

V R A N N E W S

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EDITORIAL

By Meg Edwards

It would not be surprising if you thought that you were in the minority in your skepticism about the safety or efficacy of vaccines. The information dispersed by the medical community and the pharmaceutical companies does not inform the public about the possible short or long term dangers of vaccines. But what is truly shocking is the realization that the battle against vaccines has a long and valiant history.



"Edward Jenner"
From the statue by
Monteverde

(with thanks to
Neil Z. Miller's
*Immunization
Theory vs. Reality -
Exposé on
Vaccinations*)

Ever since the Jenner's first experimental arm to arm small pox inoculation in 1796, there has been a strong and articulate opposition. Although free vaccination was provided in England in 1840, popular aversion to the practice continued, and in 1853 the government made vaccination mandatory. In 1885 the English scientist, Alfred

Russell Wallace wrote a pamphlet entitled; "Forty-one Years of Registration Statistics proving Vaccination Both Useless and Dangerous".

In 1886, when Jenner was being accepted as the pioneer of a brave new method of preventative medicine, the Anti-Compulsory Vaccination League became the British National Anti-Vaccination League with its official newsletter "The Vaccination Inquirer".

Many parents went to jail rather than vaccinate their children and in 1898 the House of Commons repealed the compulsory feature of the law by inserting the 'conscience clause' or 'conscientious objection'.

Recognizing the history of the anti-vaccine movement changes the way you might, as parents, have perceived the situation. You are not the first ones to decline the offer, in fact, parents have been resisting the vaccination process for more than one hundred years.

In **The Medical Voodoo**, a book written by Annie Riley Hale in 1935 (and published by Gotham House in New York), a gold mine of information can be found on the organized opposition to compulsory vaccines. This book is not only fascinating as a relic of the past movement, it is also well written and superbly researched. It is a little gem that includes discussions on germ theory, immunology, and a detailed account of the doctors, scientists and Members of Parliament who wrote and spoke about the dangers of vaccines.

The fact that this book was written so long ago, and yet is unknown and unpublished today, is in itself symbolic of the silencing of anti-vaccination voices.

The medical world is determined to silence any skepticism or fear around vaccinations. Pamphlets, books and reports of great importance to anyone researching the subject have disappeared from med-

Continued on page 2

CONTENTS

BARBARA LOE FISHER AND THE POLITICS OF VACCINATIONS3

By Mary James

Dr. Stephen C. Marini Speaks Out6

WHY WE DIDN'T VACCINATE.....10

By Heather Stephen

MEASLES FOR CHRISTMAS.....11

By Nimet Mawji

OFF THE NET17

This is a new section based on vaccination information found on the internet



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 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 "watch-dog" organization that gathers and shares information from both local and international sources.

VRAN 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.**

VRAN offers counsel to concerned parents who do not

feel adequately informed and who wish to gather additional information to facilitate an "informed decision". VRAN helps parents identify adverse reactions to vaccines and advises them of the legal requirements of doctors to report adverse reactions. VRAN also advises parents whose child has reacted adversely to take a cautious stance if considering revaccination. VRAN is committed to support people in their fight for health freedom and to maintain and further the individual's freedom from enforced medication.

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

VRAN publishes a newsletter regularly as a means of distributing information to members and the community.

EDITORIAL (Contd)

ical libraries. This selective representation of vaccine research has altered medical history. In **The Medical Voodoo**, Haley allows the medical opposition its place in history. For example, one of the many doctors and professionals quoted is Dr. J.W.Hodge of Niagara Falls, N.Y. in the *Medical Advance.*, July 1909: "The human race while groaning under the previous burden of its own diseases, is having added to its stock the diseases of the brute creation... Corse lymph from human cadavers, and from diseased calves is making millionaires of vaccine manufacturers and corpses of our children." Haley lists some of the eminent anti-vaccinists: "Bismarck in Germany; Voltaire and Victor Hugo in France; Gladstone, John Bright, Alfred Russel Wallace, Herbert Spencer, Herbert Asquith, G.K. Chesterton and George Bernard Shaw".

When information exists and yet is buried by repressive measures, mistakes can and will be repeated. **The Medical Voodoo** claimed that soldiers in The Great War suffered from a barrage of immunizations. One of

the consequences was an epidemic of TB:

"As everyone knows, the world has never witnessed such an orgy of vaccination and inoculation of every description as was inflicted by army camp doctors upon the soldiers of the World War. And add to (this) the further fact that the highest death-rate from TB, and the greatest discharge from the army because of TB, were among American troops in the camps at home who never got across the seas and whose disabilities could not therefore be chargeable to gas-bombs and trench war-fare - and the case against the immunizing hypodermic as the author of their woes is pretty complete".

The sufferers of the Gulf War Syndrome would be shocked to discover that their ancestors experienced the same pain, and the same denial of responsibility from the state. This book should be back in publication. Haley's strong and articulate opposition needs to be heard in the present mileu of pro-vaccination pressures. •

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With thanks to Rawl Ruiz
for the newsletter layout.

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Barbara Loe Fisher and the Politics of Vaccination

By Mary James

Co-founder of The Association for
Vaccine Damaged Children in Winnipeg

Eleven years ago, on a beautiful summer day, I stood rooted to the floor of the book department of the downtown Winnipeg Hudson's Bay Department Store. I had just picked up the newly published book, **DPT - A Shot in the Dark** by Barbara Loe Fisher and Harris Coulter. I didn't bother to flip through the pages, I knew the moment that I saw the title that I would buy it.

With trembling hands and a heavy heart, I sat down and read the whole book in one sitting. I knew that I had the final confirmation I needed to explain our daughter Katie's death 17 months earlier due to the DPT-Polio vaccine at the age of 5 months.

It was a difficult read. I could so readily identify with the pain and anguish and rage of each of the parents of the 100 innocent, healthy babies mentioned in the book, the babies who suffered disastrous and fatal reactions from routine childhood vaccinations.

The book provided me with accurate, well researched information concerning the history of the DPT vaccine, the fact that many of the vaccines on the market have never been properly tested, the severe adverse reactions that I had never been informed about such as, permanent brain damage, seizure disorders, developmental delays and the deaths that occur as a direct result of the vaccine.

DPT - A Shot in the Dark was the catalyst that began my search for the truth of what really happened the day our Katie died on November 8, 1983.

In 1987, Leona Rew and I started a chapter of The Association for Vaccine Damaged Children in Winnipeg. Our goal was to provide individuals with information enabling them to make an informed decision when deciding to vaccinate their children or themselves.

And so, on a cool September evening, in 1996, I anxiously waited for the arrival of the flight of Barbara Loe Fisher and Kathi Williams from

Washington DC. The members of The Association for Vaccine Damaged Children had invited Barbara to speak to interested parents about The Politics of Vaccination.

Barbara Loe Fisher and Kathi Williams along with Jeff Schwartz, co-founded the Dissatisfied Parents Together (DPT) in 1982. The organization is now called the National Vaccine Information Center (NVIC) and in the past few years has been contacted by over 100,000 parents requesting information about the side effects of the childhood vaccination, information they were unable to obtain from their pediatricians or family doctors. Many parents also reported to NVIC the severe reactions their children had experienced following vaccination, reactions no one in the medical community was willing to attribute to the vaccination. These parents wanted the reactions and deaths reported.

For the past 15 years Barbara Loe Fisher and Kathi Williams, pioneers in the vaccine informed choice movement, have worked tirelessly to provide information to parents and to reform the mass vaccination programs. They have marched and protested at the Center for Disease Control (CDC) in Atlanta and at the White House in Washington, DC. They have attended scientific conferences and workshops, and worked arduously to pass the National Childhood Compensation Program, all the while raising vaccine damaged children of their own and holding down other jobs to make ends meet. These two incredible women continue to work for the benefit of all children. It is too late to help their own children, but they are determined to give other par-

Continued on page 4

ents the information that enables them to make an informed choice.

An excellent source of current information on the vaccination front is the NVIC bimonthly newsletter, The Vaccine Reaction. Subscriptions are available through the National Vaccine Information Centre.

The main thrust of Barbara's Winnipeg lecture was that we must ensure and continue to fight for the freedom of our most basic human and civil right, the right to control what is put into our bodies and the bodies of our children. The heart of a democracy is based on the principle of freedom. But nobody said that freedom was free. And nobody said that we would not have to continually fight for our freedom.

When it comes to vaccination all the rules are broken.

With any other medical treatment, parents are informed of the risks, potential side effects and adverse reactions. Canadian parents are rarely informed that vaccination is a choice and that they

can refuse to vaccinate their child on religious, medical or philosophical grounds. Health care consumers are rarely informed of the risks, adverse reactions, and contra-indications to these vaccines. And thus the freedom to choose what is in the best interest of our children is taken away from us.

There is a growing number of parents who realize that their once healthy, happy and well developed children began to change suddenly or gradually, (depending on the extent of the brain damage), following vaccination. Their children are now

labeled as autistic, brain damaged, immune and neurologically compromised, retarded or as having permanent seizure disorders. Some parents, whose baby's deaths was labeled as Sudden Infant Death Syndrome, are now discovering that the death was not due to SIDS but rather to the DPT vaccination.

We are witnessing the horrors that occur when the medical community operates without accountability, and when there is no mandatory reporting of vaccine induced deaths and permanent brain damage. Our children bear witness to the damage done when hot lots of vaccines are never taken off the market, and when there are no credible studies done to determine the long term safety of vaccination.

Some parents, whose baby's deaths was labeled as Sudden Infant Death Syndrome, are now discovering that the death was not due to SIDS but rather to the DPT vaccination.

And why are the people never informed of the countless deaths and the unknown number of neurologically, physically damaged and immune impaired children? Why is it morally acceptable for individuals to be sacrificed for the collective good?

The answer is simple. The drug companies need mandatory vaccine laws to give them global markets. It has been estimated that in the year 2001 the world market for vaccines will have more than doubled, from \$2.9 billion to \$7 billion.

The United States Health Department has set up an Orwellian mandatory vaccination infrastructure that will serve as the prototype for every country in the world. It is financed by the four biggest drug companies in the US, Lederle, Connaught, Smith Cline Beecham, and Merck. These companies owe it to their share holders to increase the usage of current vaccines on the market and the 123 pending vaccines waiting to be licensed, while turning a blind eye to the severe adverse reactions (including deaths) that have accompanied the vaccination program since its inception.

Corporations such as Toys R Us, Gerber, Johnson & Johnson, Pepsi and Upjohn all sponsor the mandatory vaccination programs. Other major contributors to the vaccination programs include, the US government, the World Bank, the Rockerfellow Center, The World Health Organization, and the United Nations.

Barbara spoke of the plans for the creation of a genetically engineered cocktail the public health officials refer to as The Holy Grail or The Consummate Communicable Communion Wafer which contains raw DNA from 40 to 50 bacterial and viral vaccines. This oral vaccine would be squirted into the mouths of every new born and would be time released throughout the child's lifetime. Already \$500 million has been spent experimenting to enable this nightmare to come true.

But Barbara remains optimistic that we have the tools available to win back the right to informed consent and to freely choose the kind of preventative health care we want for ourselves and our children.

First we need enough people who will stand up and announce: "I will not allow the state to take over my civil and human rights by deciding what will be injected into me or my child. No, I will not violate my conscience by injecting my baby with vaccines that have never been proven to be safe and effective".

Continued on page 5

Our civil and human rights are protected under a number of codes. Ironically the physicians' Hippocratic Oath clearly states "FIRST DO NO HARM"

In Canada, our rights and freedoms and the sovereignty of the individual is protected under the Charter. Professor John Irvine, Law Professor at the University of Manitoba describes it as a form of battery when a doctor vaccinates a baby without informing a parent of all the potential risks and side effects.

The Nuremberg Code of 1947 holds that in medical experiments and treatments, the voluntary consent of the human subject is absolutely essential. The individual must have the free power of choice without intervention, force, fraud, deceit, duress or coercion.

The Helsinki Accord of 1964 also protects the individual rights: concern for the interest of the subject must always prevail over the interests of science and society.

The Holy Scriptures of every major religion hold as a basic tenant that an individual must obey their conscience as a guiding principal.

In conclusion, Barbara spoke of a bioethics conference she attended in the spring of 1996 at the Holocaust Memorial Museum in Washington DC. Walking through the doorway her eyes rested on a stone wall etched with the words: The first to perish were the children. From these a new dawn might have arisen.

The Holocaust survivors have a special word for the telling and retelling of the horrors that they and their families experienced during the Second World War. The word is witnessing. Barbara suggests that

George Bernard Shaw

"Faith maybe manufactured in any degree of magnitude and intensity - not only without any basis of fact or reason, but in open contradiction of both - simply by a fervent desire to believe, coupled with a personal interest in believing."

*From The Medical Voodoo
by Annie Riley Hale
Gotham House, New York, 1935*

the parents of children, who were maimed and killed from vaccines, continue to tell the story of what happened to their children.

When witnessing is done with love, so that the light of truth can shine on the darkness, we can win the right for informed consent. We all have the moral obligation and right to follow our conscience. We owe it to our children. •

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
Aftn: Dr. Kris Gaubtomme

The Informed Parent
19 Woodlands Road, Harrow, Middlesex,
England HA1 2RT
Tel/Fax: 0181 861 1022

Ohio Parents for Vaccine Safety
251 West Ridgeway Dr., Dayton, Ohio - 45459
Tel/Fax: (513)435-4750

**Vaccine Information
& Awareness**
PO Box 203482
Austin, TX 78720
(phone) 512-832-4176, (fax) 512-873-8771
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Dr. Stephen C. Marini Speaks Out

"Universal Compulsory Vaccination of Children Should be Halted"

It was once believed that the nervous system and the immune system were separate and unaffected by each other. New research in the field of psychoneuro immunology is revealing how interconnected and mutually supportive the systems are to each other.

When Edda West was invited to attend a Pediatric Seminar in November 1995, in which Dr. Stephen C. Marini would be speaking, she was thrilled. The chiropractors who had organized the seminars on pediatrics had brought in Dr. Marini specifically to speak about the effect childhood vaccines have on the nervous system and consequently on the immune system. Dr. C. Marini has given us permission to reprint his basic statements about vaccines and the nervous and immune systems.

**Statement By Stephen C. Marini
M.S. D.C., PhD.
Vaccine Safety Forum
Institute of Medicine
June 8, 1995**

I respectfully suggest that the scientific evidence is compelling that the **NO VACCINE** option is the only one which will result in no cases of vaccine associated polio and no damage to the immune and nervous systems of vaccine recipients and their contacts. Further, the **NO VACCINE** option will contribute to the overall better health of children by eliminating the dangerous interference with the natural and optimal functioning of the human immune and nervous systems which occur whenever vaccines are used to artificially manipulate the immune system.

The rationale for this position stems from published, and unpublished scientific data and other information which provide evidence against the continued use of polio vaccines in general.

1. Evidence Supporting Discontinuation of the

Use of Oral Polio (OPV):

The oral polio vaccine is produced by growing virus on monkey tissues, rather than using human cell lines. The presence of adventitious agents, such as simian retroviruses and/or the existence of reverse transcriptase activity in vaccine lots represent contaminants of such vaccines. Definitive proof as to the potential interaction of retroviral genomes with polioviral genomes has not been established. Furthermore, the potential interactions of retroviral genomes with human viruses such as the herpes family of latent infections, generating infectious hybrid viruses, poses a significant health risk.

The safety of using the live oral polio vaccine to passively vaccinate close contacts of recipients (herd immunity) has never been scientifically demonstrated, licensed or regulated even though it has been used as an official polio disease control strategy for more than three decades. There is a real question as to whether this has been scientifically irresponsible and a serious breach of public trust.

Significantly, the cause of human cases of polio in the US the past two decades has been attributed solely to the oral polio vaccine.

Conclusion: the use of the oral polio vaccine should be discontinued.

2. Evidence Supporting Discontinuation of the Use of the Inactivated Polio Vaccine (IPV):

The route of administration of this vaccine negates

Continued on page 7

There is no credible scientific evidence to negate the hypothesis that vaccines cause immediate or delayed damage to the immune and nervous systems of children resulting in a rise in autoimmune and neurological disorders

development of gut immunity which is essential for defense at the site of primary multiplication of the polio virus. Immunologic data suggests that vaccines can induce inappropriate immune responses by sensitizing inappropriate T helper cell subsets.

Definitive proof has not been established that the IPV induces the T helper subset, specific interleukin formation, and immune cell repertoire appropriate for defense against the wild type virus. The potential use of synthetic epitopes mixed with interleukins does not eliminate the need to determine whether vaccines are inducing inappropriate immune responses through T cell regulation.

In considering both the preparation and use of the poliovirus vaccine, Dr. Jonas Salk has stated "...The objective in the preparation and use of a poliomyelitis vaccine cannot include the knowing or willful acceptance of a risk that is tangible, or measurable to any degree. Any risk that is involved, so long as it is recognized, must be corrected, whatever may be its cause."

Conclusion:

The use of the inactivated polio vaccine should be discontinued.

3. Evidence Supporting Discontinuation of the Use of all Vaccines:

There is historic epidemiologic evidence that the incidence and severity of infectious diseases wanes in populations over time, particularly in technologically advanced countries such as the United States, as the human immune system naturally adapts to the challenge. Especially with regard to the passing on of maternal antibodies to protect newborns and keeping usually mild childhood diseases, such as rubella and chicken pox, out of adult populations where they are more severe, the advantage of permanent immunity gained from natural recovery from infectious diseases outweighs the artificial, temporary immunity provided by vaccines. Data suggest that the diseases of childhood are necessary for appropriate development, maturation and function of the individual immune and nervous systems.

Furthermore, progress in the field of Psychoneuroendocrinology, has led some researchers to conclude that vaccines in general may not only be impacting negatively on the human immune system, but may also be adversely effecting the neurologic and psychological development and function of the vaccine recipient. The impact of artificial immunity on immune, neurologic, endocrine, and psychologic systems has not been scientifically elucidated.

There is no credible scientific data to demonstrate that the injection of multiple antigens simultaneously into a baby, particularly a baby under the age of

Continued on page 8

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CBC-The Journal
A discussion with
Edda (Goldman) West on DTP*



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**"DANGERS AND INEFFECTIVENESS
OF VACCINATION"**

Dr. Viera Scheibner
Maroochydore, Queensland, Australia 1/11/94



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one year, is safe and effective. There is no credible scientific evidence to negate the hypothesis that vaccines cause immediate or delayed damage to the immune and nervous systems of children resulting in a rise in autoimmune and neurological disorders including asthma, learning disabilities, hyperactivity, autism, chronic fatigue syndrome, lupus, diabetes, epilepsy, multiple sclerosis, Guillain-Barre' syndrome, and other diseases.

There is no assurance that the agency charged with detailing and reporting adverse events following immunizations is not ethically constrained by its conflicting responsibility of promoting vaccines.

Conclusion: The universal compulsory vaccination of all healthy children should be halted.

Summary:

There is growing public awareness of the significance of alternative measures, such as proper nutrition, exercise, rest, positive mental outlook and the maintaining of neurologic integrity, as powerful instruments for immunologic enhancement and defense against diseases. There is increasing recognition among health care practitioners that the human body has an innate ability to protect and heal itself when allowed to function optimally without

interference.

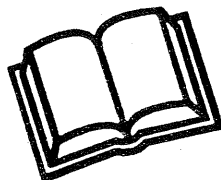
Educational conduits which target the largest number and widest socio-economic cross-sections of the public should be used to reinforce the concept of wellness as a way of life, and can only be achieved by employing preventative health care strategies which enhance, not suppress or interfere with, the natural functioning of the human immune system. In recognition of the need to enhance the innate human immune capacity to resist infectious diseases such as polio, health and wellness advocates of the 21st century support the SANS or NO VACCINE option.

My experience with picornaviruses, such as polio and coxsackie, began as a graduate student at Hahnermann Medical College where I received a degree in Microbiology and Immunology. My experience with retroviruses began at Hahnermann and continued at the Wistar Institute where my doctoral thesis focused on avian leukosis/sarcoma viruses. I have been a professor of microbiology and immunology since 1975 and currently also provide continuing education programs in neuroimmunology and optimum immunity. •

IMMUNIZE OR VACCINATE
A Distinction Should Be Made:

"According to Dr. Sandra Huffman, head of Nurture: The Center to Prevent Childhood Malnutrition, "Increasing American's breastfeeding rate would prevent more childhood diseases - and deaths - than (vaccination programs endorsed by the government). A distinction must therefore be made: breastfed babies are immunized: children who are injected with germs and other toxic substances are vaccinated".

*Reprinted with permission from Immunization Theory Vs. Reality - Expose on Vaccinations
By Neil Z. Miller*



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Or call: 416- 280-6035*

THANKS FOR YOUR SUPPORT!

Why We Didn't Vaccinate

- Achieving a Harmonious Decision in the Family

By Heather Stephen

It was May 1995, a couple weeks before I was to give birth to our daughter Nicole Destiny Ewing, and I was at Parentbooks. I happened to come across a book entitled **What Every Parent Should Know About Childhood Immunizations** by Jamie Murphy, and by the very nature of the title I thought it deserved to be read.

Until then I hadn't given vaccinations much thought. I had practiced mind/body medicine since 1991 so I believed disease was an imbalance within one's self that begins with a thought. I believed vaccinations didn't prevent disease, but I never thought that they could harm. I was shocked at the toxicology of vaccines: thimersoral, a mercury derivative known to cause hypersensitivity and allergic reactions; and formaldehyde, a known carcinogen; aluminum, known to cause cancer in rats and linked to Alzheimer's disease. My reaction was that there was no way I was going to inject these substances into my child's blood stream, no matter how miniscule the amount. However, getting my husband, Arthur to share the same viewpoint was a challenging journey.

Arthur and I had disagreed about giving our child the Vitamin K injection and eye ointment at birth. He took the stance that doctors know best and that my skepticism about these procedures was unproven. Intuitively I knew the procedures were unnecessary, but I didn't have the courage to stand behind my convictions. The question, "*What if I am wrong?*" kept running in my head. *Would I ever be able to forgive myself?* I accepted the thought; "*I guess it can't really hurt her*" and the arguments stopped.

My courage started to be summoned when I went with Nicole to have her PKU test, which again I felt was not necessary, but I couldn't hold firm in my conviction. Seeing and hearing the discomfort Nicole was experiencing as the nurse squished the blood out of her foot was the wake up call I needed. I started to wonder how on earth I could let our daughter experience such discomfort because I was afraid to trust my own intuition. I knew enough about the power of thoughts, so I had to make a choice. Did I want to teach my daughter, by example, that she was to make decisions based on fear or by trusting her own feelings and wisdom?

Instantly I knew that vaccinating our daughter would be a decision I could never accept. I also knew that my husband would totally disagree, and I didn't know if I had enough courage to hold firm when the anger would come my way. This issue of whether or not to vaccinate was simply a symbol of a much bigger issue. Could we really go against what everyone around us was saying, and trust our own intuition of what's best for our child?

For the next six months there was constant conflict, plenty of tears, and many unpleasant words exchanged. My position was that I would never forgive myself if we vaccinated our daughter and she had a reaction. My husband's position was that he would never forgive me if we didn't vaccinate her and she caught one of the diseases. Fortunately the conflict subsided when we were blessed with the opportunity to see Viera Scheibner in Toronto in December 1995.

Listening to Viera's presentation was an eye opening experience for both of us and confirmed my intuition. When we left there we agreed that we would postpone vaccinating her until her immune system was fully functioning around the age of three. Since then we have learned much more about the short and long term effects of vaccination and this has balanced our intuitive knowledge.

Our daughter is the picture of health and has never received or used any type of pharmaceutical products. Do we solely attribute her well being to being unvaccinated? No, but it is a big piece. Other factors that create her health are breastfeeding, positive mental thought patterns, an organic vegan diet (no meat, no dairy, no sugar), and natural health practices in our lives.

My husband will openly state now that he thought I had gone off the deep end when I suggested that Nicole not be vaccinated, but now he is eternally grateful that we trusted my intuition. He also states that he will never let her receive a vaccination.

The mental and emotional challenges my husband and I needed to overcome in order to trust our own intuitions was well worth the end result: a beautiful, loving, healthy and harmonious daughter. •

Measles for CHRISTMAS

by Nimet Mawji

My 10 month old daughter came down with the measles over Christmas. We didn't know that she had been exposed to measles and hence did not know that she had measles until she broke out in the typical blotchy red rash.

It all started with a simple cold and cough. Both my son and my daughter came down with a cold at the same time. By the end of the week my son's cold was gone but my daughter seemed to get worse. She coughed a lot, especially after eating. She had a choking cough and would end up vomiting a lot of what she ate soon after eating.

After a week of having a stuffed and runny nose as well as a cough, one night she had a fever. Fortunately we have a family bed and my daughter still nurses. It didn't take long, during the night, for me to realize that she was a lot warmer than usual. I stripped her down to her diaper and uncovered her to help her cool off. Most of that night I spent nursing her, covering and uncovering her, depending on how hot she was. We also used homeopathic remedies, Belladonna for her fever (hot head, cold hands and feet) and Pulsatilla initially for her thirstlessness, clinginess, whining and sad disposition, needing to be held and walked. Other remedies can be used depending on the child's specific symptoms.

For the next 3 days she had a fever of 103°-104° F on and off, did not have much of an appetite, her eyes and cheeks were a little puffy, and she wanted Mommy to hold/carry her all day. Thankfully I had a sling to help carry her in all day. I was pleased that she nursed a lot. (It's very important that children drink a lot of fluids especially when they have a fever.) At night her sleep was very restless and she needed to be close to me touching me throughout the night.

After 3 nights and 2 days of being feverish, I was a little concerned, especially since it was Dec. 24 and I knew that our doctor's office would be closed for the next 2 days. Also, my daughter seemed to be

favouring her left ear a little and I wanted to have it checked out. She has never had an ear infection before and didn't seem to be in any pain, but I wanted to be sure that she was O.K. The doctor checked her lungs and they were clear. When he checked her ears he found that her right ear had fluid in it and the left ear was red and swollen. That is, she had an ear infection. The doctor suggested that the fever was probably due to her body fighting off the ear infection. He gave us a prescription for antibiotics, Amoxil. After weighing her the doctor specified that she could have one and a half droppers of Baby Tylenol at once for pain and discomfort. He also recommended that we return in about 6 weeks, which is how long the ears would take to clear up, even with the antibiotics, to make sure that her ears were clear.

We had decided not to give her the antibiotics. Having done a lot of reading about antibiotics, allopathic medicine, and alternative treatments, I concluded that the antibiotics weren't going to clear up her ear infection any faster than her own body would. I squirted a little breast milk in each ear for the next couple of days as my research indicated that breast milk is a natural antibiotic and can help fight infections when applied externally.

That afternoon she slept very peacefully in my arms for 3 hours and did not have a fever. (Her fever usually peaked during sleep.) It was the first long stretch of restful sleep she had had in days. She awoke refreshed with a little more energy than she had the past few days. I knew that the worst was over and she was on her way to recovery.

Luckily I didn't give her the antibiotics because that

Continued on page 11

night she broke out into a blotchy rash which started on her face and on her scalp. (If I would have given her the antibiotics, the rash might have been considered to be a reaction to the antibiotics.) The rash quickly spread to her neck and shoulders. We suspected that she had the measles and quickly looked up in our various books the signs and symptoms of measles. It was right out of the textbook: starting with cold symptoms, progressing to fever for 3-4 days and then, once the fever broke, a blotchy rash starting on the face and under the hairline, moving down the torso and limbs, lasting another 3 days. That night she was very restless, irritable and cried a lot, which prompted me to resort to tylenol to help ease her pain/discomfort.

Christmas day, her first full day with the rash, she had spurts of energy and playfulness, but she was still very lethargic. We let her roam around wearing just a diaper. However, she soon started scratching her rash so we decided to dress her in loose clothing to deter her from scratching while at the same time trying to avoid irritating/aggravating her rash/skin. Later that day the rash progressed down her body to cover her torso.

A friend (and homeopath) suggested that we get a diagnosis of measles so that there would be no doubt that she had them and it would be on her record permanently. Our doctor's office was closed, and rather than wait until the following day when the rash might have disappeared, we decided to take her to our local medical clinic, which was open on Boxing Day. By now the rash covered her torso completely and had moved down into her arms and legs. The doctor there confirmed that she had the measles after establishing that she had not taken the antibiotics before breaking out in a rash. Her lungs were still clear and ears infected. Ear infections and pneumonia are two of the most common complications from measles. (My research also indicated that antibiotics has no effect on measles. It is usually prescribed to treat the secondary infections.) He advised us to keep her at home.

By the following day her rash had almost disappeared from her face, neck and shoulders, and was fading on her torso. By the fourth day from when her rash first appeared, her rash had completely disappeared. However, my daughter wasn't completely well and back to her usual self. She still had a runny nose and bad cough which still made her vomit any food that she ate. She was more eager to eat than she had been over the last week, but eating started her coughing which made her vomit whatever she ate. At this time her main source of nourishment was nursing. Her sleep was still very restless

and she awoke several times during the night to nurse.

A week after her rash had cleared up she still seemed run down with a runny nose and cough, was still fairly low key energy wise, was very clingy and whiny, and her appetite was quite poor. We decided, upon consultation with our homeopath, to treat her with the homeopathic measles nosode, Morbillinum. The measles nosode can be used after

Continued on page 12

It's Only Natural!

*"positive changes in health
through food & understanding"*

We are a consulting practice that teaches people how to manage biological and environmental stress by understanding cause and effect. Our emphasis is on the responsibility of personal choice in lifestyle, health care, quality of food, water, and personal products and the effects of these choices on the mind and body. The benefits include learning how to antidote and rebalance detrimental or uneducated choices of the past.

Vaccine reactions, chemistry disturbances and the emotional turmoil that results from falling health can be offset by removing the offending stressor and/or adding the proper energy to the body through food, herbs or homeopathics. The results speak for themselves. Many conditions such as depression, allergies, behavioral problems, chronic colds, fatigue and insomnia are reversed by adjusting the chemistry to fit the person.

WHAT TYPE OF PEOPLE BENEFIT

Sick & tired, medically frustrated, skeptics, athletes, kids from 0-80, natural minded, inquisitive souls, and friends.

**Kathy
Walker**
B.Comm.



**Cheryl
Fromell**
B.Sc., P.T., M.T.

7590 Twiss Road, R. R. #3
Campbellville, Ontario, L0P-1B0
(905) 876-0921

someone has had measles if they have never been well since having the measles. It seemed to do the trick. Within 24-48 hours she was her cheerful self, her cough had cleared up, she had regained her appetite and was eating well, and had renewed her zest for life. She resumed her development from cruising to walking within days. We were all happy to have her back to her usual self, getting into everything, chasing after the cats and wrecking havoc in the house!

After one week of my daughter's rash disappearing, my son started to develop similar symptoms to that which my daughter had before getting the measles rash.

My son complained of being tired, had a fever that started during the night, wasn't very thirsty (initially), needed to be cuddled, had no appetite, his cheeks and eyes seemed puffy, his eyes were sensitive to light, he had a runny nose and cough, and he complained that his tummy hurt (which may have been from not eating, as it always improved once he ate a cracker or drank a little milk). All he wanted to do for the next few days was to lie on the couch and watch T.V. He would drift off to sleep periodically, but always wanted Mommy around.

His sleep was very restless, he talked a lot in his sleep, woke up several times in tears complaining of having had a bad dream. His biggest complaint was that he was tired and not feeling well. He felt too weak to walk around. We treated him mostly with Belladonna (for the fever) and Pulsatilla (initially). After the initial dose of Pulsatilla he drank a lot more fluids which made me happier, especially since he had a fever on and off for 3 days.

By the third day his cheeks were very red and he had a rash on both cheeks that lasted approximately 3 days. He did not get the full blown blotchy rash that my daughter got, but all his other symptoms were the same as my daughters. Once the rash on his face cleared up, his appetite picked up and so did his energy level. His cough and cold cleared up within a couple of days and he was back to his usual, loud, vocal, playful self, much to our relief!

Did he have the measles? He certainly had all the preliminary symptoms to indicate that his body was fighting it off, but I don't know if he produced any antibodies that'll show up in blood tests. We hope to be able to expose him to measles again to ensure that he gets a life-long immunity to measles.

We feel that the use of homeopathic remedies helped significantly in managing the illness. There are various remedies which may be used depending on the child's specific symptoms. Consultation with a Homeopath on the choice and administering of remedies is strongly recommended. •



We would like to share the personal stories of our membership

If you would like to submit your story, please contact our editor, Meg Edwards, at:

11 Dunbar Rd., Toronto, Ont.
M4W 2X5

or

dallas@the-wire.com
(416) 923-4571

If You Can Volunteer, Please Help!

Hosting Support Circles
Researching/Writing
Clipping Articles from Newspapers
Distributing Brochures
Organizing Community Talks
Helping at Trade Shows
Legal Services
Compiling Information on
Unvaccinated Children
Office Work

What's Happening at VRAN

Edda moves West

This past October Edda West moved west. Although her presence is missed, she is still connected to us through the wonderful world of technology. She maintains her role as editor at large and consultant.

Parent & Kids Show:

We handed out over 1000 brochures, stopped people in their tracks with the DPT video and raised consciousness around vaccinations. About 90% of the people we talked with had no real knowledge that there were any risks associated with vaccines. The other 10% trusted whatever their pediatrician said to them. We view it as a success! And our membership list has grown since the show.

Whole Life Expo:

The editor at Vitality magazine, Julia Woodford, agreed to publish Julie Shams article on Hepatitis B from our winter newsletter in their December issue, and asked VRAN to be part of the lecture series at Whole Life Expo. VRAN was even featured in their advertising campaign in the Toronto Star & Now Magazine. Julie Sham and Heather Stephen delivered their talks early Sunday morning to a small group.

Support Circles:

VRAN would like to encourage support circles where people

can come together to discuss the issues surrounding vaccination. We are asking for your help. We would like people to volunteer their homes one night or one afternoon a month for three consecutive months to host the support circles. We will publish a list of the meeting places one calendar quarter in advance. To get started we are going to hold our meetings at the Canadian Natural Health Association, 439 Wellington St. West, #5 (1/2 block west of Spadina) from 1:30 to 3:30 on the following dates:

April 9th

DPT Roulette Video Showing

May 14th

Viera Scheibner Video Showing

June 11th

Barbara Loe Fisher, President
NVIC in US, Video Showing

Professional Membership:

In addition to the regular benefits of an individual membership, each professional will receive an extra five copies of VRAN's quarterly publication that can be given out to clients.

VRAN's new phone number and five minute mes- sage:

Our 280-6035 information number is an efficient way of informing new members about the organization and increasing our membership and volunteers.

SUBMIT YOUR STORY TO VRAN

We would like to share the personal stories of our membership. If you would like to submit your story please contact

our editor:

Meg Edwards
11 Dunbar Rd.
Toronto, Ontario
M4W 2N5

or

(416) 923-451
dallas@the-wire.com

Upcoming Trade Shows:

We will be participating with the CNHA (Canadian Natural Health Association) at the following shows over the next few months:

Total Health
March 22 & 23
Metro Convention

Home & Garden
March 14,15,16,17
International Centre

We will be participating on our own at the following:

Family Show
April 19 & 20
International Centre
(VRAN member will be speaking)

Choices
March 8
Pickering Town Centre
We need volunteers to help us staff, move, and prepare for these shows.

Please call Heather at 280-6036 to offer your services.

Letter to Terri White



Subject:
Bloodborne pathogens and clarification of mandatory vaccine declination form.
Information Date:
04/18/1992

April 18, 1992

Terri White
Occupational Health Nurse
Muhlenberg Hospital Center
Schoenersville Road
Bethlehem, Pennsylvania 18017

Dear Ms. White:

This is in response to your letter of February 25, requesting clarification of the mandatory vaccine declination form required by the Occupational Safety and Health Administration (OSHA)

standard on Occupational Exposure to Bloodborne Pathogens, 29 CFR . Specifically you inquired as to the acceptability of adding a liability waiver to the declination form.

Appendix A of the standard, which specifies the declination form to be used, is a mandatory appendix. The declination statement used by the employer must contain the same language as that found in Appendix A; that is, no words may be added or subtracted. The addition of a sentence releasing the hospital from liability would further constitute a violation of OSHA requirements due to the fact that employees have a right to receive free hepatitis B vaccines regardless of whether or not they waive liability.

We hope this information is responsive to your concerns. Thank you for your interest in worker safety and health.

Sincerely,
Patricia K. Clark, Director
Directorate of Compliance Programs

Immunization Information on the Internet



The following is a list compiled by Peter Mancer, an executive member of the Immunisation Awareness Society of New Zealand.

*** New Atlantean Immunisation Resources**

<http://www.new-atlantean.com/global/vaccine.html>

A very good list of resources and global pro-choice vaccine groups. A good list of books, tapes and videos from around the world.

*** Vaccination Information and Awareness**

<http://www.eden.com/~via>

A good site with many links to other sites including vaccine manufacturers.

*** Vaccination Information Paradigm**

<http://www.cco.net/~trufax/vaccine/vacindex.html>

Very good info which looks to be updated regularly.

*** Dispelling Vaccination Myths -**
<http://www.livelinks.com/sumeria/health/myth2.html>

Well documented report that is revised periodically (last July 14th, 1996)

*** The Hidden Debate**
[http://www.firehorse.com.au/feline/imm/imm\).html](http://www.firehorse.com.au/feline/imm/imm).html)

Interesting report

*** National Vaccine Information Centre**
<http://www.909shot.com>

Run by Dissatisfied Parents Together (DPT) - good info.

*** Global Vaccine Awareness League**

<http://www.pages.prodigy.com/gval/>

Started by a mother whose 33 month child died just after a DPT shot - moving story.

*** How to Legally Avoid Immunisation**
<http://medmarket.com/tenants/reidds/herbplus/info/noshots.html>

How to avoid immunisation in the USA - interesting reading.

*** Natural Immunity Network**
<http://www.i-wayco.com/niin/index.html>

Medical Information:
*<http://www.achoo.com>
*<http://www.medscape.com>
*<http://www.healthy.net/library>



OFF THE NET

Letter to Money Magazine from Dr. Leonard Horowitz

December, 1996

Mr. Frank Lalli
Managing Editor

Money Magazine
Time & Life Building
Rockefeller Center
New York, NY 10020

Dear Editor Lalli,

December's "Lethal Dangers of the Vaccine Business" was a great public service. As the author of *Emerging Viruses: AIDS & Ebola - Nature, Accident or Intentional?* I congratulate Money for being the first mainstream publication to expose this horrifying medical - pharmaceutical debacle (on the) oral polio vaccine contamination with the carcinogenic monkey virus SV40. Many of our current and coming plagues, including AIDS (which the article

overlooked) may be linked to such sloppy science and to contaminated vaccine preparations.

The theory that the human AIDS virus (HIV-1) evolved from SV40 contaminated vaccines was pioneered by attorney Walter Kyle in *The Lancet*. At the 1996 XI International Conference on AIDS in Vancouver, during a scientific session, I further advanced this thesis by providing documented evidence that SV40 contaminated monkeys and chimpanzees were used by Merck, the FDA, CDC, and the NIAID, to produce four subtypes of hepatitis B vaccines comprising 200,000 human doses that were simultaneously administered in 1974 to Central African villagers, gay men in New York City, and Willowbrook State School mentally retarded children on Staten Island. These test subjects had ten to fifteen years earlier received SV40 contaminated Salk and Sabin polio vaccines likewise produced using contaminated monkeys. Additional overlooked viral contaminants included herpes type viruses like Epstein Barr and simian cytomegalovirus, and simian foamy retroviruses that included the unique

AIDS-linked enzyme "reverse transcriptase." In essence these people, from whom serum was taken to produce the early hepatitis B vaccines, were live incubation chambers for various mutating laboratory contaminants and animal viruses.

Obviously this was an "accident" waiting to happen. It also best explains the virtually simultaneous emergence of various strains of HIV-1 throughout the world by the mid to late 1970s. Despite several unconfirmed claims that HIV-1 and AIDS cases existed prior to 1970, the earliest confirmed isolation is that of a 1976 strain.

Thus your exposé on SV40 contamination of live viral vaccines has far more serious implications.

Very sincerely,

Leonard G. Horowitz, D.M.D., M.A., M.P.H.

Rockport, Massachusetts
800-336-9266
E-mail: tetra@tetrahedron.org

The Cover Up of Gulf War Syndrome

A Question of National Integrity

H. Lindsey Arison III
arison@gslink.com

Dedicated to Gulf War Veterans - The Victims of Patriotism

Gulf War Syndrome is the direct health consequence of prolonged (chronic) exposure to low (non-lethal) levels of chemical and biological agents released primarily by direct Iraqi attack via missiles, rockets, auxiliary or aircraft munitions: fallout from the destruction of Iraqi ammunition bunkers; and by fallout from allied bombings of Iraqi chemical warfare munitions facilities during the 38 day air war.

The effects of these exposures were exacerbated by the deleterious and synergistic side-effects of the unproven, experimental and toxicity-enhancing pyridostigmine bromide

pills (nerve agents pre-treatment pills which were administered involuntarily), the investigational botulinum toxoid vaccines (involuntary) anthrax vaccines, depleted uranium residues principally from battlefield vehicles damaged by depleted uranium-tipped armor-penetrating munitions, and to a much lesser extent, other environmental hazards such as oil fire contamination, pesticides, petrochemicals and electromagnetic radiation from radars and communication equipment.

1) Iraqi's use of chemical and biological agents during the war would have caused panic among coalition forces.

2) The cost of providing appropriate medical care to all afflicted veterans (and because of the syndrome's apparent transmissibility), in many cases to their families, would be prohibitive. It would be impossible to determine exactly where the governments' liability ends.

3) Exposing the fact that our chemical suits and chemical detection alarms are ineffective would reveal a critical military readiness problem. Department of Defense (DoD) did

not want Iraq (then) and does not want potential adversaries now (North Korea - chemically and biologically capable) to know just how gravely vulnerable we are.

There is increasing concern that before the Gulf War, the United States secretly provided Iraq with chemical weapons AND the technology and materials to manufacture their own - to use against Iran. A Marine Corps EOD (explosive ordnance disposal) specialist discovered and photographed chemical munitions with U.S. markings and lot numbers in an Iraqi bunker.

There is also concern that we, the U.S., the principal signatory to the Chemical Weapons Convention (CWC) had chemical weapons in the Gulf and used them.

DoD's failure to permit soldiers to refuse the unapproved, experimental, and investigational pyridostigmine bromide anti-nerve agent pills and the botulinum toxoid vaccine during Desert Shield/Desert Storm is a criminal violation of the Nuremberg Code.

RESOURCE & INFORMATION LIST

Immunization: History, Ethics, Law & Health

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

Cost: \$35 + \$5 postage

Immunization—The Reality Behind The Myth

by Walene James.

What Every Parent Should Know About Childhood Immunization

by Jamie Murphy

Vaccinations: Are They Really Safe and Effective?

by Neil Z. Miller

How To Raise a Healthy Child In Spite of Your Doctor

by Robert Mendelsohn, M.D.

Universal Immunization — Medical Miracle or Masterful Mirage?

by Dr. Raymond Obomsawin available from Health Action Network

(604) 435-0512

A Shot in The Dark

by Dr. Harris L. Coulter & Barbara Loe Fisher

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

by Dr. Harris L. Coulter

Vaccination—Medical Assault on the Immune System

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

The Immune Trio

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

Every Second Child

by Dr. Archie Kalokerinos (204) 895-9192

Vaccinations and Immunization: Dangers, Delusions and Alternatives

by Dr. Leon Chaitow.

What About Immunizations?

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

Natural Alternatives to Vaccination

by Dr. Zoltan Rona, M.D.
1-877-920-8887

Vaccinations—The Rest of the Story

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

The Immunization Decision—A Guide for Parents

by Dr. Randal Neustaedter.

The Case Against Immunizations

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

The Immunization Resource Guide

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

Vaccination—The Hidden Truth

New Video. Five medical doctors speak out about vaccine risks.

Order from VRAN

Cost—\$40 + \$5 postage

MANY OF THESE TITLES CAN BE ORDERED FROM PARENT BOOKS IN TORONTO

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