VRAN Newsletter
March-May 2001
Vaccination Risk Awareness Network Inc.

VACCINE SCENE 2001: UPDATE AND OVERVIEW

Harold E. Buttram, MD
February 6, 2001

In our office we are frequently asked our opinion and position on vaccination in both children and adults. This lengthy monograph is an attempt to express a minority view and position that is contrary to current government, public and medical opinion on the subject. However, whatever position on the vaccination decision one chooses to adopt, we feel the most important point is *parental choice!* Therefore, we ardently believe the best approach to this very controversial subject is to present both the pros and cons, good and bad, known and unknown about immunizations, and then help guide the patient or parents to choose what is best for them or their children. This is termed *"informed consent"* and should be the basis of every medical test or treatment; vaccinations being no exception. Consequently, our Healing Research Centers honor and respect the patient's or parent's choice in this matter and will immunize or not immunize accordingly.

Any medical therapy must balance the "effectiveness" versus the "safety" of its actions on the human body. For instance, aspirin therapy is effective in preventing a second heart attack after having a first heart attack; and it is quite safe, only having a small incidence of stomach or intestinal bleeding as a potential long-term side effect. As you read the following monograph, please keep these key points in mind in terms of "effectiveness" versus "safety" of vaccinations.

- Scientific evidence *does* support the **effectiveness** of immunizations. They do prevent infectious diseases; some better than others, but this point is not disputed.
- Scientific evidence *does no*t support the **safety** of immunizations.
- Safety studies on vaccinations are limited to short time periods only: several days to several weeks. There are **NO (NONE!)** long-term (months or years) safety studies on any vaccination or immunization.
- There is limited but rapidly growing scientific evidence of long-term adverse side effects of vaccines that need much more study.

In August, l999 and April, 2000 Congressional hearings were held in Washington D.C. dealing with questions of vaccine safety. Congressman Dan Burton, Chairman of the U.S. House Government Reform Committee, called the hearings. On the weekend of October 2nd and 3rd, l999, an autism conference was held at Cherry Hill, New Jersey, sponsored by the Autism Research Institute of San Diego, California. Over l,000 people were in attendance, the great majority of whom were parents of autistic children. At one point in the meeting, when the chairman asked those in the audience who believed that their child's autism was caused by vaccines to stand, a largely majority of the audience rose to their feet. With these and

Vaccine Scene 2001 cont. on page 6

INSIDE THIS ISSUE

Editorial

Edda West

Since the beginning of the meningitis outbreak in Alberta over a year ago, VRAN has been inundated with phone calls and emails from worried parents seeking information about the disease and the quadrivalent polysaccharide vaccine Menomune, which contains 4 groups of meningococcal organisms (A,C,Y &W135), and is preserved with the mercury derivative thimerosal. Worried parents want to know the risks associated with the vaccine, alternative ways to protect their children without going the vaccine route, and are concerned whether exposure of their unvaccinated children to vaccinated schoolmates can increase their risk of contracting the disease. One London, Ontario father who contacted us recently told us that he discovered that the regional health department is using another new bivalent polysaccharide meningococcal vaccine that contains only serogroup A & C and is purportedly thimerosal free.

Editorial cont. on page 13

VRAN NEWSLETTER

VRAN BC
Vaccination Risk Awareness Network Inc.
P.O. Box 169, Winlaw, B.C. V0G 2J0
Coordinator and newsletter editor: Edda West
eddawest@netidea.com 250-355-2525
VRAN Board of Directors:
Mary James, Leona Rew, Edda West, Frank Luschak
VRAN Core Members:
Edda West, Mary James, Julie Shams, Catherine Diodati, Andreas Schuld, Rita Hoffman.

With thanks to Lisa Farr for the newsletter layout.

Statement of Purpose

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

VRAN's Mandate is:

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

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

VRAN NEWS

VRAN FIRST ANNUAL GENERAL MEETING & CONFERENCE

Heartfelt thanks go to VRAN President Mary James and Vice President Leona Rew, and all the enthusiastic Winnipeg area members for hosting and organizing VRAN's first Annual General Meeting and Conference in Winnipeg on March 3, 2001. Mary James graciously opened her home for the AGM and welcomed VRAN members with a sumptuous breakfast feast. In attendance were Mary James, Leona Rew, Edda West, Gloria Dignazio, Frank Luschak, Catherine Diodati, Rose Stevens, and Dr. Gerry Bohemier.

The following agenda was tabled:
-President's Report
-New Business: fundraising and goals for 2001/2002
-Election of Officers
-Financial Report

VRAN President, Mary James reviewed the highlights of this past year (2000). VRAN's legal incorporation as a non profit society was achieved with the generous support and fundraising efforts of the Association for Vaccine Damaged Children. VRAN had 6 Canadian members in attendance at the recent National Vaccine Information Center conference, held in Arlington, Virginia in September of 2000.

Fundraising was discussed as a priority topic. As well, a motion was passed that in this current year (2001), a fundraising committee will be struck to enable VRAN to raise money to assist with both short and long term projects and to insure that VRAN's yearly operating expenses are taken care of.

There is a pressing need to enhance VRAN's visibility across Canada to enable the public's access to vaccine risk information. VRAN receives calls from people across Canada who are seeking support and information and wish to make contact with local support groups. It was suggested that we ask Alive Magazine to include the VRAN website with vaccine related articles to help direct people to our information sources. The AGM resolved to work toward developing VRAN support groups in each province. Currently there are VRAN groups in British Columbia, Manitoba, and Saskatchewan.

A motion was passed to help area chapters with special events. In order to assist the development and work of area chapters, the AGM resolved to help VRAN groups financially at the local level. Contingent on the availability of funds, and with the prior approval of three VRAN board members, chapters may apply for seed money to help with special local events. Chapters will endeavour to repay VRAN, and a repayment schedule can be structured according to need.

In response to the tremendous increase in the use of vaccines by government, and the looming expansion of vaccine programs and new vaccines being marketed, the AGM resolved to establish a "response" committee to respond to vaccine issues across

VRAN News cont. on page 3

VRAN News cont. from page 2

Canada and to help people mobilize quickly and effectively to get our perspective in the news. It was proposed that we develop press kits and make these available to groups across Canada, and that we set up an email "news group" to create a communications thread on an ongoing basis.

Copies of account balancing summaries and financial statement were provided to all attending. These were reviewed, and accepted. A motion was passed that Penny Ruvinsky, VRAN's current bookkeeper, who has acted as an auditor for our first year of incorporation, continue in this capacity for this second fiscal year. VRAN's summary of income and expenses is included as a separate insert in this edition of the newsletter. Members will note that operating expenses in our first fiscal year totaled $23,409.49, while our income of $21,091.06 was $2,301.81 short of what was needed.

Ongoing discussions tabled were the development of media strategies and fundraising strategies. The AGM concluded with the election of directors for a three year term. Voted by acclamation were: Mary James – President, Leona Rew – Vice President, Edda West – Secretary/Treasurer, Franck Luschak - a director.

Fundraising

To date, (May 30, 2001), last fall's fundraising drive announced in the July-October, 2000 newsletter has raised a total of $11,539.50. For the last three years, VRAN has been exceedingly fortunate to have had the benefit of very generous pledges from a benefactor who has preferred to remain unnamed, and who matched fundraising contributions, dollar for dollar up to five thousand dollars. These generous incentives resulted in our successful fundraising drives and have put VRAN "on the map", enabling us to begin building a solid organization. In light of this year's pledge being the last one, we wish to express our deep appreciation to our unnamed benefactor for having given us such a wonderful headstart. VRAN is indeed fortunate to have been the recipient of such deep commitment and generosity.

In order to maintain our current momentum of work and outreach, our clear fundraising goal for this year is between $25,000 - $30,000. If you have fundraising ideas, enthusiasm, some skills and experience and would like to further VRAN's work, we would be grateful to have you join our fundraising committee.

VRAN Conference Highlights

In the afternoon, those who had attended the morning AGM gathered at the Winnipeg Mennonite University for the First Annual VRAN Conference. Approximately 75 people came to hear guest speakers - author, Catherine Diodati and VRAN co-ordinator, Edda West.

Catherine Diodati

"Our ethical and legal rights to informed and voluntary consent are continually being violated. While we should receive adequate information regarding risks and benefits associated with both diseases and vaccines, legal requirements and exemptions, a proper screening to uncover warnings and contraindications, vaccine safety and efficacy, potential adverse events and what to do in the event of an adverse reaction, we are left with little meaningful dialogue. In February 2001, Pediatrics published a survey of pediatricians, family physicians and office nurses and discovered that the actual time spent conveying vaccination information was between 0-1.9 minutes. This serious disclosure problem appeared to result from a combination of factors including a lack of understanding of what patients and their

VRAN News cont. on page 4

DID YOU KNOW ?

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

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

VRAN News cont. from page 3

guardians want and need to know and the problem of patient-education as being viewed as non-billable time.

All vaccines carry risks but the benefits are considered to outweigh the risks involved. When one looks at the effects of vaccine-induced herd immunity, over time, serious questions arise. Epidemics frequently follow the mass use of vaccines and what we are witnessing is the deferral of diseases, that are innocuous when contracted during the pediatric range, to older persons or infants who are more likely to suffer complications. We have witnessed this phenomenon with measles, mumps, rubella and we will certainly witness the same with chickenpox as the vaccine is used more widely.

Vaccines contain numerous pathogenic and toxic components. No one would dream of purposely exposing their child to these components in another context but we do this all the time because vaccine ingredients are never explained. The long term risks associated with vaccine components remains unstudied and it is little comfort to hear that toxins are present in minute amounts when minute amounts are quite sufficient to cause serious injury in many cases.

Adverse events are mishandled in Canada. The reporting system is completely flawed in that it relies on voluntary reporting. Ontario is the only province to enact legislation mandating adverse event reporting but the legislation is not enforced and reports are ignored unless an initial subjective determination, usually by the person who administered the vaccine, is made that the event was vaccine-related. Few adverse events are investigated and compensation for individuals suffering vaccine-injuries is non-existent, except in Quebec. All other provinces have chosen to ignore their vaccine-injured. This is detrimental to the families who bear incredible emotional and financial burdens and to society who is led to believe that vaccine injuries do not occur.

If we aren't keeping track of injuries, it is far easier to say that they don't exist. By ignoring vaccine injuries, we are losing a great opportunity to discover the cause of, and solution to, adverse events. We also lose the opportunity to prevent vaccine-associated adverse events because no one is bothering to identify risk factors. Nonetheless, our health officials, governments and pharmaceutical companies continually promote vaccination, even to the point of coercion, without taking proper responsibility for protecting public health."

VACCINE MISINFORMATION SPREAD BY THE MEDIA AND TORONTO DISTRICT SCHOOL BOARD

In recent months it has come to our attention yet again, that the media continues to publish inaccurate information about mandatory vaccine requirements in Ontario. Reporting on the recent vaccine blitz orchestrated by the Ontario Ministry of Health and resulting school suspensions of Ontario students whose vaccine records were either incomplete or not up to date, both the Toronto Star and CBC failed to include information about legal vaccine exemptions available to all residents of Ontario under the Immunization of School Pupils Act. Both the Star and CBC gave the impression that unless children were fully vaccinated with the required vaccines, they would be suspended.

To add insult to injury, we discovered that the Toronto District School Board, the largest school board in Canada, distributed an information brochure to hundreds of thousands of Toronto area residents with the following misleading and inaccurate statement:

"All students must be immunized against diphtheria, measles, mumps, polio, rubella (German measles), tetanus and whooping cough. The Medical Officer of Health will exclude a child from school if there is no up-to-date evidence of immunization or immunity to the above diseases."

Again, no mention of legally available vaccine exemptions.

We have written letters of complaint to the CBC, Toronto Star and the Toronto District School Board, with copies sent to all Toronto area Trustees. In our letters, we included Health Canada's statement (available on their website below and quoted in our letter to the Toronto School board, reprinted in this issue of the newsletter), which confirms that there are no mandatory vaccination laws in Canada:
http://www.hc-sc.gc.ca/hpb/lcdc/publicat/ccdr/97vol23/imm_sup/imm_b_e.html

As well, everyone received a copy of our solicitor's letter written to the Chief Medical Officer of Health which outlines our concerns that misinformation about so called "mandatory" vaccine requirements is perpetuated by the Ontario Ministry of Health, the Media, school boards and administrators, and medical practitioners. We have asked that media editors and health writers get clear about the availability of legal vaccine exemptions and in the future include accurate exemption information when writing about vaccine requirements. Our solicitor's letter was sent to all VRAN members as an insert in our Fall 1999 newsletter. We would be pleased to send a copy of the letter to new VRAN members who would like to have it on file.

MANITOBA NEWS - PLIGHT OF STUDENT NURSES

The following is a letter from Rose Stevens to Manitoba Health Minister David Chomiak in support of a student nurse who was recently barred

VRAN News cont. on page 5

VRAN News cont. from page 4

from completing her education for refusing to submit to mandatory vaccinations.

Dear Honorable Mr. Chomiak,
May 15, 2001

This letter is in the nature of a letter of support for Johanna Dyck, the third year nursing student at the U. Of Manitoba School of Nursing, who is being forced to submit to mandatory vaccination as a pre-requisite to completing her nursing degree. I believe, as a Canadian citizen she should be granted an exemption based upon her strong religious convictions. It is my opinion that it would be discriminatory to force her to accept these vaccinations, considering that medical doctors and dentists are not forced to have mandatory vaccinations to pursue their careers.

I have first hand knowledge regarding this issue, as my own husband is a dentist, and this policy is not enforced at the Dental College. It is interesting to note that dental hygienists and assistants have expressed their distaste for mandatory vaccinations as well. Many dental hygienists and assistants who have received the Hepatitis B shot are now suffering from auto-immune disorders. They feel their conditions were as a direct result of the hepatitis B vaccine. My husband, Dr. Brad Stevens DMD, consulted with the Administration of the Dental Faculty regarding this matter. He was willing to conduct an unbiased survey to determine if there were any dentists, assistants and hygienists that felt they had an adverse reaction to this genetically engineered vaccine. The Faculty of Dentistry has an excellent data base and adverse reactions to this vaccine could have easily been tracked. He was denied the opportunity to pursue this investigation. He also questions why only nursing students, dental hygienists and assistants are forced to be vaccinated in order to graduate from their profession.

Dr. Bart Classen, an immunologist at the Classen Immunotherapies (410-377-4549) conducted a poll recently at a conference in Nashville with the American College for Advancement in Medicine. It was clearly shown that it is an accepted ideology amongst the medical professionals attending this presentation that vaccines cause chronic diseases. He also presented data providing proof that vaccines cause insulin-dependent diabetes. He concluded based upon his findings and related literature that the data indicated common vaccines were not only causing insulin-dependent diabetes, but a wide range of chronic disease including autism, allergies, asthma and autoimmune diseases.. It is also interesting to note that in Jama, 2-20-81, it was reported that approximately 66% of pediatricians and obstetricians refused the MMR shot. An equal amount refused the Hepatitis B shot, mostly citing safety concerns because of animal DNA contamination in the shots. The American Medical Association's Archives of Pediatrics and Adolescent Medicine cited a 1994 study where approximately 1/3 of doctors were working without mandatory flu vaccines. In lieu of these facts I question why nursing students are singled out for mandatory vaccinations?

As an "Advocate for Informed Decisions" regarding vaccinations ,and as Director of Public Relations for the Eagle Foundation www.eaglefoundation.net , I have first hand experience regarding the tragic effects of mandatory vaccinations that are required for health care workers. Ruth Burden, a health care worker from Leaf Rapids died, as what we believe to be the direct result of a Hepatitis B vaccine that she was forced to submit to without "informed consent". Dr Taraska admitted her to the Victoria General Hospital in April of 1999. Ruth had a serious reaction to the thimerosal, which is used as a preservative in the Hepatitis B vaccine.(It is interesting to note that thimerosal has been banned in over the counter drugs since Oct 1998, but still allowed to be directly injected into the blood stream through vaccines. The public health's dismissal of our concerns over this neuro-toxin in vaccines no longer holds any credibility. The University of Calgary Research Department issued a recent press release which shows **"minute trace amounts "** of mercury causes neuron damage. (http://neuroreport.com Issue 12, vol 4 pages 733-737,2001. http://commons.ucalgary.ca//mercury/)

Dr. Victoria Taraska's first report admitted that Ruth's condition was "allergic contact dermatitis with ID reaction, otherwise known as auto sensitization secondary to thimerosal." It is interesting to note that a few weeks later, after some media attention, Ruth's diagnosis was changed to "pyroderma gangrenosum." Dr. Taraska states in her second report that, "Although her history was suggestive of an allergy to thimerosal, her lengthy course rules out this diagnosis completely. I find this very ,very disturbing, as does her husband, a school trustee in Leaf Rapids.

Mr. Chomiak, if the government continues to make these vaccines compulsory for health care workers, I can assure you it will only be a matter of time before there may be serious legal ramifications pending. The bad media publicity would certainly jeopardize public confidence in vaccinations as well. Please do the right thing and allow health care workers the choice of whether or not to vaccinate, especially if they have strong religious and philosophical convictions.

Thank-you for your consideration into this matter.

Rose Stevens - Director of Public Relations for the Eagle Foundation

Vaccine Scene 2001 cont. from page 1

other indications of growing public concerns about current childhood immunization programs, it is hoped that this review will be of timely interest.

Are the Benefits of Vaccines Exaggerated?

From an historical perspective it is important to keep in mind that, in the early days of immunizations, there were relatively few vaccines, and for the most part they were given separately. Also, it would appear that it was in those early days that vaccines had their greatest successes, with eradication of smallpox from the world (although there are disturbing reports of current appearances in parts of the Far East), and eradication of polio from the Western Hemisphere, the last case of wild polio having taken place in l979.

Parenthetically, the average person today believes that mass smallpox vaccines were responsible for eradicating smallpox from the world. This is not so, for the simple reason that mass vaccination programs did not take place in many areas. In some third world countries 10% or less of the populations were immunized against smallpox due to financial and other limitations, which necessitated a policy of "quarantine and containment," whereby all contacts in an infected village and outlying areas were immunized. If limited vaccines together with quarantine were effective in the case of smallpox, this raises question about the necessity of ongoing mass vaccines in other diseases as well, a question which we believe will assume growing importance as more is learned about the adverse effects of vaccines.

Among vaccine's other successes, there were less than l00 reported cases of measles in the U.S.A. in l998, and most of these were imported.

However, vaccine proponents would have us believe that vaccines have been largely responsible for controlling virtually all of the former epidemics of killer diseases in the U.S.A. With the exceptions cited above, the facts do not bear this out. According to the records of the Metropolitan Life Insurance Company, from l911 to l935 the four leading causes of childhood deaths from infectious diseases in the U.S.A. were diphtheria, pertussis (whooping cough), scarlet fever, and measles. However, by l945 the combined death rates from these causes had declined by 95% *before the imple - mentation of mass vaccine programs.*(l) Other statistical information provided much the same pattern.(2) According to a report in *Morbidity and Mortality Weekly Report*, July 30, l999, improvements in sanitation, water quality, hygiene, and the introduction of antibiotics have been the most important factors in control of infectious diseases in the past century. Although vaccines were mentioned, they were not included among the major factors.(3)

Another factor, which is commonly overlooked, is that the virulence of micro-organisms tends to be weakened or attenuated with the passage of time and with the serial passages through human hosts.(4) Also, populations develop immunity with continued or repeated exposure. One example of this is whooping cough (pertussis) which is clearly a milder disease in Western nations than it was l00 or so years ago.

An example of this process is provided in the text, *Vaccination, l00 Years of Orthodox Research Shows that Vaccines Represent a Medical Assault on the Immune System*, by Vera Scheibner, Ph.D.,(5) in which the author reviews the Swedish experience with whooping cough (pertussis) and the pertussis vaccine. In l979 Sweden banned the pertussis vaccine because of a return of the disease in fully vaccinated children and also because of side effects which they considered unacceptable, including brain damage. In spite of this ban, which remains in effect today, the infant mortality in Sweden from pertussis is no greater than in fully vaccinated populations (3 infant deaths were recorded in Sweden l987 to l99l, as compared with 4 infant deaths in New South Wales, Australia, during a slightly longer time period).

However, it must be recognized that pertussis remains a serious illness in many third world countries, carrying significant morbidity and mortality due to factors which often include poor sanitation and lack of adequate medical facilities. Also many are "virgin populations" in which whooping cough is a relatively new infection, and therefore they are lacking in natural immunity which is present in most Western nations where there is inherited immunity from earlier epidemics.

Vaccine Safety not Proven

It should be pointed out that today's children receive from 22 to 35 vaccines before school age, whereas most of today's senior citizens received only one, the smallpox vaccine. Some of the vaccines contain mercury, a known neurotoxin under some circumstances.

With the growing public concern about potential adverse reactions of these heavy burdens of foreign immunologic materials on the immature immune systems of children, it is reasonable to ask ourselves what is known about these reactions.

A small but growing minority of physicians and scientists are becoming aware that safety testing for the various vaccines has been woefully inadequate. As one of many examples, a l994 special committee of the National Academy of Sciences (Institute of Medicine) published a comprehensive review of the safety of the hepatitis B vaccine. When the committee, which carries the responsibility for determining the safety of vaccines by Congressional mandate, investigated five possible and plausible adverse

Vaccine Scene 2001 cont. on page 7

Vaccine Scene 2001 cont. from page 6

effects, they were unable to come to conclusion for four of them because they found that relevant safety research had not been done. Furthermore, they found that serious "gaps and limitations" exist in both the knowledge and infrastructure needed to study vaccine adverse events. Among the 76 types of vaccine adverse events reviewed by the IOM, the basic scientific evidence was inadequate to assess definitive vaccine causality for 50 (66%). The IOM also noted that "if research…(is) not improved, future reviews of vaccine safety will be similarly handicapped".(6)

The clear implication of this report, which in our experience is fairly representative of a haphazard pattern towards issues of safety throughout the vaccine field, is that adverse reactions to the vaccines may be occurring on a large scale without being recognized as to their true nature.

In support of this statement, two pioneering studies will be reviewed below, one from l955 and the other from l984, both sounding alarms on potential side effects from vaccines.

One of the most intriguing studies from older medical literature dealing with the pertussis vaccine was that of A.L. Low (Chicago, l955) who performed electroencephalograms (EEGs) on 83 children before and after pertussis immunization. In 2 of these children he found that the EEGs turned abnormal following the immunizations without other signs or symptoms of abnormal reactions. In his report he commented: "This study shows that mild but *possibly significant* (emphasis ours) cerebral reactions may occur in addition to the reported very severe neurological changes."(7)

Another intriguing study, this one from Germany, was reported in a little-noted letter-to-the editor in the *New England Journal of Medicine*, in l984.(8) In the study, a significant though temporary drop of T-helper lymphocytes was found in ll healthy adults following routine tetanus booster vaccinations. Special concern rests in the fact that, in 4 of the subjects, the T-helper lymphocytes fell to levels seen in active AIDS patients.

The implications of these two studies are enormous. In regards to the latter (German) study, if this was the result of a single vaccine in healthy adults, it is sobering to think of the possible consequences of multiple vaccines (18 vaccines within the first six months of life at latest count) given to infants with their immature and vulnerable immune systems. Unfortunately, other than clinical observations, we can only speculate as to these consequences, as this test has never been repeated.

As for the Low study with EEGs before-and-after pertussis immunization, at a time when myriads of our children are suffering from various degrees and phases of brain dysfunction, it is possible that vaccine reactions may be occurring on a large scale, unrecognized as to their true nature, and contributing to this pool of unfortunate children.

It is both sad and shameful that neither of these studies have had follow-ups in American laboratories and medical centers, as should have been the case. Had they been done, discovering and documenting adverse neurological and immunological effects of the vaccines, they would have led to safer forms and combinations of childhood vaccines than at present.

From a careful gleaning of medical literature over many years, we have been able to find only 3 other reports in the literature of studies done before-and-after immunizations, all from foreign medical centers:

- In a study from Japan, immunizations (DPT, DT, or BCG) were given to 61 children with a history of febrile seizures or epilepsy, who had not had a seizure for one year. Following immunizations there was a significant increase in "epileptic spikes" in post-vaccine electroencephalograms as compared with those done preceding vaccines.(9)

- In January, l993, a Czechoslovakian medical journal published the results of a study of 89 children with adverse clinical reactions following administrations of various combinations of vaccines. Detailed case histories were taken and blood tests were done to examine various parameters of cellular and humoral immunity. It was found that children with adverse reactions had marked increases in abnormal blood parameters as compared with children who had had no clinical reactions.(10)

- In l997 a study from the University of Alberta, Canada, reported on findings from before-and-after MMR vaccine in which the effects on both the measles specific antibodies and cell mediated immunity, as indicated by cytokine generation, were tested.(11) The significance of this report may not rest so much on the specific findings, which will be reviewed later, as on the fact that it opens up an entirely new avenue of research, designed to reveal the specific mechanisms of actions of the vaccines, and also possibly revealing their side effects.

With these 3 reports from reputable medical centers, published in peer-review journals, the flood-gates of medical research have been opened. The truth about vaccine mechanisms, effects, as well as adverse reactions cannot be long in following. Although late, we would hope that our own medical and research centers would join in this search.

What Is Known about Adverse Vaccine Reactions
(A Cursory Review of the Literature)

Before turning to medical and scientific reports on adverse vaccine reactions, we must reluctantly point out an

Vaccine Scene 2001 cont. on page 8

Vaccine Scene 2001 cont. from page 7

almost insuperable difficulty in getting dependable data on these reactions due to the extreme reluctance of doctors to report on vaccine reactions, a pattern which has existed since the earliest days of childhood vaccines. There are a number of reasons for this. From their earliest years of training, medical doctors have been taught to look upon vaccines as one of the greatest achievements in medical science, and any question about them is often looked upon as disloyalty to the profession. In addressing this issue in the classic text, *Shot in the Dark*, by Coulter and Fisher, the authors quoted an attorney specializing in vaccine-damaged children. In commenting on the deficiency in doctors' reporting of vaccine reactions, the attorney commented, "As is the case with many pertussis-vaccine-injured children, none of the treating physicians would commit themselves to a final etiological diagnosis. It is strange that parents of pertussis-vaccine-damaged children often can only get an etiological diagnosis by hiring an attorney and seeing one of the few recognized experts in the U.S. on post-pertussis vaccine encephalopathy."(12)

In passing, we believe it is appropriate to mention that we have noticed this same pattern in our office. Having seen quite a few autistic children in the past several years, more than a few of which became autistic in a time-related fashion following vaccination, we have yet to see a single case in which other doctors have implicated vaccines as a possible cause of the autism.

Recombinant Hepatitis B Vaccine – Anecdotal Reports of Adverse Reactions

A scattering of reports suggest that the hepatitis B vaccine may play a major role, as yet largely unrecognized in hemorrhagic complications from vaccines. In a collection of abstracts from Medline research from l990 to October, l997 on adverse reactions from the recombinant hepatitis B vaccine, Dr. Andrea Valeri of Italy catalogued a total of 45 different types of reactions in the world literature.(13) Among these were necrotizing vasculitis,(14) vaccine-induced autoimmunity,(15) and segmentary of occlusion of the central retinal vein.(16) In addition, a report of vasculitis following hepatitis B vaccine is found in the *British Medical Journal.*(17) Thrombocytopenia is listed as a possible complication in the current *Physicians' Desk Reference*. In a report of 18 deaths of neonates following the hepatitis B vaccine by the Vaccine Adverse Event Reporting System, l991-l998, hemorrhagic phenomena were common including 2 with cerebral hemorrhages, 4 with pulmonary bleeding, l with bloody diarrhea, and several with blood in upper airway passages.(18) A report in *Post-Graduate Medicine* on acute hemorrhagic encephalitis sites vaccines as one of the possible causes.(19)

Reports of autoimmune/neurological type reactions from hepatitis B vaccine include the following: Polyneuropathy,(20) uveitis,(21) Guillain-Barre Syndrome,(22) myasthenia gravis,(23) erythema nodosum,(24) CNS demyelination,(25-27) optic neuritis,(28) transverse myelitis,(29) visual loss,(30) rheumatoid arthritis,(31) Reiter Syndrome and arthritis,(32) and autism & colitis.(33)

Tetanus and Hemophilus Influenza (Hib) Vaccines

The tetanus vaccine does not carry an aura of controversy which surrounds some of the other vaccines, but in l991 a report by the National Institute of Medicine did find a causal relation between the tetanus vaccine and anaphylaxis, a potentially life-threatening allergic reaction.(34) The Hib vaccine shares with the pertussis vaccine a notoriety for its sensitizing potentials,(35) so much so that it has a paradoxical reaction in causing a temporary reduction in antibody in most adults and children following immunization, which may increase the risk of invasive disease should the individual be harboring H influenza microorganisms at the time of the Hib immunization.(36)

Pertussis (Whooping Cough) and Vaccine-Induced Encephalitis

The Pertussis vaccine carries the dubious distinction as having survived the longest period of controversy among any of current vaccines. This controversy mainly surrounds reports of pertussis-vaccine-induced encephalitis which have beset the vaccine since its earliest days in the late l920's and l930's. It is true that public health officialdom maintains that there is no controversy and that brain damage from the vaccine is extremely rare. However, there are many parents as well as a growing number of physicians and researchers, though still a minority, who consider the pertussis vaccine potentially dangerous.

For those who are interested in a more in-depth review of this intriguing subject, we recommend the following 3 books: *Shot in the Dark* by Coulter and Harris(12), *Vaccination…*, by Vera Scheibner, Ph.D.,(5) and *Vaccination and Behavioral Disorders*, by Greg Wilson.(37)

The basic question surrounding the pertussis vaccine is whether or not, by itself or in combination with other vaccines, it is contributing to the epidemic of neurobehavioral problems now taking place among American children as a result of subtle encephalitic-type brain damage from the vaccine. At the very least, the studies of Low (7) and Nuono(9) suggest this as a possibility. This question, which has never been addressed in a meaningful way, becomes of over-riding importance in view of the current adverse health trend among American children, as reflected in an article in a major news

Vaccine Scene 2001 cont. on page 9

Vaccine Scene 2001 cont. from page 8

magazine which cited a "dramatic rise in learning disabilities among American children" with "one of every six suffering from autism, aggression, dyslexia, or attention deficit hyperactivity disorder."(38)

Could it be that modern medicine has a huge blind spot to a medical problem taking place on a large scale? Historically it has happened before, as in the case of the Austrian obstetrician, Ignaz Semmelweis, who in the mid l800's was unable to convince his peers to wash their hands before delivering babies or performing surgery.

Returning now to our review of the literature, medical reports of pertussis-vaccine-induced encephalitis, rare at any time in the past, have virtually ceased since the early l990's when a series of articles appeared in major medical journals attempting to dismiss encephalitis-like events following the pertussis vaccine as coincidental.(39-41) For this reason, aside from earlier literature, one must search elsewhere to gain some insight into the nature and frequency of adverse pertussis-vaccine reactions taking place today. Although research in this area is largely stagnant, there are a few highly pertinent animal studies which help define the nature of pertussis endotoxin and its potentially damaging effects on the brain.

Turning to these animal models, attempts to dismiss pertussis-vaccine-encephalitis as a myth would appear to founder or should have foundered from the outset based on the simple fact that vaccines like pertussis are actually used to induce encephalitis (experimental allergic encephalomyelitis) in laboratory animals.(42)

Among animal models, four will be cited here:

- In an experimental encephalomyelitis performed by Munoz and coworkers, elicited in mice by injecting pertussigen, a derivative of Bordetella pertussis, along with mice spinal cord extract, there were histological findings of perivascular infiltrates, consisting largely of lymphocytes in the brain and spinal cord.(43)
- Although Munoz mentioned nothing about the presence or absence of brain edema, Iwasa stressed the finding of brain edema as a feature of pertussis-induced encephalopathy.(44) Parenthetically, there are anecdotal reports of brain edema in infants who showed signs of increased intracranial pressure, as manifested by bulging fontanelles, following DPT immunizations.(45-47)
- In a study devised to provide an animal model for the systemic and neurological complications sometimes observed following the pertussis vaccine in children, Steinman and coworkers discovered a lethal shock-like syndrome in mice after immunization with B pertussis vaccine and sensitization to bovine serum albumin. Post-mortem examination of the brains revealed diffuse vascular congestion and **hemorrhages in both cortex and white matter.**(48)(Emphasis ours)
- In a review of the effects of bacterial endotoxin in microcirculation of the body, McCuskey described the effects of endotoxin in causing vascular inflammation, leading to a pro-coagulation state of the endothelium.(49)

Other than those articles previously mentioned, and a few to be reviewed in a subsequent section of this paper dealing with allergies, there is a virtual vacuum of meaningful information in the current literature on the pertussis vaccine and vaccine-induced encephalitis. However, there is one area which promises to be fruitful in clinical and scientific knowledge about this field, however tragic it may be from a human standpoint.

There are at present increasing rates of imprisonment of parents or caretakers on conviction of infant deaths from the "shaken baby syndrome."(SBS) From first hand knowledge of one case and familiarity with others, we believe with virtual certainly that some of these convictions have been the result of misdiagnosis, the true cause of deaths having been vaccine reactions.(50) In one case, for instance, 6 vaccines were given at 8 weeks of age to a severely compromised baby. Following a period of clinical deterioration, the baby became apneic about 14 days following the vaccines and, although later resuscitated in a hospital, died shortly after. The father was subsequently charged with death of his infant from SBS. During the subsequent jury trial, *vaccines were never mentioned by any witness or offered as a possible cause of the infant's death.* As a result of this and other factors, the father was convicted of murdering his infant son and is now serving a life-sentence. If the truth were known, probably this story could be told many times over.

<u>The MMR Vaccine (Measles – Mumps – Rubella) and Autism</u>

Probably the greatest concern with vaccines today rests with their possible causal relationship with the growing epidemic of neurobehavioral problems, especially autism, as reviewed in the previous section. Parenthetically, statistics may be open to question, but one cannot question the observations of veteran elementary school teachers who, in our experience, unanimously and emphatically report a marked increase in these disorders in recent years.

In regards to autism, probably the best statistics come from California, where a survey mandated by the California state legislature found a 273% increase incidence during the previous ll years.(51) Reports from education departments of several states and reports from the U.S. Congress on the rapidly increasing needs of classrooms for developmentally delayed

Vaccine Scene 2001 cont. on page 10

Vaccine Scene 2001 cont. from page 9

children reflect comparable changes throughout the nation.(52)

As clearly shown in a graph prepared by Bernard Rimland, Ph.D., founding director or the Autism Research Institute with headquarters in San Diego, sharp rises in the incidence of autism in the U.S.A. took place immediately following the introduction of the MMR vaccine in l975, and in the United Kingdom following its introduction in l988.(53)

In our own practice we have carried out a partial sampling of the charts of autistic children seen here in the year 2000. Among 32 charts that were reviewed, it was found that in l6 cases (50%) the onset of autistic features in a previously normal child took place in a time-related fashion following the MMR vaccine.

It is important to point out that an uncombined measles vaccine had been in use in the U.S.A. since l961, with only a slight rise in autism from l961 to l975 when the combined MMR vaccine came into use, bringing with it the sharp increases in autism. As a result of this, some are coming to believe that the 3 vaccines should be given separately, about which more will be said later.

In our opinion, one of the prime researchers in the field of autism is Vijendra Singh, Ph.D., Department of Biology, Utah State University, who published the report of a study in which he found that a large majority of autistic children tested had antibodies to brain tissue in the form of antibodies to myelin basic protein. He also found a strong correlation between myelin basic protein antibodies and antibodies to measles (almost all of the children had been immunized with the MMR vaccine, and none had had these diseases).(54)

If the MMR vaccine is causing autoimmune reactions, what would be the mechanism? Although research in this area is in its infancy, we do know this: Both measles and mumps fractions of the MMR vaccine are cultured in chick embryo tissue. As purely genetic material, viruses are highly susceptible to the process of "jumping genes," in which they incorporate genetic material from the tissues in which they are cultured.(55) Furthermore, protein sequences in the measles virus have been found to have similarities to those found in brain tissues, (56) so that by the process of "mimicry," the formation of antibodies against one may cross react with the other, which the work of Dr. Singh tends to confirm.

As another factor, it is possible that the reaction rates in the second-generation vaccine recipients of today may be happening on a much larger scale due to previous sensitization of mothers from their vaccines, this sensitization being transmitted in turn to the fetus.(57)

A second prime researcher in the field of autism, in our view, is Dr. Andrew Wakefield, Reader in experimental gastroenterology, Royal Free Hospital and University College Medical School, London. This researcher and coworkers were the first to suggest a possible link between the triple MMR vaccine and clinical combination of autism with bowel disorder, now referred to as the autistic enterocolitis syndrome. As a result Dr. Wakefield has become the center of a storm of controversy in the United Kingdom, as well as a highly sought speaker at conferences in the U.S.A. Although coauthor of many peer-reviewed clinical and scientific papers, the course of Dr. Wakefield's pioneering work in this field can be found in a series of three articles,(58-60) as well as his presentation to the United States House of Representatives Committee on Government Reform, April 6, 2000.(61)

In summary, Dr. Wakefield and coworkers have studied over l50 developmentally delayed children with colitis, in which enlarged and inflamed intestinal nodes are a prime feature. Wakefield stressed that patterns in these children appear to be distinct from other forms of inflammatory bowel disease, such as Crohn's disease and ulcerative colitis.

Working in collaboration with a state-of-the-art laboratory in Ireland, subsequent molecular studies from intestinal biopsies performed on these children detected measles virus genetic material in 24 out of 25 specimens (96%), in contrast with only 5% of detected measles virus in control specimens sent in a "blinded" fashion.

In explaining the ability of the MMR-derived measles virus to establish itself in the intestinal mucosa of affected children, Wakefield cited earlier reports warning of the potential of viral interference in the triple MMR vaccine, whereby one virus could interfere with another.(62,63) Commenting on these early articles, Wakefield stated, "The ability of mumps virus to interfere with the cellular immune response to certain strains of measles virus and thereby, in particular combinations potentially to reduce viral clearance and increase the risk of persistent (intestinal) infection, is an intriguing hypothesis to some of those involved in the current debate."(61)

Parenthetically, Dr. Wakefield is not opposed to the measles, mumps, and rubella vaccines, but he does believe that their administration should be widely separated.

In an article just released at time of this writing in the *Adverse Drug Reaction & Toxicology Review*,(64) Andrew Wakefield and coauthor Scott Montgomery carefully reviewed the inadequacies of the early pre-licensing trials of the MMR vaccine with a maximum follow up of 28 days and even shorter periods in some of the studies. They stressed that such short periods of observation following the vaccine were totally inadequate to detect

Vaccine Scene 2001 cont. on page 11

Vaccine Scene 2001 cont. from page 10

delayed reactions, including pervasive developmental delay (autism), immune deficiencies, and inflammatory bowel disease, which are known from earlier published reports to occur following both the natural measles infection and the measles vaccine.

Again the authors reviewed earlier evidence of viral interference in which the near proximity in time of the natural infections of mumps, measles, chicken pox, and other viral infections in the pre-vaccine days resulted in increased incidence of autism and enterocolitis. This is particularly true because the measles virus is an enteropathic virus capable of causing acute gastroenteritis, mesenteric adenitis, and ileocolitis.

Perhaps the most interesting feature of the article is that it was reviewed by four leading British authorities, all of whom had previously held positions in the regulation and licensing of medicines.(65)

Taken as a body, the reviewers were supportive of the Wakefield/Montgomery paper, three highly so. Professor Duncan Vere, former member of the Committee on the Safety of Medicines, agreed that the periods for the tests were too short. "In almost every case," he wrote, "observations periods were too short to include the time of onset of delayed neurological or other adverse events." He also added, "one not insignificant detail is whether compensation for vaccine damage is available to an injured child and family, or is denied by the authorities who advocate the vaccine whilst denying the risks on the inadequate (if extensive) evidence available."

Peter Fletcher, formerly a senior professional medical officer for the Department of Health wrote, "being extremely generous, evidence on safety (of the MMR) was very thin." Noting that single vaccines for measles, mumps, and rubella already existed, he argued, "caution should have ruled the day…The granting of a product license was definitely premature."

Childhood Immunizations and the Increasing Incidence of Atopy (Allergies)

The increasing incidence of allergic disorders in Western nations is now universally recognized, with every third child in industrialized societies having an allergic disorder.(66) In some areas the incidence of asthma has increased 200% in the past 20 years.(67) Another survey showed a 46% increase in death rate nationwide from asthma between l977 and l991.(68)

There is a school of thought that the so-called minor childhood illnesses of former times, including measles, mumps, rubella (German measles), and chicken pox, which entered the body through the mucous membranes, served a necessary and positive purpose in challenging and strengthening the immune system of these membranes.(69) In contrast, the respective vaccines of these diseases are injected by needle directly into the system of the child, thereby bypassing the mucosal immune system. As a result, mucosal immunity remains relatively weak and stunted in many children, complications of which may be the rapid increase in asthma, eczema, nasal allergies, food allergies, and a general pattern of sickness in today's children.

It has not gone unnoticed that the increasing incidence of atopic disorders has coincided in a time-related fashion with the childhood vaccine programs, and reports are now appearing from widely separated geographic areas in which vaccinated children were found to have significantly more allergic disorders than children with limited or no vaccines.(70-73)

The suspected role of the pertussis vaccine in potentiating allergic disorders tends to be confirmed in animal studies(74-76) as well as a human study.(77) Thimerosol, an organic mercurial compound widely used as a preservative in vaccines, also has been studied for its sensitizing properties.(78)

Among these, the study by Kosecka and coworkers(74) deserves special emphasis: In the study rats were sensitized to ovalbumin (OA) by injection of OA alone or together with a very small dose of pertussis toxin. In each group secretory responses to nerve stimulation, serum IgE levels, and intestinal mast cell counts were determined. It was found that sensitization was very transient (l4 days) when OA was given alone but when the OA was combined with pertussis toxin, the *intestinal mast cell count, serum IgE levels, etc, remained elevated for 8 months.* The authors concluded that their findings indicated that when tiny amounts of pertussis toxin were administered with a food protein, it would result in long-term sensitization to the antigen and altered intestinal neuroimmune function.

Are Vaccines Skewing the Human Immune System?

In brief summary, the immune system is divided into two major classes: *Cellular immunity*, in which the mucous membranes of the body play a prominent role, and *humoral immunity*, with the production of antigen-specific antibodies by plasma cells in the bone marrow. Cellular immunity, which involves macrophage activation and the cytotoxic T lymphocyte as its major agents, is responsible for control of viruses, fungi, as well as bacteria. Humoral immunity, on the other hand, is predominantly involved in control of bacteria.

Both of these classes are governed by TH lymphocytes, the "T" referring to the thymus gland, from which they are derived, and the "H" referring to a helper or activating activity. Early in life these "naïve" or uncommitted TH lymphocytes are differentiated into either armed TH1 cells, which governs in cellular immunity or armed TH2

Vaccine Scene 2001 cont. on page 12

Vaccine Scene 2001 cont. from page 11

cells, which governs in humoral immunity. This initial differentiation , at which naïve TH cells become either armed TH1 cells or armed TH2 cells has a critical impact on the outcome of adaptive immune response, depending on whether it is dominated by macrophage activation of the former or antibody production of the latter.(79)

It has been found that this differentiation is profoundly affected by cytokines, which are produced by lymphocytes and serve as chemical messengers. The two cytokines, Interleukin 12 and Interferon gamma, *in vitro*, tend to promote the development of TH1 cells. Interleukin 4, 5, 6, and l0, on the other hand, tend to promote the differentiation of TH2 cells.(80)

Once one subset becomes dominant, it is difficult to shift the response to the other subset, as the cytokines from one subset tend to dominate the other. The overall effect is that certain reponses are dominated either by humoral (TH2) or cell-mediated (TH1) responses.(81)

Among the different cytokines, some have been shown to have damaging effects: Interleukin I may cause increased blood brain barrier permeability and meningeal inflammation(82) and brain damage in experimental animals.(83) Interferon-gamma has been found to reduced the intestinal barrier and increase permeability, (84,85) and to bring about profound morphological, functional, and permeability changes in human brain blood-vessel endothelial cells.(86) The study by Pabst and coworkers, previously mentioned as the first of its kind, with the testing of cytokines before-and-after the MMR vaccine, found that the predominant response was an increase in interferon-gamma.(11) As has just been shown (84 , 85), interferon gamma increases intestinal permeability. Does this tie in with the findings of increased intestinal permeability that has been found in children with autism(87) and consequently with the MMR vaccine?

In both the *New England Journal of Medicine*(88) and the journal, *Thorax*,(89) articles have appeared stating that a healthy immune system has a "bias" towards the TH1 immune system, while people with allergies, asthma, and diseases of an autoimmune origin have what is known as the TH2-skewed immune response. However, either antibodies or T cells of the cellular immune system can cause tissue damage in autoimmune diseases.(90)

A study of cytokine levels in 20 autistic children by S Gupta and coworkers found that TH1 cytokines were consistently lowered and TH2 cytokines were consistently elevated as compared with controls.(91) Once again, does this tie in with immunizations? Are immunizations tilting the immune systems into TH2-skewed immune response? Considering that vaccines are administered by parenteral injection, designed primarily to stimulate antibody response, this would appear to be the case.

However, we cannot know the answers to this and other similar questions until definitive studies are done, testing both the immediate and long-term effects of vaccines on the human system. Among these, the testing of cytokines and related lymphocyte subpopulations before-and-after immunizations appear to be the most promising.

Gulf War Syndrome, Chronic Fatigue Syndrome, and Fibromyalgia

In a study of 33 veterans suffering with symptoms of Gulf War Syndrome, there were marked increases in markers indicating increased coagulability of the blood of the subjects as compared with healthy controls.(92) The authors hypothesized that exposures to chemical, biological, warfare pathogens, and/or vaccine adjuvants (including the controversial anthrax vaccine) during the Persian Gulf War had brought about immune reactions which had activated the coagulation system by the cross reaction of antibodies with antithrombotic (anticlotting) proteins lining the endothelial surfaces of blood vessels, the end result being a deposition of fibrin within blood vessels and a reduction of blood flow. Similar hypercoagulability states have been found in patients with the chronic fatigue syndrome.(93)

At this point no one knows to what extent each of the various exposures (chemicals, biological warfare, and/or vaccines) played in the pathogenesis in the Gulf War Illness, but serious investigators have little doubt it was a combination of these exposures that caused the illness. Considering that the GWS and CFS have much in common clinically as well as in laboratory findings, should we not be investigating the possibility that two conditions have similar causes?

Are Vaccines Bringing about Genetic Change?

In a Letter-to-the-Editor of *Science Magazine* in October l967, Joshua Lederberg, Department of Genetics, Stanford University School of Medicine, warned about live-virus vaccines:

"In point of fact, we (are practicing) biological engineering on a rather large scale by use of live viruses in mass immunization campaigns…..Crude virus preparations, such as some in common use at the present time, are also vulnerable to frightful mishaps of contamination and misidentification."(94)

In a larger sense, the question about the possible effects of vaccines in causing adverse genetic changes might be considered as the black hole of scientific knowledge. Even if it is taking place, do we have the technology to identify it? For the present, however, genetic abnormalities have been found only in persons with major vaccine-

Vaccine Scene 2001 cont. on page 13

Vaccine Scene 2001 cont. from page 12

related health disorders, as reviewed below:

To date, a careful review of the world's literature has disclosed only two publications reporting on adverse genetic changes known or suspected to be related to vaccines: In a study from Italy, 30 patients with post-vaccine diseases of the central nervous system were tested for Herpes virus and tissue typing (HLA A,B,C, HLA DR-DQ). The comparison of the patients with controls showed an increased presence of HLA A3 and DR-7, reflecting genetic change in 73.3% of patients.(95) In the second report, a three-year study was done in collaboration with the University of Michigan School of Medicine involving 24 gulf war veterans with a pattern of symptomatic health disorders that have been referred to as the Persian Gulf War-Related Illness. Among these, 50% were found to have abnormal RNA, indicating chromosomal damage after "toxic events."(96) Although the report from the University of Michigan Medical School comments only on toxic chemical exposures in the Gulf War, vaccines may also have played a role, especially the controversial anthrax vaccine.(97) Perhaps the greatest significance of these reports, aside from the findings, is simply in the fact that scientific investigations have begun in this very important area.

Conclusions:

Having in mind the foregoing material and today's vaccine scene, one is reminded of Hamlet's words when he said, "The times are out of joint."

By federal, state, and school policies, parents are being compelled to keep up-to-date on their children's vaccines whether they wish it or not, and then when serious health problems ensue, as appears to be increasingly the case, parents are told that the vaccines had nothing to do with it.

In more than a few instances, parents are threatened with having their children placed in a foster home if they refuse to complete the recommended course of vaccines, and in some cases this has actually been carried out.

Today we have a system in which vaccine production by the pharmaceutical companies is largely self-regulated. Naturally these companies are interested in profits from their products which, in itself, is not wrong. However, when arbitrary decisions in the mandating of vaccines are made by government bureaucracies, who are highly partisan to the pharmaceuticals, with no recourse open to parents, we have all the potential ingredients for a tragedy of historical proportions.

Nothing written in this paper is intended to imply that immunizations, when used in judicious moderation, do not at times serve a necessary purpose. However, simple observation throws strong suspicion on childhood vaccines, in their present numbers and forms, as posing one of the major causes of the increasing pattern of sickness, allergies, autism, and other neurobehavioral problems now being seen in our youngsters.

For sake of argument, let us assume that scientific proof eventually implicates the vaccines as one of the prime sources of these problems and that, in addition, it becomes known that safer methods could have been found to accomplish the same ends if they had been sought. If we continue to enforce the vaccine programs as at present, one shudders to think what future generations will think and write about us. Mistakes might be forgiven, but not the enforcement of those mistakes. If such does prove to be the case, we can rest assured that they will be neither kind nor charitable in their judgments of us. (References available upon request.)

Editorial cont. from page 1

In response to the deluge of information requests, we published a lengthy article in VRAN's Janurary-March, 2000 newsletter addressing some of these questions. Since then, new information has emerged indicating that the meningococcal organism is mutating, possibly in response to mass vaccination programs undertaken in various parts of the country. There is an undercurrent of anxiety emanating from health officials that the current vaccine may not only be completely ineffective in dealing with the outbreaks, but may be fueling them. Some regions have asked that Health Canada allow the introduction of a new as yet unlicensed "conjugate" vaccine that has been widely used in Britain, and has also been widely criticized for record amounts of adverse reactions. In this newsletter, we have reprinted British physician Dr. Jane Donegan's critique of the new type C conjugate meningococcal vaccine; her article offers a concrete perspective of the disease, the vaccine, and what makes children vulnerable to meningitis.

Of all infectious diseases, perhaps none grips parents with greater fear than meningitis. Meningococcal disease can strike like lightning with potentially devastating consequences. A bacterial infection that causes an inflammation of the membranes that surround the brain and spinal cord, it can also lead to hearing loss, kidney failure, brain damage and in extreme cases limb amputation. Symptoms can include high fever, severe headaches, nausea, rashes and neck stiffness. The disease is primarily relegated to the late winter months and often hits teen populations. According to Health Canada, 200-300 cases of invasive meningococcal disease (IMD) occur each year. Mortality can range from 5%-15%.

Quebec experienced outbreaks of

Editorial cont. on page 14

Editorial cont. from page 13

IMD in the early 90's. The province spent $30 million to vaccinate 1.6 million people of all ages, including 110,00 infants under two. It was the largest vaccination effort since the polio campaign of the 1950's and health officials have only recently admitted that they knew the vaccine given to children under the age of two risked making them more susceptible to meningitis. In fact eight infants who were vaccinated later developed meningococcal disease. Despite the sweeping vaccination campaign, outbreaks of meningitis continued to occur.

The Alberta outbreak first started in the Edmonton area in late 1999. Despite the injection of 168,000 children ages 2 to 19 over a 2-week period in Feb 2000, the disease continued to spread, seemingly unthwarted by the diligent and costly vaccination efforts of public health officials. Cases continued to occur through the spring and summer months of 2000, and well into 2001 in all age groups but primarily in those 19 years or less. According to Dr. Marcia Johnson, Deputy Medical Officer of Health in the Edmonton area, "The case occurrence accelerated in the Fall of 2000, resulting in a rate of 10.6/100 000 in the 20-24 year age group. In Oct 2000 quadrivalent vaccine was again offered to unimmunized 2-19 year olds and the vaccine campaign was expanded to all 20-24 year olds. A further 60,000 young people were immunized resulting in a coverage rate of 87% of 2 to 25 year olds." (1) Recent outbreaks have also been reported in Manitoba, British Columbia, Ontario and Quebec.

A disturbing twist to the Alberta outbreak is the discovery of a new strain of invasive meningococcal disease. Dr. Johnson says "The region has experienced significantly increased rates of invasive meningococcal infection since Dec. 1999 associated with a novel serogroup C clone…….previously unrecognized in this province." The "novel strain" of neisseria meningitidis has been identified by the Alberta Microbiology & Public Health Laboratory as the "causative organism in 92.9 percent (39/42) of the recovered serogroup C isolates." (1) The lab also compared meningococcal isolates from four previous years in Alberta and could not find a similar strain of the organism.

Even more disturbing is the possibility that eradication attempts through mass vaccination programs is exerting biological pressure and forcing the meningococcal organism to evolve into new entities - just as the indiscriminate overuse of antibiotics has caused the emergence of new and deadly microorganisms that are now completely antibiotic resistant. There is a growing awareness in the research community that the mass use of the meningococcal vaccine may also precipitate serogroup conversion from type C to B for which no vaccine is available.

In a letter to the editor of the New England Journal of Medicine, January 20, 2000, German researchers had this to say. "The rapidity of the serogroup switching arouses concern about the induction of herd immunity against single serogroups by vaccination programs in which capsular antigens (e.g., serogroup C polysaccharides) are used. Without lowering the incidence of meningococcal disease in the long run, such programs may rapidly increase the incidence of serogroup B meningococcal disease, for which no vaccine is available." (2)

Another abstract from the Journal of Infectious Diseases (June, 1998) emphasized a similar concern. "The appearance of serogroup B:ET15 was related temporally and geographically to mass immunization campaigns designed to control serogroup C meningococcal disease in Canada. Since there is no vaccine available to control serogroup B meningococcal disease, the appearance of this variant may have public-health significance if it demonstrates the same epidemic potential as its serogroup C counterpart."(3)

In a letter to Dr. Marcia Johnson on May 1/01, we asked the following questions:

1. It is known that the meningococcal organism can rapidly switch serogroups, and that there is concern in the medical community that mass vaccination programs such as have been employed in Alberta recently and in Quebec a few years ago, can actually fuel the switching of serogroups, and/or stimulate the emergence of new serogroups. What reasons can you offer for the emergence of this new serogroup C clone?

2. What scientific evidence can you offer to reassure the public that the emergence of this new clone is not related to the recent mass vaccination program undertaken in your province, and other provinces in Canada?

3. How effective is the polysaccharide quadrivalent vaccine currently in use in Alberta in preventing further outbreaks of meningococcal disease caused by this new type C clone?

4. Please refer me to any studies you know of that show the effectiveness of the vaccine in preventing meningococcal disease caused by this new organism.

To date (May 30/01), we have not received a response from Dr. Johnson. The specter of meningococcal disease continues to randomly terrorize Canadian communities – most recently Abbotsford in British Columbia, where a small outbreak has resulted in two deaths. B.C's Centre for Disease Control has appealed to Health Canada to permit the use of an unlicensed new meningococcal conjugate C vaccine that has been widely used in Britain since late 1999. A Vancouver

Editorial cont. on page 15

Editorial cont. from page 14

Sun article reported that "It is believed to be one of the first times in Canadian history a yet-to-be licensed vaccine will be used in a mass immunization program. The CDC will be allowed to acquire up to 28,000 doses of so-called Conjugate C meningococcal vaccine." (4)

Manitoba and Quebec health officials have also expressed an interest in obtaining the stronger, more aggressive Conjugate C vaccine. The decision comes as Health Canada considers licensing Conjugate C for regular use, with the strong possibility that it will be added to the early infancy vaccine schedule. "The advantage of the vaccine over polysaccharide vaccines now in use is that it can be used on children under the age of two" said Dr. Mark Bigham, a physician epidemiologist at the CDC.(4) Health Canada would not comment on the request for permission to use the new vaccine, invoking it's usual stance of protecting the "privacy" and "proprietary rights of manufacturers".

Fueled by accusations of government cover-up of adverse reactions, and conflicts of interest, a storm of controversy has erupted in Britain over the new Conjugate C vaccine. The U.K.'s Sunday Observer has published updates of bad reactions to the new vaccine as reported by GPs and nurses. There have been 16,527 reported adverse reactions from 7,742 patients, and 12 deaths in people who had recently been vaccinated. (5,6) Adverse reactions associated with the Conjugate C vaccine, range from headaches and dizziness to nausea, vomiting and convulsions.

"Four of the medical experts advising the Government on whether the new meningitis C vaccine is safe have links to one or more of the drug companies that produce it, The Observer has discovered." Britain's Department of Health confirmed that Professor Janet Darbyshire, a member of the Government's Committee on Safety of Medicines, had received support for academic research from US firms Wyeth and Chiron, producers of the two main meningitis products being used on children in Britain: Meningitec (Wyeth) and Meninjugate(Chiron). Darbyshire is professor of epidemiology at London University and director of the Medical Research Council. This revelation, following a report of a cover-up of suspected adverse reactions to the drug, has prompted concern among parents and MPs about conflicts of interest in the medical profession.(5)

On August 27, 200, The Observer reported that "The Department of Health believes that reactions to the new meningitis C vaccination could have killed 11 schoolchildren, but has decided on a cover-up. Doctors and parents must be told what effects the vaccination could have, so that they can cope with the few bad reactions. Parents, if they are exposing their child to a risk, have an absolute right to know what that risk is." (7)

"There are also serious concerns for young babies who are now vaccinated against meningitis C, when they receive their other jabs at the ages of two, three and four months. Of the 11 deaths reported to the Medicines Control Agency, six involved sudden infant death syndrome, and GPs are reporting thousands of cases of reactions among babies."(7) A statement from the Committee on Safety of Medicine insists that none of the deaths reported after vaccination by GPs was found to be connected to the vaccine. The deaths are unfortunate coincidences, no doubt!

While the reported numbers of adverse reactions are high, the actual numbers may be much higher. "The British Department of Health estimates that only 10-15 percent of reactions are reported using their Yellow Card scheme. Based on that estimation, the actual number of people experiencing adverse reactions to the meningitis vaccine could be in the tens of thousands. Health officials have downplayed those numbers, insisting that the vaccine has saved lives and prevented disabilities."(6) Worried parents across the U.K. are calling for a halt to the vaccination program until more tests have been conducted.

Government claims that the vaccine has reduced the number of meningitis cases by as much as 85 percent, particularly among children aged 15-17 and infants less than a year old are being challenged. Figures compiled by The Observer appear to contradict those published by the government. "According to their statistics, there has been only an 18 percent drop in the total number of meningitis cases, from 713 cases during the first eight months of 1999 to 587 through the same time frame this year. Moreover, in parts of London, East Anglia and the West Midlands, there has even been a rise this year in the number of people diagnosed with the disease." (6)

"I am not convinced by government reassurances," said Isabella Thomas, a member of JABS (Justice Awareness Basic Support), a vaccination support group. "We are receiving daily calls from parents whose children have had serious reactions. We believe the government introduced it far too quickly."(6)

VRAN has not been able to obtain a product monograph on the Conjugate C vaccine to determine what adjuvants and preservatives are contained in the vaccine. The following contraindications list is published by Lifespan Healthcare NHS Trust(8), and was sent to us by Catherine Diodati.

*Hypersensitivity to any constituent of the vaccine including:

Meningococcal C polysaccharide
Diptheria toxoid
CRM197 carrier protein
Tetanus toxoid

*Immunization should be postponed in individuals suffering from an acute febrile illness.

Editorial cont. on page 16

Editorial cont. from page 15

VRAN has compiled a selection of articles on meningococcal disease. These are available free on request via email, and will be posted on the VRAN website in the near future.

As we face the emergence of new and virulent disease organisms, evolving and mutating in response to the overuse of vaccines and antibiotics, we must broaden and deepen our concepts of health and wellness. Juxtaposed to the pharmaceutical/allopathic "war on disease" and its arsenal of toxic drugs, are the time honoured wholistic modalities that give us a blueprint of true health and prevention.

We urge you to seek out your local practioners of complimentary medicine and alternative health - the chiropractors, herbalists, nutritionists, naturopaths, and homeopaths who will enable you to learn about the many diverse and effective ways you can protect your family and build true health and strong immune systems.

References:

1.Dr. Marcia Johnson – letter to ProMED Jan.16/01- an internet program of the International Society for Infectious Diseases: http://www.promedmail.org

2. The New England Journal of Medicine -- January 20, 2000 -- Vol. 342, No. 3 . http:..www.nejm.org/content/2000/0342/0003/0219.asp

3. Journal of Infectious Diseases, 1998 Jun; 177(6):1754-7 (PUBMED abstract) http://www.ncbi.nlm.nih.gov/gtbinpost/Entrez/query?db=m&form=6&uid=9607865&Dopt=r

4. Vancouver Sun - B.C. Wins Approval For New Vaccine April 13, 2001

5. Martin Bright and Tracy McVeigh - Sunday Observer, UK September 3, 2000 "Fresh Controversy Surrounding Britain's Meningitis C Vaccination Programme" http://www.observer.co.uk/uk_news/story/0.6903.363705.00html

6. Michael Devitt – Chiroweb: "Agency Finds More than 16,000 Adverse Reactions Since Last Year" (Feb/01) http://www.chiroweb.com/archives/18/22/05.html

7. The Observer – August 27, 2000 http://www.guardian.co.uk/Archive/Article/0.4273.4055815.00html

8. Lifespan Healthcare Trust http://nmhc.co.uk/protocal_meningitis.html

INDIAN SCIENTISTS WARN OF "MUTANT MEASLES" VIRUS

The British Medical Association Journal: BMJ 2001;322:693 (24 March)

By Ganapati Mudur, New Delhi

Indian scientists have warned that India may be witnessing the emergence of a highly lethal measles-like virus, causing encephalitis in adults and children. Scientists investigating an outbreak of encephalitis among adults in the town of Siliguri, in West Bengal, told the health ministry this week that the disease was caused by a mutant measles virus that affects the brain, lungs, or kidneys.

"For now, we're calling this a variant of measles," Dr Nirmal Kumar Ganguly, director general of the Indian Council of Medical Research, told the *BMJ*.

This is India's third outbreak since 1998 of a highly fatal illness involving the brain or the kidneys and attributed to the measles virus. The unexplained outbreak in February this year killed at least 28 people, including two doctors and five nurses in a clinic. The infection spread through droplets in air expelled by patients during the terminal phase of the illness, which is marked by pneumonia.

Epidemiologists say that adequate protection and barrier nursing helped to quell the outbreak. Investigations had ruled out vector borne infections common in India, such as cerebral malaria or Japanese encephalitis. Tissue samples studied at the National Institute of Virology in Pune showed antibody signatures of measles in 17 samples collected. Measles virus antigen was detected in brain tissues of two patients. The diagnosis has also been confirmed through other tests for the virus.

"A measles-like virus that is highly fatal to adults and spreads through droplets in the air is very worrying," said Dr T Jacob John, a leading Indian virologist, formerly with the Christian Medical College in Vellore. "This doesn't look like a one-time event. India may even have had early warnings."

Two years ago a team from the National Institute of Virology had isolated the measles virus from five adults in Bombay with acute renal failure and neurological symptoms. Four of the patients died, but none had a rash. The institute had also isolated the measles virus in two highly fatal outbreaks of encephalitis among children aged under 12 years in three statesHaryana, Gujarat, and Andhra Pradeshduring 1998. "In those previous outbreaks, immunisation seems to have failed to protect against this virus," said Dr Ganguly.

The National Institute of Virology had said last year that the absence of a rash and unusual symptoms may mean that measles was re-emerging in India despite widespread vaccination coverage. Virologists say that genetic studies of the virus are necessary. Http://bmj.dom/cgi/content/full/322/7288/693/a

Editor's note: We appreciate Catherine Diodati's kind consideration in forwarding this interesting article. She writes "viral mutation is causing encephalitis in adults. It is believed, at present, to be measles but without the typical rash. Measles vaccine is completely ineffective. The important question not addressed in the article is whethere the measles virus mutation is caused by the vaccine."

MENINGITIS C VACCINE - A LOOK AT THE DISEASE & THE NEW JAB

DR. JAYNE L M DONEGAN, MB, DRCOG, DCH, MRCGP

General Medical Practioner (Practicing in South London, England)

The meningococcus (otherwise known as *Neisseria meningitidis*) is a bacterium that lives up the nose and in the back of the throat of humans. It is spread by coughs and splutters, not by clothing or bedding. At any one time, up to one in six of us carry it in our nasal passages without any particular symptoms. When occasional cases of meningococcal DISEASE occur, this 'carrier' rate may rise to one in two people, in times of epidemic DISEASE, all of us may carry it. I emphasise DISEASE because most of us clear the meningococcus on our own over a period of a few months, some people even carry it for years with no symptoms.

There are many different sorts of meningococcus called groups. These are based on differences in the outer coating. They range from A-Z. Those known to cause disease are groups A, B, C, W135 and Y. Once you have 'carried' any of the meningococci, you develop protective antibodies to ALL of the groups. If you are unfortunate enough to get DISEASE - when the meningococcus leaves the nose or throat and INVADES the blood stream (SEPTICAEMIA) or the brain or spinal cord (MENINGITIS) - then you only gain immunity to that PARTICULAR group or strain (subdivision of a group).

What is the biggest factor determining whether the meningococcus up your or your child's nose decides to INVADE or not? The state of your or their IMMUNE SYSTEM. Other things that make a lesser difference are the strain virulence (nastiness), factors that spread the meningococcus from the throat and nose (eg a 'flu epidemic'), and overcrowding associated with poverty (1), young military recruits and university halls of residence (2). Most people who get DISEASE do not get it from someone else with DISEASE, they get it from an asymptomatic carrier (3). This makes it very difficult to know whom to treat with antibiotics to stop passage of DISEASE. In fact, unbridled use of antibiotics in schools and communities of those with DISEASE may impair the bodies' ability to actually develop immunity to the menigococcus as well as creating widespread resistance to antibiotics for those who really need them (4).

The highest incidence of meningococcal DISEASE is in children -boys- aged six months to one year - and in the winter. Most adults have protective antibodies. Earlier this century a lot of DISEASE was caused by group A. From the 1960's most DISEASE was caused by group B. What has changed dramatically in the last ten years is the percentage of cases of DISEASE caused by group C. It is up from 30% to 40%. It is causing most DISEASE in older age groups, especially 15 to 24 year olds in whom the death rate is higher (15% of those with the DISEASE compared to 5% in infants less than one year) and there are more cases of SEPTICAEMIA (up to 70% in one series of deaths (5)).

Why Would This Be Happening?

Certainly being a university student is not the only factor. Dr Keith Neal of Nottingham University surveyed 75 universities over three years. He found that some reported no cases and some had a very high incidence, up to 40 cases per 100 000 students (the national rate for non students of this age is 5 per 100 000 people). He thought that living in halls of residence as opposed to home could be a cause. But the risk is still very low, and most cases are still group B.(2)

What has been happening to these people's immune systems over the last ten years or so? What would make them weaker and more susceptible to invasive disease? I certainly think that the load of vaccines we are now giving children is not helping to strengthen their immune systems, if anything, I think it is weakening them - never mind the other side effects that may or may not be attributable to them. Certainly the MMR (measles/mumps/rubella) vaccine was introduced in 1988. These are three live viruses one of which (measles) either in disease or vaccine form is known to depress one type of immunity called 'cell mediated' for a while. To give two other live viruses at the same time and bypass all the bodies' natural defences -skin and the lining of the gut and air passages - with a needle can only be described as 'risky'. On top of this, we had the Measles Rubella Campaign in 1994 when about seven million five to sixteen year olds were vaccinated - some for the second and third time against measles. These are the people who are going through university now. They will have also had another dose of Tetanus and Polio vaccine just before starting.

When I heard about the 14 year old boy who died of group C meningitis I remember wondering how soon beforehand he had had his BCG vaccination (another vaccine with a 'live' organism). How can we make it less likely that a meningococcus that our child is 'carrying' will invade the blood or brain? By making sure that our child has a good diet, lots of fresh air, exercise, sleep and love. When our child gets coughs and snuffles, don't let them have unnecessary antibiotics, don't suppress their symptoms with paracetamol or antihistamines (so

Meningitis C Vaccine cont. on page 18

Meningitis C Vaccine cont. from page 17

prevalent in over the counter cough medicines). Instead, nurse them through these illnesses with plenty of fluids, avoidance of dairy products, rest and supportive therapies, such as homeopathy. They will then come through the episode stronger and fitter rather than weaker and damaged.

The New Vaccines Against Meningococcus C

The new vaccines against meningococcus C are 'killed vaccines' (the organism in it is dead) and have been developed using the same technology as that used to make the Haemophilus Influenza B (Hib) vaccine. A vaccine against meningococcus groups A and C and another one against groups A,C,Yand W135 have been available for years. They only produce antibodies for about three years and then only in those above 18 months of age.

In March 1997 we were told that, "trials of two group C meningococcal vaccines had produced very good antibody responses." (6) A third trial was to be undertaken in Gloucester. In November 1998 Dr Elizabeth Miller, Head of Immunisation at the Communicable Diseases Surveillance Centre presented results of Government funded trials. She said: "A three dose schedule of the conjugate (new) vaccine at two, three and four months was *highly immunogenic* and had an *excellent safety profile*" (7).

In the Oxford Vaccine Group study, 248 infants were vaccinated at two, three and four months *while a control group received hepatitis B vaccine.* At five months, 100% of infants had developed greater than 2mcg/ml of antibody. In a separate Government funded trial (no numbers mentioned, no follow up mentioned) 99% achieved *putative* protective antibodies. Public Health Laboratory researchers carried out a trial on 227 children aged 12-17 months to see whether one dose would be enough to provide *long term* protection for older children. *One month* later, 94% had putative protective levels (8).

In August 1998, 300 children in Ironville, Derbyshire were given the unlicensed vaccine. Professor Cartwright, Group Director of the Public Health Laboratory Service South West defended its unlicensed use. He said that the village had had three outbreaks of meningitis C in three years. "Previous interventions with prophylactic antibodies and the old, non conjugated vaccine have failed." (9)

By July 1999 it was being said in the British Medical Journal that, "The new vaccine, unlike the existing one, provides long term protection." Dr Elizabeth Miller who has been coordinating the vaccine trials said that the vaccine had been given to 4500 children in the UK *some* of whom had been followed up for five years. Frank Dobson, the health secretary said that the new immunisation program should start in October 1999 and expand as rapidly as manufacturers could supply vaccine" (10).

A letter in July 1999 from the Chief Medical Officer to all doctors said that the new vaccine is *immunogenic* in children from two months of age and *appears* to induce *immunological* memory so that further boosting is likely not to be needed (remember, they said that about MMR which is now given three times in the USA). The recommended schedule is: three doses from two months; two doses from four months to one year and one dose after that. "The new vaccines have been *extensively tested* by the manufacturers and the Public Health Laboratory and have been found to have excellent immunogenicity and safety profiles in all ages." (11).

Immunogenicity

When they say immunogenicity what they actually mean is antibody levels. Antibody levels are not the same as IMMUNITY. The recent MUMPS vaccine fisaco in Switzerland has re-emphasised this point. Three mumps vaccines—Rubini, Jeryl-Lynn and Urabe (the one we withdrew because it caused encepahlitis) all produced excellent antibody levels but those vaccinated with the Rubini strain had the same attack rate as those not vaccinated at all (12), there were some who said that it actually *caused* outbreaks.

Long Term

This usually means a few weeks, in vaccines it has been as little as weeks. As Dr Miller said, *some* of the children had been followed up for five years.

Safety

Well, it depends what you mean by safe. Most reactions that occur after vaccinations are dismissed by doctors and public health officials as *not causally related.* There are many other areas in medicine when we accept things without knowing how they are *causally related*, for example, the sedative effect barbiturates, the antidepressant effect of antidepressants and the anti psychotic effect of major tranquillisers. The fact that administration of the drug is associated with the desired effect is sufficient to grant it a product licence. However, when it comes to adverse effects the reverse seems not to be true. Drug companies and officials trot out the old 'lack of causality' to people's concerns (13).

The other good old chestnut is *no evidence.* Remember it from the BSE disaster? There is *no evidence* to show...." *No evidence* is exactly what it says it is - *no evidence.* If you don't do the right research you won't get the evidence either. The Measles Rubella Campaign of 1994 was a golden opportunity to set up *prospective recording of side effects* but this was not done, nor with the Hib vaccine. The manifestly unsuitable 'Yellow Card' system was used. There will undoubtedly be no prospective record-

Meningitis C Vaccine cont. on page 19

Meningitis C Vaccine cont. from page 18

ing of side effects after the introduction of this vaccine either.

You may notice that the *control group* in one of the three trials of this was children who were vaccinated with Hepatitis B - it is hardly a *control* to use a substance about which there are already plenty of concerns. Two years ago, the Department of Health was said to be resisting pressure to introduce blanket meningitis vaccinations for university students, "The problem is that several hundred thousand students would need to be vaccinated when the incidence of the disease is actually very small" (14)

One year ago, Southampton Local Medical Committee chairman Nigel Watson said that they advised against routine vaccination of 8000 new students as there was, "No clinical evidence to support it (15) What have GPs been saying about the new vaccine? They mostly seem to be worried that the new vaccine is going to be introduced without the Department of Health's paying them any extra money for giving it. Certainly, there have been many more pages devoted to the financial implications to GPs than there have to the safety profile to recipients. Would I use this vaccine on my children? No.

Editor's note: We appreciate the opportunity to reprint Dr. Donegan's article from the December 1999 issue of The Informed Parent, a British quarterly bulletin on health and the vaccination issue.

References:

1. Rees Jones et al. Social deprivation and bacterial meningitis in NE Thames region: three year study using small area statistics, British Medical Journal 1997; 314:794-795
2 Pulse, 29/11/97, Vaccines would not stop disease, and Guardian Higher, 11/11/97 p11, Menace in residence, quoting Dr K Neal , University of Nottingham.
3. Bjorn-Erik K et al. Which contacts of patients with meningococcal disease carry a pathogenic strain of Neisseria meningitis? A population based study. BMJ 1998; 317:621-625
4. Bjorn.F.rik K e al. Secondary prevention of meningococcal disease BMJ 1996;3l2:59l-2
5. Pulse, Aug. 1999, Meningitis deaths mainly septicaemia, quoting Dr N Ninis, Clinical researcher on Confidential Study olMeningoccal Disease, Royal College of Paediatrics
6. Pulse, 8 Mar 1997 p24, Reformulated meningitis B vaccine trials, quoting Dr E Miller, Head of Immunisation, Communicable Disease Surveillance Centre, Co-ordinator of the meningococcal group C vaccine trials.
7. Pulse, 14 Nov. 1998 p7, Meningitis C trials pave way for nation-wide vaccination, quoting Dr E Miller.
8. Pulse, I May 1999, New meningitis C vaccines by 2000.
9. Pulse, 28 Aug. 1999 p4. Unlicensed use of vaccine defended.
10. Wise J. UK introduces new meningitis C vaccine BMJ, 1999;319:278
11. Introduction of immunisation against group C meningococcal infection. Dept of Health PL/CMO/99/2, PL/CMO/99/4, PL/CPH0/99/1, 20 Jul 1999.
12. Schegal M et al Comparative efficacy of three mumps vaccines during disease outbreak in Switzerland: cohort study. BMJ, 1999; 319:352-3.
13. Schonhofer P. Letters. BMJ, 1998; 3 16:68.
14. Pulse, 29 Nov. 1997, Student meningitis initiative resisted.
15. Pulse, 22 Aug. 1998 p8, GP's in meningitis vaccination fee row.

LETTERS

FLOURIDE AND VACCINES

The ever-increasing fluoride levels in food, water and air pose a great threat to human health and to the environment as evidenced by endemic fluorosis worldwide. It is of utmost urgency that public health officials cease promoting fluoride as beneficial to our health and address instead the issue of its toxicity.

I have a vaccine-damaged and fluoride-poisoned 5 year old son, and have done research ever since he was damaged at 2 years and 2 months of age in an effort to get his development back on track. He is doing much better now, but still has a way to go, and his condition has been very motivating.

Alaska is where we lived when my son became autistic. After much thought and research, I've come to the conclusion that **fluoride** was the factor which was ultimately responsible. At the time he became autistic, my whole family developed serious illnesses. The water was fluoridated in our small town where I lived during pregnancy, nursing, and for his first 3 1/2 years. One day I and 4 ladies who worked in my office got violently ill. The water utility denied it could be the water, but every time we tried to drink tap water we all got violently ill. I was as sick as a dog for 6 months, and my health never returned to normal. I was checked for giardia, parasites and bacteria. Nothing. During the same period of time, my son became autistic, my husband developed a chronic problem with muscle and joint pain, my daughter developed horrible recurrent stomach aches, my older son became depressed and withdrawn, and I developed chronic fatigue syndrome and fibromyalgia. In addition, we all developed severe mold allergies simultaneously.

Letters cont. on page 20

Letters cont. from page 19

I was unable to figure out what happened to my family for two years. The conclusion I have arrived at through my research, is that an excessive amount of fluoride was released into the water, poisoning us all. Since we have stopped drinking fluoridated water we have all begun to recuperate. I no longer exhibit the symptoms of CFS, FMS, or Allergy. My husband's muscles and most of his joints have stopped aching. My daughter only gets a stomach ache when she eats out and gets fluoridated water in places such as coffee houses. I'm worried about my older son, because he still lives in the town where all this took place. The rest of us left. I have convinced him to drink and cook with distilled water at home. But he's 19 and very prone to eating out.

Since I was so convinced that my younger son was damaged by immunizations because of the timing, I have been looking for a possible connection, or synergystic effect. I found it. Turns out that many drugs, such as neomycin, which are found in vaccines, are fluoridated. Also, the serum of the DPT is fluoridated. This means that fluoride is there, even if it is not listed in the ingredients. The neurotoxin fluoride was injected into my child's body at the same time as he was being exposed to it through the water supply. Since the human body accumulates fluoride and cannot excrete it all, eventually a dangerous level is reached and symptoms of neurotoxicity appear. So I was right in my conviction that my son's health declined a little more with every shot.

There was just more to the story. Add to that the fact that aluminum and mercury, both also neurotoxins, cross the blood brain barrier at twice the rate in the presence of fluoride - you have the perfect scenario for brain damage. I also felt that there had to be a connection with gastric acid since betaine hydrochloride improved my son's chronic diarrhea so much. Turns out fluoride compounds react with gastric acid in the stomach and produce a corrosive fluoric acid. This also means there's less hydrochloric acid to potentiate digestive enzymes, vitamins and minerals and break down proteins.

My son is also doing better since I started using distilled water in cooking and his juice. He hasn't instantly and magically become non-autistic, but I think at 4 years of age this would be too much to hope for. Fluoride is a dangerous, unstable halide ion. It is very attracted to essential minerals such as calcium, zinc and magnesium, binding them and preventing the body from utilizing them. It also prevents the body from excreting normal amounts of hormones such as thyroid. It has a corrosive effect on the lining of the gut. It messes up the melatonin pathway in the pineal gland. It interferes with the normal sulphation process. The list of effects relevant to autism goes on and on. I'm sure it will take a long period of healing before this damage can be reversed to any extent. **The affect of fluorides on developing children is far more destructive than it is on mature individuals.**

The encouraging news is that my son is improving. He is learning new words again. He is showing initiative rather than passivity in his learning and playing. He is consistently looking into the eyes of strangers for the first time since this all started. I have high hopes that he can recuperate given enough time free of fluoride. I could write a book on this, but your question about Alaska touched a nerve and I had to share this. Alaska was my home. I was born and raised there. It's the most beautiful place on God's green earth. I happily endured the hard winters in order to enjoy it's beauty. I had to leave because the part of Alaska that was my home was a temperate rainforest. Mold grows plentifully there. We all had such a severe reaction to mold, we couldn't stay.

My older son returned because he missed his home so much he couldn't stand it. His reaction to the mold had been less severe than ours. Ironically, I had never been able to get him to drink water much. In the end, he was right not to. So to answer your question, NO. There is no safe unpolluted place anywhere. The US government issues block grants to pay for fluoridation. They withhold funds from states who do not fluoridate. They hold out money to states as a carrot. The states in turn pressure municipal and county governments to fluoridate their water supplies. The end result is the forced 'medication' of America.

The US also pressures other countries to fluoridate through treaties such as the one signed with Mexico a few years back. Once water is fluoridated anywhere, it gets into the food chain. By the time your food hits the table, the fluoride levels are concentrated. There are many foods which have been found to have unsafe levels of fluoride: Grapes, bananas, potatoes, red meat, sugar, salt. Fluoridated water is just one of the ways in which fluoride gets into your food. There are also pesticides, fungicides, herbicides, and fertilizers that contain fluoride. And don't forget teflon cookware which releases a toxic fluoride compound into your food.

In addition, many of the toxic compounds in air pollution are fluoride compounds. And don't forget that fluoride is found naturally in soil and water in some places. Fluoride is a pollutant presently being added to the drinking water in this country that could play an important role in the etiology of autism. Even if it isn't the ultimate cause of autism, it's sure something autistic children do NOT need. If you would like to know more, here's a good website to start with, http://www.noflouride.com

"Letters cont. on page 21

Letters cont. from page 20

The common thread running through the vaccine controversy and the fluoridation controversy is that they are both compulsory programs imposed on us against our will.

Linda Martin, AKchum@aol.com

With appreciation to Linda Martin for permitting us to reprint her story, and many thanks to Andreas Schuld founder of Parents of Fluoride Poisoned Children for sending it to us. PFPC, an organization of parents whose children have been poisoned by excessive fluoride intake is active in worldwide efforts to have the toxicity of fluoride properly assessed. For fur - ther information, visit their website at www.bruha.com/flouride *The group includes educators, artists, scientists, journalists and authors, lawyers, researchers and nutritionists.*
More links:
Http://members.nbci.com/Neil_S_Clark/contents.html

****

Editor's note: From Sherri Nakken, moderator of the vaccine information list vaccineinfo@btinternet.com *March 22/01. "I met lovely Julie Duffield at NVIC conference last September and her newest baby. Here is her let - ter in response to writer Margaret Wente's article Pseudo-science which was posted earlier on the vaccination list."*

Dear Margaret Wente,

My name is Julie Duffield. My degree is in Math and Chemistry. My emphasis is organics. I participated in cancer research for years at BYU. I used to teach the pre-med help sections in organics as an undergrad.

I used to think that medical experts really understood their treatments and all they prescribe. I have learned the hard way, that doctors trust pharmaceutical dogma for prescription, with little understanding of the risks and benefits involved.

My son's medical conditions are due to recommendations/prescriptions by medical professionals.

After my boy's 18 month vaccinations, he began seizure activity. He began chronic diarrhea. He stopped singing and dancing. He began to slam his head against the wall. He has never uttered a word since.

Medically, he suffers from heavy metal toxicity, from aluminum and mercury (present in his vaccines). He has high measles titers (vaccine strain) to the point of inducing encephalitis and brain damage. His fluoroaluminate levels are toxic. The fluoride, I gave him every day as the doctor ordered. My boy's teeth had to be removed (6 abcess teeth), so my faithful administration didn't help him in his particular case. My boy's intestine lining is void of all friendly flora -- containing only e-coli and candida albacans (result of antibiotic use for ear infections).

Why is it so shocking to medical professionals that vaccines can cause diverse adverse reactions? The Journal of Pediatrics explains the mechanisms by which vaccines alter the body's ability to hold up an immune fight.

The Journal of Pediatrics
October 2000
Volume 137 . Number 4
Vaccines throw T-Helper cells out of balance, causing certain disorders from allergy to autoimmunity

"Natural infection, mediated by IL-12, is believed to promote the differentiation of T cells into a TH1 phenotype. Immunizations, on the other hand, promote the development of a TH2 phenotype.(17) The decreasing incidence of natural infections in the Westernized world (hygiene hypothesis),(18) in combination with the increasing success of the immunization programs, would be expected to tilt the balance toward TH2, depriving the immune system of signals that promote TH1 development. "

What pseudo-science could allow such a trade for childhood disease (tempo - rary), for a lifelong disease or disor - der?

Since my son's issues directly followed his vaccines, I began to study. My pediatrician assured me that vaccines 'can't do that', but as the test results came back of what was going on in my Michael's system, my pediatrician admitted that he didn't really know about adverse effects of vaccines. He had other children in his practice, that most likely had a reaction and didn't know it. My doctor never reported our incident toVAERS. He didn't think it was necessary.

Vaccine science is based on vague theory, and pushed by the fear of disease. If you research the polio and smallpox diseases specifically, the experts at the time weren't sure if the disease was going down because of new sanitation policy combined with people washing their hands after using the bathroom, or if the vaccines were really working. Now, pharmaceutical companies emphasize the polio eradication through vaccines as the reason behind the entire vaccination program. There is no proof that the vaccine program even worked in that case.

Measles was not considered deadly till recently. Deaths and encephalitis from measles were rare. Now, it is published in medical journals that fever reducers are a terrible treatment for measles, because the virus is allowed to live longer with a reduced fever, doing more damage to the liver and elsewhere. Death is more likely with pharmaceutical intervention, than if we would let the disease run it's course. Modern medicine made measles deadly, and the PR of pharma-

Letters cont. on page 22

Letters cont. from page 21

ceutical reps have made measles out to be more deadly than it is.

If you have any direct questions for me regarding vaccines, please reply. I assure you that the pain families experience from adverse vaccine reactions is just as terrible as the pain a family experiences through temporary childhood disease.

Julie Duffield
Utah Vaccine Awareness Coalition
(UVAC) and Unlocking Autism
157 E. 6715 So.
Midvale, UT 84047

Other medical journal references to vaccines and disease:
http://www.bigfoot.com/~spienaar
http://www.mercola.com/article/vaccines/references.htm

****

Editor's note: We appreciate Dr. F. Edward Yazbak's kind consideration in forwarding the following letter to us - April 30, 2001

TO THE LOS ANGELES TIMES and INSTITUTE OF MEDICINE (IOM)
Regarding panel on link between childhood vaccines and autism.

I am a physician in Southern California, board certified in Psychiatry and Neurology. I am currently specializing in biomedicine of autism from both personal interest and sheer demand by ever-increasing numbers of parents seeking help for their children with this diagnosis. I was disturbed by the report released Monday and published in the LA Times April 23 by IOM. Though I agree that long-term peer reviewed studies do not yet prove the relationship between the MMR and autism, I believe the report was misleading to the general public and especially to parents or parents-to-be. There is overwhelming clinical evidence by those of us out in the fields dealing with rapidly increasing numbers of autistic children, that vaccine safety needs a great deal more investigation.

As a clinician, my current belief which guides my practice with these children is that any child given the HepB vaccination at birth and subsequent boosters along with DPT has received unacceptable levels of neurotoxin in the form of the ethyl mercury in the thimerosal preservative used in the vaccine. In any child with a genetic immune susceptibility (probably about one in six) this sets off a series of events that injure the brain-gut-immune system. By the time they are ready to receive the MMR vaccination, their immune system is so impaired in a great number of these children, that the triple vaccine cannot be handled by the now dysfunctional immune system and they begin their obvious descent into the autistic spectrum disorder.

The histories are very similar in the majority of these children. Dutiful parents get their child all mandated vaccinations, then come the multiple ear infections, multiple courses of antibiotics, development of food sensitivities (especially wheat and milk products) and allergies, chronic diarrhea/and or constipation, gradual marked restriction of food intake, and evidence of cognitive deficits in the form of gaze avoidance, intolerance of changes in routines, lack of interest in socialization and interacting with others, and lack of language development. The latter is finally what gets most parents to seek help for their child if they are not familiar with the autistic spectrum syndrome, which most parents are not. The next thing that frequently happens is that the pediatrician tells the parents that "it's just toddler diarrhea" (the child hasn't had formed stools in months) or "he/she looks fine, some children just talk later than others" no words at 18-24 months), etc., and the diagnosis is further delayed.
THESE ARE MEDICALLY SICK CHILDREN!! Their gastrointestinal system is so injured first by the injected toxins, then by the ensuing invasion of pathogens, especially yeast infections, and then by the ingestion of foods they cannot process, like milk and wheat, and the endpoint is a malnourished brain that cannot develop and process the world the way a normal child does. They desperately need special early educational intervention to help their brains be receptive, and fortunately this is already well known and happening to some extent. Concomitantly, these children need early biomedical intervention to help the gastrointestinal, immune, and neurological systems heal and begin to function appropriately. They need dietary intervention and removal of toxic foods and substances, including gut and brain pathogens, so their starving brains can develop properly. They need special vitamins and minerals to offset the chemical aberrations produced by the toxins and subsequent neurological malnutrition.

In the last few years thousands of children have been treated with oral chelation methods to reduce their toxic load of heavy metals such as lead, mercury, arsenic, and aluminum in their bodies, and the results by the clinicians who are willing to step out of the "medical box" to use this form of treatment are having good and sometimes amazing results with a therapy that is very safe. As in all treatment, the earlier the children are treated, the more likely they respond. The protocols are still changing for this new kind of treatment, but children are followed very closely with blood and urinary tests to make sure they remain in good health throughout the process. It is a prolonged process; heavy metals that have become a part of their cellular make-up do not leave easily. The children need to be monitored carefully and strict attention must be paid to their nutritional/vitamin/mineral intake

Letters cont. on page 23

Letters cont. from page 22

throughout this therapy. In my practice, I have been amazed by the improvement in many children who are started on a good vitamin/mineral/nutrient program even before they receive any chelation medications. Each child is a complex, unique biochemical/psychological system, and must be evaluated and tested and treated individually. Therefore this kind of therapy is much more prolonged and complicated and demanding both on the parents, the child, and the practitioner than usual forms of medicine dictated by pharmaceuticals, and is not cost-effective for busy practitioners particularly dictated by bottom-line-money-saving health plans. There is a desperate need for doctor education in this arena, as well as need for insurance carriers to recognize new treatments that in the long run stand to save them a great deal by helping early in the course of these disorders. There is a desperate need for screening clinics where interested physicians and health workers can evaluate these children and counsel parents on the best way to prevent lifelong disability. At a meeting I recently attended at the annual NIH conference on children's health in Bethesda, MD, one of the directors at that meeting said that the estimated lifelong cost of educating and treating a child with autism is $2,000,000! 700 new cases have been added to the California school system in less than the last 3 months. Our educational and medical systems are woefully inadequate to this incredible challenge. Spending most of the millions allocated to autism on obscure genetic rodent studies in universities by persons who may have never encountered a child with autism is tantamount to neglect of many thousands of children who need medical evaluation and treatment as well as proper educational intervention RIGHT NOW!! In my opinion, to take the MMR vaccine out of context of the entire vaccine program and state that it is safe stands to create complacency in parents and researchers, and will continue to endanger many more children before the full truth of this very complicated picture is understood.

Jaquelyn McCandless, M.D.,
21800 Marylee St. #48,
Woodland Hills, CA 91367,
818-716-0565

****

A recent brochure distributed to all households in the greater Toronto area stated that unvaccinated children would be excluded from school. There was no mention of legally available exemptions to vaccination. VRAN sent the following letter to the Chair of the Toronto District School Board, and copies to all Trustees. We have already received several concerned responses from Trustees, who will take our complaint to the Information Committee.

Ms. Irene Atkinson,
April 20, 2001
Chair of the Board,
Toronto District School Board,
155 College St.,
Toronto, Ont. M5T 1P6

Re: Essential Guide to the Toronto District School Board

Dear Ms. Atkinson,

It has recently come to our attention that the Toronto District School Board's "Essential Guide", distributed to all households in the greater Toronto area, misinforms the public about vaccine requirements for school children. On page 17 of the guide, you say (quote):

"All students must be immunized against diphtheria, measles, mumps, polio, rubella (German measles), tetanus and whooping cough. The Medical Officer of Health will exclude a child from school if there is no up-to-date evidence of immunization or immunity to the above diseases. For more information contact Toronto Public Health at (416) 392-1250."

Surely you must be aware that the Immunization of School Pupils Act (Ontario), which governs the immunization of school children in both primary and secondary schools, also contains legal exemptions from any or all of the "required" vaccines for **medical** reasons as well as for reasons of *conscience* or sincerely held *belief and/or religion*. **These legal exemptions are a guaranteed right under the law**, and entitles every student, every parent and every family to make a fully informed and voluntary choice about vaccines, and gives students the right to opt out of public health's mass vaccination programs conducted in the public school system, without jeopardizing their right to attend school.

And from a National perspective, here is Health Canada's information on the subject:
http://www.hc-sc.gc.ca/hpb/lcdc/publicat/ccdr/97vol23/imm_sup/imm_be.html

"Unlike some countries, immunization is not mandatory in Canada; it cannot be made mandatory because of the Canadian Constitution. Only three provinces have legislation or regulations under their health-protection acts to require proof of immunization for school entrance. Ontario and New Brunswick require proof for diphtheria, tetanus, polio, measles, mumps, and rubella immunization. In Manitoba, only measles vaccination is covered. It must be emphasized that, in these three provinces, exceptions are permitted for medical or religious grounds and reasons of conscience; legislation and regulations must not be interpreted to imply compulsory immunization. "

Your booklet makes no mention of this legal right. It withholds essential

Letters cont. on page 24

Letters cont. from page 23

legal exemption information, misinterprets the law as contained in the Immunization of School Pupils Act and elucidated by Health Canada, and leads the public to believe that unless children are vaccinated or "show evidence of immunization or immunity to the above diseases", they will be excluded from school. An element of intimidation is implied in the wording, and in no way suggests that alternatives are available.

The misleading and incomplete information about vaccination requirements published in your pamphlet perpetuates the all too familiar fear tactics and coercion employed by health officials, who routinely withhold exemption information from the public. The inclusion of Toronto Public Health's phone number is of no comfort. Many parents know from first hand stressful experience that public health's response to inquiries about exemptions is often met with evasion and intimidation, a prejudice which you have unfortunately incorporated into your pamphlet.

This is unacceptable from the largest school board in Canada. We find it highly disturbing that the Toronto District School Board, funded by tax payer dollars, is delinquent inits duty to the families it serves, and has failed to maintain a high standard of accuracy in the information it conveys, **particularly when it involves the public's legitimate and legal rights.** Your omission also sends a clear message to spiritual and religious minorities that their beliefs, when differing from the views of the Toronto District School Board in this area, are neither welcome nor accepted in Toronto. In an area as culturally diverse as the one served by the Toronto District School Board, such attitudes by public servants is rather disturbing.

In the spirit of furthering clarity on the subject of legally available vaccine exemptions for Ontario families, we are including our solicitor's letter to Ontario's Chief Medical Officer of Health which outlines our serious concerns about the widespread misinformation about vaccine policies, and also asks for redress of our concerns. This misinformation is perpetuated by public health boards who fail to include clear exemption information in letters distributed throughout the public school system in Ontario, and is further perpetuated by the lack of knowledge within school boards, school administrators, the print and broadcast media and medical practitioners.

We would like assurance that the Toronto District School Board will take concrete steps to correct the serious omission pertaining to legally available vaccine exemptions in its "Essential Guide". We request that you send an explanatory letter, accompanied by a copy of the Immunization of School Pupils Act, as well as a copy of Form 2, the "Statement of Conscience or Religious Belief Affidavit"(contained within the Act) to all school Trustees, and school administrators in your jurisdiction in the greater Toronto area pointing out the error in your "Essential Guide", and that you clearly convey the full parameter of the Immunization of School Pupils Act, including the full spectrum of legally available exemptions provided by the Act.

Form 2 – Statement of Conscience or Religious Belief Affidavit is also available from the Ontario Ministry of Health on line at:
Http:..www.gov.on.ca/MOH/english/forms/pdg/7470-64 .pdf

We look forward to your reply, and redress of our concerns.

Very sincerely,
Edda West, Co-ordinator of VRAN
Vaccination Risk Awareness Network Inc.
Enclosure - VRAN solicitor's letter to Ontario's Chief Medical Officer of Health (1990) cc.
- Marguerite Jackson, Dir. of Eduction
-All Toronto Area School Trustees

****

"High Noon" at Sechelt, The Pressure to Vaccinate & The Death of Democracy April 7, 2001

In Sechelt, BC, VRAN members, Susan & Harold Fletcher set up a cac - cine risk information table at the sec - ond annual Pre-Kindergarten Fair for 3 to 5 year olds at Chatelech High School. They had numerous partici - pants including preschools, audiolo - gist, etc. - even a pharmacist (but no herbalist). Following is a report of their harrowing experience.

Being a member of VRAN (Vaccination Risk Awareness Network) my interest was piqued by an article in The Reporter (now Coast Reporter) March 25, 2001 which stated that there would be "public health nurses providing the school entry booster show" at this fair. Knowing the resistance that health officials put up against any attack on their hidebound belief in vaccinations for all, I pondered how I could use this event to educate the public about the risks of vaccines. Finally, on the morning of April 6, I phoned the public health nurse (PHN) organizing the fair, Chris Blackwood, to ask if I could set up a card table with my info in the gym. She said no, the gym was already all spoken for. I then asked if I could be included in the third annual fair and she replied that certainly I could be considered.

In any case, I decided to go to the fair the next day and set up a sign and table possibly in the lobby outside the gym, in a hallway or if that wasn't possible, outside the building. My husband, Harold, accompanied me and we arrived just after 10 am to find the gym with lots of empty spaces large enough for a card table and also the French language school willing to

Letters cont. on page 25

Letters cont. from page 24

make room for us at their table. Therefore, I asked Chris Backwood if we could take either one of these options. The answer was an unequivocal no. (Harold found out later that the "shooting" room was at the end of the lobby furthest away from the gym.) The discussion became argumentative; I raised my voice slightly and within a couple of minutes decided to leave rather than waste my time and create a commotion. Subsequently, Harold and I set up the table and sign outside by the sidewalk that leads to the main entrance. The sign reads "Stop! Before they shoot! get all the info on vaccines". I passed out quite a few VRAN brochures and another article to parents who indicated they would like to have them and did not try to push them on those who weren't interested.

Then another PHN appeared and tried to dissuade us from staying. About 3/4 to 1 hour after we first set up, she reappeared with a woman in uniform asking us to leave. I thought the other woman was an ambulance attendant as there were some just around the corner. But a couple of minutes into the conversation I caught sight of the label on her shoulder saying RCMP!!! The nurse had asked her to talk to me because, she said, I had raised my voice in the lobby previously and disturbed some of the parents! When I told them I wasn't going to move, I was happy where I was and the officer would have to physically remove me if she wanted me gone, they asked me if I would take my sign down. Again I refused; the officer asked for and recorded my name, address and age, and Harold's name (he refused to state his age). They finally moved off after about 10 to 15 minutes. All the while, parents were passing by behind them and I was handing out my literature.

Then they tried another strategy. They closed the main door leading to the lobby and opened the gym door so people wouldn't be walking past us. This didn't work for them either because we moved our table and sign and I proceeded to greet people near the gym door. Events started speeding up at this point. The ambulance attendants were looking rather dourly at me and the school superintendent appeared along with thePHN. Harold had previously talked to him inside and asked if it was okay for us to be where we were, giving out info, and the superintendent had said no problem. Now, with the PHN at his side, he gradually started to change his tune. Next, entered the principal of the schol pacing back and forth along the step above me, muttering not a word.

At this point it was just after 12 pm, there weren't a great number of parents coming in, I was feeling exceedingly disgusted about the way I was being treated and I had the feeling that if I stayed another 1/2 hour, the way they were gradually closing in around me, they might decide it was time for a lynch party!!! So we left.

I must say that I have never felt so outraged before in my life - to think that they called in a police officer, school superintendent and principal because I was handing out information that they themselves, they who vaccinate, are legally required to give (but don't).

Susan Fletcher

During a discussion with a PHN (the same one who later appeared with the officer) I repeatedly asked if they had information available on the risks of vaccination. She finally said yes they did and that I could pick it up inside. Later, I went to the vaccination informtion desk to pick it up and found nothing to make parents or anyone else aware of the risks of vaccination. In fact it was just the opposite. All they had was vaccine promotional material and a 2 page pamphlet titled "Myths & Facts about Immunication" put out by the Canadian Immunization Awareness Program (CIAP). I then asked Chris Blackwell for such information as I couldn't find any and she tried to put me off, but I was persistent. It was then she told me they didn't have any and that all the information was pro-vaccination.

There is a slim possibility that we may be included in next year's fair if there is such an event but as long as the PHNs are there with their booster shots it is doubtful. Chris Blackwood told me when we had had our first tete-a-tete that the whole purpose of the Kindergarten Fair was to promote vaccination, a purpose that was not mentioned in the April 1 newspaper ad which featured unusually fancy graphics and which was partly sponsored by the *Coast Reporter* itself. Further, we discovered that not all fair participants were aware that they were being used to promote this vaccination event.

Harold Fletcher

THE AUTISM EXPLOSION AND THE VACCINE CONNECTION (MERCURY DETOXIFICATION CONFERENCE)

By Bernard Rimland, PhD.
February 26/01

An enormous and alarming unexplained increase in the prevalence of autism is being reported, on an almost daily basis, in the U.S., the U.K., and elsewhere.

California maintains what is probably the world's best and most systematic database on autism and other developmental disabilities, which includes children who are formally diagnosed by strict criteria for acceptance into a comprehensive entitlement program. California reports an increase in the prevalence of autism of over 1,000% (in autism, not mental retardation, epilepsy nor cerebral palsy) over a 20-year period. Similar enormous increases have been reported in New Jersey, and in several places in the U.K., in the Middle East, and in Asia. The increase is certainly not the result of greater awareness nor better diagnosis. While the reality of the increase is beyond reasonable doubt, there is great controversy over the cause. The most plausible cause relates to changes in the vaccination programs over the past two decades. These include:

1.The extraordinary increase in the number of vaccines given to children from birth to age two, which has risen from 8 in 1980 to 22 in 2000.

2.The amount of extremely toxic mercury (used as a preservative) in many vaccines. Some infants have received in one day as much as 100 times the amount of mercury the Environmental Protection Agency says is the maximum allowable daily exposure for an adult. Mercury is not only neurotoxic by itself, it also damages the immune system so the child becomes unable to protect itself against damage from the viruses in vaccines.

3. The combination of three vaccines, Measles, Mumps, Rubella, previously given singly, into one, the MMR. The prevalence increase started in the U.S. in the early 1980s, shortly after the triple-vaccine MMR shot was introduced, while the increase in the U.K. started 10 years later, soon after the triple MMR was introduced there.

Much attention has been focused on the MMR shot itself, whereas in all probability it is a combination of the three factors listed above: the increasing number of vaccines, the large amount of mercury, and the inherent danger of the triple vaccine. (In a January, 2001 article in the Journal of Adverse Drug Reactions, several British experts who were involved in the safety evaluation of the MMR vaccine stated that the vaccine safety testing had not been adequate and that the vaccine should not have been licensed).

The MMR vaccine is also especially suspect because laboratories in England, Ireland, and Japan have found evidence of MMR vaccine viruses in the intestinal tracts of autistic children, but not in control group, non-autistic children.

The role of mercury has come to light only in the past 18 months, after it was realized that the amount of mercury preservative in many vaccines (although not the MMR vaccine) is grossly in excess of the permissible standards.

During the past year, a number of physicians from throughout the United States who have been working with autistic children have reported extremely good results in improving the health and behavior of autistic children when the mercury in the children's bodies were removed by a systematic process of detoxification. Some of these physicians, who have specialized in the treatment of autistic children for a number of years, and who have treated many hundreds of autistic children, report that no other treatment has brought about the remarkable improvement that they have seen in many cases of mercury detoxification. Detoxification is not simple, and there are many competing detoxification protocols.

In response to this situation, the Autism Research Institute convened a Consensus Conference on the Detoxification of Autistic Children in Dallas, Texas, February 9th through 11th, 2001. The attendees were 25 carefully selected physicians and scientists knowledgeable about mercury and mercury detoxification. The 15 physicians present included 7 who were parents of autistic children and who had detoxified their own children with excellent results. The physician attendees present had treated well over 3,000 patients for heavy metal poisoning, about 1,500 of them being autistic children. The chemists, toxicologists, and other scientists present had a combined total of almost 90 years of experience in studying the toxicology of mercury.

The purpose of the meeting was to arrive at a consensus document which would delineate the safest and most effective methods of detoxifying autistic children. Nine candidate detoxification protocols, including five submitted by non-attendees, were considered in detail by the conferees. The meeting was an outstanding success. Despite some initial concern that the various areas of disagreement would prove divisive, the participants resolved the controversial issues harmoniously and arrived at the consensus position that was hoped for.

The Autism Research Institute will issue its consensus report on the detoxification of autistic children at the earliest possible date--most likely in mid-March--after the participants have had an opportunity to review and approve the document.

Bernard Rimland, Ph.D. is Director of the Autism Research Institute
http://www.autism.com/ARI

NEWSCLIPS FROM THE INTERNET

BritishFirm to Compensate Two French Multiple Sclerosis Victims
Agence France Presse
www.afp.com , 05/03/01

A French court has upheld a lower court ruling that found a link between GlaxoSmithKline's hepatitis B vaccine and multiple sclerosis (MS) and has ordered the company to pay two women who contracted MS after receiving the vaccine an as-yet undetermined amount of compensation. The ruling is important, because it rejected arguments that a direct and irrefutable link between the vaccine and MS is needed, said Gisele Mor, the plaintiffs' attorney. "It ruled that barring scientific evidence, serious, precise, and similar evidence was enough proof," Mor noted.
From the National Vaccine Information Center, Vienna, Virginia
www.909shot.com
"Protecting the health and informed consent rights of children since 1982."

****

First Mercury Poisoning/Vaccine Law Suit Filed
March 23, 2001
From Autism Society of California, ASA newsletter.

The law firm of Waters & Kraus, LLP, based in Dallas, Texas, announced today that it has filed the first known civil case alleging that the mercury-based preservative thimerosal, used recently in more than 30 childhood vaccines, has caused mercury poisoning in many children. Counter, et al v. Abbott Laboratories, et al, (Cause No. GN 100866, 200th District Court - Travis County, Texas). The symptoms of mercury poisoning are, in many cases, identical to the symptoms of autism, although the suit does not allege that all persons suffering from the symptoms of autism do so as a result of mercury poisoning. However, many children suffering from mercury poisoning have been previously diagnosed with autism due to the similarity of symptoms.

Children have been exposed to cumulative levels of mercury from the vaccines that exceed threshold safety levels that have been established by the United States Environmental Protection Agency. In many instances, children carry unmistakable evidence of mercury poisoning and the symptoms of mercury poisoning were first manifested after receiving vaccines tainted by thimerosal. In many cases, children exhibited normal neurological and other developmental patterns until such time as the cumulative dose of mercury caused irreparable damage to both the neurological and the general developmental process. For example, many children had developed language and other skills that were later lost as the result of the cumulative exposure to mercury.

Thimerosal is a mercury-based additive. Mercury has been known to be hazardous for literally hundreds of years, and its dangers have been well known and documented during all times when the defendants manufactured and/or sold mercury-containing pediatric vaccine products. Waters & Kraus anticipates that a significant number of individual cases against the vaccine industry will be filed in the near future. Inquiries should be addressed to Melissa Miles at Waters & Kraus (Dallas), (214) 357-6244 or miles@awpk.com. Potential claimants should call Claire Bothwell at Waters & Kraus (California), (562) 436-8833 or bothwell@awpk.com .

****

More Evidence That Mercury Causes Brain Damage – Even Small Amounts
March 27, 2001

A University of Calgary Faculty of Medicine research team has found that exposure to mercury causes degeneration of brain neurons in animals. The scientific findings are being published in a cover story in the April edition of the British journal NeuroReport. The researchers' academic paper is supported by a time-lapse video recorded from a microscope camera showinghow neurons degenerate when they are exposed to mercury.

These findings may influence the future acceptance of 'mercury-containing vaccines' and "mercury/silver amalgam" dental fillings. The authors note that, to date, no other material or metal tested, including aluminum, has produced even remotely similar reactions.

"Our study illustrates how mercury ions alter the cell membrane structure of developing neurons," says Fritz Lorscheider, professor of physiology and biophysics, University of Calgary. "This discovery provides visual evidence of our previous findings that mercury produces a molecular lesion in the brain." The authors state that "The chronic exposure to mercury may be a potential factor in neurodegeneration in humans that could ultimately be observed as altered behaviour."

The research paper, co-authored by U of C professors Fritz Lorscheider and Naweed Syed as well as medical student Christopher Leong, looks at brain neurons from snails. The researchers added mercury ions to cell cultures of developing neurons and observed the neurons undergoing rapid degeneration. Nerve processes in snails and other animals, specifically the microtubules in neurons, are similar to those of humans.

"Mercury has long been known to

newsclips cont. on page 28

Newsclips cont. from page 27

be a potent neurotoxic substance, whether it is inhaled as vapor or consumed in the diet as a food contaminant," says Lorscheider. "This research provides visual confirmation of that." Medical research laboratories, over the past 15 years, have established that dental amalgam tooth fillings are a major contributor to mercury body burden.

In 1997, research done by Lorscheider and colleagues at the universities of Calgary and Kentucky demonstrated that mercury vapor inhalation in rats produced a molecular lesion in the brain -- similar to a lesion seen in 80% of human Alzheimer-diseased brains. This work has been funded by the Alberta Heritage Foundation for Medical Research, the Canadian Institutes of Health Research and the International Academy of Oral Medicine & Toxicology.

The broadcast quality video and animation documenting the biochemical process of mercury on the nerve cells is available to interested members of the press through,
Miss Karen Thomas
Media Relations, University of Calgary,
Faculty of Medicine T
403-220-2945
Email:Thomas@ucalgary.
http://unisci.com/stories/2011/0327013.htm
The research paper can be viewed at:
http://www.neuroreport.com
The video can be viewed on line at:
http://commons.ucalgary.ca/mercury/

****

Program Will Take Stab at Reducing Chickenpox
Calgary Herald
www.calgaryherald.com
03/12/01

Starting this spring, chickenpox vaccinations will be added to the routine immunization program in Alberta, Canada. This summer, all one-year-old children who have not already had the chickenpox will get immunizations, and plans are being drawn up to immunize children who are starting school. The province has allocated C$6 million per year for the next three fiscal years to carry out the vaccination effort.
From Immunization Newsbriefs at:
http://www.immunizationinfo.org

****

Bleeding Disease Linked to MMR Vaccine

The controversial MMR vaccine has been linked to a rare bleeding disorder in children, according to the latest research. Around one in 22,000 children who receive the measles, mumps and rubella jab may need hospital treatment for idiopathic thrombocytopenic purpura (ITP), a study in the journal Archives of Disease in Childhood found.

ITP is a disorder where bleeding occurs under the skin, caused by a shortage of platelets, the cells that give blood its "stickiness". Victims feel tired and feverish and develop a purple rash on their skin which can turn black and spread over the body. Most cases of ITP in the population at large follow viral infections. But two out of every three cases of ITP among young children brought into hospital within six weeks of having the jab are probably attributable to the vaccine.

Causal association

Experts do not know why the vaccine causes the condition. But children who have previously been affected by ITP before having the vaccine are at no higher risk of developing the condition again after the jab than other youngsters. Author Dr Elizabeth Miller, head of the immunisation division of the PHLS said: "The majority of cases of ITP in children will have nothing to do with vaccination. "The condition, though unpleasant, is rarely dangerous and indeed those children who develop ITP after vaccination tend to have milder symptoms than those developing it after viral infection." Dr Miller urged parents to have their children vaccinated with the MMR jab and said scientists were committed to researching all possible safety concerns. "Our study confirms a causal association between the MMR vaccine and ITP," the study concluded.
http:..www.healthmall.com/newsletter.cfm

****

Dr. Kris Gaublomme MD, publisher of the International Vaccination Newsletter sent us this news item with a comment, " The world does not need jabs, it needs justice."

Australia Scientists Plan Measles - Modified Food
By Wendy Pugh

MELBOURNE (Reuters) -

Australian scientists are researching putting a measles gene into genetically modified food to provide an alternative to traditional vaccination against the virus. Alfred Hospital infectious disease unit director Stephen Wesselingh said a research team had successfully created measles modified tobacco and was now putting the gene into lettuce. ``We started with tobacco just because it is very easy to work with and grows quickly, and we mashed up the leaves and fed them to mice. Now we are moving into lettuce and rice,'' he toldReuters. ``We have been working on it for the past two or three years and we have been getting positive results for the last six months or so.''

Wesselingh said the research by the Alfred team and the Commonwealth Scientific and Industrial Research

Newsclips cont. on page 29

Newsclips cont. from page 28

Organization (CSIRO) would provide a cheaper vaccine, that avoided using needles and which didn't need to be kept at cold temperatures. ``That is not a problem in Australia, but in the countries where measles is a big problem, in Africa etc, keeping the vaccine cold can sometimes be a major difficulty,'' he said. The researchers are looking to use crops where existing genetically modified organism research has already been successfully conducted. Wesselingh said in the tobacco experiments the H protein of the measles virus was placed in the plant. ``The plant is then making all its normal leaves and things, but it is also making this extra protein,'' he said. ``When we feed the leaves of that plant to mice, those mice then develop antibodies against the H protein, which is part of the measles virus so those antibodies then protect against measles as well.''

Rice Offers Potential

Wesselingh said rice offered great potential as the measles vaccination could be used in rice flour milk produced for children who are not covered by the current measles vaccination. Release of measles modified food was still a ``long way down the track,'' he said, with trials in people likely to start sometime in the next five years. Wesselingh said the modified food would be treated as a medical product and would not be available for mass consumption. ``These crops wouldn't be generally released. You would make them in special areas and then distribute them in the same way you would distribute other vaccines,'' he said. ``I think that would allay a lot of the GM-type fears.''

Similar research has also been conducted in the US for hep B and cholera and the Melbourne-based team is starting to look at genetic modification for the HIV virus, which can lead to AIDS. Wesselingh said the Melbourne research had focused on measles as it was still a major health problem in the developing world. ``About a million children still die of measles each year and most of those are under the age of one and the current vaccine doesn't work in very young children,'' he said. ``We felt that an oral vaccine that could work in very young children might be a way to arrest that problem.''

http://www.mirror.com.uk/shtml/NEWS/P13S3.shtml

RESOURCE & INFORMATION LIST

Immunization: History, Ethics, Law & Health
by Catherine Diodati. Best new book about vaccines. Please order from VRAN
Cost: $35 + $5 postage

Immunization—The Reality Behind The Myth
by Walene James.

What Every Parent Should Know About Childhood Immunization
by Jamie Murphy

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Vaccination—The Hidden Truth
New Video. Five medical doctors speak out about vaccine risks.
Order from VRAN
Cost—$40 + $5 postage

MANY OF THESE TITLES CAN BE ORDERED FROM PARENT BOOKS IN TORONTO
(416) 537-8334 √

FOR DIRECT ACCESS TO TOP VACCINE AWARENESS SITES, PLEASE REFER TO VRAN'S NEW WEBSITE AT: www.vran.org