



OUR NEW NAME IS VRAN – VACCINATION RISK AWARENESS NETWORK

## Vaccination Risk Information & Alternatives Resource Group

NEWSLETTER

SPRING - SUMMER 1995

# Primal Health Research

*In any discussion of the risks posed to infant health by vaccines and the possible range of side effects, inevitably, there comes a point where one begins to ponder the broader picture, namely, the long term consequences of subjecting babies to the viral and toxic substances which comprise vaccines. For several years now, there has been an heightened awareness globally among researchers who are concerned about the impact of vaccines on young child health and that the quality of children's health is threatened, not enhanced by vaccination schedules.*

*In this issue of the VARIANCE NEWSLETTER, we are pleased to report on the findings of Dr. Michel Odent, director of The Primal Health Research Centre in England. Dr. Odent is internationally renowned for his pioneer work in natural childbirth at the Pithiviers Clinic in France.*

His devotion and commitment to the well being of mothers and babies is the foundation on which he is building a broad research base and from where he is addressing wider issues surrounding fetal and infant health.

Michel Odent believes that "The later well-being of adults, their ability to withstand the diseases of civilization such as hypertension, cancer, alcoholism and failures of the immune system resulting in AIDS, allergies, and viral diseases can all be traced back to society's ignorance of the crucial importance of the Primal Period" - "The time which includes fetal life, the perinatal period, and early infancy. It is during the Primal Period that the adaptive systems involved in what we commonly call health reach maturity. It is the time of close dependence on the mother. One can anticipate that any kind of event happening during this period can have irreversible effects."

Dr. Odent and researchers Esther Culpin (Director of La Leche League of Great Britain) and Tina Kimmel have presented the results of their study on the long-term consequences of vaccinations administered during the 'primal period'. The main data were summarized in The Lancet, 1994;344:1140 and the Journal of the American Medical Association, 1994; 272:592-3. and published in greater detail and commentary in the PRIMAL HEALTH JOURNAL - Vol.2. No. 1.

This recent study involved 446 children, all of whom had been exclusively breast, fed for six months. 243 children had been vaccinated with pertussis vaccine while the remaining 203 children had not.

This grouping of vaccinated and unvaccinated children presented a rare opportunity to compare a broad picture of health outcome, looking at such questions as incidence of ear infections, asthma, eczema, obesity, hospitalization, and other diseases.

The data shows a significant relationship between childhood asthma and pertussis vaccine, as well as a higher incidence of ear infections and eczema amongst the vaccinated group. The study suggests that the risk of asthma developing amongst the vaccinated chil-

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### NEWSLETTER WORKING GROUP

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## STATEMENT OF PURPOSE

**V**ariance was formed in October of 1992 in response to growing parental concern regarding the safety of current vaccination programs in use in Canada and generally in North America. We are now a public information and resource group with a commitment to helping other parents protect their children from the risk of current vaccination programs. We also act as a "watchdog" organization that gathers and shares information from both local and international sources.

Variance maintains that the injection of toxic and viral materials into vulnerable infants and young children is not a health creating measure. We hold the belief that all parents are entitled to draw on a broad information base when deciding on drugs offered their children and in particular drugs that carry potentially serious health risk factors. **VACCINES ARE SUCH DRUGS.**

Variance offers counsel to concerned parents who do not feel adequately informed and who wish

to gather additional information to facilitate an "informed decision". Variance helps parents identify adverse reaction to vaccines and advises them of legal requirements of doctors to report adverse reaction should precipitate the parent to take a cautious stance if considering revaccination. Variance is committed to support people in their fight for health freedom and to maintain and further the individual's freedom from enforced medication.

Variance is committed to facilitating the gathering and dissemination of such relevant information and resources that contribute to the creation of health and well being in our families and our communities:

Variance maintains subscription to medical journals and other publication, and keeps in touch with experts and groups of a similar purpose around the world to providing a means of tracking relevant research and its results and any other pertinent information. •

## Cresence Krueger

I have a twenty month old child and one grey afternoon in November I was reading the "Globe & Mail". How did I manage that, you ask? Well, I'll leave you in suspense because it is what I read that I want to tell you about.

Medical watch  
Recent medical notes:

Measles in very young children has become a new problem in the United States, says the Associated Press. Their mothers were inoculated against measles when they were girls and have less protection to pass along to offspring - the vaccine creates fewer antibodies than the disease itself does. Measles in the first year of life is potentially life threatening; more than a quarter of all cases are that age, a time when measles was virtually unheard of.

This little paragraph made me think. I realized that I am one of the mothers who has less protection to pass on to her daughter because I have never had the measles; I was only vaccinated against it. That upset me. Thank goodness I breast-feed and can give her specific antibodies that way. And I have no guarantee that I still can't get the measles. "Measles cases now consistently occur in the vaccinated".

I also started to think more about the possible long term effects of the measles and other vaccines on my auto immune system<sup>2</sup>. That scared me.

My mother who was not vaccinated against measles, believed she was doing

the best for my future when she had me vaccinated. Was she?

I have not had my daughter vaccinated. I lived in a state of angst for awhile before feeling comfortable with my choice. A lot of research and contact with other women who have not vaccinated their children helped immensely.

My child is healthy. She has never had an ear infection, never taken antibiotics. Her nature is calm and gentle. I am blessed. When doubt seizes me, I remember that if it ain't broke, don't fix it! And I feel happy. •

1.- Neustaedter, Randall.

The Immunization Decision 1990.

2.- Moskowitz, R.

The case Against Immunizations. Journal of the American Institute of Homeopathy, 1983

# Primal Health Research

Cont'd.....



dren is 5.43 times higher than in unvaccinated children and ear infections occur twice as frequently among vaccinated children.

Michel Odent believes these findings to be important because "The real epidemic of asthma in childhood that has developed during the last thirty years cannot be explained. In particular there is no evident correlation with the changes in the level of air pollution(5). It is noticeable that none of the numerous enquires exploring the possible factors associated with the current rates of asthma have considered vaccination. The probable links between early vaccinations and asthma are not in contradiction with some epidemiological mysteries: it has been reported that Asian and West Indian Children who had been born in their home countries before coming to the UK were less likely to have asthma than Asian and West Indian children born in the UK.(6)" Dr. Odent speculates that a possible explanation of the lower rate of asthma amongst the Asian and West Indian born children is linked to differences in the starting time of early childhood vaccinations.

Dr. Odent comments further on his study: "The results of our study illustrate the dangers of the concept of preventive medicine, based on a negative understanding of health as the absence of diseases. In preventive medicine the priority is to avoid a certain number of well defined diseases. At the end of this century, while so many new diseases have appeared within a few decades, nobody knows how poor health will commonly express itself in the future. In the context of the wealthy industrialized societies the priority might be to study the genesis of good health - i.e. the quality of our basic adaptive systems - rather than constantly lengthening the list of diseases we want to prevent."

The following detailed commentary is written by Dr. Odent and excerpted from the Spring 1994 issue of the Primal Health Research Journal and gives us an overview of the medical and scientific reasons that should raise a flag of caution for everyone pondering the long term consequences of vaccination.

*"When reviewing the medical literature, I was amazed by our lack of knowledge and still more by our lack of concern about the possible long-term effects of vaccinations. We should keep in mind that early vaccinations are administered to infants who have a life expectancy of about 80 years in our society. We will need a century to evaluate the effects on longevity of a large number of vaccinations during the primal period (diphtheria, tetanus, poliomyelitis, whooping cough, measles, mumps,, German measles, plus perhaps tuberculosis, meningitis, hepatitis B, chicken pox, etc.....).*

Generally speaking the documentation appears as rich, serious and objective regarding the effectiveness and the short-term side-effects of vaccinations. If we just consider pertussis vaccination as an example, there have been numerous studies demonstrating the limits of its effectiveness. One of the most recent examples is an analysis of the 1993 epidemic of whooping cough in Cincinnati (10). It appears that 74% of the children with whooping cough who were 19 months to 12 years old had received four or five doses of the combined (DPT) vaccine. The conclusions published in the New England Journal of Medicine show clearly that 'the efficacy of the vaccine cannot be taken for granted'.

The short-term side-effects of all the vaccines are also well documented. Where pertussis vaccination is concerned, the serious acute neurological complications have been widely reported since the early 1970's and a national childhood encephalopathy study (NCES) was set up in Britain in 1976. The NCES concluded that the vaccine is likely to cause serious

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## INTERNATIONAL VACCINATION INFORMATION AND NEWSLETTER GROUPS

### What Doctors Don't Tell You

4 Wallace Road, London,  
England, U.K.  
N1 2PG

### Immunization Awareness

P.O. Box 56048

Dominion Road  
Auckland

### National Vaccine Info Centre

(Dissatisfied Parents  
Together)

512 West Maple Street,  
#206, Vienna VA, 22180  
U.S.A.

### Health Care Reform Group

P.O. Box 421

Glebe, New South Wales,  
2037.  
Australia

### The International Vaccination Newsletter

Krekenstraat 4, B3600,  
Glenk, Belgium.

Attn: Dr. Kris Glanblomne

### The Informed Parent

29 Greyhound Road, Sutton,  
Surrey, England  
SM1 43Y

### Dr. Kalokerinos a Dettmar

45 Avon Road,  
Avonsleigh, Victoria,  
Australia  
3782

# Primal Health Research

Cont'd...

acute neurological disorders in the first 7 days after 1 in 310,000 vaccinations.(11) These reports have been the subject of intense scrutiny both in the medical journals and in the law courts. After reviewing the medical literature of the Institute of Medicine, National Academy of Sciences(USA) found that the evidence indicates a causal relation between DTP and anaphylaxis (acute allergic attacks) and between the pertussis component of DTP and extended period of inconsolable crying and screaming.(12)

It is difficult to imagine that the side effects of a vaccine such as pertussis can be limited to either exceptional life threatening short-term complications or nothing. Common sense should lead to an intense exploration of possible long-term subtle side-effects. There are several reasons why it is so difficult to find such studies in the medical literature. The first reason is of course the mass vaccination is still a recent phenomenon that developed during the second half of this century. Another reason is our human limited ability for long-term vision.

Those who establish vaccine programs in the 1990s are not ready to realize that they are probably involved - to what degree we cannot say - in the health of those who will be living at the end of the 21st century, decades after the vanishing of their own generation.

Until the 20th century, humans had no reason to develop a vision of the future going beyond a few decades. Today, powerful technological man must change the scale of his capacity to anticipate. The concept of 'Primal Health Research' should help to develop the ability to consider the far future.

Our knowledge of the long-term consequences of early vaccinations is so poor that the available data can be summarized in one paragraph. Our knowledge of the long-term (or rather mid-term) effects of pertussis vaccine is based on the follow-up

of the children who were recruited into the NCES study in 1976-9. Compared with the matched controls, they were significantly more likely to have died or to have some form of educational, behavioral, neurological or physical dysfunction a decade after their illness.(13) Where the other vaccines administered in infancy are concerned we still need further research to establish without any doubt the responsibility of rubella vaccine in chronic arthritis of adult women, while there is evidence of a causal relation between rubella vaccine and acute arthritis (14).

In fact there are serious theoretical reasons for worrying about the far future. The main cause of concern is the mass immunization by a constantly increased number of at least 4 different live virus vaccines: oral polio, measles, mumps, rubella. Moreover, it is probable that chickenpox vaccine will be proposed in the near future.(15)

Modern vaccine programs seem to ignore the high potential for mutation of viruses. It was established in 1986 that a mixture of non-virulent viruses can produce a disease by means of complementation or recombination.(16) A team from the University of California (Los Angeles) inoculated mice with two strains of non-virulent herpes simplex virus type 1. Most of those that received a 1:1 mixture of viruses died. But the animals which received a 100 fold higher dose of only one strain of virus survived. Virulent recombinant had been produced.

As early as 1984, R. deLong warned that mass immunization with several live viral vaccines might increase the probability of genetic recombination and might result in new diseases..(17)

Such theoretical considerations are frightening when put in parallel with the emergence of new serious diseases (Reye's syndrome 1963, Kawasaki disease 1967, Ebola hemorrhagic fever 1976, non A nonB hepatitis 1979, AIDS 1979).

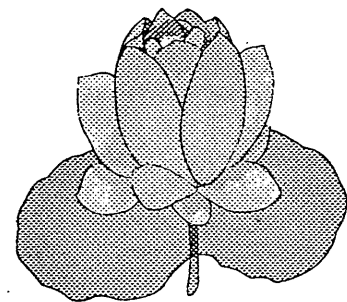
THESE SYNDROMES WERE REPORTED AS NEW DISEASES AND NOT AS A RESULT OF BETTER DIAGNOSIS.

Also the virus in each case, when available and analyzed, showed different characteristics from any known virus. Of course the link between vaccinations by attenuated live viruses and the new diseases is not established. But the very fact that there is a potential for mutation by genetic recombination between viruses should encourage caution and lead to other priorities than the preparation of routine chickenpox immunization for pre-school children. Everybody knows that chickenpox is a very benign disease among healthy young children.

If the chickenpox vaccine is approved in the near future, another live viral vaccine will be added to the list of those already given routinely.

Therefore the probability of genetic recombination will still increase, all the more because infection with wild-type virus seems possible after vaccination.(18) It is also predictable that there will be a shift in the age distribution of the remaining chickenpox cases towards older ages (including during pregnancy) with probably higher complications rates.

Furthermore, little is understood about the virus in its dormant state in the human host. For all these reasons the introduction of a routine chickenpox immunization without prolonged studies and in-depth discussions would be another illustration of our current inability to realize that medical practices may have serious negative effects in the far future."



*The Primal Health Research journal is published quarterly and can be ordered by writing to the Primal Health Research Centre - 59 Roderick Road, London NW3 2NP, England. Annual cost is \$18.00US. or 12 pounds sterling. We have reprinted the complete list of references cited by Dr. Odent in this edition of the Primal Health Research journal at the end of our newsletter.*

# Health and Welfare Canada Ignores International Evidence of Adverse Pertussis Reactions



*Just after the publication of our previous newsletter (summer 1994), one of our members, Louise Mollot from the Vancouver area brought to our attention the fact that The National Advisory Committee on Immunization (NACI) has issued a new policy statement on pertussis vaccine which no longer considers most adverse reactions experienced by a high percentage of children to be just cause to suspend further doses.*

**T**he new and revised Statement on Pertussis Immunization, published in the March 30, 1993 issue of Canada Diseases Weekly (a Health & Welfare bulletin), has been widely distributed to doctors across Canada. We are told that "These revised recommendations represent a major change in vaccine usage and take account of the current understanding of adverse events associated with use of pertussis vaccine".

What we are not told is that this abrupt reversal of the previously long standing cautious stance vis a vis adverse reactions, has really been tossed out for political expediency, not because children aren't reacting to pertussis vaccine, nor being injured anymore, but to insure that parents comply with the universal demand to vaccinate their infants without question.

Essentially, the NACI under the auspices of Health and Welfare Canada, is instructing Canadian doctors to literally ignore almost all the reactions that may result in neurological injury to infants and young children following pertussis vaccination, and actively encourages them to continue vaccinating children even if they have suffered adverse reactions.

For decades, the following side effects to vaccinations (particularly pertussis vaccine) have been recognized by the international community as adverse reactions that may signal the onset of neurological injury and sometimes death:

High-pitched screaming (a possible indicator of neurological irritation), fever, excessive sleepiness, inconsolable crying, convulsions/seizures, vomiting/diarrhea, rashes, pain/redness, swelling/lump at needle site, meningitis, unusual behavior, allergic reactions, (e.g. hives, wheezing, trouble breathing), shock/respiratory collapse, paralysis.

For half a century, parents, doctors, pediatricians, researchers world wide have known that these syndromes may be the predisposing factors that can condemn a once healthy child to life imprisonment in a body that has been robbed of normal neurological function. To revaccinate a sensitized child is essentially a game of russian roulette - a sinister game played by powerful mediacrats whose ethical and moral base has long been bankrupt, and is shockingly evident in it's irrational willingness to increase the risk of vaccine injury to Canadian children. Epilepsy, autism, paraplegia, quadriplegia

Continue on next page

## Pertussis Reactions...

and death are the collective tragedy that is the legacy of pertussis vaccine,

The text of the Revised Statement on Pertussis Vaccine dictates that:

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*"Most adverse events are no longer contraindication to further immunization; only anaphylaxis to a previous dose remains an absolute contraindication to pertussis immunization. Other adverse reactions for which there are no sequelae or which have not been proven to be caused by the vaccine are no longer considered valid reasons for withholding immunization."*

*It is hoped that simplification of the contraindication will improve vaccine utilization and achieve higher levels of age-appropriate immunization."*

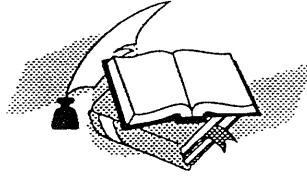
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- High fever within 48 hours of vaccination indicates the likelihood of recurrence fever with subsequent doses. Febrile convulsions may be more likely in a susceptible child who develops high fever. However, there are no long term sequelae from these convulsions and pertussis vaccination can continue.

Acetaminophen prophylaxis reduces the incidence of fever and may reduce febrile convulsions temporally related to pertussis vaccination.

- Febrile convulsions have not been shown to be caused by pertussis vaccine and are not a valid contraindication to pertussis vaccination.

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# BOOK REVIEW

*Dr. Viera Scheibner has recently published a book entitled "Vaccination - 100 Years of Orthodox Research Shows that Vaccines Represent a Medical Assault on the Immune System." We are reprinting here, a brief outline excerpted from the book's cover.*

**T**his book is a concise summary of the result of orthodox medical research into vaccines and their effects. It aims to inform medical professionals, parents of small children and the general public about short and long-term dangerous side-effects, including brain damage and death, of vaccines; of the ineffectiveness of vaccines in preventing infectious diseases, as shown by epidemics in fully vaccinated populations; and the causal link between DPTP vaccines and cot death.

Dr. Viera Scheibner is a retired Principal Research Scientist with a doctorate in Natural Sciences. During her distinguished career she published three books and some 90 scientific papers in refereed scientific journals in Australia, and overseas.

In 1985 Viera met Leif Karlsson, an electronics engineer specializing in patient monitoring systems. Together, they developed Cotwatch, a true breathing monitor used with babies thought to be at risk of cot death (sudden infant death syndrome).

Leif and Viera realized that the

Cotwatch was sounding alarms when babies were affected by any of a host of stressful events, vaccination the most prominent. The microprocessor Cotwatch recorded the breathing pattern of babies so that the effect of vaccination could be presented and clearly seen in the computer print-outs. The link between vaccine injections and cot death became painfully obvious.

At this time, Viera did not know of the controversy surrounding vaccination. However, she soon realized she had to address the issue. She studied some 30,000 pages of medical papers dealing with vaccination and discovered that, in all that material, there was no evidence of effectiveness and safety of vaccines.

Vaccines are highly noxious. They contain formaldehyde, aluminum phosphate, thiomersal (mercury compound) foreign proteins (antigens) and, contaminating animal proteins and viruses from the tissues used as growth medium on which to culture the viral and bacterial components of the vaccines.

None of these substances should ever be

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# OUR MANDATE AS PARENTS PROTECTING OUR CHILDREN'S HEALTH

*Thirteen years ago, a small group of parents came together to form the Committee Against Compulsory Vaccination. Its purpose - to raise a strong voice in opposition to the Ontario Governments then newly passed Immunization of School Pupils Act which required all school aged children to show proof of vaccination or be barred from school.*

Some of us had children who had suffered adverse reactions to vaccines. Some of us simply believed that injection of viruses suspended in toxic chemicals into our healthy children represented a threat to their health, was not a preventive measure and most certainly, was not a benefit. All of us believed in the fundamental right to freedom of choices in health care and felt that this compulsory legislation was an intolerable erosion of our rights. We worked. We got the legislation amended to allow conscientious exemption for all families in Ontario.

Over the years, as we gathered more and more information, and heard from parents across Canada and from other countries about vaccination risks, what began to emerge was a sense of a rather insidious, yet appalling health catastrophe that has detrimentally affected young child health all over the world.

In talking to people then, over a decade ago, and now, and particularly new parents who are just beginning to question the vaccination issue, the focus and concern is to the immediate potential consequences and such adverse reactions as screaming syndrome, fever, collapse, seizures, sudden infant death.

Most new parents have not heard that

**H**uman babies are not born into a void of vulnerability that renders them helpless targets of every passing pathogen as the prevailing medical dogma would have us believe. Breastfeeding provides the baby with the most sophisticated and powerful immunological protection available.

The anti-infective properties of human milk have been subjected to the most rigorous research in the last 30 years, which has culminated in global acceptance of the fact that breastfed babies are marvelously protected from an incredible assortment of diseases.

The secret of the highly potent and effective immune properties of human milk are eloquently documented by Dr. Derrick B. Jelliffe and Patrice Jelliffe in "Human Milk In The Modern

World".

Human milk is a living tissue like blood, that contains live cells called macrophages that can literally consume and destroy through phagocytic action, pathogenic organisms that the baby comes in contact with. Other protective factors present in human milk include immunoglobulin, lysozyme, the bifidus factor, and nutrient-carrier proteins which bind vitamin B-12, folate, and iron and limit their availability for intestinal bacteria. Secretory IGA, the most important of the immunoglobulin literally coats the baby's intestinal tract and makes it impermeable to pathogenic organisms like E. Coli, and enteroviruses such as polio virus and rotaviruses, and other microbacteria like streptococci, staphylococci, and pneumococci. Additionally, breastfed babies have a 16 fold reduced risk of contracting meningitis.

the "baby shots", started at two months can be risky or at all problematic. Yet once a brief history is shared about vaccine risks, and parents read through some of the currently available literature (refer to the resource list), they will often at least delay the shots until they have gathered more information and feel able to make an informed decision.

This in itself is positive as it allows the baby time to grow past that early 2 month newborn, vulnerable period. And the parents, in delaying the first shot, give their baby a reprieve - a chance to grow, get stronger while giving the immune system an opportunity to mature without having to struggle with deeply injected viral toxins before the

tiny organism has developed a capability to cope with such an assault.

Making the choice to defer the early DPT + meningitis vaccines can be a very scary place for first time parents. The pressure from doctors and pediatricians, even other family members is often fierce. Powerful fear tactics are used that conjure scenarios of life threatening diseases if the baby is not vaccinated on schedule. Parents are made to feel that a choice to defer vaccination leaves them groping in a void with the spectre of invisible pathogens lurking everywhere ready to attack their baby.

Continue on next page

## Our Mandate as Parents....

They are left feeling afraid to vaccinate, and afraid not to - a terrible dilemma when it is the life and health of your baby you are responsible for.

The rate of protection afforded infants in the first year of life from breastfeeding is truly astounding. Dr. Cunningham, pediatrician in Cooperstown, New York, has calculated from his study of illnesses in babies requiring hospital admission, that for every 1,000 bottle fed babies, 77 needed hospital admission in the first four months of life - whereas for every 1,000 breastfed babies, only five were ill enough to require hospital admission. This is a remarkable statistic, yet it is one that can be upheld everywhere in the world, regardless of affluence or poverty - first world, or third world. Breastfed babies have a rate of protection from disease that is more than 10 times higher than artificially fed infants.

Volumes of research on breastfeeding over three decades have highlighted the multifaceted dimensions and properties of human milk both as superior food and powerful protective agent, unparalleled by anything modern science can cook up in a lab. It is not only the breastmilk that is important - but rather the process of breastfeeding. Some researchers have pointed out that there is an apparent "homing" mechanism between the mother's gastrointestinal tract and the breast. It has been shown that several days after non-pathogenic E.coli were fed orally to a mother, her milk, when analyzed contained the appropriate antibodies to fight the bacteria. Yet analysis of the mother's blood revealed that none of these antibodies existed in her own system.

Until recently, it was believed that the immunities conferred on baby were passive and that antibodies available in

human milk could only be those which the mother had developed in her lifetime, but it is apparent now that the mammalian immunological system is an active one, and protects the child from new pathogens she encounters, independent of the mother's own levels of immunity. Dr. Jelliffe points to the work of Campbell and colleagues who observed that "the mother does not serve merely as a passive transmitter of immunity. Instead, the mammary gland is able to react to the microbes brought to it by the infant and respond with a fast production of specific antibody."

The field of immunology is still in its infancy. The specific individual age of maturation of a child's immunological system is not clearly known. But it is surmised that somewhere in the first two to three years of life, the child's immune system matures and becomes capable of resisting a vast array of pathogenic organisms. Nature intended breastfeeding to bridge this gap, to carry the child through the first several years of immune challenges while offering a broad spectrum of protection from disease. Even the World Health organization now recommends that ideally, for the best start in life, all children should

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## Our Mandate as Parents... Cont'd

be breastfed for two years.

*In Dr. Jelliffe's words - "It seems clear that, in addition to the provision of the most appropriate blend of nutrients, human milk also makes available to the young infant a subtle, complex, effective, and specially tailored system of no-cost oral immunization and chemoprophylaxis - which is in no way available in cow's milk-based formulas. Breast milk has rightly been termed a 'potent medicine'."*

Parents who are wrestling with this question of whether or not to vaccinate, may find themselves facing a broader philosophical issue - an issue that challenges our world view of health and disease. It is a challenge that may find them at a cross roads of shifting paradigms. Walene James, in her excellent book, "Immunization, The Reality Behind the Myth", speaks eloquently of precisely this - the paradigm shift that comes with questioning the entrenched dogma of the current medical model.

In offering an alternative model of creating sound health, Walene James helps the reader shift from the stilted dogma of the germ theory of disease. She compares the current medical model of

"war on disease" with its arsenal of toxic vaccines given in the name of prevention, to the military model, which is based on an equally faulty premise - that of achieving peace by stockpiling nuclear missiles and armaments.

She reminds us that "Freedom from illness is a by-product of thinking and building health, not of fighting disease." It is a creative process that involves lifestyle choices - the basics being unrefined and wholesome natural foods - clean air, water and stress free environment.

Breastmilk is the most complete and wholesome food available to the human infant and breastfeeding, with its complex and dynamically active immune response mechanisms, offers an incomparable first line of defense to the young child. It is upon this foundation that the human organism will build the strongest immune system possible. It is upon this foundation that the child begins its life journey of creating good health.

The entrenched practice of vaccinating all infants and young children is a paradigm that is becoming obsolete for more and more parents.

As mothers and fathers begin to question the potential for new diseases to mutate from the ever increasing viral combinations that are added to the early childhood shots, many more will choose to decline or to defer, at least until they have gathered

enough information on which to base an intelligent and informed decision.

It is no easy matter to cope with the high pressure fear tactics that are used to terrify parents into compliance with the vaccination dogma.

It takes courage to say "I think I'll wait a while and do a little research before I make a decision". It takes courage to take back responsibility for your family's health rather than acquiesce to the rule of the experts. As you begin to gather the information you

will need to help you make a decision, it is reassuring to know that your breastfed baby is receiving the highest quality natural immunity.

There is no pressing health reason to rush into a decision that you may intuitively not feel good about. As you take the time to gather, read and research the issue, you can remain confident that your little one is the beneficiary of the most important health protective and health creative measure available through the precious gift of breastfeeding.

### BECOME A MEMBER OF VRAN

#### Volunteers are needed:

- Research & write articles
- Organize public meetings
- Network with vaccine awareness groups world wide
- Share newsletters with friends

#### JOIN VRAN

P.O. BOX 169 WINLAW, BC  
V0G 2J0

Phone/fax 250-355-2525

(Reference to page 13)

# Pertussis Reactions.... Continue from page 6

- Persistent, inconsolable crying and an unusual high-pitched cry after pertussis vaccine also are not associated with any sequelae and may simply be a pain response at the site of injection in young infants. These reactions do not preclude further pertussis vaccination.

- Onset of encephalopathy temporally related to pertussis vaccination does not indicate that the vaccine was the cause. Encephalopathy itself from whatever cause is not a contraindication to pertussis vaccination but deferral may be considered until the neurological condition is stable."

These sweeping statements that toss all caution to the wind, place our children in ever greater jeopardy and are incomprehensible when one considers the very long and problematic history that shrouds pertussis vaccine.

Since the 1940's, a steady stream of reports documenting neurological injury and death following pertussis vaccination have been published. These reports and studies have found their way into hundreds of journal articles which comprise the data base of medical literature, world wide. In fact, not too long ago (March, 1994), the Institute of Medicine, a well known and highly respected research body was chartered by the National Academy of Sciences in the United States to review the data gathered by the National Childhood Encephalopathy Study in Britain.

The NCES is the largest controlled study every undertaken to evaluate neurological complications arising from DPT vaccine of which pertussis is a component. A review of the data, more than ten years later has concluded that "the evidence is consistent with a causal relation between DPT vaccine and acute encephalopathy and that the balance of evidence is consistent with a causal relation between DPT and the forms of chronic nervous system dysfunction described in the NCES in those children

who experience a serious, acute neurologic illness within 7 days after receiving DPT vaccine."

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*"These two statements are validation that the DPT vaccine can cause acute encephalopathy in some children and this acute brain inflammation can go on to result in permanent brain damage manifested by neurologic, behavioral, educational, motor, and sensory dysfunction."*

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Barbara Loe Fisher, founder of the National Vaccine Information Center in the U.S. concludes that "These two statements are validation that the DPT vaccine can cause acute encephalopathy in some children and this acute brain inflammation can go on to result in permanent brain damage manifested by neurologic, behavioral, educational, motor, and sensory dysfunction."

The results of the NCES were first published in 1981. It had concluded that one in every 310,000 vaccinations (each child gets 3 shots), and therefore one in every 100,000 children (approximately) would suffer serious, permanent neurological injury or death from pertussis vaccine.

British, Canadian and U.S. health officials unanimously adopted the NCES statistics as the absolute final word on pertussis vaccine injury. The study was welcomed with open arms because it provided the medical establishment with the lowest injury rate of any other study that had been undertaken.

For those of us who were "watchdog-

Continue on next page

## DID YOU KNOW...

- \* That nearly of all children given DPT-polio shots experience side effects to some degree? (DPT = Diphtheria, Pertussis {Whooping Cough} and Tetanus

- \* That there may be a link between DPT and Sudden Infant Death Syndrome (SIDS or crib death)?

- \* That vaccines contain toxins, including thimerosal (mercury derivative), aluminum phosphate and viruses killed with formaldehyde?

- \* That pertussis (whooping cough) vaccine has fueled international debate for decades, and is not recommended in some European nations?

- \* That vaccinations do not offer complete protection, and can sometimes trigger the disease?

- \* That large-scale clinical trials assessing safety have never been conducted on DPT vaccine?

- \* That 250 U.S. deaths were reportedly linked to DPT in the 20 months prior to July 31, 1992?

- \* That whooping cough and diphtheria have nearly been eradicated in North America?

- \* That these diseases (among others) had vastly declined before mass inoculation programs began (thanks to improved nutrition, housing, sanitation and hygiene)?

# Pertussis Reactions.... Continue from page 10

ging" these proceedings and in touch with families of vaccine injured children, we were acutely aware of the high level of political manipulation that was going on.

It was clear that the NCES study could not be made relevant to the North American experience but was, nevertheless being rammed down our throats.

First of all, Canadian babies routinely are given their first shots starting at two months rather than six months, which was the case in Britain at that time. A two month old baby is much more fragile and vulnerable to neurologic accident, hence at higher risk of permanent injury.

Additionally, the NCES study included only children who had reacted within 7 days of vaccination, who had seizure for longer than 30 minutes and who had been hospitalized. Statistics from many other countries where pertussis vaccine has raised concerns, have verified that severe neurological injury can occur beyond the 7 day time limit, and from seizure activity lasting much less than 30 minutes duration. What was represented by the NCES study was only the very

visible tip of the iceberg of vaccine induced injury - only the most acute and most drastic cases were represented in this study.

Professor Dr. Wolfgang Ehrengut of the Institute of Vaccinology and Virology in Hamburg, Germany has studied post pertussis vaccination complications for over 35 years and has evaluated vaccine injury cases in his country. His article entitled "Bias in Evaluating CNS Complications Following Pertussis Immunization", published in Acta Paediatrica Japonica (1991) vigorously criticizes the British NCES study for failing to include children whose seizure activity lasted less than 30 minutes.

In reviewing a British court case where he had been called as an expert witness, and where he found his own data being presented in a distorted way, he says "I am convinced that pertussis vaccine central nervous system complications are a reality and they are in my view, underestimated". In 1961, West Germany passed legislation covering all damage that follows officially recommended immunizations.

The West German experience of serious disabilities following DPT vaccination has been officially documented as 1 case per 25,350 vaccinees - a far cry from the British tip of the iceberg NCES study of only 1 in 100,000 children. The Germans have an injury rate approximately four times higher than Britain, Canada and the U.S - not because their vaccine is more toxic - but because they have been honestly counting all the children who react adversely and who end up with neurological disabilities.

The following quote by Dr. Ehrengut compares reporting of pertussis vaccine reactions between the German and British manufacturers. "It is evident that in our country the manufacturer of pertussis vaccine does not hesitate to publish statistics concerning such complications". In the period 1970-1977, "they (Germany's Behring Company)

## DID YOU KNOW...

You do not have to vaccinate your children

Since 1984 there has been legislation allowing for exemption of school age children for reasons of conscience.

Parents should not be forced to vaccinate.

reported 59 severe and 13 fatal cases whilst Wellcome-UK reported only 11 major reactions between 1964-1977. That this small number of reported complications does not reflect the true incidence is clear".

Dr. Ehrengut comments on "Pro-Vaccination Bias" as follows: "No doctor likes to report serious untoward post-immunization events which he may unwittingly have caused. In this connection Prof. George Dick spoke of a "conspiracy of silence".

Sometimes there are doctors who are so involved in prophylactic measures that they may not realize that adverse events occur. Perhaps one reason might be not to give a weapon to those opposed to immunization.

At the 5th International Congress of Infectious Diseases in Vienna(1970), the Head of a University Children's Clinic in West Germany attacked me for having mentioned convulsions following pertussis immunization. 'During his decades of work in his children's clinic', he said, 'he has never seen a neurological complication following immunization against pertussis'.

Continue on next page

### VARIANCE

*is committed to continuing the work started in 1982 by The Committee Against Compulsory Vaccination - to provide information and support to people seeking information about vaccine risks and freedom of choice in health care and to uphold the wonderful work done by The Association for Vaccine Damaged Children who came together to support each other despite the unspeakable tragedies of their injured children and their remarkable and effective legislative efforts that changed laws to help protect future children from vaccine damage.*

# Pertussis Reactions.... Continue from page 11

*After he retired, his fellow workers however produced the truth: 'Most of our cases were found with documented immunization in the records of our clinic and were ignored until we began to pay attention to the problem. A negative bias, namely that what must not be therefore cannot be could possibly play an additional role in this matter.'*

For decades, both Canadian and U.S. medical monopolies have also been complicity in an on-going cover up of the real numbers of children whose lives have been so tragically altered by vaccine injury. By choosing to adopt the NCES study and its low risk stats, the medicrats had hoped to lull the majority of North American parents into accepting, without question, the current vaccination agenda - the goal of which is to achieve universal vaccination compliance regardless of adverse reactions, neurological injury, and immune system compromise.

The vaccine machine pushes relentlessly onward, fuelled by the drug industry's insatiable lust for more products and new markets, the medical monopoly on board as willing bedfellows, and the government's blind complicity in the

promotion and peddling of health destructive practices - all in the name of prevention.

As for the National Advisory Committee on Immunizations, and it's huddle of medical bureaucrats, it is astounding, if not somewhat terrifying, to think that the Canadian health care system employs this group of experts to set policies that are supposed to "protect" our children, yet acts in defiance of internationally recognized evidence of pertussis vaccine risk. Who and what are they really protecting?

Canada has no coherent tracking system, nor follow up of children who have suffered reactions. It has no national data base that reflects the real rate of vaccine induced injury. It has no forum, such as in Germany, to evaluate post vaccine events that may have caused neurological injury. It has no compensation system to help families with the crushing financial burden of caring for severely disabled children. The policy makers, in this latest piece of distortion and manipulation have also shown themselves to be devoid of conscience - a conscience, that by any minimum standard, would wish to err on the side of caution and to "First do no harm".



## Book Review.... Cont'd

injected into human beings. They erode the immune system and alter the immunological response to diseases. The appearance of many new, autoimmune disease like asthma, childhood leukemia, and cancer, the enormous upsurge in the incidence of cerebral palsy and infantile convulsions seen in children of vaccination age and not before, should all be taken as serious warnings that medicine should look into properly and appropriately treating infectious diseases of childhood, rather than attempting to 'eradicate'

them.

The first batches of polio vaccine, used in mass proportions in some countries of Africa in the 1950's, was grown on monkey kidneys from which simian immunodeficiency viruses have been cultured. This provides the causal link to AIDS.

Infectious diseases of childhood are beneficial when contracted at a suitable age and allowed to run their natural course - these diseases serve to prime and mature the immune system of children. "

As parents, you may report adverse events your child may have experienced following vaccination. If your doctor has minimized the event and is not interested in filing a report, you may do so yourself by using this form and sending it to Health and Welfare Canada.

Health and Welfare Canada Santé de Bien-être social Canada

In confidence to: Vaccine-Associated Adverse Events  
Bureau of Communicable Disease  
L.C.D.C., Tunney's Pasture  
Ottawa, Ontario  
K1A 0L2  
(613) 957-1340

## REPORT OF A VACCINE-ASSOCIATED ADVERSE EVENT

### IDENTIFICATION

|         |                    |               |      |       |     |   |                                |      |       |     |
|---------|--------------------|---------------|------|-------|-----|---|--------------------------------|------|-------|-----|
| PATIENT | PROVINCE/TERRITORY | DATE OF BIRTH | Year | Month | Day | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | DATE OF VACCINE ADMINISTRATION | Year | Month | Day |
|---------|--------------------|---------------|------|-------|-----|---|--------------------------------|------|-------|-----|

### VACCINES

| VACCINE(S) GIVEN | NUMBER IN SERIES | ROUTE | DOSAGE  | MANUFACTURER | LOT NUMBER | INTERVAL BETWEEN VACCINE ADMINISTRATION AND ONSET OF EVENT(S)<br>(If more than one event reported below, record time to onset of the first event) |
|------------------|------------------|-------|---|--------------|------------|---|
|                  |                  |       | <input type="checkbox"/> STANDARD<br>OR SPEC. UNITS |              |            |   |
|                  |                  |       | <input type="checkbox"/> STANDARD<br>OR SPEC. UNITS |              |            | _____ Minutes<br>or   |
|                  |                  |       | <input type="checkbox"/> STANDARD<br>OR SPEC. UNITS |              |            | _____ Hours<br>or   |
|                  |                  |       | <input type="checkbox"/> STANDARD<br>OR SPEC. UNITS |              |            | _____ Days  |

### ADVERSE EVENT(S) (Report only events which cannot be attributed to co-existing conditions)

|   |  |
|---|--|
| <b>FEVER</b><br><input type="checkbox"/> $>40.5^{\circ}\text{C}$ ( $105^{\circ}\text{F}$ )<br><input type="checkbox"/> $39.0-40.4^{\circ}\text{C}$ ( $102.2-104.9^{\circ}\text{F}$ )<br><input type="checkbox"/> TEMPERATURE NOT RECORDED<br>Believed to be very high AND presence of other systemic symptoms<br><b>LOCAL REACTION AT INJECTION SITE</b><br><input type="checkbox"/> INFECTIVE ABSCESS<br>Positive gram stain or culture<br><input type="checkbox"/> STERILE ABSCESS/NODULE/NECROSIS<br>No evidence of acute microbiological infection. Drainage, and/or nodule persisting more than one month and larger than 2.5 cm in diameter.<br><input type="checkbox"/> SEVERE PAIN AND/OR SEVERE SWELLING<br>Lasting 4 days or more or requiring hospitalization; swelling past nearest joint as in arm past elbow<br><b>SYSTEMIC REACTION</b><br><input type="checkbox"/> ADENOPATHY<br>Severe or unusual enlargement or drainage of lymphatic nodes<br><input type="checkbox"/> ALLERGIC REACTION<br>Hives; wheezing; puffiness; generalized edema<br><input type="checkbox"/> RASHES<br>Severe - lasting 4 days or more or requiring hospitalization<br><input type="checkbox"/> ANAPHYLAXIS<br>Swelling of mouth/throat; difficulty breathing; shock; cardiovascular or respiratory collapse.<br><input type="checkbox"/> HYPOTONIC - HYPORESPONSIVE EPISODE/EXCESSIVE SOMNOLENCE<br>Decrease/loss of muscle tone; loss of color/turning white or blue; decreased level/loss of consciousness; prolonged sleeping with difficulty arousing; cardiovascular or respiratory arrest<br><input type="checkbox"/> ARTHRALGIA/ARTHRITIS<br>Lasting over 24 hours<br><input type="checkbox"/> SEVERE VOMITING AND/OR DIARRHEA<br>Must interfere with daily routine | <b>NEUROLOGIC SYMPTOMS/DIAGNOSIS</b><br><input type="checkbox"/> SCREAMING EPISODE/PERSISTENT CRYING<br>Unconsoleable for 3 hours or more or quality of cry definitely abnormal for child and not previously heard by parents<br><input type="checkbox"/> CONVULSION/SEIZURE<br>Muscle contractions and decreased level of consciousness. May or may not be associated with fever<br><input type="checkbox"/> ENCEPHALOPATHY<br>Focal and diffuse neurologic signs; increased intracranial pressure and/or changes lasting at least 6 hours in level of consciousness, with/without convulsions<br><input type="checkbox"/> MENINGITIS AND/OR ENCEPHALITIS<br><input type="checkbox"/> ANAESTHESIA/PARAESTHESIA<br>Lasting over 24 hours<br><input type="checkbox"/> PARALYSIS<br><input type="checkbox"/> GUILLAIN-BARRÉ SYNDROME<br>Progressive weakness of more than one limb and generalized hypo/areflexia<br><input type="checkbox"/> SUBACUTE SCLEROSING PANENCEPHALITIS (SSPE)<br><b>MISCELLANEOUS</b><br><input type="checkbox"/> PAROTITIS<br>Swelling with pain and/or tenderness of parotid gland(s)<br><input type="checkbox"/> ORCHITIS<br>Swelling with pain and/or tenderness of testicle(s)<br><input type="checkbox"/> THROMBOCYTOPENIA<br><input type="checkbox"/> OTHER SEVERE OR UNUSUAL EVENTS<br>(Please describe)<br>_____<br>_____<br>_____<br>* MUST BE DIAGNOSED BY A PHYSICIAN (Please give details) |
|---|--|

|  |   |
|--|---|
| <b>OUTCOME OF EVENT(S) AT TIME OF REPORT</b><br><input type="checkbox"/> Patient Recovered<br><input type="checkbox"/> Patient recovered with residual effects<br><input type="checkbox"/> Pending<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Fatal | <b>PLEASE FORWARD ANY FOLLOW UP INFORMATION</b><br><input type="checkbox"/> Patient recovered with residual effects<br><input type="checkbox"/> Pending<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Fatal |
| <b>HOSPITALIZED BECAUSE OF EVENT(S)</b><br><input type="checkbox"/> NO<br><input type="checkbox"/> YES   | <b>Date Admitted</b><br>Year _____ Month _____ Day _____<br><b>Date Discharged</b><br>Year _____ Month _____ Day _____  |

|   |   |
|---|---|
| <b>REPORTER'S NAME</b><br>_____<br><b>ADDRESS (No., Street, etc.)</b><br>_____<br>City _____ Province _____ Postal Code _____<br><b>SIGNATURE</b><br>_____<br><b>DATE</b><br>Year _____ Month _____ Day _____ | <b>TELEPHONE NUMBER</b><br>Area Code _____<br>_____<br><b>COMMENTS</b><br>_____<br>_____<br>_____ |
|---|---|

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## Against All Evidence

review by Irene Alleger

### Vaccination

by Viera Scheibner, Ph.D.

Published by Naturally Write

P.O. Box 2535, Mansfield D.C. Qld 4122, Australia

Telephone: 047-87-8203; Fax 047-87-8988

1993, softcover, \$30 + \$10 for outside Australia, 264 pp.

In 1985 Viera Scheibner, a principal research scientist in Australia, together with Leif Karlsson, an electronics engineer specializing in patient monitoring systems, developed *Cotwatch*, a breathing monitor for babies thought to be at risk of Sudden Infant Death Syndrome (SIDS). The microprocessor in *Cotwatch* recorded the breathing patterns of babies and soon the link between vaccine injections and cot death (SIDS) became painfully obvious.

At that time Scheibner was not aware of the controversy surrounding vaccination, so she began a systematic search of 30,000 pages of medical papers dealing with vaccination and discovered that, in all of the material there was no evidence of the effectiveness or safety, of vaccines. In addition, her research with the *Cotwatch* monitor showed clearly that a great number of cot deaths followed DPT injections. This book is the result of her meticulous study of the data and the monitoring research.

She reviews the ample evidence that infectious diseases which used to decimate populations in Europe some 100 years ago declined by up to 90% before any vaccine was used in mass proportions. Immunization against diphtheria, for instance, was introduced on a mass scale in 1940, by which time the annual death rate was negligible (less than 300 deaths per million). It is well-documented in the literature that this mass vaccination was followed by unprecedented diphtheria epidemics – in fully vaccinated subjects. Some 50 years later, we are seeing the same pattern of new epidemics following mass inoculations, among those supposedly protected, and with the ominous findings of serious neurological illness following vaccination.

In her book, Scheibner has documented the scientific data on the DPT vaccine, showing that pertussis has been demonstrated to cause encephalitis, and inflammation of the brain in laboratory animals and babies. Similar alarms are rung for the recommendation of hepatitis B vaccine for all infants when the known risk for this disease is limited to specific groups (prostitutes, homosexuals, intravenous drug users, the military, and people on hemodialysis). In the U.S., pregnant minority women are now being given AZT based on the speculation that their babies will not contract AIDS. (Could this new use for the drug have come about due to the loss of the homosexual market where informed patients are choosing not to take the drug?)

The author documents all of her data with extensive references, charts, tables – all the evidence showing the lack of effectiveness and safety of vaccines. Why then, are all the western industrialized countries pushing more and more vaccinations on infants and young children? Scheibner quotes Dr. George Peter, Chairman of the American Academy of Pediatrics, in 1992 re recommending the hepatitis B vaccine for all infants: "Hepatitis B remains a public health problem which sometimes occurs outside of high risk groups; high risk groups have not accepted vaccination or have been difficult to reach; children are accessible." (emphasis added). Does this mean that infants are fair game for the medical system? Parents are not being informed of the unacceptable risks of these vaccines, especially in countries like the U.S. where the right of choice is being taken away from parents by the government mandating of vaccination. The U.S. is now experiencing epidemics of measles and whooping cough in fully vaccinated children. No amount of denial or disinformation can cover up the one obvious fact, namely, that vaccines do not work.

But selling worthless goods is not new; what is new is the seeming indifference to the terrible toll that vaccines take on the young child. Scheibner spells out in page after page of meticulous scientific documentation, the horrendous harm that occurs from injecting highly

noxious substances made up of bacterial or viral components in a solvent, into an infant whose brain and nervous system, and immune system are not yet fully developed. It does not seem surprising that neurological damage would occur, and the rising incidence of encephalopathy in vaccinated children should be a red flag.

The author cites studies that clearly show the scientific data proving vaccines to be ineffective, and more importantly, the immense amount of data on the harmful effects. One of these is increased susceptibility to bacterial infections, especially those associated with *Haemophilus influenzae* and invasive bacterial meningitis. The high incidence of invasive bacterial infections, and especially the high mortality rate (10% or more) and the 25% or more incidence of serious residual CNS complications, in Australia, are cited as sufficient reason to discontinue the use of pertussis vaccine in infants. Interestingly, when Japan moved the vaccination age to two years, cot deaths (SIDS) disappeared. Japan has the lowest infant mortality rate in the world, followed by Sweden, where use of pertussis vaccine was stopped in 1979. In contrast, the U.S. infant mortality puts us in 20th place, a shameful statistic in a country that has every advantage (except perhaps that of ethical science).

Sutter and Cochi (1992) studied pertussis hospitalization and mortality in the U.S. between 1985 and 1988, and concluded that there is a substantial under-reporting of pertussis reactions. There are 7,000 to 10,000 cases of Sudden Infant Death per year in the U.S. In 1992, the Institute of Medicine finally admitted that: "...the evidence is consistent with a causal relation between DPT vaccine and acute encephalopathy (defined in the controlled studies reviewed as encephalopathy, encephalitis or encephalomyelitis) and shock and 'unusual shock-like state'...."

Vaccination also reveals the same denial and disinformation in the selling of the measles, mumps, and influenza (Hib) vaccines, with very limited testing for safety and similar long lists of adverse reactions. The author states: "It has been well-documented that injections of foreign proteins, including those in vaccines, do not immunize, rather they sensitize. Instead of protecting against infectious diseases, they increase the recipient's susceptibility to infectious diseases. Moreover, vaccines modify the immunologic response and cause a great variety of autoimmune diseases."

A case in point is the polio vaccine, and the total failure of the Salk polio vaccine to protect against poliomyelitis. More important, the vaccine, containing monkey kidney tissue, was proven to be contaminated with a great number of animal retroviruses (particularly the SV40), causing (for one thing), "severe lower respiratory tract illness in children." More serious charges were made by independent scientists and researchers alleging that AIDS originated in the Belgian Congo as a direct result of mass polio vaccination while the vaccine was contaminated with a simian immunodeficiency virus (SIV). The continued contamination of polio vaccines with animal viruses is of great concern.

One reads this book wanting not to believe the studies, the statistics, the inevitable conclusions. We've become cynical about the pharmaceutical monopoly, about "business as usual," but it surely is time now to move beyond cynicism, to some kind of action. Our children (and I do believe as Gandhi did, that all children are *our* children), are being medically assaulted, experimented upon; forced to endure great suffering, and even death, at the hands of a small number of elitists and dissemblers. The medical profession and laboratory scientists have become so corrupted by the "party line," which coincides with the profit line, that they are causing great harm, not only to small children, but to the whole human race.

Our species will not long survive in an increasingly hostile environment, without an active immune system. Nor will we flourish as a nation producing neurologically damaged children. The proponents of vaccination consistently misrepresent the efficacy of vaccines, and the results of trials of vaccines, which show the disastrous effects, especially in infants. One might wonder why there has been such a concerted effort in the past 10 years for mass inoculations of American children, now starting at 2 months of age and continuing through adolescence, when even a cursory reading of the literature indicates a lack of efficacy and such serious consequences.

Parents have been the victims of scare tactics and government bureaucrats who believe what they are told by the medical establishment. The only answer is to promulgate books like this one so that parents will be informed of the consequences of vaccinations, and will refuse to comply, government or no.

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noxious substances made up of bacterial or viral components in a solvent, into an infant whose brain and nervous system, and immune system are not yet fully developed. It does not seem surprising that neurological damage would occur, and the rising incidence of encephalopathy in vaccinated children should be a red flag.

The author cites studies that clearly show the scientific data proving vaccines to be ineffective, and more importantly, the immense amount of data on the harmful effects. One of these is increased susceptibility to bacterial infections, especially those associated with *Haemophilus influenzae* and invasive bacterial meningitis. The high incidence of invasive bacterial infections, and especially the high mortality rate (10% or more) and the 25% or more incidence of serious residual CNS complications, in Australia, are cited as sufficient reason to discontinue the use of pertussis vaccine in infants. Interestingly, when Japan moved the vaccination age to two years, cot deaths (SIDS) disappeared. Japan has the lowest infant mortality rate in the world, followed by Sweden, where use of pertussis vaccine was stopped in 1979. In contrast, the U.S. infant mortality puts us in 20th place, a shameful statistic in a country that has every advantage (except perhaps that of ethical science).

Sutter and Cochi (1992) studied pertussis hospitalization and mortality in the U.S. between 1985 and 1988, and concluded that there is a substantial under-reporting of pertussis reactions. There are 7,000 to 10,000 cases of Sudden Infant Death per year in the U.S. In 1992, the Institute of Medicine finally admitted that: "...the evidence is consistent with a causal relation between DPT vaccine and acute encephalopathy (defined in the controlled studies reviewed as encephalopathy, encephalitis or encephalomyelitis) and shock and 'unusual shock-like state'...."

*Vaccination* also reveals the same denial and disinformation in the selling of the measles, mumps, and-influenza (Hib) vaccines, with very limited testing for safety and similar long lists of adverse reactions. The author states: "It has been well-documented that injections of foreign proteins, including those in vaccines, do not immunize, rather they sensitize. Instead of protecting against infectious diseases, they increase the recipient's susceptibility to infectious diseases. Moreover, vaccines modify the immunologic response and cause a great variety of autoimmune diseases."

A case in point is the polio vaccine, and the total failure of the Salk polio vaccine to protect against poliomyelitis. More important, the vaccine, containing monkey kidney tissue, was proven to be contaminated with a great number of animal retroviruses (particularly the SV40), causing (for one thing), "severe lower respiratory tract illness in children." More serious charges were made by independent scientists and researchers alleging that AIDS originated in the Belgian Congo as a direct result of mass polio vaccination while the vaccine was contaminated with a simian immunodeficiency virus (SIV). The continued contamination of polio vaccines with animal viruses is of great concern.

One reads this book wanting not to believe the studies, the statistics, the inevitable conclusions. We've become cynical about the pharmaceutical monopoly, about "business as usual," but it surely is time now to move beyond cynicism, to some kind of action. Our children (and I do believe as Gandhi did, that all children are *our* children), are being medically assaulted, experimented upon; forced to endure great suffering, and even death, at the hands of a small number of elitists and dissemblers. The medical profession and laboratory scientists have become so corrupted by the "party line," which coincides with the profit line, that they are causing great harm, not only to small children, but to the whole human race.

Our species will not long survive in an increasingly hostile environment, without an active immune system. Nor will we flourish as a nation producing neurologically damaged children. The proponents of vaccination consistently misrepresent the efficacy of vaccines, and the results of trials of vaccines, which show the disastrous effects, especially in infants. One might wonder why there has been such a concerted effort in the past 10 years for mass inoculations of American children, now starting at 2 months of age and continuing through adolescence, when even a cursory reading of the literature indicates a lack of efficacy and such serious consequences.

Parents have been the victims of scare tactics and government bureaucrats who believe what they are told by the medical establishment. The only answer is to promulgate books like this one so that parents will be informed of the consequences of vaccinations, and will refuse to comply, government or no.

## RESOURCE & INFORMATION LIST

### **Immunization: History, Ethics, Law & Health**

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

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### **Immunization—The Reality Behind The Myth**

by Walene James.

### **What Every Parent Should Know About Childhood Immunization**

by Jamie Murphy

### **Vaccinations: Are They Really Safe and Effective?**

by Neil Z. Miller

### **How To Raise a Healthy Child In Spite of Your Doctor**

by Robert Mendelsohn, M.D.

### **Universal Immunization — Medical Miracle or Masterful Mirage?**

by Dr. Raymond Obomsawin  
available from Health Action Network

(604) 435-0512 .

### **A Shot in The Dark**

by Dr. Harris L. Coulter & Barbara Loe Fisher

### **Vaccination, Social Violence, Criminality: The Medical Assault on The American Brain**

by Dr. Harris L. Coulter

### **Vaccination—Medical Assault on the Immune System**

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

### **The Immune Trio**

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

### **Every Second Child**

by Dr. Archie Kalokerinos  
(204) 895-9192

### **Vaccinations and Immunization: Dangers, Delusions and Alternatives**

by Dr. Leon Chaitow.

### **What About Immunizations? Exposing the Vaccine Philosophy**

by Cynthia Cournoyer Nelson's Books, Box 2302 Santa Cruz, CA, 95063

### **The Immunization Decision—A Guide for Parents**

by Dr. Randal Neustaedter.

### **Vaccinations—The Rest of the Story**

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

### **The Case Against Immunizations**

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

### **The Immunization Resource Guide**

by Diane Rozario  
1-800-431-1579

### **Natural Alternatives to Vaccination**

by Dr. Zoltan Rona, M.D.  
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