they were unable to stop the mental mindset (or political pressure?) and were told they had to continue to give these toxic vaccines to these children. They discovered that if they injected them with

a dose of ascorbic acid prior to the vaccine injection, a significantly higher percentage of children survived.

These two doctors eventually went on a worldwide campaign to warn us of the dangers of mass vaccination programs but, as you know, they got very little media support due to the control of much of the media by the pharmaceutical industry and its interests.

In light of the volumes of evidence which points to the essential toxicity of vaccines (i.e. DTP vaccine contains formaldehyde, thimerosal—a mercury derivative, aluminum and sodium phosphate as adjuvants) and the rapid increase in auto-immune diseases with new ones constantly appearing, it would seem more appropriate to earmark your \$100 million for "independent" research into the real causes of these diseases. We feel that the link to vaccines is indisputable and would hope that you will recant your recent pledge to the World "Disease" Organization.

The following is a list of Americans, who were also appalled by the announcement of your contribution, and are resources of information on the essential harmfulness of vaccines:

Jo Szczesny, Vaccine Research Institute; Walene James, Vaccination Liberation; Kristine Severyn, Vaccine Policy Institute; Barbara Mullarkey and Marge Grant, Illinois Vaccine Awareness Coalition.

Concerning vaccinations, we all demand the right to choose and the freedom to abstain.

To contact Mr. Bill Gates:

1. Write to him at 1 Microsoft Lane, Redmond, WA 98052
2. Call his office at 425-882-8080
3. Fax him at 425-936-7329
4. or e-mail him at askbill@microsoft.com.

Martin's Story

by Rita Hoffman

My son Martin's first few months of life were not to be easy. An ultrasound taken just weeks before birth detected a congenital abnormality in his left ureter, where tissue was blocking urine from getting from the kidney into the bladder. So severe, in fact, that his left kidney, which normally is the size of two grapes in an infant, had ballooned to the size of an adult fist. Medical intervention began at the age of one month. A renal flow scan, which includes nuclear medicine, IV's, dyes and numerous x-rays showed that the kidney might be worth saving. If Martin's condition did not improve, surgery would be done when he was two and a half months old.

Wanting to be good parents and to do the best for our child we attended the well baby visit scheduled at two months of age. It was noted in his file at this time that he had eczema. He was vaccinated with DPT-P, and Hib. Two weeks later he underwent surgery to repair his ureter. Martin had a catheter in place for two weeks, and urine draining from a hole in his back for one month, which required him to be on broad-spectrum antibiotics. At the age of three and a half months, exploratory surgery was done which found that the repair of the ureter had failed. The next day, he underwent another surgery, where his left kidney was removed. When I questioned the urologist about the vaccine scheduled in two weeks, he said that would be fine—go ahead. We believed him. At the age of four months and six days Martin was again vaccinated with DPT-P and Hib.

I never connected his worsening allergic reactions to vaccines. I had heard of neurological damage from the pertussis portion of the DPT-P,

but not of the connection to immune system problems. Martin was vaccinated again at the age of 6 months. A few months later I practically had to beg to get a referral to an allergist when the skin behind his ears was raw with eczema. "He's just a rashy baby" they told me. I cut different things out of my diet to try to stop the rashes, but they still continued. The allergist said that scratch testing isn't very accurate in babies, and because he had not been introduced to many foods, we should wait to do the testing. At his first birthday party instead of reacting with glee and cramming his hands into the cake, he writhed and wiggled and cried out to get away from it. His body recognized the eggs, colorants, chemicals and additives in the store bought cake as a threat. When a young guest put some cake close to his lips, and a small bit got on his face, his body started to react. Flushing, swelling and itching lasted almost two hours. He had been sensitized to the ingredients in that cake through breast milk or medical procedures or both—he had never eaten any of them, other than flour.

When initial scratch testing was done, his whole arm turned red. Only wheat, oats, pecans and walnuts came up clear. He was reacting with incredible severity to things he had never eaten. We left the allergist's office with a prescription for epinephrine, a "welcome to the Allergy Club" and photocopied sheets that gave us the information that he avoids these foods or he could die.

Years later, I searched old calendars, and had part of Martin's medical file read to me over phone (they seemed reluctant for me to come in to look at it as they probably had quite a bit written about me in it—hysterical mother, no doubt). With help from my brother Mike, who

keeps a daily journal, I pieced together an interesting theory, which has, to date, been totally dismissed by all mainstream medical and political people it has been presented to.

The day after Martin's two month vaccine we visited his grandmother in Toronto. Mixed nuts at Christmas are a tradition there, and usually the only place I ever eat them. Mixed nuts contain almonds, hazelnuts, Brazil nuts, cashews and peanuts. Martin is anaphylactic to all of those nuts. Mixed nuts don't contain walnuts and pecans—Martin shows no IgE response to them. Any Christmas baking I would have done would have contained walnuts, but because Martin needed to be held almost continuously, baking never got done that year. He only has an anaphylactic response to nuts I ate the day after his vaccine.

One other interesting anaphylactic allergy he has is sesame, which was not included on his initial scratch testing. On the way to Toronto that day I remember eating a hamburger from a burger place that claim their hamburger buns contain 175 sesame seeds. About a year later we gave him tahini on toast for the first time and he wound up in the emergency room. I also most likely ate egg, milk products, kiwi and legumes on that day as well, which are other foods he is anaphylactic to. The nut connection would never have been made if it weren't for his vaccination at Christmas time.

This, of course, is not proof that vaccines cause anaphylaxis, but it certainly creates many questions that should be looked into by parents and the medical community. Should children who are exhibiting allergies or eczema be vaccinated? Should children with an obvious medical impairment be vaccinated? Certainly a kidney the size of an adult fist would hamper the body's

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Martin's Story cont. from page 18

immune system and its ability to rid itself of the toxins that are contained in a vaccine for five separate diseases. Martin's current allergist advises women with children with anaphylaxis to avoid eating highly allergenic foods during pregnancy and breastfeeding. By the time he sees these children and gives this information, it is usually too late. He was quoted in a 1996 article in the *Ottawa Citizen*, "When I started ten years ago, I only saw a handful of these children. Now I may see fifteen a week. On average, three children die every year in Ontario from a food allergy, and the most common is peanut."

Different types of the Hib vaccine have been included in the vaccination schedule since 1987. Since that time, health problems in children have skyrocketed. No government agency keeps track of the numbers of children with anaphylaxis, but school officials are now dealing with an epidemic of children with peanut allergies. One school official said he didn't even know how to spell anaphylaxis five years ago, and another said he hadn't even heard of it five years ago. Most elementary schools today have some sort of peanut and nut free policy. Asthma rates have more than doubled. Paediatric brain tumours have been increasing by 5% a year. No one knows why. Autism, diabetes and attention deficit disorder are all increasing.

Replies to my repeated letters to Federal and Provincial politicians and Medical Officers of Health regarding the connection between anaphylaxis and vaccines have said, basically, that correct diagnosis of anaphylaxis has resulted in the increased awareness. Another reason given is the increase in the use of peanuts in people's diets. Martin's anaphylaxis, they say,

could not in any way be related to vaccines he received. One replied that "... the human mind is so adept at recognizing patterns that it sees patterns when none exist." Okay. At least he replied to my concerns. Some politicians didn't reply to my letters at all.

One thing that I have learned in the last five years is that we cannot look to our elected officials or the medical community to protect our children. We must thoroughly investigate any procedure, drug or vaccine that is recommended for our children before agreeing to it. A study was done that showed that people vaccinated with the MMR vaccine in high grass pollen season were more likely to develop an IgE response to grass pollen in later years! My own mind says that if exposure to grass pollen after the MMR shot can cause grass pollen allergy, then exposure to nuts after the DPT-P Hib shot can cause peanut/nut allergy. Not so, says an allergist. The MMR vaccine is a live virus, which would stimulate IgE production, while the DPT-P Hib is not. I ask, do both vaccines manipulate and stimulate the immune system in a similar way? There goes my mind making patterns again.

I am very happy to report that Martin is a very happy, healthy and incredibly wonderful five year old. His immune system has been strengthened by Network Chiropractic, and homeopathy, vitamin, mineral and herbal supplements to eliminate candida. Health Kinesiology has helped tremendously with correction of many of his allergies and with the release of the psychological trauma from the surgeries. The peanut, nut, egg, legume and cow milk allergies remain, however, we will continue to work on these. Currently, along with previous therapies we are investigating NAET, an allergy elimination technique that

has been successful in reversing allergic reactions to foods in 85 to 90 % of cases. We will not give up, and with God's guidance, we believe we will be able to eliminate, completely, Martin's anaphylaxis.

Rita Hoffman, December 20, 1998
rhoffman@reach.net
Stirling, Ontario

Special thanks to Rita Hoffman for sharing her story. An additional note on anaphylaxis comes from the Vaccine Policy Institute. The Institute's Director, Dr. Kristine Severyn has written a report on the First Annual Conference on Vaccine Research that she attended in Washington, D.C. (May 30-June 1, 1998) and published in the Institute's news letter *Vaccine News* June/July, 1998.

"Vaccine Safety and Adverse Effects, mainly discussed government efforts to monitor specific vaccine adverse reactions. Reports from the CDC and the Japanese National Institute of Infectious Diseases were presented of severe, potentially life-threatening (anaphylactic) allergic reactions related to gelatin in several vaccines. Gelatin is added to vaccines as a stabilizer. The Japanese study measured anti-gelatin antibodies in the blood of almost all children who had demonstrated immediate, serious, systemic (whole-body) allergic reactions to vaccines. The CDC concluded that perhaps 'a safer alternative to gelatin is warranted.' (In the meantime, let's see if the CDC recommends screening children for such gelatin antibodies before the children receive gelatin-containing vaccines. If the past is any indication, the CDC will claim that such screenings are too expensive, and/or will hamper nationwide vaccination efforts.)"

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Health Officials Host Immunization Conference

The Third Canadian National Immunization Conference was recently held in Calgary, Alberta and was sponsored by the Canadian Paediatric Association and Health Canada. The four day meeting (December 6–9, 1998) brought together health officials, policy makers and bureaucrats who orchestrate and implement vaccination policies in Canada. The following excerpts are taken from the *Daily Notebook*, a detailed review of conference proceedings, and are posted at the Health Canada website. A recurring theme at the conference was concern that anti-vaccination groups are spreading negative propaganda all over the Internet, and fear that parents are hesitating to vaccinate their children.

Elinor Caplan, Parliamentary Secretary to the federal Minister of Health and former Ontario Minister of Health opened the conference with a call to “counter complacency”.

Lauding the “spectacular success” of National Immunization Week and the excellent media coverage at the national and local levels, she cautioned that “While such measures are crucial to combat growing public complacency and counter the misinformation about immunization that abounds in the media, the Internet, and television talk shows”, she lamented the need to divert public health resources into public relations. She also touched on the National Immunization Records Network which will bring better monitoring to update immunizations, and commented that the first national trade show on tracking systems to be held in 1999 “will be a step in establishing the network.”

The role of “private sector partners” and volunteers to improve immunization uptake was enthusiastically forwarded. Recently with the

help of an army of 3,500 volunteers, Rotary International raised \$247 million to help WHO’s global vaccination campaign. As of 1997, Dr. Bob Scott, past president of Rotary International said that three-quarters of the world’s children have been immunized. “What do we have to do to finish the job?” he asked. The WHO currently estimates a price tag of \$500 million to complete the campaign, showing that there is no room for complacency. He stressed the need for further fundraising. “There is a serious shortfall in the funds available to eradicate polio,” he warned, adding that “we have become careless because we have been so successful.”

Dr. Noni MacDonald, Professor of Pediatrics and Microbiology at the University of Ottawa, identified advocacy and improved social marketing as emerging priorities for the public health community. “Dr. MacDonald stressed that societal changes will continue to have a significant impact on immunization efforts. As the majority of Canadians move into their middle years, and as a whole new generation of vaccines become available, she said more emphasis must be placed on immunization as a life-long process. With the politicization of the health care system and increased consumer activism, public health practitioners must become better lobbyists to move immunization issues higher up the political agenda.”

Alberta Health Minister Halvar Jonson spoke of Canada’s strong immunization history and noted that “5-10% of Canadian parents are ambivalent about immunization and another 1% choose not to immunize their children at all. Mr. Jonson urged participants to remain steadfast and vocal, and to challenge the misinfor-

mation of anti-immunization campaigns with facts. The key, he said, will be to keep partnerships going, and to take every opportunity to build new ones.”

Dr. Alan Hinman, an American public health consultant from Georgia, is concerned that exemptions lead to higher disease rates. He said that an 11–52% increase in measles among unvaccinated individuals was just one of the outcomes that a series of U.S. studies have linked to religious and philosophical objections to immunization.

“More or less informed objections may be the most difficult to deal with,” since individuals may have based their decisions on reliable information on the risks and benefits for them. “Ultimately,” Dr. Hinman said, “being honest about the uncertainties of vaccination risks will contribute to risk communications to ensure the public health.”

“Misinformed objections are a different story. Dr. Hinman cited hugely inflammatory messages from one anti-immunization website, complete with a graphic of an impossibly long needle and a photo of a syringe superimposed on a baby’s face. Commercial media, as well, “thrive on controversy and tend to provide equal time to both sides,” even when minority opinion on one side runs counter to “the vast majority of the public and the medical profession”.

One nurse who presented a session on vaccine education advised using the Internet carefully, and the importance of providing lists of “reputable” websites. “Type in ‘immunization’, and you’ll get 90% bad and 10% good—even nurses are susceptible to bad information from the Internet.”

In a physicians’ session, a polling format was used to gauge levels of interest on a number of immunization issues. “In response to the question,

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Immunization Conference cont. from page 20
84% of participants said they would agree to combine DPT with administration of acellular pertussis vaccine for adults", and panelists noted that "health budgets will have to accommodate at least one new vaccine per year for the next ten years." According to Dr. Scott Halperin, Professor of Paediatrics and Associate Professor of Microbiology and Immunology at Dalhousie University, immunizing adults against pertussis will help protect their children.

In a breakout session Monday afternoon, Dr. Noni MacDonald drew applause for her strong suggestion that live BCG vaccine should be withdrawn from use in Canada. "BCG is not the way to go," said Dr. MacDonald, Professor of Paediatrics and Microbiology at the University of Ottawa, in response to an audience question. "It's time to blow it out of the country."

The discussion took place during a session on commonly-asked immunization questions, which Dr. MacDonald moderated. A participant from Iqaluit had reported that her organization still administers routine BCG on the second day of life, but had recently documented a case of an infant who developed disseminated BCG infection 80 days post-inoculation."

Dr. Scott Halperin tackled the question of whether vaccines cause seizures. Vaccines often cause fever, he said, and "fevers precipitate seizures in children who have an underlying propensity to have febrile fevers". Since vaccines are administered early in life, they can bring on a child's first fever, which may in turn cause a first seizure. But he said febrile seizures have no long-term adverse effects, whether they are caused by vaccines or other factors.

Dr. Gold added that a temporal (time related) link from vaccination to a fever does not prove a causal link. "Fever is very common in young

infants," he said, but "that fever is just a red flag saying they might have something wrong with them."

ADVERSE EVENTS REQUIRE CAREFUL ANALYSIS

"While vaccine-associated adverse events (VAAEs) are rare, a Tuesday afternoon breakout session heard that careful analysis and forthright reporting are crucial to maintain public confidence in the benefits of immunization."

"Dr. Robert Pless, Director of LCDC's Adverse Events Monitoring Program, agreed that 'vaccines are not perfectly safe. They're only extremely safe.' While fewer than 25% of the serious cases reported to LCDC show a likely or probable causal link to vaccinations, he underscored the need for prompt, accurate and complete reporting of VAAEs."

"At a September, 1997 meeting in Erice, Italy, participants from thirty countries cited serious flaws in drug safety communication that could lead to a climate of mistrust and misguided actions. Dr. Pless underscored the need to share the available evidence as widely as possible, to allow the public to weigh the risks and benefits of immunization."

VOX POPULI: COMMENTS FROM PARTICIPANTS

"We can use the Internet more effectively. Anti-immunization material is blossoming, but we haven't been so effective. A national recording system in particular would improve people's access to information."

• Whitehorse, Yukon

"We're seeing a slight increase in immunization refusals, and we need to educate staff to answer people's questions before it gets too far ahead of us. We need to have the answer before the question even shows up."

• Lethbridge, Alberta

"We keep adding more and more vaccines, but we need to combine more. So many parents, and particularly caregivers, don't want to give a child more than one needle at a time. Combo vaccines will give us the one-shot deal."

• Prince Albert, Saskatchewan

"One of the biggest problems in the transportation of vaccines is the maintenance of the cold chain...to maintain a constant temperature from the manufacturer to the client — whether to northern Canada or Saudi Arabia."

• Ottawa, Ontario

"I'm looking forward to hearing about the arguments from people who disagree with immunization, and learning how we're going to deal with that."

• Drayton Valley, Alberta

"I'm here to receive new information about vaccines that are available and techniques for improving vaccine coverage of the population I deal with. I'm in a general paediatric practice, and we're working to help people understand the necessity of vaccination and dissuade them from some of the myths. We get questions every day about vaccines and whether they're safe and appropriate."

• Winnipeg, Manitoba

Details of the conference proceedings can be accessed at Health Canada's web site at:

<http://hwcweb.hwc.ca>

Once in the site, enter the words "immunization conference" which will link you to the Daily Notebook.

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Chicken Pox Vaccine and The Stampede to Abolish Natural Immunity

Health Canada recently approved the use of chicken pox (varicella) vaccine for healthy people over a year old. Chicken pox is a common disease that occurs seasonally between March and May. "It is estimated that in most temperate countries, 90% of individuals are infected by 14 years of age" says Health Canada and "complications of chickenpox are rare in immunocompetent children", with less than two deaths per 100,000 cases in children ages one to fourteen.

The popularly held experience of my generation (I'm 55), that of my mother's generation and even my grandmother's (who was still alive to reassure me when my children, now in their mid-thirties, all had chicken pox) is that chicken pox is an ordinary event in almost everyone's life—few have a memory of it as a disease to fear. The regular cycle of chicken pox confers lifelong immunity to the majority of the population. A natural part of childhood is having chickenpox. It is nature's way of ensuring that the child's immune system is primed to protect him/her from getting it later in life, which is when risk and complications can arise.

So why are healthy, non-high risk children now being lined up for yet another live virus vaccine? Ten percent of the population is at some statistical risk for developing the disease in adulthood. Why isn't this sector being targeted for the vaccine? Couldn't the pharmaceutical companies focus their ravenous appetites on developing reliable tests which could measure immunity — and those possibly wanting vaccine protection in adulthood could then choose to do so? Why are we being asked to abandon the gift of natural protective, lifelong immunity which extends its benefits

cross generationally?

Will mass vaccination in childhood drive chicken pox disease into the older adult population where it can cause many more deaths and complications?

We have already seen this scenario with measles and mumps which are also more serious in adults than in children. First one shot was "guaranteed" to give immunity for life, then predictably, the disease started appearing in teens and young adults, and in infants whose vaccinated mothers couldn't transmit enough maternal immunity to protect them early in life. Now everyone has to have two shots of measles vaccine. Perhaps it will be three shots soon, and then boosters for life?

Here are some other cautions raised about varicella vaccine:

- An unknown risk is that varicella zoster is caused by a herpes virus and the live vaccine could lie dormant for decades, re-emerging altered later in life in the form of shingles in many vaccinated adults.
- Vaccinated individuals may transmit the virus to close contacts who may be at high risk such as pregnant women, newborns, immunocompromised persons.
- Pregnancy should be avoided for at least three months after vaccination.
- Physicians advise vaccine recipients not to use salicylates (aspirin containing products) for six weeks because of the chance of contracting Reyes syndrome.
- There have been no studies on its carcinogenic potential or for impairment of fertility.
- Pre-licensing publicity has centered on the costs associated with parents having to stay home with chil-

dren for several weeks during the illness, causing valuable loss of workers' time.

Here is a glimpse of how it's made and what's in the vaccine from the *Summary for Basis of Approval* of the vaccine, "Varicella Virus Vaccine Live (Oka/Merck) is a preparation of the Oka/Merck strain of live, attenuated varicella zoster virus (VZV). The virus was made in Japan with natural varicella and was attenuated by several passages in human embryonic lung cell cultures, followed by propagation in embryonic guinea pig cell cultures, and finally propagated in human diploid cell cultures."

"Indications and Usage—Varivax (trade name) is indicated for vaccination against varicella zoster virus in individuals 12 months of age and older.

Revaccination: The duration of protection of Varivax is unknown at present and the need for booster doses is not defined. However, a boost in antibody levels has been observed in vaccinees following exposure to natural varicella as well as following a booster dose of Varivax administered four to six years post vaccination. In a highly vaccinated population, immunity for some individuals may wane due to lack of exposure to natural varicella as a result of shifting epidemiology. Post-marketing surveillance studies are ongoing to evaluate the need and timing for booster vaccination. Vaccination with Varivax does not result in protection of all healthy susceptible children, adolescents and adults."

"Each 0.5 ml dose contains the following: not less than 1500 PFU (plaque forming units) of Oka/Merck varicella virus at expiry; not less than 1350 PFU thirty minutes after reconstitution, sucrose, hydrolyzed gelatin, sodium chloride, monosodium-L-glutamate, sodium phosphate dibasic, potassium phosphate monobasic,

Chicken Pox continued on page 23

potassium chloride, residual components of MRC-5 cells including DNA and protein, and trace quantities of sodium phosphate monobasic EDTA, neomycin, and fetal bovine serum."

Storage and handling of the vaccine may be problematic in that it must be kept stored at minus 15 C or colder, in a frost free fridge, and when it is reconstituted, the vaccine "shows potency loss after 1½ hour at 2 to 8 degrees celsius—room temperature showed similar losses". It needs to be held up to thirty minutes at room temperature prior to administration, and the package insert states that the reconstituted product is to be used immediately and discarded if not used within thirty minutes.

The bit about "post marketing surveillance studies" means that numbers of children will be followed for many years to determine the long term effects of the vaccine. In other words, our children are the guinea pigs to see how it really works!!!

by Edda West

Whatever Happened to Informed Choice?

By Phyllis Schlafly

Phyllis Schlafly is a lawyer and conservative political analyst.

January 27, 1999

The *New York Times* has just given us a front-page report on how the pharmaceutical corporations spent \$5.3 billion last year sending their representatives into doctors' offices and hospitals, with gifts and meals, to sweet-talk physicians into using their brand-name products. The *Times* headlined the news "Fever Pitch: Getting Doctors to Prescribe is Big Business."

The *Times* explains that "business is a big part of medicine now," Indeed it is. But, of course, doctors have complete freedom to accept or reject the drug corporations' sales pitches.

Let's hear the rest of the story about how politics is an even bigger part of medicine now. With a \$5.3 billion marketing budget, the drug corporations can easily afford to lobby state legislators and federal and state bureaucrats to pass laws that force us to buy their products, particularly vaccines.

Vaccines are designed to give us immunity from certain diseases, but the most interesting immunity is the drug corporations' immunity from any liability related to vaccine side effects, which Congress gave them by law in 1986. That, combined with coercive state laws, has made vaccines extremely profitable for the drug corporations.

All states have passed laws requiring children to be given about thirty-three doses of nine or ten different vaccines before entering school. The New Jersey courts recently upheld the right of a private school to deny admission to a student merely because she objected to taking a vaccine.

Medicine has a grand tradition of according patients the right of informed choice before being given drugs or other medical procedures. But vaccines are mandatory, and instead of "choice," some states tolerate limited and hard-to-get "exemptions."

Most states permit a medical exemption if a child has already suffered a vaccine injury. All but two states permit a religious exemption, and sixteen states permit a philosophical exemption, both of which may be narrowly and arbitrarily interpreted by state bureaucrats.

So much for the "choice" part of "informed choice." Now, what about the "informed" part?

U.S. vaccine policy is set by a quasi-governmental group of mandatory-vaccination promoters called the Advisory Committee on Immunization Practices (ACIP), whose members are appointed by the Centers for Disease Control (CDC). ACIP members can have financial ties to the drug corporations, which is a gross conflict of interest since the vaccine manufacturers' profits depend on laws that force vaccines on all children instead of just those at risk.

One would think that ACIP's objective would be to promote the health of Americans or to provide information to aid informed choices by patients, but it's not. ACIP's stated purpose is "to increase the safe usage of vaccines."

It is not clear that the increased use of vaccines always promotes the health of individuals. No vaccine is 100% safe or effective. Between 12,000 and 14,000 reports of hospitalizations, injuries and even deaths following vaccination are reported to the government every year, and the National Vaccine Injury Compensation Program has already

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paid out \$925 million in claims for vaccine-caused injuries and deaths.

Many vaccines are required without regard to the risks and benefits. The vaccine establishment's attitude is that such information unduly alarms parents and, anyway, the government knows what's best for children.

Polio vaccines are required even though the World Health Organization has declared polio to have been eradicated in the Western Hemisphere. The last case of polio in the United States was in 1979, except for Americans who get polio from vaccines (like Virginia's Lieutenant Governor John Hager, who is in a wheelchair because he got polio from the vaccine given to his infant son).

In November 1997, two influential news magazines featured articles asking a vital question: Has the decrease of infectious diseases in childhood through the mass use of vaccines been replaced with an increase in chronic diseases such as asthma and diabetes?

The *Economist* discussed the "hygiene hypothesis," which holds that exposure to infections during childhood may prevent chronic disease later in life, and that intervention against childhood diseases by vaccines may have undesirable effects.

Science News, in an article called "The Dark Side of Immunizations," reviewed reports from several countries showing that vaccinated children have a higher incidence of asthma and diabetes than unvaccinated children. The dramatic increase in asthma in the United States in recent years is an unexplained phenomenon.

Although American children entering kindergarten have a 98% immunization rate for most prescribed vaccines, government officials are determined to let no child escape. The CDC is setting up federally monitored state

immunization registries that will tag all children at birth with an I.D. number and track them so that they will not be able to get into daycare, kindergarten, school or college, or get health care, without showing proof of all required vaccinations.

It's time to have a free and open debate on the pros and cons of the policy considerations that go into laws that make the use of drugs compulsory. Better yet, it's time to give all parents the right of informed choice about medical treatment for their healthy children.

Phyllis Schlafly's research and analysis can be accessed through:

Eagle Forum

PO Box 618, Alton, IL 62002

Phone: 618-462-5415

Fax: 618-462-8909

<http://www.eagleforum.org>

eagle@eagleforum.org

VRAN RESOURCES & INFORMATION LIST

Vaccination: 100 Years of Orthodox Research Shows That Vaccines Represent a Medical Assault on the Immune System

Viera Scheibner Ph.D.

available from the Association for Vaccine Damaged Children
204-895-9192

The Immunization Resource Guide

by Diane Rozario

available from Vaccine Policy Institute
937-435-4750

Universal Immunization—Medical Miracle or Masterful Mirage?

Dr. Raymond Obomsawin

available from Health Action Network
604-435-0512

Immunization: The Reality Behind The Myth

Walene James

What Every Parent Should Know About Childhood Immunization

Jamie Murphy

Earth Healing Products, 120 Poplar St.,
Boston, MA, 02131.

Vaccinations: Are They Really Safe and

Effective?

Neil Z. Miller

Vaccinations and Immune Malfunction & The Dangers of Immunization

Dr. Harold Buttram and Chris Hoffman

These excellent booklets describe immune system function & how vaccines impair immunity and they are available from Woodlands Medical Center.
215-536-1890

How To Raise a Healthy Child In Spite of Your Doctor

Dr. Robert Mendelsohn

This book is a classic, a must for every parent who wishes to take back responsibility for the health of the family. It has a full chapter on childhood illness and vaccines.

The Immunization Decision:

A Guide for Parents

Dr. Randall Neustaedter.

Vaccination, Social Violence and Criminality: The Medical Assault on the American Brain

Harris L. Coulter

A penetrating work by a renowned medical historian.

A Shot In The Dark

Harris L. Coulter & Barbara Loe Fisher

A thorough research of DPT Vaccine and adverse reactions.

Vaccinations and Immunization: Dangers, Delusions and Alternatives

Dr. Leon Chaitow.

This book examines the history of vaccination. It explores alternatives and enhancement of immune system function.

Vaccinations: The Rest of The Story

A selection of articles, letters and resources publ. by Mothering Magazine.
P.O. Box 1690, Santa Fe, NM 87504.

The Case Against Immunizations

Dr. Richard Moscovitch

available from American Institute of Homeopathy—1500 Massachusetts Ave.
N.W. Washington D.C. 20005.

But Doctor, About That Shot

Dr. Robert Mendelsohn

available from the Doctor's People,
1578 Sherman Ave. S., 318 Evanston
11. 602201.

What About Immunizations? Exposing the Vaccine Philosophy

Cynthia Cournoyer

Nelson's Books P.O. Box 2302 Santa
Cruz CA 95063.

NOTE: Many of these titles are also available from Parent Books in Toronto
(416) 537-8334 fax (416) 537-9449

IMMUNIZATION INFORMATION ON THE INTERNET

**Compiled by: VRAN, Vaccination
Risk and Awareness Network
250-355-2525**

Freedom Of Choice in Health Care

<http://www.yesic.com/~fchc>

Excellent site that is also home to
VRAN'S website, links to many groups

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 from around the world.

Vaccination Information Paradigm

[http://www.cco.net/~trufax/vaccine/
vacindex.html](http://www.cco.net/~trufax/vaccine/vacindex.html)

Very good information, updated regularly.

Dispelling Vaccination Myths

[http://www.livelinks.com/sumeria/
health/myth2.html](http://www.livelinks.com/sumeria/health/myth2.html)

Well documented report, revised often.

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 cre-
ate health in the family and access to
Vaccination OneList network

Natural Immunity Network

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

Concerned Parents for Vaccine Safety

[http://home.sprynet.com/sprynet/
Gyrene/Home.htm](http://home.sprynet.com/sprynet/Gyrene/Home.htm)

Excellent site—links to many others

Informed Parents Home Page

[http://www.unc.edu/~aphillip/www/
vaccine/informed.htm](http://www.unc.edu/~aphillip/www/vaccine/informed.htm)

Excellent site—well researched

Immunisation Awareness Society

<http://www.netlink.co.nz/~ias/ias.htm>
Excellent site—offers international
research

Society For The Autistically Handicapped

[http://www.rmplc.co.uk/eduweb/sites/
autism](http://www.rmplc.co.uk/eduweb/sites/autism)

Leading edge Research Group:

The Biological Manipulation of Human

Populations

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

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

<http://www.ccid.org>

Tetrahedron — AIDS, Ebola, vaccines, Gulf War Syndrome

<http://tetrahedron.org/>

International Advocates for Health Freedom — John Hammell

<http://www.iahf.com/index1.html>

Fosters networking between health free-
dom activists

Health World Online- Discussion Forums on Vaccines

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

Vaccination Information & Awareness— Links to many sites

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

Dr. Harris Coulter's Website

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

Vaccine Safety Website—Dr. B. Classen

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

AVML—Extensive list of web links

[http://www.workingonline.com/birthk-
its/vaccinewebsites.html](http://www.workingonline.com/birthk-its/vaccinewebsites.html)

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 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/199
805/vaccine.htm#speclink](http://www.slackinc.com/child/idc/199805/vaccine.htm#speclink)

DNA vaccines—a Pro-vaccination site

[http://www.genweb.com/Dnavax/Biblio/i
ntervir.html](http://www.genweb.com/Dnavax/Biblio/intervir.html)

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 vaccina-
tions.

- 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)

VRAN MEMBERSHIP AND ORDER FORM

Suggested Annual membership - \$25 or \$50 professional

Includes Newsletter 4X a year & ongoing support of vaccination risk education

P.O. Box 169, Winlaw, BC, V0G 2J0 – phone/fax: 250-355-2525. E-mail: eddawest@netidea.com

Name/Organization: _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

Reason for Interest _____

Your Questions, Personal
Stories _____

(Please use back of page or additional paper if necessary.)

INFORMATION PACKAGES & FUNDRAISING

_____ General information package \$7.00 + \$2.50 (postage)

_____ Hepatitis B info. Package \$5.00 + \$2.50

(If ordering both the general & hepB information package, postage is discounted to \$3.00)

_____ Set of 10 back issues of VRAN Newsletter.....\$15.00+ \$3.00

_____ Y2K-AWAKENING Poster \$13.00+ \$2.00 postage

- 2-5 posters, please add \$3.00 for postage

- more than 5 posters, add 5% of cost of order for postage

*10% discount applies to bulk orders of more than 5 maps.

VRAN's special fundraiser for 1999 is the beautiful Y2K AWAKENING poster. Designed as an educational tool, the poster details the critical areas of concern arising from the year 2000 computer crisis. Even if you don't own a computer, chances are that Y2K will touch your life. Meticulously researched, the poster offers a global overview of the facts, follies, possibilities, probabilities and certainties that we as a community will face. It is a vast and complex problem – perhaps the greatest challenge modern, technological society has yet had to face. The poster details a global overview of mission critical systems, and is an essential resource to help map the pathways in preparation for the many levels of challenges ahead.

