

VRAN Newsletter

March - June 2002

Double Issue

Vaccination Risk Awareness Network Inc.

ATEDM AUTISM 2002 Conference

Mercury, Vaccines, Heavy Metals... Toxicity - The Links to Autism

By Rita Hoffman

The 3rd International Medical Conference on Autism in Quebec organized by Autisme et Troubles Envahissants du Développement Montreal (ATEDM) was held May 3 and 4 at the University of Quebec at Montreal. Autism 2002, Mercury, Heavy Metals... Toxicity, brought an impressive line up of speakers including medical doctors and scientists.

ATEDM's principal mission is advocacy of the rights and interests of autistic persons and their families and promotion and awareness raising of the needs of autistic persons within the Health, Education and Research communities, as well as within the general population. ATEDM was awarded the Prize of Excellence by the Quebec Ministry of Health and Social Services in the category of Prevention, Promotion and Protection of Health and Well Being for their organization of Autism 2000 On the Verge of Medical Breakthroughs conference.

ATEDM president Carmen Lahaie reminded the audience that all children are in danger until we find the cause of autism. She also encouraged parents of autistic children in Quebec to complete a survey that will help to determine the number of parents of children with autism spectrum disorder who believe that vaccination played a role in that development.

Victor C. Goldbloom, M.D.,
Honorary Chairman of the

Conference, thanked ATEDM for organizing the conference and also thanked them for their trust. He expressed his concern that parents were not being heard, but expressed appreciation that ATEDM does listen to parents and reacts in constructive ways to parent's concerns. Dr. Goldbloom expressed dismay at instructions from health officials to media that they should not cover this year's conference as they had in past years. At this year's conference the link between vaccination, vaccine ingredients and autism was discussed quite extensively. He said that never in all his life had he encountered an experience when journalists were told not to cover an event. Journalists should be able to say, "It's news and I'm going to cover it."

Dr. Goldbloom also paid tribute to McGill University Emeritus Professor of Epidemiology Dr. Walter Spitzer who has "challenged the whole medical and scientific community to respond to the reality of autism," not only with better treatment, but to prevent the disease.

Dr. Walter O. Spitzer, M.D., Emeritus Professor of Epidemiology at McGill University put into perspective what families are facing with autism spectrum disorders. He described autism, for the most part, a "fate worse than death" because the families cannot mourn. The indomitable opti-

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Editorial

Edda West

Vaccination and the Betrayal of Public Trust

"Nightfall does not come at once, neither does oppression. In both instances, there is a twilight where everything remains seemingly unchanged. And it is in such twilight that we all must be aware of change in the air, however slight, lest we become unwitting victims of the darkness."
Justice William O. Douglas (1)

Vaccines are the most protected class of drugs in the world. Licensing agreements, testing procedures, product development, adverse reaction records and vaccine components are mostly inaccessible to the public. Health Canada's response to inquiries for a full disclosure of all vaccine ingredients is met with - "Sorry, that's proprietary information". Yet parents are expected to do the 'responsible' thing - to trust-

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VRAN NEWSLETTER

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, Susan Fletcher, Lana Belvis, Catherine Diodati, Andreas Schuld, Rita Hoffman, Mary James

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

DISCLAIMER

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

VRAN NEWS

VRAN Annual General Meeting

On March 9, 2002 the AGM was convened by teleconference. Participating in the conference call were: Mary James, Leona Rew, Frank Luschak, Edda West and Susan Fletcher.

Topics discussed during the conference call were:

1. Federal vaccine injury compensation program for vaccine injured children.

Parents of vaccine injured children have never been included in discussions for federal compensation. It has been unbelievably difficult to access any information about the Health Canada meeting on Vaccine Safety held in Montreal in November 2001, despite the fact that Mary James has contacted Liberal MP's and opposition health critics. They too, have experienced problems obtaining information but are continuing to delve into the matter. Our goal is to sit at the table with the government officials and to actively participate in formulating a compensation plan for our children.

2. Developing a strategy to respond to the Canadian Joint Statement on Shaken Baby Syndrome.

Susan Fletcher has written a letter to be sent to the signatory organizations of the Canadian Joint Statement on SBS asking why they have omitted recent key research that questions the main premise on which SBS is

diagnosed.

New scientific research is pointing to severe vaccine reactions as causing exactly the same symptoms as shaken baby syndrome, brain swelling, retinal hemorrhages, thus many cases of shaken baby syndrome are actually caused by childhood vaccines. Dr. Harold Buttram has also written a comprehensive rebuttal to the Joint Statement, outlining its errors. Dr. Buttram's rebuttal will be posted on the VRAN website.

The Board discussed the possibility of responding to the Canadian Joint Statement on Shaken Baby Syndrome. Susan Fletcher has been actively seeking out other groups who may be interested in supporting our rebuttal.

3. The need to investigate and access Health Canada's Vaccine Associated Adverse Events Surveillance System (VAAESS).

We want to find out who is in charge, what data base has been set up, why it is almost impossible for parents to get the lot and batch number of the vaccines administered to their children.

4. Fundraising.

It was acknowledged by board members that fundraising is an ongoing chronic problem. In the past a letter requesting funds has been sent to chiropractors, homeopaths, herbalists across the country to make a donation of \$150 for one year. In return the donors receive the VRAN newsletter for one year and a complementary vaccination book, (Medical Voodoo by Anne

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Riley Hale, Catherine Diodatis's classic work – Immunization: History, Ethics, Law and Health and recently, Immunization, The Reality Behind The Myth, by Wallen James.

Edda has since written once again to the alternative health practitioners on our mailing list to support us in this important work.

The board acknowledged the importance of having a few members in charge of fundraising. Once again, we appeal to you, our members, who may have some expertise or fundraising suggestions to help us develop ongoing fundraising possibilities. Please contact Edda West at eddawest@netidea or Mary James at tjames4@shaw.ca

5. Financial Report - Treasurer, Edda West gave the year end financial report.

The board accepted the audit completed by Penny Ruvinsky and approved the appointment of Penny Ruvinsky to audit the books for the year 2002-2003. (Please see enclosed financial report).

Fundraising Help - With appreciation to VRAN members - Registered Midwife, Mary Sharpe in Toronto & Dr. Carolyn Demarco for co-ordinating a fundraising package they sent to their contacts in the health professions. The package contained a VRAN newsletter, VRAN mandate describing our purpose and appeal letter. Their cover letter spoke of the need for support of VRAN's work to insure that the public had access to balanced information about the vaccine issue.

VRAN-Outreach to Vaccine Affected Canadians (VRANOVAC)

Recently VRAN initiated outreach to families of vaccine

injured children via email. The group shares the stories of what happened to their children, details about vaccine reactions, encounters with medical personnel, diagnoses and treatments for their children, and keeps each other updated with the latest breaking news in the vaccine/injury/autism world. Many thanks to Susan Fletcher for creating the VRA-NOVAC query notice included in this newsletter, and appreciation to Scott Hunter for the layout. We ask you to make many photocopies of this poster and post in as many public places as you think people might take notice. We know there are countless families out there who have suffered vaccine injuries, but would have no way of contacting us. The query notice, distributed by members across Canada is an important grassroots vehicle for bringing vaccine injured families together under the VRAN umbrella. The VRANOVAC poster is intended to be an ongoing outreach campaign. Keep them on hand in your vehicle so you can quickly pin them up wherever new locations inspire you.

First Canadian Class Action Law Suit

Vancouver Law firm Klein Lyons in March and May of 2002 filed class action law suits against pharmaceutical companies Glaxo Smithkline, Merck and Aventis Pasteur, citing their thimerosal containing vaccines for hepatitis B and diphtheria/pertussis/tetanus, as causing serious injury to Canadian children. The \$1 billion class action is historically a first in Canada. Vaccine injury cases are exceedingly difficult to litigate as the vaccine injury victims must prove **both** that the vaccine caused

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)

the injury, and negligence on the part of the vaccine provider – both exceedingly difficult to prove. Additionally Canadian courts disallow a trial by jury. Only a trial by judge is permitted – a serious conflict of interest as the judiciary is paid by the same government that also purchases vaccines for injection into the majority of Canadian children, and is considered a foundation of public health policies.

The basis of the class action is that thimerosal, a mercury containing preservative was used for decades without adequate studies showing that it is safe to inject into infants. Mercury is a potent neurotoxin. Certification as a national class action suit will take 9-10 months. Vaccine injured families across Canada may be eligible for the class action if their children received mercury containing vaccines before the age of two, between 1980 – 1994. The 1994 cutoff date may change as some people believe their children were injected with mercury preserved vaccines after that date. Please contact Edda at VRAN for more information.

Ontario News

In April, VRAN was contacted by Kitchener mother Christine Colebeck who began researching the vaccine/autism connection after her youngest son Carter developed Asperger's syndrome, an autistic disorder following a vaccine reaction. In 1986, Christine's youngest child, her baby daughter Laura died following a severe vaccine reaction within hours of her first injection at the age of 3 months. Christine writes Laura and Carter's story in this issue of the VRAN newsletter.

Christine has put her heart and

soul and awesome research skills into turning up the heat on vaccine risk awareness. She has been communicating and meeting with key political figures demanding answers about the workings of the Canadian vaccine bureaucracy, demanding a place for Canadian families of vaccine injured children to have a say in government plans to create a compensation system, demanding ease of access to vaccine adverse reaction reports that currently are nearly impossible to obtain, delving into the secrecy and conflicts of interest that abound between government and the pharma industry, and has initiated actions on numerous other vaccine risk issues.

Richard Colebeck, Christine's husband and brother-in-law Andrew have transformed the VRAN website, and with the inspired input of VRAN member Scott Hunter in Saskatoon, are creating a vaccine adverse reactions data base so that Canadian families have a place to report vaccine reactions, separate and apart from untrustworthy government/pharmaceutical industry systems.

Oshawa Area Support Group

VRAN member Elaine Tracz has organized monthly meetings in her area. "Come and discuss informed choice on vaccination every last Tuesday evening of the month at the YMCA Resource Center – Mayfair Ave. Oshawa, from 7:30 – 9 p.m. Join parents and health professionals talk about vaccinations and alternative health care. The cost is \$1 per adult (for the use of the center) Feel free to bring your kids. For more information, contact Elaine at: 905-728-2609.

Manitoba News

On Tuesday June 4 a group of parents of vaccine injured children met at the Legislature with the Deputy Minister of Health Milton Sussman and Dr Greg Hammond and Dr. Digby Horne to discuss the introduction of a vaccine safety bill in the Fall session 2002.

The vaccine safety bill has been in the makings for 14 years. It was introduced as a private members bill by opposition NDP Health Critic, Judy Wasylycia-Leis in 1992 and in 1994 by Dave Chomiak, NDP Health critic. Currently, Judy Wasylycia-Leis is the federal NDP Health Critic and The Honorable Dave Chomiak is the Provincial Health Minister.

Contents of the Bill

Duty To Inform:

A physician or other person authorized to administer an immunizing agent shall before administering it to a patient, inform the patient, or where the patient is not competent to consent, the person authorized to consent on the patient's behalf, orally and in writing of the benefits of and possible adverse reactions to the immunizing agent and of the importance of reporting to a physician immediately any occurrence that might be a reportable event.

Family History to be Taken

Before administering an immunizing agent, a physician or other person authorized to administer an immunizing agent shall take a family history of the patient with an emphasis on neurological problems and allergies and whether the patient has ever had a reaction that could reasonably have been related to an immunizing agent.

Recording Administration of Immunizing Agent

A physician or other person authorized to administer an immunizing agent shall record on the patient's health care record; (a) the place, date and time of immunization; (b) the manufacturer, name, lot, batch number, dosage and expiry date of each immunizing agent administered; and (c) the name of the person who administered the immunizing agent.

Duty to Report Reactions

A physician or other person authorized to administer an immunizing agent who, while providing services to a patient, becomes aware of a reportable event, shall within seven days report the reportable event to the minister.

Report When Autopsy Indicative

Where an autopsy is conducted on a deceased patient and a possible association is found between the cause of death and the effects of an immunizing agent, a report shall be made to the minister.

We are still working on the wording of this bill. Because the elected government is introducing the bill there will be a monetary fine for those doctors who fail to report an adverse reaction. We were also informed at the meeting that the MB. government was looking into provincial compensation for vaccine injured children as recommended by the Manitoba Law Reform Commission's Report in 2000. We received a vague response to our request to have parents of vaccine injured children represented on the committee determining vaccine compensation, but will continue to pursue the matter.

Other news:

The Association For Vaccine Damaged Children had an information booth at Parenting & Birth Fair sponsored by the Birth Roots Doula Collective in March. The turnout was excellent and we were so pleased that many of the young parents were aware of the controversy with vaccines.

In May, Leona Rew and Mary James spoke to a group of 10 par-

thimerosal in the vaccines causing neurological damage like autism in children and the class action law suit filed by lawyer David Klein.

Winnipeg Vaccine Damage Rally by Gloria Dignazio

The Rally held in front of Manitoba Health on Friday, June 21st was a success! We had almost a dozen families of vaccine damaged children gather on behalf of their children. This is pretty



*“My sister can't talk because of the needle”
“Justice for the children”*



ents in a Winnipeg home re: their right to make an informed choice when determining whether to vaccinate their child. For years we have continued to speak whenever we are invited about our own children's tragic history with vaccination, the latest medical literature linking vaccines with neurological and immunological injury, and alternatives to vaccination.

On Monday June 10 CBC Questionnaire, a provincial phone in show asked the question “Who should pay when children are injured from vaccines? Guests on the show were David Klein, Vancouver lawyer with the law firm Klein Lyons, who recently filed the thimerosal in vaccines class action lawsuit, Barbara Loe Fisher, president of The National Vaccine Information Centre, (NVIC), and co-author of A Shot in the Dark, and Drs. Greg Hammond and Digby Horne from Manitoba Health.

The Winnipeg Sun has printed three articles in the past week on

awesome considering it was a beautiful summer day and a Friday, a business work day to boot. I applaud the parents and children who made the effort to attend and for those who could not be in attendance who sent their prayers and good thoughts with us! Some parents brought their vaccine children and many carried signs. Many thanks to all the friends and supporters of the families with vaccine damaged children for showing up and lending their support.

My own 7 year-old son carried a sign for his 10-year old sister, Sara saying "My sister can't talk because of the needle". Here are some other emotional signs that were carried for all to see:

- "Why Did You Poison Me?"
- "Be Wise, Don't Immunize"
- "Vaccine Induced Autism - A Family's Worst Nightmare"
- "Justice for the Children"
- "Vaccines - Stop Hurting Our Children"
- "I Have Been Given a Life Sentence from Vaccine Induced

Autism"

"Inform - Acknowledge - Report
- Compensate" THIS WAS
CHANTED!

"Autism- Suffering in Silence No
More"

One local t.v. station (A-
Channel) did an excellent segment,
almost 2 minutes long! They
filmed the parents and children
and were very supportive of our
rally.

On a disappointing note, one
local newspaper, the Winnipeg Sun
was present with a photographer.
The photographer interviewed a
few of the parents and told us he
had a 10 month old son that they
chose not to vaccinate as he was
very aware of the risks involved in
vaccination.

We were disappointed that a
story about our Rally never
appeared in the Sun, neither the
following day (Saturday), nor in
the Sunday issue. When I phoned
the newspaper today, I was told
that there wasn't enough "new"
information to carry the story and
they "ran out of room in
Saturday's issue"!! That's curious -
they were interested enough to
send a reporter and a photograph-
er!! Knowing how the media is
manipulated to downplay vaccine
risk stories, all I can say is that we
must have made quite an impact
and someone at the top was told
not to run the story.

The medical reporter from the
other local paper, the Winnipeg
Free Press, (I say "free" with a
smirk on my face), made an excuse
about having to attend a medical
conference the day of our Rally,
but sent a reporter to cover the
story. To my knowledge, no one
at the Rally was interviewed by a
Winnipeg Free Press reporter. So I
have e-mailed and telephoned the
medical reporter and I have asked

for the name of the reporter and
where the story vanished to.

I have informed both of these
newspapers that there will be
another Rally in late August/early
September, and that this one will
have more parents/vaccine dam-
aged children present and that
they will not be able to continue
to ignore this issue in Winnipeg.
We will keep on them!

BC REPORT

by Susan Fletcher, June 2002

Since the last newsletter, Harold
Long, MLA for Powell
River/Sunshine Coast, presented in
the legislature a petition request-
ing that the BC government with-
draw the Hepatitis B vaccine pro-
gram for infants and school chil-
dren. This is a program that the
Chief Medical Health Officer of
the largest health authority in BC,
Dr. John Blatherwick, "strongly"
supports. An interesting
Vancouver/Richmond Health
Board 1997 annual report for-
warded by Dr. Blather.... states
"Even if we assume no cases of
hepatitis B will be prevented by
the infant programme, it will still
produce costs savings through sav-
ing of vaccine and programme
delivery costs." (?!!!) His Feb
2002 letter to me said "the cur-
rent Hepatitis B vaccine used in
this province does not contain
mercury." (emphasis his). I replied
"...Dr. Blatherwick, some of the
Hep B vaccine used in this
province does contain
mercury."(emphasis mine). I
explained to him that when I
wrote an article on this vaccine
last October I checked with my
local health unit and also obtained
the Recombivax vaccine insert to
determine whether or not
thimerosal was present. Since there
was a slim possibility that the
ingredients had changed since that

time I also asked a Vancouver
Island friend to check with her
health unit. The PHN there told
her he never used thimerosal-free
vaccine Hep B vaccine for school
children and that his unit was
using up stocks of the vaccine with
thimerosal.

Following last year's annual
Kindergarten Fair where I was
refused space to disseminate
VRAN information, I requested to
be allowed to attend this year's
event. Deputy School
Superintendent, Stewart Hercus,
replied:

"The Kindergarten Fair is a
venue for school district, public
health and other agencies to come
together to inform the public
about our policies and procedures
and also to inform them about ser-
vices we provide. The intent is not
to provide a forum for debate nor
to present to parents information
which contravenes school district
or public health policies. The
Kindergarten Fair Committee has
agreed with me that it would not
be appropriate for you to attend
the Kindergarten Fair for the pur-
pose of providing information con-
trary to what we provide."

My reply to Mr. Hercus said:

"I had hoped to be there as one
of the other "agencies [that] come
together to inform the public." I
had no intention of debating any-
one; as you may recall, it was the
PHN's at last year's fair who initi-
ated debate over my presence.
What I find astounding is your
statement: "The intent is not
to..... present to parents informa-
tion which contravenes school dis-
trict or public health policies."
Since, at last year's fair, the PHN's
provided NO literature, let alone
full information, on risks related
to the vaccines they were giving,

thereby contravening Canadian Medical Law - I can only assume it is school district and public health policy to break federal government law.

There were parents I spoke to at last year's fair who said they weren't aware of ANY risks re vaccinations. I wonder what view these parents would take if they knew of your censorship of information."

In spite of this refusal, I stood outside and handed out vaccine



"... it would not be appropriate for you to attend the Kindergarten Fair for the purpose of proving information contrary to what we provide."



info to those who wanted it, just as I did last year. Mr. Hercus threatened me with Section 177 (Maintenance of order) of the School Act. I reluctantly left, but am considering taking him up on this at next year's fair; the documentation by a photographer/reporter acquaintance and (unlikely) court case would provide lots of publicity for VRAN !

During my short time there, I noticed a few changes from last year's Kindergarten Fair. The ambulance wasn't parked outside (too foreboding for parents having their kids jabbed?), high school students weren't assisting (they had read my last year's handout and had a change of heart?, or, the school district felt uneasy about their students witnessing the undemocratic harassment of a peaceable grandmother?) and the speech and occupational therapists had been shuffled off to a back room

(too risky that naive parents might find out why these therapists are needed?).

A third interesting event was an Elder College course taught by retired Professor Emeritus of Immunology, Erwin Diener. Dr. Diener, unbeknownst to me at the start, was the person who trashed the video "Vaccination - the Hidden Truth" at a showing here last year. I returned the favour by writing and distributing to my classmates a critique of his assertion that "300 million people have

died within the last century from smallpox." I pointed out that, despite the gasps this statement elicited from the class, this number would have amounted to probably less than 5% of the world's population from 1900 to 1978 when the "last case" of smallpox was declared.

In May I was invited by chiropractor, Dr. Stacey Rosenberg DC, to attend her first annual celebration of 'Kids Day International' where I was able to communicate with and provide information to many young parents.

We still await a reply to our February 2002 letter to BC Centre for Disease Control spokesperson, Dr. Skowronski, asking for references for the statistics BCCDC uses to justify the influenza vaccine programs. We sent her a second letter after she phoned to say she'd lost the original. Shortly we will send her a reminder.

imism of families with autistic children have won his respect and he feels that it his social responsibility as a scientist to do what he can to investigate this "epidemic of autism".

"My colleagues and I have not found any scientifically valid studies of the safety of MMR. That is in contracts to efficacy where the work is good. I find it unusual that unequivocal evidence on the safety of MMR has not been required by governmental regulators in any country. Key questions about the triple simultaneous dose remain unanswered."

Several studies that have exonerated the MMR vaccine link to autism were "inappropriate in methodology and largely irrelevant." This is due to small sample sizes, inappropriately short follow up and the misuse of correlations to test hypotheses. Dr. Spitzer said that to not investigate the connection is irresponsible and may be immoral.

Dr. Spitzer has led the development of a plan to carry out a large international epidemiological study on autism, but he has had to step down due to health reasons. He will remain an advisor on the project. Lothar Heinemann, M.D., D.Sc., Director of the Center for Epidemiology and Health Research in Berlin, Germany will replace Dr. Spitzer as principal investigator.

Dr. Lothar Heinemann described the international autism study that will include at least 8 countries on 3 continents. The design contains an incidence study and case control study. Epidemiologists will investigate 3,500 autistic children, diagnosed before the age of 8, compared with a control group of 7,000 children. Possible locations at this time are Argentina, Brazil, Canada, Denmark, Germany, Poland, Scotland, Switzerland and United States. A Canadian group in Kingston will coordinate genetic investigations. Many areas of planning are complete and many centers around the world are

ready to begin the study, but funding remains an issue. Funding resources have not been as forthcoming as the organizers had wished, and six months have been wasted on fundraising, rather than science. The budget is \$20 to \$25 million, \$4-5 million per year over 4-5 years. Dr. Spitzer stated that the cost of the study would be roughly equal to the amount of money it costs to send one plane to Afghanistan.

Said Dr. Spitzer, "To my dismay, we have encountered strong opposition to funding such a project and the reasons are becoming clearer; Manufacturers are understandably concerned about possible findings; Governments are unwilling to challenge efficacious and efficient programmes of prevention – if there are adverse side effects, both manufacturers and regulators do not seem to want to know about it.....**It is impossible for me to condone MMR today without major concerns. If there are no risks it should be established.**"

Professor Boyd E. Haley, Ph.D., Chair at the Department of Chemistry, University of Kentucky, spoke on the toxic effects of mercury and its relationship to neurological diseases. "Mercury is a known neurotoxin and its mechanism of neurotoxicity has been studied in our laboratory for the past 10 years." In a highly technical presentation that left no doubt about the toxic effects of mercury, Dr. Haley explained that the vaccine preservative thimerosal, a combination of thiosalicylate & 49.6% ethyl-mercury, has been shown to be more toxic to mammalian enzymes and proteins of the central nervous system than mercury (Hg₂⁺). "Vaccines with thimerosal added as a preservative consistently demonstrated in vitro enzyme toxicity that was markedly greater than non-thimerosal or low thimerosal containing vaccines."

Explained Haley, "The growth of neurite processes requires two structur-

al proteins, tubulin and actin. Mercury appears to be more toxic to the tubulin biochemical properties than to actin. Thimerosal appears to be about equally toxic to both tubulin and actin. Dr. Haley explained, "**this would indicate that thimerosal has the potential to be much more damaging to neurite development than equivalent levels of mercuric ion.** It is therefore my hypothesis that thimerosal rapidly releases ethyl-mercury which most certainly could interfere directly with neurite growth and neuronal development in infants through inhibition of several dithiol and thiol-sensitive enzymes/proteins."

Synergistic toxicities

Dr. Haley stressed the importance of considering the synergistic toxicity of heavy metals, including data that indicates that "Hg₂⁺ and ethylmercury could act synergistically to enhance toxicity." Antibiotics tetracycline and ampicillin appear to magnify the toxicity of thimerosal. "There is no known level of safety for the use of thimerosal, especially in infants being treated with other medicinals that would enhance the toxicity of the ethyl-mercury released, such as occurred with tetracycline."⁽¹⁾ Synergistic toxicities should be of great concern as many infants are given antibiotics and vaccines in a short space of time. Additional research is needed in this area. "**Further, combining thimerosal with millimolar levels of aluminum plus significant levels of formaldehyde, also found in vaccines, would make the vaccine mixture of even greater risk as a neurotoxic solution.**"

"Infants have their own weaknesses regarding toxic exposures in that they do not make much bile in their early months of life and are less able to remove mercury", which primarily happens through the liver, the major route for clearing mercury. This means that infants given vaccines with thimerosal are being subjected to mer-

cury in the form of ethyl-mercury before they can effectively clear it from their bodies. As well, infants do not have a fully developed renal system (kidneys), that would remove aluminum and other heavy metals as effectively as adults, thereby greatly increasing the toxic effects. Dr. Haley believes the "inability of the infant to rid the body of these toxicants would greatly increase the damage they are capable of doing."

Concluded Dr. Haley - "Common sense implies that safety should be proven before use of toxicants in medicine and dentistry, not after. Common sense implies that the mere presence of mercury demonstrates toxicity at some level. Nowhere was this lack of common sense more evident than in the exposure of infants to thimerosal without prior testing in the recent past vaccine program." Further, "In my opinion, it is the inability to see the effects of chronic, low level toxicities on human health that is most likely our greatest failing as intelligent beings."

Woody McGinnis, M.D. is a primary care physician in Tuscon, Arizona. He spoke on physical health in autism and how to improve it. Dr. McGinnis paid tribute to "parent pioneers" who initiated thought and discovery, including Irene (Vicky) Colquhoun (1920-2000) who reported fatty acid deficiency in hyperactive children twenty years ago, as well as Bernard Rimland, Ph.D., Ellen Bolte, Brenda O'Reilly, Victoria Beck, Rik Rollens and Theresa Binstock.

Dr. McGinnis stated that autism and ADD are symptoms of multiple and variable underlying physical problems. ADHD and autistic children's lab results show the same results. Current thinking about autism and ADHD converges on the gut and nutrition. Most autistic children have an inflamed gut, sub-optimal nutrient status, microbial overgrowth, and food allergens and these causes can have

inter-related effects. Gut injury can cause impaired digestion and assimilation, which in turn causes sub-optimal nutrient status. IgG food allergy develops due to increased intestinal permeability. Increased absorption of toxins also cause increased permeability in the gut.

Treatment can include gluten/casein food avoidance, suppressing the overgrowth of yeast, detoxification, and supplementing with key nutrients vitamin A, C, E, B6, B12, Biotin, zinc, magnesium, selenium, calcium, fatty acids, Evening Primrose oil, cod liver oil and full coverage of digestive enzymes. The most important nutrient is zinc, with the picolinate form being the most absorbable. Zinc protects all membranes, tightens leaky gut and provides critical protection from infection. It is also necessary for stomach acid production and vitamin A metabolism. Supplementation may take 3-6 months to show any improvement. If combination nutritionals are a problem, they can be given individually. He recommended using combinations without copper as copper might cause behaviour problems. The key goals are to minimize toxins, infections and allergens determined through IgG and IgE blood testing. Elimination of sugar and additives in the diet is very important.

Dry skin and hair, allergies, thirst, frequent infections and dyspraxia may suggest a fatty acid deficiency. Dr. McGinnis also stated that 80% of asthmatics have low levels of zinc, and white marks on nails and prematurely graying hair may indicate that the body needs zinc. An indirect gaze may indicate Vitamin A deficiency. Rashes and carbohydrate cravings may indicate fungal overgrowths.

Secretin, Bethanecol, DMSA and Lipoic Acid (to remove heavy metals) are also current successful gut-related interventions requiring physician monitoring. For further information about

these strategies that you could share with your health professional, along with published studies on the nutritional status of autistic and ADHD children see Dr. McGinnis' web site at www.woodymcginnis.com.

Stephanie Cave, M.D., F.A.A.F.P. is board certified in Family Practice with a clinic in Baton Rouge, Louisiana and author of the book *What Your Doctor May Not Tell You About Children's Vaccinations*. She spoke about the highly controversial subject of autism spectrum disorder (ASD) and the possible link to the growing number of mandatory vaccines. Currently, she and her colleague Dr. Amy Holmes are treating 2,000 children affected with ASD. "We are fortunate to have stopped the polio, measles and whooping cough epidemics but have we paid a stiff price for our success?"

Vaccination debates are not limited to recent times. Dr. Cave explained how, in Portland Oregon in 1914, Lora Little became a vaccine activist after her seven-year-old boy died after a smallpox vaccination. Mrs. Little wrote a book titled *Crimes of The Cowpox Ring*. Little accused "slick doctors of lying about statistics in an effort to reap the large amounts of money involved in running the state-sponsored machine." Little declared that "Smallpox has declined concomitantly with vaccination only because of

growing numbers of chronically ill children and the lack of enough safety studies for the vaccines presently on the market. The incidence of autism has risen dramatically in the past ten years. In the fifties it was 1/10,000; 1/2000 in the seventies; 1/500 in 1996; 1/250 in 2000 and 1/147 in 2001. A possible link in the U.S. may be the Hepatitis B vaccine that was introduced in 1991 and was given shortly after birth. This vaccine contained 12.5 mcg of mercury. The EPA's "safe limit" is 0.1 mcg/kg/day or approximately 0.4 mcg/day for the average newborn. 12.5 mcg would be 25 times the EPA safe limit for mercury. Total thimerosal load in vaccines at that time exceeded 200 mcg. by 5 years of age.

Dr. Cave spoke of an article available on the Autism Research Institute website www.autism.com/ari entitled **Autism: A Unique Type of Mercury Poisoning**. Dr. Cave told the audience that the article describes characteristics of mercury poisoning that can be found in autistic children, including, but not limited to, self-injurious behaviour, social withdrawal, lack of eye contact, lack of facial expression, hypersensitivity to noise and touch, loss of speech and repetitive behaviours. Pink Disease had symptoms similar to autism and affected 1 in 500 children from 1890 to 1950 before the

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*"we are giving too many vaccines
in a short space of time"*

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improvements in municipal and personal cleanliness."

Dr. Cave is not opposed to giving safe vaccines. She is concerned that we are pushing young, underdeveloped immune systems beyond their capabilities in our zeal to keep them from being ill. She is concerned about the

connection to mercury containing teething powders was made.

Dr. Cave also said that "we are giving too many vaccines in a short space of time." Also unknown are the effects of some of the components of the vaccines including aluminum, formalde-

hyde, human fetal tissue and thimerosal. Unit-Dose vials would eliminate the need for preservatives such as thimerosal in the vaccines. She urged parents to read the vaccine package inserts. She urged mothers needing RhoGam injections to get a unit dose vial that would not contain any preservative. She also mentioned an anecdotal story of a 12-year-old child becoming autistic after a flu shot, which contained 25 mcg of thimerosal. Dr. Cave gave some practical suggestions for giving vaccines, including not vaccinating ill children and spacing vaccines where possible. She also mentioned giving vitamin C before and after vaccines, and to ensure levels of vitamin A (cod liver oil) if giving live viral vaccines. She concluded by saying that “we cannot eliminate all infections. We need safety studies on all vaccines. We need freedom of choice for immunization for our children because ONE VACCINE DOES NOT FIT ALL”

Dr. Cave’s entire presentation can be read at the ATEDM website. (2)

Vijendra K. Singh, Ph.D., Associate Professor of Immunology, Department of Biology and Biotechnology Center at Utah State University spoke regarding the Autoimmune Pathogenesis of Autism. He described how autism is an idiopathic disorder – we do not know the cause, but more than one million Americans suffer from ASD including an estimated one-half million people, mainly children, with a clinical diagnosis of autism.

With regards to genetics, Dr. Singh said that it is now generally believed that no more than 10% of autistic cases can be explained genetically, with the remaining 90% “having a non-genetic etiology, and autoimmunity has a strong prospect for finding a cause and treatment of autism today.” Dr. Singh explained that in addition to genetic susceptibility factors, multiple factors are implicated in autism including immune, neurochemical, as well as

environmental factors such as viral infections.

Dr. Singh has identified viral and autoimmune factors that led him to develop a hypothesis “Neuroautoimmunity Model of Autism,” in which an “autoimmune reaction to brain structures, in particular the myelin sheath, plays a critical role in causing the neurological impairments in individuals with autism.” His hypothesis: Environmental factors (virus/vaccines/toxins) create Immune Dysfunction/Dysregulation causing Autoimmunity to the Brain causing Neuro-Immune Developmental Disorders (NIDD) such as Autism.

Dr. Singh described how an immune insult like natural infection or vaccination could alter the normal development of the myelin sheath with “nicks” or small changes. These changes could lead to disturbances of brain functions, and would affect the maturation of the myelin.

Recently, Dr. Singh and his colleagues studied immune responses to viruses by measuring their antibody levels to measles, mumps, rubella, CMV and human herpesvirus-6. They were surprised to find that the antibody level of only the measles virus, but not the other viruses tested, “significantly higher in autistic children than the normal children. In addition we found an interesting correlation between measles antibody and brain autoimmunity, which was marked by myelin basic protein (MBP) autoantibodies. The two immune markers correlated in greater than 90% of autistic children, suggesting a causal link of measles virus with autoimmunity in autism.” They expanded this study to find the source of the measles virus, and they have now gathered experimental evidence that points to the source as being a measles subunit of the MMR vaccine. They found a “positive correlation (greater than 90%) between MMR antibody and MBP autoantibody. Therefore we sug-

gested that the measles subunit of the MMR vaccine might trigger an autoimmune reaction in autistic children.”

With autoimmunity playing a role in autism, blood testing can determine if a patient shows autoimmunity to brain tissue, or is a candidate for experimental immune therapy. Tests that can be performed to do an immune evaluation to help people with autism are 1) Brain autoantibodies, 2) Virus serology, 3) Vaccine serology, 4) Cytokine profile, and 5) Antinuclear antibodies. These tests may not be readily available in Canada. If autoimmunity markers are found immune interventions can include immunoglobulin therapy, autoantigen therapy, steroid therapy and plasmapheresis in consultation with a physician, clinical immunologist, allergist or hematologist.

Dr. Singh stressed that vaccines should not be given to immunocompromised persons. The current vaccination policy has no immune testing on infants before vaccination. Dr. Singh believes that we must test children for immunity before vaccination.

William J. Walsh, Ph.D., Chief Scientist and co-founder of the non-profit HRI-Pfeiffer Treatment Center in Naperville, Illinois spoke on MT Protein and Its Role in Autism. MT stands for metallothionein protein. In humans, MT regulates blood levels of metals, and MT is the body’s primary protection for detoxifying mercury and other heavy metals. A compromised MT protein system may represent a primary cause of autism. A study of 503 autism spectrum patients found abnormal levels of copper and zinc in their blood which indicated a failure of the MT protein system to regulate these metals in the body. This abnormality is believed to be genetic and results in impaired brain development and extreme sensitivity of toxic metals and other environmental substances. This abnormality may not be noticed

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in infancy or early childhood until it is aggravated by an environmental insult.

Dr. Walsh explained that MT is directly involved in neuronal, brain and G.I. tract development. A temporary disabling of MT function by an environmental insult during a specific stage of brain development may result in a disability in this area.

Environmental insults in utero can cause autism at birth. Environmental

other distressing symptoms. Phase I includes aggressive zinc loading which takes 6-8 weeks, followed by Phase II with MT promotion nutrients introduced.

For further information on Dr. Walsh and the Pfeiffer Treatment Center see www.hriptc.org. The MT formulations are available by prescription only through Pfeiffer Labs. Physicians can contact the Pfeiffer Treatment Center, which has submitted

logical, and not a mental disease.”

Dr. Lewis happened to watch the Oprah show with well known child allergy specialist, Dr. Doris Rapp discussing food allergies, and made the connection to her own child. She immediately took her child off milk and wheat products and noticed a “tremendous improvement.” Allergy testing may only show IgE mediated allergens. Specific testing for IgG food intolerance can be done.

Dr. Lewis noticed that the traits exhibited by autistic children - “in their own world, rocking, bizarre pre-occupations, gastrointestinal problems, insensitivity to pain, postural insecurity and inappropriate affect (giggling and crying for no reason) were similar to traits of heroine addicts. Opioids come from casein from milk and gluten from grains when they are partially digested. They lose their opioid activity if fully digested. The excess opioids are dumped into urine. When the gut is leaky, it allows for the passage of bacteria, toxins and foods, and if the opioid peptides are not broken down they too will pass into the blood and then to the brain. Dr. Lewis explained that the opioid excess theory has not yet been proven by double-blind placebo controlled studies, but good open trial data can be seen at <http://osiris.sunderland.ac.uk/autism/trueat.html>

For many children there is no question that the diet works. Dr. Lewis believes that over half of the autistic spectrum children will respond to this diet, and of those half, one third will make a dramatic turnaround. She also believes that when children are put on the diet before the age of two the chance of full recovery is “well within reach.” The diet is non-invasive and safe. The length of time on the diet is important. Less than 6 months on the diet showed a 31% improvement, 6-12 months a 45% improvement and more than one year showed a 54% improve-

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Environmental insults in utero can cause autism at birth. Environmental insults in early childhood can cause regressive autism.
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insults in early childhood can cause regressive autism. If the environmental insult happens at 18 months of age, at the time when the speech center is being developed, a mild insult could cause a speech delay, where a large insult could cause the child to become mute. Multiple insults can result in multiple disabilities. It is believed that if toxic environmental insults can be avoided until after age 3 the brain and G.I. tract may have matured sufficiently so that autism is no longer possible.

MT dysfunction causes a copper/zinc imbalance in the body that can cause a tendency for “rages and meltdowns.” It is important in autistic and ADHD persons to normalize the high copper and low zinc levels in the blood. Dr. Walsh stressed, as Dr. McGinnis did, that nutritional supplements given to autistic children should not contain copper. Dr. Walsh also recommended checking drinking water for high levels of copper.

The Pfeiffer Autism Protocol includes MT promotion using nutrient therapy. MT becomes a sponge for zinc that depletes quickly but you cannot “barge in” and rapidly promote MT. This can cause hyperactivity and

patent applications for the MT-Promotion formulations to ensure that they will be widely available at low cost.

Lisa Lewis, Ph.D., in Biological Anthropology and co-founder of ANDI – The Autism Network for Dietary Intervention and author of *Special Diets for Special Kids I & II* spoke to the audience on Understanding and Implementing a gluten and casein free diet. Fifty years ago Child Psychologist Leo Kanner named the baffling disorder of autism. There is still no known cause or cure and no cookie cutter treatments. Dr. Lewis went through the path of hearing tests, neurological and psychological consultations, then educational evaluations to the eventual diagnosis autism with her child.

Dr. Lewis spoke of a paradigm shift from “there is nothing you can do to help your child except intensive applied behavioral analysis therapy” to more doctors opening their minds because many of these children now have physicians for parents. There is a change in that “parents are at last being given alternative treatments based on the idea that autism is a bio-

ment in symptoms.

For further information on the diet, Dr. Lewis and ANDI - Autism Network for Dietary Intervention see www.autismndi.com and www.gfcfdiet.com.

James B. Adams, Ph.D., is a Professor at the Department of Chemical and Materials Engineering and Co-Director of the Interdisciplinary Science and Engineering Materials Program at Arizona State University. Dr. Adams is the father of a child with autism.

One possible cause of autism could be exposure to heavy metals. Lead toxicity from old paint and lead pipes is widespread, and lead can cause loss of IQ points and lead can affect every organ. Mercury exposure can come from coal burning fire plants, seafood, water, fungicides, pesticides, vaccines and dental amalgams. Studies on thimerosal in the 1930's tested adult animals that were followed for 14-45 days, even though lethal doses can take 3 months to show up.

Eating certain types of seafood equals "Russian Roulette" according to Dr. Adams. The most contaminated with mercury are tilefish, swordfish, shark, mackerel and grouper, and tuna can have a significant quantity of mercury. Seafood with low levels of mercury are salmon, oyster and shrimp. In a present study of 55 autistic children and 50 typical children more than 60% of autism spectrum disorder mothers consumed more than two servings per month of seafood compared to 30% of controls.

Dental amalgams in the mother can also be a source of mercury. Dr. Adams explained that new dental amalgam releases approximately 450 mcg/day which is about 500 times what old amalgam fillings release. Pregnant or nursing mothers should avoid new amalgam fillings.

Autistic children had 10 ear infections during the first three years of life

compared to 2 ear infections in the controls. Oral antibiotics prevent the excretion of mercury. Pesticide use was two times higher in autistic homes. 30 percent of autistic children exhibited pica (eating of non-food items) which increased their heavy metal exposure.

One of the most startling revelations Dr. Adams made was his description of the thimerosal molecule and the fact that thimerosal can settle in the vials. It is far denser than other molecules in the vaccines due to the heavy mercury atom. Thimerosal may settle to the bottom of a 10-dose vial of vaccine so if the vial is not shaken properly, or not at all, some unlucky children could have received up to 10 times the dose of thimerosal. Dr. Adams believes that instead of replacing thimerosal with other preservatives, single dose vial vaccines that eliminate the need for preservatives would be safer. Further studies are required to confirm that limiting seafood, reducing oral antibiotics and removal of thimerosal from vaccines can prevent many cases of autism. Treatment and testing can include DMSA challenge test for heavy metals and DMSA chelation is a possible treatment for heavy metal poisoning.

Information on Dr. Adams' research can be seen at www.eas.asu.edu/~autism.

In conclusion, I had a sense that I was in the presence of heroes in that conference auditorium. ATEDM parent heroes, Canadian heroes Dr. Spitzer, Dr. Goldbloom and Dr. Singh (who is Canadian!), and the scientist and doctor heroes including Dr. Walsh who told the audience that his favorite bumper sticker says "When the people lead the leaders will follow." These brave souls are doing everything they possibly can to put an end to autism, even if for some it means going out on a limb to question the "pillar of modern medicine" – vaccination.

References & Resources:

1. Crook and Freeman, Reactions Induced by the Concurrent Use of Thimerosal and Tetracycline, *American J. of Optometry & Physiological Optics* – Vol.60 #9, pp759-761 1983, as cited in Dr. Haley's Affidavit, "Thimerosal-Containing Vaccines and Neurodevelopment Outcomes.
2. - Further information on Dr. Haley's research can be found at ATEDM's web site: <http://pages.infinet.net/autisme/congres/2002en.html>
 - The University of Calgary's time-lapse video showing how neurons degenerate when they are exposed to mercury can be seen at: <http://commons.ucalgary.ca/mercury/>
 - The video that accompanies the study entitled, "Retrograde Degeneration of Neurite Membrane Structural Integrity of Nerve Growth Cones Following In Vitro Exposure to Mercury" was funded by the International Academy of Oral Medicine and Toxicology (IAOMT), the recognized stakeholder experts on Mercury in Canada.

Addendum

Collaborative research with the Calgary authors of this current study and Dr. Boyd Haley at the University of Kentucky demonstrated Alzheimer's disease-like brain damage to rats from inhaled mercury vapor.

Dr. Haley, commenting on the importance of this new documentation, "Seven of the characteristic markers that we look for to distinguish Alzheimer's disease can be produced in normal brain tissues, or cultures of neurons, by the addition of extremely low levels of mercury.

In addition, research has shown that Alzheimer's diseased patients have at least 3 times higher blood levels of mercury than controls. How much more research is necessary before the appropriate regulatory bodies respond with restrictions on the use of mercury-leaking dental amalgam fillings?"

ingly submit their children to an ever increasing vaccine load, to stay meekly compliant and not rock vaccine policies by asking what exactly is being injected into their children.

Cozy agreements with government regulators protect the drug industry from having to disclose the nitty gritty of vaccine components. What other class of drugs enjoys this kind of protection? Large numbers of consumer products that do not carry near the risks inherent in vaccines, require disclosure of contents and labeling. But this class of potent neuroimmune stimulating drugs, injected directly into the blood stream of infants and young children is protected by an impenetrable veil of secrecy. Inaccessibility to government data bases further conspires to keep the public in the dark about the real numbers of Canadian vaccine victims.

Health officials don't hesitate to manipulate and coerce the media. Just prior to the recent international ATEDM autism conference in Montreal, the press was called to a special meeting at one of the children's hospitals. Journalists were told that if they wrote about the vaccine/mercury/autism issue, and vaccination rates dropped, they would be held responsible for children's deaths. Press releases sent out on news wires announcing the conference were intercepted and never reached key journalists who had been following the vaccine/autism issue.

In Canada, an ineffective passive vaccine reaction reporting system, bolstered by insidious strategies of denial at all levels of official medicine, insures that vaccine adverse reactions remain obscured. Canada has succeeded in sanitizing its vaccine related death statistics.

It's official position is that children NEVER die from vaccine reactions!! Any deaths following vaccination are seen as coincidental and are automatically tossed into the convenient wastebasket of SIDS (sudden infant death). Even if a death occurs within hours of a severe vaccine adverse reaction, it is relegated to another cause to insure any link to vaccines is obliterated.

A prime example of diverting attention from vaccine reactions is the new phenomenon of shaken baby syndrome (SBS). If a child has a critical reaction or dies following vaccination and has developed retinal bleeds, brain swellings or brain bleeds, the parents will often find themselves accused of a form of child abuse known as shaken baby syndrome. Often, innocent parents, shell shocked over their critically ill child are subjected to grueling

themselves facing criminal assault charges as they agonizing over the fate of their child, while the real perpetrators go scott free.

Until now, drug companies have literally gotten away with murder. As the thimerosal issue blows wide open through class actions being launched all over North America, we are finally getting an inside view of the ruthless dealings of the drug industry.

Mercury containing thimerosal, commonly used as a preservative in vaccines since the 1930's is under attack for its links to autism and other neurologic disorders. Six decades later it was withdrawn from dog vaccines and contact lense solutions, but not from infant and childhood vaccines. The surge of class action law suits now being filed in the U.S. and Canada, is turning up the heat on the pharma industry who have lied about the toxicity of thimerosal, and is

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...it was withdrawn from dog vaccines and contact lense solutions, ...
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police interrogations, loss of custody of their child, and many face prison terms for child abuse.

Although expert medical investigators have proven conclusively that vaccines can cause the exact same symptoms presenting in many so-called shaken baby cases, vaccine induced trauma is never initially considered as a possible reason for the child's injury. Drug companies love shaken baby cases because suspicion of a vaccine reaction and liability is diverted away from them, and points instead at the parents (most often the father) of the unfortunate child. An unspeakable injustice is imposed on the affected individuals and their families who find

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exposing the extent of corruption amongst industry, vaccine regulators and health officials who failed in their duty to 'protect' the public from the unscrupulous manipulations of drug companies.

While health officials claim that most infant vaccines no longer contain mercury, autism continues to skyrocket. Perhaps they haven't yet evaluated the effects of the preservative that replaced thimerosal. 2-phenoxyethanol is the preservative currently used in Pentacel, the 5 in 1 vaccine injected into Canadian babies starting at age 2 months. A component of 2-phenoxyethanol is ethylene glycol, a common ingredient in anti-freeze. A German study has found

that 2-phenoxyethanol "caused a considerable reduction of NMDA-induced membrane currents in a reversible and concentration-dependent manner." NMDA is implicated in learning, memory, neuronal cell death and epilepsy. The study concludes that **"The results indicate a neurotoxic potential for 2-phenoxyethanol."** (2)

The mercury/thimerosal scandal exposes the extent of ethical and moral bankruptcy that permeates the drug industry, who knowingly marketed this potent nerve poison for injection into human infants for decades. A tragedy of unprecedented magnitude is unfolding as huge numbers of children slide into the abyss of neuroimmune dysfunctions and autism spectrum disorders (ASD) - children who were developing normally until they received multiple doses of vaccine cocktails containing the nerve poison ethyl mercury, disguised by a fancy name - thimerosal. As thousands of families with vaccine poisoned and disabled children start to fight back, perhaps there will be a larger societal awakening to the health disaster that threatens to destroy this generation of children.

In this issue of the VRAN newsletter, Alan Yurko writes about iatrogenic disease - illness and death caused by medical error and negligence, now the third leading cause of death in North America. But this equation does not even begin to address the human tragedy we are witnessing today, as the future potential of vast numbers of children has been destroyed by vaccine toxicity - all in the name of disease prevention, and public health.

Recent figures from the U.S. say that between 1 in 250 and 1 in 150 children have autistic disor-

ders. In Scotland the National Autism Society estimates 1 in 121 children is affected, and in England and Wales the numbers are even higher where 1 in 86 children is reported to be in the autistic spectrum. (3)

In Canada there are still no definitive stats to show where we stand with autism, but one thing is sure, it is dramatically on the rise as evidenced by an Ontario government study that has been kept hidden for several years. The report probably would never have become public without the persistence of University of Toronto professor Marianna Ofner-Agostini, herself the parent of a two year old autistic child. In 1998, nearly 800 children younger than 6 were newly diagnosed with the neurological disorder, a 53 per cent jump over the same period two years earlier. (4)

"This is a shocking number, and the government is going to have to commit more money to treatment," said Michael Gravelle, Liberal community and social services critic who was instrumental in finally getting the report release. He added that the province has consistently refused to give him any statistics on autism....has refused to release this report and downplayed the numbers of children with this disorder because they don't want to fund the treatment," Gravelle said. (4)

"We don't know why we're seeing this explosion, but we do know that it's a dramatic one and it has people worried ... if the numbers keep escalating and we don't treat these kids, the results will be tragic," said Dr. Ari Zaretsky, an assistant professor of psychiatry at Sunnybrook hospital.(4)

Costs of Applied Behavioural

Analysis (ABA), the one-on-one therapy some children are receiving, runs in the range of \$50,000 a year per child and is funded in only a few provinces. Currently the Ontario government is spending \$39 million a year to treat 500 children while another 900 are on waiting lists.(4) But ABA does not treat the underlying causes of this new genre of neuroimmune disorders which arise from biochemical and metabolic disturbances following toxic and viral injuries. These children need individual biomedical assessments to determine treatment protocols that may require heavy metal detoxification, immunoglobulin therapy, dietary adjustments, enzyme and supplemental micronutrient therapies. These types of diagnostic procedures and treatment protocols are simply not available in Canada and most families are forced to seek specialist help in the U.S.

This knowledge has not yet penetrated mainstream medicine which has stayed fixated on standard medical/psychiatric approaches, relying heavily on the use of Ritalin, Prozac and other mind altering drugs prescribed to millions of children in North America today. A telling comment by Dr. Jeff Bradstreet while testifying at the recent Congressional hearings on autism and vaccines, noted that **the parallel increase in the use of the mind altering drug Ritalin in the child population coincides with the mercury load in multiple vaccines given to children.**

Dr. Jeff Bradstreet, the medical director of the International Child Development Resource Centre in Florida and himself the parent of an autistic child, specializes in treating children with ASD, says there is plenty of scientific evidence now to link the catastrophic

explosion of autism to vaccines, mercury in vaccines, and the MMR vaccine. He disclosed that tests on his eight-year-old autistic son Matthew - who received vaccines containing mercury and the MMR jab - have found particles of measles virus in the fluid that bathes his brain and spine as well as in his intestines.

“We appear to be on the Titanic of child development” – said Bradstreet, offering a graphic

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“We appear to be on the Titanic of child development.”

image of the magnitude of the autism disaster. He calculates that the cost per child ranges in \$3-4 million per lifetime and the societal cost would be 3 times the individual cost. “Society will continue to pay an enormous price for this epidemic....autism is doubling every four years.” He calculates that in the U.S. it will cost \$3-4 trillion dollars in the next 50 years to care for the numbers of disabled people. (5)

The people who first uncovered the mercury/vaccine/autism connection are the parents who resolved to find out what happened to their previously healthy children. Lyn Redwood, an American mother whose child became autistic after injections with multiple mercury containing vaccines, started doing calculations and discovered that babies were getting hugely excessive doses of mercury, far exceeding the so called EPA ‘safe’ levels, which in itself is an oxymoron as there are NO known safe levels of this poison.

Redwood and researchers Sally Bernard, Teresa Binstock and others discovered an almost identical range of symptoms in people who

have suffered nerve damage from mercury poisoning and the autistic children who were injected with mercury contaminated vaccines. Their research paper documenting these findings is entitled “Autism: A Unique Type of Mercury Poisoning” and can be found at Lyn Redwoods website at :www.autism-mercury.com/ and the Safe Minds website offers updates on the latest mercury/autism research at www.safeminds.org

While health officials have strenuously continued to deny that the systemic accumulation of mercury contained in vaccines could cause autism in children, the SAFE-MINDS support and advocacy group obtained a secret version of a CDC report that found the cumulative exposure to thimerosal within the first 3 months of life substantially increased the risks of ‘neurological development disorders’, including autism, stuttering and attention deficit disorder. This secret report clearly demonstrates that an exposure to more than 62.5 micrograms of mercury within the first three months of life significantly increases a child's risk of developing autism. Specifically, the study found a 2.48 times increased risk of autism - that is to say, children with the exposure were more than twice as likely to develop autism as children not exposed. The CDC secret report was withheld from investigative hearings into mercury toxicity at the IOM - Institutes of Medicine, and altered to downplay the dangers. (6)

Waters and Kraus, a Dallas law firm involved in the thimerosal class action suits has found damn-

ing evidence that Eli Lilly, the manufacturer of thimerosal, knew of its dangers as far back as the 1930's but chose to conceal this information from the public.

“Eli Lilly made every effort to corrupt the medical and scientific literature.” In its eagerness to promote and market the product, in 1930, Eli Lilly secretly sponsored a “human toxicity” study on terminally ill patients already known to be dying of meningococcal meningitis. Senior law partner Andrew Waters stated that, “Lilly then cited this study repeatedly for decades as proof that thimerosal was of low toxicity and harmless to humans. They never revealed to the scientific community or the public the highly questionable nature of the original research.” (7) The most glaring inadequacies of the study were: **no possible long-term follow up, due to the impending death of the patients, and a lack of focus on infant neurotoxicity.**

Over the years, Eli Lilly ignored emerging research indicting the hazards of injecting humans with mercurial substances such as thimerosal. Particularly alarming was a 1972 British Medical Journal article reporting that the chemical interaction of thimerosal and aluminum, another vaccine component resulted in skin burns. “Mercury is known to act as a catalyst and to cause aluminum to oxidize rapidly, with the production of heat.....the manufacturers who supply us with thimerosal have been informed.”(7)

Says mercury researcher Dr. Boyd Haley, “Further combining thimerosal with the millimolar levels of aluminum cation plus significant levels of formaldehyde also found in these vaccines, would make the vaccine mixture of even

greater risk as a neurotoxic solution. The synergistic effects of mercury toxicity with other heavy metal toxicities (Pb,Cd,Zn) has been established in the literature for many years.”

In recent history (1950's), the world watched in horror as the Minamata disaster unfolded in Japan. Heavy industries in this region of Japan discharged mercury laden sewage into Minamata Bay, where the local people still continued to fish and had no knowledge of, nor warning that the fish and shell fish they harvested could cause devastating nerve destruction in their children, and unborn babies.

Shocking and explicit images of mercury poisoned children, brain damaged and horribly disabled delivered a terse warning to the global community that mercury cannot be released into the environment even in minute quantities, without hideous consequences. But even prior to the Minamata disaster, mercury was well known as a nerve poison as evidenced in history going back to the days of Lewis Carroll's references to the “Mad Hatter” in Alice in Wonderland. People working in the felting industry making hats, who were exposed to mercury compounds used as fixatives, often developed a form of insanity called “mad hatter disease”.

To add insult to injury, recently-informed health officials STILL recommend thimerosal containing flu vaccines to pregnant women! When are we going to prosecute these people for criminal intent to harm?

Consider the following research shared with us by Andreas Schuld:

On July 16, 2001 the Institute of Medicine's (IOM) Immunization Safety Review Committee (ISRC)

in the U.S. held a hearing on thimerosal and mercury poisoning from vaccines.

During this event, Professor Grandjean presented the findings from a large study conducted in the Faroe Islands, a community which was chosen as the "perfect" population to study mercury poisoning, as the Faroese consumed large amounts of whalemeat, a prime source of methylmercury. The scientists conducted extensive analysis of longitudinal data on the effects of prenatal methylmercury exposure among the inhabitants.

Prenatal exposure to methylmercury was assessed by analyzing mercury concentrations in the cord blood of newborns and maternal hair. At age 7, the children underwent further extensive neurobehavioural testing as well as general health examination. After adjustment for variables, the cord-blood concentration showed the clearest associations with deficits in language, attention, and memory at age 7.

The study also identified mercury-related cardiovascular risk factors during the general health exam, which were investigated because of earlier case reports and experimental findings of cardiovascular effects. Among the children whose cord blood mercury content had been measured at 1-10 ug, blood pressure was raised by an average of 14 points. Effects were magnified in children with lower birth weight, whose blood pressure was raised by as much as 21 points. These findings are of great importance as childhood blood pressure has been shown to be an important predictor for hypertension later in life.

As the daily intake reference dose of the US EPA (Environmental Protection Agency)

is 0.1 ug/kg body weight - an intake which corresponds to mercury concentrations of approx. 5 ug/l in cord blood, these findings further indicated that prenatal exposure to methylmercury at concentrations even BELOW current exposure limits can cause adverse effects.

Considering that the IOM heard all this most important information, data which is now used to establish new reference levels, it is simply incomprehensible how they can continue to promote flu vaccines containing thimerosal to pregnant women. “But most concerning to me in the Institute's (IOM) treatment of the mercury problems, was the almost complete absence of regard for the compounding effect of thimerosal on pre-existing mercury levels. The NHANES study from CDC had already established perhaps one in ten children is born to mothers with elevated mercury burden”, testified Dr. Jeff Bradstreet at recent congressional hearings. (5)

Mercury readily crosses the placental barrier into the developing fetus, predisposing the baby's developing nervous system to injury. A pregnant woman who is injected with mercury laden vaccines or absorbs it via food or amalgam dental fillings, unknowingly risks the future health of her unborn child. Perhaps this is why some autistic children have brain stem malformations. A critical window of brain stem formation in the human fetus is between day 20 & 24 in utero.

It is during this time of neural tube closure ONLY, that shortening of the brain stem can occur (Rodier et al, 1997). Stromland et al reported in 1994 that the rate of autism was 33% in people who were exposed to thalidomide

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between the 20th to 24th days of gestation, with 0% cases reported at other times. The neural tube is the progenitor (parent) of the central nervous system (CNS). (9)

Janaia McQuaig shares what happened to her daughter - "I was given a flu shot with thimerosal when I was 11 weeks pregnant with Marina and reacted severely to it. She has cutis aplasia on her hands and feet and was diagnosed with epilepsy at the age of two months, which to me is an obvious result of the vaccine." Since "evolving" neurological conditions are NOT considered a contraindication to vaccination, Marina received all her infant shots on schedule. Then at 18 months she was injected with 7 vaccines at once: diphtheria, tetanus, pertussis, polio, Hib, chickenpox and meningococcal meningitis. Marina had been seizure free for a year, but her mother suspected she may have had a recent seizure that she didn't see. She also had a cold at the time. "I kept asking the nurse if it was all right to go ahead, trusting that she was the professional and knew what she was doing, and she told me yes - just give Marina tylenol for the next 24 hours."

Two days later, Marina was rushed to the Children's Hospital. She was "status" - meaning she was having seizure after seizure without coming out of them in between. "After two weeks in the hospital, one of them in ICU, and seizing almost daily, up to nine a day, I started to ask why this happened. I then reported the incident to the Health Unit. When I followed up a couple of weeks later no one knew what I was talking about and was told that it is completely safe to have all of these vaccinations."

Unbelievably, Marina's severe reaction two days after vaccination is not considered an adverse reaction. Says Janaia - "Even though her neurologist has agreed that this episode had a lot to do with the vaccinations, the "officials" who make the policies have essentially said "prove it". Therefore, what happened to Marina will not go to "statistics" to help prevent the same thing from happening again. I hope one day if enough parents continue to tell their stories our children will be protected."

The numerous Congressional hearings that have been held in the U.S. these last few years delving into vaccine safety issues have provided a highly visible and credible venue that has enabled critically important research to be highlighted in the public arena. The hearings have given vaccine injured families a place to tell their stories, and scientists a forum to publicly present information and data that might otherwise have been bludgeoned by the ruthless manipulations of pharmaceutical industry and their henchmen, establishment vaccine policy makers.

It has taken the personal tragedy of people like U.S. Congressman Dan Burton, whose own grandson regressed into autism within days of being injected with 9 vaccines, to bring the vaccine injury/autism struggle into sharp focus both nationally and internationally. Burton has chaired numerous hearings on the vaccine/autism issue. At the most recent Congressional hearings on autism & vaccines held on June 19, he called for criminal charges to be brought against government agencies that knew about the dangers of thimerosal in vaccines, covered it up, and did nothing to protect

American children. Burton has put the vaccine establishment on notice that this is a major shake-down happening. "Look, I don't think it makes any difference whether it's a private company or a government agency," Burton said. "If they know they're harming somebody and they continue to let it happen, then they should be held accountable." (10)

Dr. Andrew Wakefield is getting closer to proving the link between MMR vaccine and autism, and presented his new evidence at the hearings. A few years ago, Wakefield discovered that many autistic children have severe gut and bowel problems, and many of them harbour particles of the measles virus in bowel tissue. Earlier this year Dr. Wakefield said that his line of research would soon prove the link between MMR vaccine and the onset of autism where parents report that their children regressed after the vaccine.

Dr. Wakefield presented the sum of his research at the hearing, and confirmed some key facts - **"Most significantly, a study due to be presented at the Pathological Society of Great Britain and Ireland, in Dublin at the beginning of July has confirmed that the measles vaccine virus is present in the diseased intestinal tissues of children with regressive autism."**

"The Dublin researchers headed by Dr John O'Leary, Professor of Pathology at Trinity College Dublin, examined viral genetic material from intestinal biopsies taken from 12 children with gastro-intestinal disease and an autistic spectrum disorder. The viral genetic material had already been identified as measles in a study published in January in Molecular Pathology. Using state of the art

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molecular science the samples from these twelve children have now been characterised as from vaccine strain measles virus. This investigation continues. These data constitute a key piece of evidence in the examination of the relationship between MMR vaccine and regressive autism.” (5)

As the deadly dealings of the vaccine industry come to light, and we learn the degree to which drug companies and government regulatory agencies have lied about the toxic effects of vaccine components while they discount and discard vaccine reactions, how they have discredited and persecuted scientists who have discovered evidence of vaccine induced injuries on the cellular level, and how they have protected pharmaceutical interests to the detriment of human health, parents everywhere must begin to question the basis on which they trust their doctors, pediatricians and the whole gamut of monopoly medicine as it has been set up to rule our lives. The most fundamental premises are now being questioned and coming under fire. While the majority still trustingly accept vaccines as insurance against infectious diseases, perhaps they too will soon ask – **at what cost?**

AND whether the short term gain of having suppressed some diseases is an acceptable tradeoff for the disablement of vast numbers of children now lost in autism.

The late great Dr. Robert Mendelsohn, MD predicted many years ago that if the public were to lose confidence in vaccine agendas (which have been falsely promoted as the cornerstone of preventive medicine), it would be the beginning of the end of corrupt monopoly medicine as we know it today. Dare we hope that his prediction might be on the verge of coming true?

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Mothering Magazine has an excellent article giving synopsis of the mercury issue in their May/June, 2002 issue, and also coverage of the NVIC conference fall 2000 which includes a large review of the mercury/vaccine/autism issue. www.mothering.com

Health Canada discussion re exposure to thimerosal in vaccines used in Canadian infant immunization programs <http://www.hc-sc.gc.ca/pphb-dgspsp/publicat/ccdr-rmtc/02vol128dr2809ea.html>

DEATH BY LETHAL INJECTION

Christine Colebeck

June 18th 2002

I was thrilled when I got the news I was pregnant. I immediately began making little blankets and dreaming of the bright future with my child. The pregnancy was wonderful. The little miracle grew perfectly inside of me. The pregnancy and delivery went so smoothly. I was affectionately teased by my family, that I was so perfectly built to be a mother. My parents even named their pet fish (a guppy) after me. We all laughed a lot, in those very happy days.

After 41 weeks of pregnancy On July 27th 1986 little baby Laura Marie, made her entrance into the world. We were welcomed home by family and friends anxiously waiting to meet the new family member. They bought so many beautiful, little tiny, pink dresses, we joked that she would never be able to wear them all, in one lifetime.

Our lives changed completely and now revolved around stroller walks in the park, visiting friends, changing diapers, night feedings and shopping for more little pink dresses. We were parents now - we had a family and life was absolutely perfect.

I took Laura for several baby check-ups at the pediatrician. She was a kind and gentle, intelligent, older woman. At age, 3 months old the pediatrician was Pleased with her development and weight gain, at age 3 months, the pediatrician vaccinated her with DPT and oral polio vaccine. I didn't even question her, I knew that all my friend's babies had this same vaccine and "all good mother's" vaccinated their children to protect them. I left the pediatrician's office and walked home. Laura was very fussy, which was unusual.

She cried loudly all the way home, in the stroller. When we got home, I real-

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ized she had urinated so heavily she wet everything in the stroller. Then her cry turned into screaming and she developed a fever, her leg was very swollen, red and felt hot. I called the pediatrician who told me this was "normal" and to give her baby Tempra. I gave her the Tempra and I felt better that the pediatrician had assured me this was normal. I was so glad that I had chosen to take my daughter to this doctor. She did specialize in children and I wanted my child to receive the best care.

Laura continued to scream and I could not console her. My every instinct told me this was not normal but I was young with my first child and trusted the doctor. I could no longer hold Laura in my arms because she screamed louder as any movement of her leg seemed to cause her terrible pain. I put her in the swing and she cried herself to sleep. I was so relieved - the tempra was working and the doctor had been right. I began to feel silly for all my worrying. A short time later, Laura woke up screaming and spent the evening screaming and sleeping on and off.

She had no appetite and nothing could console her or stop her crying. Finally it was bedtime and she cried in her crib, until she fell asleep. She had never cried herself to sleep before and I felt very bad for letting her but if I held her, she screamed louder. My husband came home from work and I told him about everything that had happened that day. Laura was sleeping soundly in her crib and we were both relieved that she seemed to be feeling better and decided not to worry..... I should have worried.

In the morning I awoke and was startled to realize my husband had slept in for work. I immediately knew something was wrong and the worry from the previous night came rushing back to me. I quickly ran to her crib, with a feeling of dread. She did not

look right. I closed my eyes tight and opened them again, and considered the possibility that this was a dream but when I opened my eyes she looked dead.

I went into shock and after that, much of this day remains a blur. I touched her and she was very warm. I screamed for my husband to call 911. I watched my husband perform CPR but my body was frozen and I couldn't move. He tried to revive our child to no avail. He was shouting for me to open the door for the paramedics. I was temporarily jolted back to reality and I went and opened the door. I could now move but couldn't speak.

I just stood there stupidly shaking my head, feeling completely helpless as dozens of paramedics, police and firemen rushed past me into my house. I didn't cry, and I wanted to scream at them to leave her alone but I couldn't speak. She was on the floor and they were shocking her tiny body, in the little bedroom with the yellow painted walls and clown wallpaper. I stood there praying in my head, that they would just leave her alone, that they would get out of her bedroom and that I would wake up from this horrible dream.

Then I heard someone say there was a faint pulse and I suddenly felt hopeful/ she was rushed to the hospital in an ambulance. It was then, that I was led by the homicide detectives into another room and the interrogation began.

They decided that my husband and I needed to be in separate rooms. I immediately realized they suspected that we had done this to our child. We all know that perfect children do not suddenly die, for no reason. I was silent, I had already decided in my own mind that this was somehow all my fault and although I wasn't quite sure what I had done to kill her, I knew I had somehow caused this to happen. Perhaps, I was being punished by God for a sin, or perhaps it hap-

pened because I had let her cry herself to sleep that night. The fact remained that my child was dead and "good mother's" do not have dead children.

My husband began to protest loudly about the line of questioning and he demanded we be taken immediately to the hospital, to see our child. The detectives finally took us to the hospital and put us in the "bad news room" and the doctor came and insisted we sit down, before he spoke to me. He began telling us that they had tried this and that and then finally got to the bottom line. She was dead.

The pediatrician whom I so respected and adored broke down and cried when I gave her the news on the phone. She went back and forth defending the vaccine, that she was told was safe, and blamed it for killing my child and those who told her it was safe. She then told me that she also had another patient, an infant boy, die after this same vaccination.

Then the detectives took us home for more questions. Often repeating the same questions several times until they grew tired of asking them. The questions constantly centered around our involvement, then they searched the house and checked for signs of forced entry. My husband repeatedly told them, that he thought the vaccine had killed our child and told them over and over, about her unusual behavior, since she was vaccinated.

Everyone we knew arrived at our house. I made coffee and tidied the house, like it was any other day and we were having "guests". Shock is a strange and wonderful thing and of course you don't know you are in it. My parents finally insisted on taking me to their house for a few days, while my husband and his friends had the horrendous task, of packing up the nursery because I couldn't stand to look at it any longer. The room I had so lovingly made was now empty and a source of great pain.

Several days later, after the funeral and the tiny white coffin, that was so small my husband carried it alone, I finally broke down and confessed my guilt to my mother. She was an intelligent woman and managed to convince me, that I had done nothing wrong. I eventually came out of shock and began the grieving process. When I finally allowed myself to cry, it was a river. I cried for all the things I would never be able to do with my daughter. All the ballet classes I would never take her to, and all the dreams I would never realize with her.

The detectives eventually became satisfied, that we had not harmed our daughter in any way and the investigation into her death ended. We were then left without answers.

This story should end here but unfortunately it does not. Soon after Laura died, I realized I was pregnant. I began phoning the coroner everyday begging him for a cause of death for my daughter. The death was officially decided as SIDS (sudden infant death syndrome -no known cause) This was not comforting. The doctors did not want to talk about her death being related in any way to the vaccine and one after the other, refused to answer my questions.

I have been told that the worst thing that can happen to a person is to have their child die. I know that is not true. The worst thing that can happen to a person is to have their child die of a socially or politically unaccepted cause of death, such as vaccination.

The pregnancy went well, and we were blessed with a healthy son. The doctors insisted that my husband and I be trained in infant CPR before we were allowed to take our baby home. They also sent us home with an apnea monitor to monitor our son's heart rate and breathing so that the "no known cause" wouldn't snatch our son from us too. I barely slept until he was over a year old.

We delayed the vaccination of our son until he was 8 months old, and I finally found a nice older doctor who was actually willing to speak to us about vaccine dangers and risks. The doctor suggested that we do not give him the pertussis (whooping cough) component of the infant vaccines as he felt pertussis "may have" contributed to the death of my daughter. We were terrified about vaccinating our son but we were so relieved to find this doctor who seemed willing to talk honestly with us, and he was the first doctor who ever confirmed for us that the vaccine killed our daughter and so we trusted him and agreed to vaccinate our son, without pertussis.

My son was hospitalized for his vaccination of diphtheria, tetanus and Oral polio as a precaution. I stayed awake all night at the hospital to be sure. We were so relieved that he appeared to have no adverse reaction to the vaccine. I went on to have 3 more wonderful children. We continued to vaccinate all of them at an older age with DT Polio and no pertussis.

My youngest child Carter did not tolerate the vaccine well at age 19 months but the reaction did not appear to be severe. He had normal and even advanced development and then suddenly he began to regress. We noticed he would not play with toys but instead he would sort and classify them. He became obsessed with numbers and trains.

At age 3.5 Carter had a severe adverse reaction much like Laura's. His leg became swollen to almost twice its normal size. It was hot, red and very painful. Carter cried and screamed in pain. He developed a fever. I phoned the doctor who assured me this was normal and to give him Tylenol. It was like dejavu. I was re-living the nightmare of Laura with Carter. I did not believe the doctor this time. This was NOT normal. I monitored him day and night. A few days later I was extremely relieved that the swelling

went down and the pain diminished. I breathed a huge sigh of relief and vowed that I would NEVER allow a doctor to vaccinate any of my children again.

Carter did not develop normally after that. He regressed in toileting. He began to exhibit obsessive-compulsive type behaviors. He developed verbal tics and he could no longer cope with transition. He had gaze avoidance. The slightest change in his routine caused meltdowns, equal to an erupting volcano. He also started showing a very unique talent with numbers. By age 4 he could count into the millions, he understood place value and fractions. He began skip counting and we soon realized that he was teaching himself to multiply. He could add and subtract very high numbers in his head. He would sit for hours in front of digital clocks and shriek with excitement when the numbers became patterns, 1:23 or 5:55. His development was obviously asynchronous and he continued to parallel play, while his peers began socializing.

School was a disaster. He did not separate well from me. The Junior kindergarten teacher constantly complained about his oppositional behavior and his inability to conform. We removed him half-way through junior kindergarten and homeschooled him. We took Carter to a private psychologist. She tested him and found him to be in the superior range for intelligence and very advanced in academics, especially math. It was determined that Carter had equal access to both his left and right side of his brain and he had no hand dominance. This is not normal. She attributed his lack of social skills to his high intelligence. "He simply has nothing in common with his peers"

Carter spontaneously began to read books on his own. His behavior continued to decline and his pastimes became even more strange. His favorite

book was the phone book, he would search through it for hours looking for patterns in phone numbers. He was passionate about calendars, and calculators. One day I noticed he was too quiet and found him lost in piles of human anatomy books. His favorite systems were elimination, and reproduction. His favorite organ was the heart and his favorite blood cell was white. He calls white blood cells pacmans like the video game, and nothing delights him more than phagocytosis.

The following year we put him into Kindergarten. He explained the reproductive system for show and tell to the other 5 yr olds, quite accurately and much to the shock of the red-faced teacher who could hardly suppress her laughter as she recanted the ordeal. He drew pictures of sperm penetrating eggs for art. He wore shorts year round as he could not stand the feel of fabric on his legs and he insisted on wearing gloves inside the classroom. The teacher tried very hard to help him adjust. She had grade 1 math and reading sent to the kindergarten class for him. She arranged it so that he could sit alone to eat snack as he found other peoples eating habits offensive. She was tolerant and understanding of all his quirks. He still could not cope.

If another child touched him he would have a meltdown. He became obsessed with the order that people were allowed to walk through the door. It took 2 adults to get him in the class each day because he screamed, kicked and cried with such fury when I left him. When he became anxious his verbal tics started and he would swear repetitively. We removed him from school again halfway through the year and homeschooled. We were quite sure he had ADHD but would never medicate him and so we sought out no treatment.

I was at the doctor with my daughter having camp papers filled out and

Carter happened to be with me. He suddenly began the verbal tics and the doctor said he had tourettes and it was severe. I was so shocked the doctor did not say he had ADHD and we were at the end of our rope trying to deal with Carter's behavior so I agreed to take him to the specialist. A month later Carter was diagnosed by a developmental pediatrician with aspergers, a form of autism.

Carter also has OCD (obsessive compulsive disorder) and sensory integration disorder. He cannot tolerate loud noise (other than his own) a toilet flushing would send him running out of the room screaming with his hands over his ears. He cannot tolerate bright light, tags on his clothing, clothes that "itch", seams in socks, seatbelts that are "tight" and food texture, he will not eat foods that are not "smooth" all of his senses are amplified. He is unable to interpret facial expressions, verbal tones or social cues. He does not understand cause and effect and requires supervision 24 hours a day for his own safety.

I was so crushed by this diagnoses there are no words to describe. I researched autism for months. It was through that research I came upon information that autism was linked to vaccines. It hit me like a ton of bricks. Carter had regressed immediately after his vaccinations.

It was also through this research, that I finally saw my first vaccine product monograph (the vaccine instructions/ warnings/information that parents NEVER get to see) I was horrified to discover that Laura's autopsy summery was copied right from this product monograph under the heading "contraindications". "Sudden infant death syndrome has been reported following administration of vaccines containing Diphtheria, tetanus toxoids, and pertussis vaccine. However, the significance of these reports is not clear. One common factor is the age where primary immunization was done

between the age of 2 to 6 months, a period where most sudden infant death syndromes are found to occur with a peak incidence being at 2 to 4 months."

Most vaccine induced deaths in this country are listed as SIDS. SIDS statistics are NOT included in vaccine adverse reaction data, which is presented to physicians and the public to reassure them that vaccines are safe.

The governments own literature states that there has been little or no testing in the area of vaccine safety or efficacy. Essentially, our children are the test. According to their own literature, immunization is "the most cost effective" way to prevent disease. Nowhere in their literature does it claim to be the safest. The children who die or become permanently brain damaged as a direct result of vaccination are considered to be "acceptable levels" of loss "for the greater good" We are trading our children's lives to save the government money.

I can assure you that death from vaccination is not painless or quick. I watched my daughter suffer an excruciatingly slow death as she screamed and arched her back in pain, while the vaccine did as it was intended to do and assaulted her immature immune system. The poisons used as preservatives, seeped through her tiny body overwhelming her vital organs one by one until they collapsed. Death by lethal injection is not even considered humane enough for this country's most violent criminals but it was the death sentence handed down to my innocent baby daughter. It is an image that will haunt me forever and I hope no other parent ever has to witness.

I have been repeatedly told by the medical profession that "The benefits out-weigh the risks" with immunization. That was certainly not the case with my children.

Vaccines cost my daughter her life and my son his potential.

LETTERS

Mr. Dave Chomiak
Minister of Health - Manitoba
Winnipeg, Manitoba
May 2, 2002

Dear Mr. Chomiak,

After reading the *Winnipeg Free Press* (Friday, April 26, 2002, p. A1 & A2) article 'NDP slashes chiropractic coverage 30%' some serious questions need to be asked. From the content of the article even Alexandra Paul believes or senses the changes made by your government to be a political move and not a financial one, as the only person quoted in the article other than yourself, and members of the medical and chiropractic profession was Leona Rew, who is involved with the Association for Vaccine Damaged Children.

What should be of great concern to your government is the fact that Dr. Aleks Chochinov, president of the Manitoba Medical Association, has set the measure or bar for imprudent and dangerous treatment by stating; "To subject children who are not consenting adults (to treatment) with rare and devastating consequences we feel is imprudent at best and downright dangerous at worst." I couldn't agree more.

In the early 1980's when doctors and vaccine makers lobbied Congress to protect them from vaccine injury lawsuits and insure the supply of vaccines, the U.S. Congress responded with the National Childhood Vaccine Injury Compensation Program. The medical profession and the vaccine manufacturers could not get product liability and without government involvement and help, the industry would have died a slow death. Interesting isn't it that without government protection the people themselves would have made sure that the vaccine industry went bankrupt. Now, howev-

er, even though doctors and vaccine makers got what they wanted and are shielded from vaccine injury lawsuits, they have enthusiastically supported weakening of the Vaccine Injury Compensation Program by federal health agencies determined to limit the number of awards given to vaccine injured children. Apparently, they see each award given as an admission that vaccines can and do cause harm and this makes it harder for them to promote one-size-fits all vaccination policies.

If I am not mistaken the Manitoba government through the Department of Health pay for, with taxpayers dollars, all the recommended childhood vaccines given to infants and children in the province of Manitoba. In fact, it makes the doctor, the medical profession, and the elected representatives of the people (you), liable and responsible for all injuries caused to the children of Manitoba by this nefarious procedure. And you know very well that there are horrendous consequences from vaccines. The families of these unfortunate children suffer great mental and physical anguish and trauma as well as huge financial consequences as a result of this money science.

In talking to a local school trustee not that long ago one-third (1/3) of the Turtle Mountain School Division's children require some degree of personal care and assistance due to a mental and/or physical disability.

Dr. Bonnie S. Dunbar, a research scientist and medical and graduate student professor who has worked in the areas of autoimmunity and vaccine development for over twenty-five years — seventeen years at Baylor College of Medicine in Houston (as of 1999), and a renown vaccine researcher gave testimony to the House of Representatives, Committee on Government Reform, May 18, 1999. In her remarks on the Hepatitis B vaccine she stated:
[Quoting]

"... The reversal of the vaccine mandate for children in France was not based on lack of documentation. I have now been contacted personally by hundreds or more individuals (including parents of infants and children) who have reported deaths, severe health problems and life long disabilities, resulting in major medical costs following the administration of this vaccine."

"... Sadly, even less is known about immunological reactions in infants, especially since they cannot communicate, as can older children or adults, their severe pain, fatigue, or other neurological or physical disturbances."

"... I would challenge any colleague, clinician or research scientist to claim that we have a basic understanding of the human newborn immune system. [Emphasis added]

"In view of this lack of scientific and medical information of neonatal immunology, it is remarkable to me that newborn infants, especially those not at risk for the Hepatitis B disease itself are being administered multiple injections of this vaccine and that there have been few, if any, clinical trials to adequately evaluate the potential long term effects of neonatal immunization especially as it relates to genetic diversity. [End quoting.]

A point of interest; not that many years ago I talked to a First Nations person — involved with first nations children — who contacted me about this very subject — vaccines. She stated emphatically that Fetal Alcohol Syndrome in native children was exactly what Autism is in white children. When things go wrong it is always easier to blame the victim than to accept the responsibility. Autism is rampant and epidemic down in the U.S. where they vaccinate newborn infants with Hepatitis B vaccine.

From testimony, May 18, 1999, to the House of Representatives, Committee on Government Reform,

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submitted by Patti White, RN School Health Services Coordinator Warrensburg R-VI School District Warrensburg Mo 64093 and Missouri Central District School Nurse Association on Hepatitis B vaccine; [Quoting]

“... There is not one long-term study that we could find.”

“... In 1950 (before mass immunizations began), the USA had the third lowest infant mortality rate in the world. By 1986, the USA dropped to 17th place. In 1995 the USA dropped to 23rd and now the USA has dropped to the appalling position of 24th in the health of its children (but the USA is now first in vaccine compliance through government mandates).

Does this make you nervous too?[Emphasis mine.]

“... The census of ill children seen in our health rooms each day has increased by 300% in only four years.

“... We (nurses, principals and teachers) have talked many times about the possible cause(s) of the continuing increase in pervasive developmental disorders (PDD), such as autism. From the literature we have found, we should expect a rate for PDD of about 1 in 10,000. In our community the rate in Kindergarten, 1st and 2nd grade is more like 1 in 150. The teaching staff is overwhelmed.”

“... You must understand that we began this study to reassure our parents and show them the truth about how safe vaccines are. Unfortunately, our sincere, honest, dedicated study has caused a complete reversal of our once strongly held beliefs.”

“... I have repeated the well-rehearsed refrain “Be Wise & Immunize” thousands of times during those years and reassured countless parents that they were doing the right thing by vaccinating their precious children ... even the ones who came to me with serious doubts and reserva-

tions. I will now have to live with that.”

“... Vaccination frequently caused encephalitis and neuropathy that in turn leads to these post-encephalic states and conditions. In his book (*Vaccination, Social Violence and Criminality*), Dr. Coulter presents a time line of increase in developmental disability related to vaccine introduction that is indeed frightening. Dr. Coulter believes about 20% of our children are suffering from this neurological vaccine damage.”

“... As school nurses, working with these damaged children on a daily basis, we pray this is not true. If it is, the ramification to this generation of children is unthinkable!” [End quoting]

In the fall of 1998 in an interview aired on C.B.C., Dr. Byron Hyde, M.D. stated with regards to the Hepatitis B vaccine; [Quoting]

“Unless my kid was going into prostitution, homosexuality, or doing I.V. street drugs, I’d wait until they were closer to puberty when they might start engaging in these activities. And the other thing which is really really important! By the time a child is into grade eight or grade nine and you’ve got an academic and sports record on that kid, you know what that child can do. If the child is immunized and something happens to it and all of a sudden it is failing because it has brain defects or memory, you’re going to know about it. You start immunizing newborns or grade four kids where you don’t have a good strong academic record — **you don’t know what you are doing.** [Emphasis added]

Further Dr. Hyde states in *The Community Voice*, Thursday, December 3, 1998; [Quoting]

“... I’ve never seen so many untoward reactions (to Hepatitis B vaccine),” he said. Some of his patients were developing chronic fatigue syndrome, and fibromyalgia syndrome. “We almost never see any recovery,”

he said, “usually they have a brain injury. **We have three dimensional pictures of the brains of some people with holes in them.**” [Emphasis added]

You know I could go on for pages and pages. In light of the new standard or bar set by Dr. Chochinov and the Manitoba Medical Association, when are you and your government going to stop paying for and promoting vaccines of any kind? In light of the evidence is it not dangerous to have the medical profession in charge of investigating itself and in particular investigating the side-effects and damages caused by vaccines?

Enclosed is the story of two Manitoba children who suffered grave and devastating reactions from vaccines. In reality the count and ramifications are horrendous. Who is going to accept responsibility for these injures? Do you not think it a travesty and a crime that our government continues to ignore the plight of these children and knowingly continues and yet increases the assault on our children and adults?

Mr. Chomiak, Manitobans need their governments to start telling the truth about a great many things. Are you going to start telling the truth about vaccines?

Thank you for your time and I await your reply.

Raymond Shupena D.C.

Dear Ms. Wasylycia-Leis, M.P.
Ottawa, Ontario

Would you be able to let me know the outcome of your Private Member's Motion on September 20, 2000 that would require mandatory reporting vaccine associated adverse events?

Also, I recently received, from Health Canada Access to Information, a list of vaccine adverse events for the vaccines that my youngest child received. He is anaphylactic to numer-

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ous foods.

It is shocking material, to say the least. One lot # had 664 adverse events, a total of 23 pages long. The other lot numbers had fewer events, but still shockingly too many! A "hot lot" in the US is described as having more than 1 death, 2 convulsions or 10 events. Clearly, the guardians of our children's health at Tunney's Pasture were asleep at the wheel.

I am unsure as to how to address this situation, which borders on criminal negligence, I would think.

Any ideas, suggestions on where to take this information? These vaccines were given from 1993 to 1995, so it's not very recent. I can send you photocopies of the information I received.

Thank you very much for any information or suggestions that you may be able to provide.

Sincerely,

Rita Hoffman for Anaphylaxis Action
Stirling, Ontario K0K 3E0

To Manitoba Health Officials,
June 5th 2002

Dear Dr Kettner, Dr Hammond,
Dr Horne and the Honorable Mr
Chomiak,

Please read the following news
report by Valerie Williams of WFAA-
TV-channel 8, Texas

This reporter did an investigation
and found out that it was known long
ago that mercury caused side effects ---
- and nothing was done about it.

Guess we are one up on our American
counter parts, in the fact that we have
removed the mercury from the infant
shots and replaced it with a protoplas-
mic poison 2-phenoxyethanol.
However, this does not negate the fact
that many children were injured before
it was taken out, nor the fact that it
remains in the Hep B and flu shots.

By the way, Mr Chomiak, I know

that you have really been promoting
the flu vaccine since you have become
Health Minister. Did you have any
idea it contained mercury? Have a
look on our web site: www.eaglefoundation.net ("latest news"). This
University of Calgary study shows that
minute amounts of mercury caused
denuded neurofibrils--- the same condi-
tion seen in Alzheimer's patients. What
is going to happen to the brain tissue
and memory of your constituents after
they receive those mercury laden flu
vaccines you have been promoting?

Oh yes of course - I forgot, you have
been working on a vaccine for
Alzheimer's disease. So now we are left
comforted to know that we will have a
vaccine for an iatrogenic vaccine
induced disease. While you are at the
Eagle Foundation site, be sure to check
out the mycoplasma contamination of
these vaccines as well.

Now-- I can understand why the
public health department cannot see
clearly that these vaccines have caused
so much damage and how they always
repeat the mantra -- "there is no causal
link." Too many flu shots?..... too
many damaged neurons?

By the way Dr. Hammond and Dr.
Horne,--- did you study at the same
medical college as Dr Jane Siegel who
was interviewed and insisted there was
"no proof"? In the interview with the
reporter her comments were exactly
the same as the comments you gave the
parents of the autistic children who
met with you at the Deputy Health
Minister's office this past week. Her
exact words were, "The topic was
researched, it was reviewed (with) no
data to prove a causative role."

Has your Hippocratic Oath been
revised from "first do no harm" to
"first deny all causal links?"

Sincerely,
Rose Stevens R.T.
Director of Research for the Eagle
Foundation
novaccines4me@yahoo.ca

PERTUSSIS IN A SMALL UNVACCINATED COMMUNITY

By Chris Nichol

In North America today, vaccina-
tions are commonly considered a safe,
effective means to ensure the health of
a growing child. Despite the general
acceptance of this view, there is a
growing number of parents who dis-
agree and are choosing to forego the
routine of shots in favour of an alter-
native approach to their children's
health. The numbers are growing yet
there are few concentrated populations
where many youngsters remain unvac-
cinated. In the southern interior of BC
there is one such region though and I
was curious about the experiences of
the families whose children contracted
pertussis during its periodic sweeps
through the area. The great impetus
for vaccination lies in the fear that the
major childhood illnesses elicit in par-
ents. I wondered about the severity of
the illness, its duration, and what was
useful for them in helping their chil-
dren recover. I wondered if they
regretted their choice not to vaccinate.
In gathering this small collection of
anecdotes, what became clear was that
in this community, the commitment to
a child's health is deeper than the sup-
posed prevention of disease.

I gathered the stories of nine chil-
dren who contracted whooping cough
between the ages of six months and
eight years of age. They come from
five different families and have all
experienced the illness in the last eight
years. Those that were sick between
the ages of four and eight had similar
stories; they became sick with a low
grade fever, runny nose and general
malaise which lasted for one to three
weeks and was then followed by the
onset of paroxysmal night time cough
that lasted from three weeks to one
month. One five year old girl also

Pertussis cont. on page 25

experienced vomiting for four days while for another girl of four vomited nightly for three weeks. Despite the long, tiring nights, I would see these same kids playing at the beach that summer, feeling basically fine during the day. The severity of the night-time cough lessened after this time but lingered on - overall the illness lasted for about three months. Two mothers

ing from the 1940s to the early 1990s which clearly shows the vaccine to be ineffective in preventing outbreaks of pertussis (1). In 1975, after vaccination compliance in Australia fell dramatically, instead of a sudden upsurge of new cases there was actually a marked decrease in rates of hospital admission and death due to whooping cough (2) Similarly, in Sweden during 1977 and 1978 there were outbreaks of pertussis

self. The mother was careful not to breastfeed them from the same side and washed her nipples frequently but invariably, the newborn started to cough at three weeks of age. The most intense phase of night time coughing lasted for three months with a lingering echo cough for at least three months after that in the older child. The younger child had difficulty with a nagging cough until she was two years old, at which time the family ceased eating all wheat, eggs and dairy products for a while and then it completely cleared up. Now at seven and a half, she is strong and healthy with no respiratory difficulties.

.....
...none of the parents regretted their choice not to vaccinate their child...
.....

remembered that their children were easily susceptible to any bug going around for a full year afterward. None of these cases were treated with antibiotics as the effectiveness of these drugs is limited to the initial period of the illness and once the typical cough has set in (when they realized just what they were dealing with) it is considered too late to use them. Some parents used homeopathic pertussin, others used Chinese herbs to aid their children's recovery. One mother highly recommended the use of elecampane tincture as an expectorant because it was very effective in helping her son to clear his lungs of mucous.

One interesting story came from a family whose eldest daughter (seven and a half years) was fully vaccinated while her younger sister (four years) was completely unvaccinated. Both girls became sick at about the same time and while the younger child had more trouble with vomiting, they both took the full three months to completely recover. There were two other local, second hand accounts of all the kids in the family, fully vaccinated, partially vaccinated or not at all, getting the same illness and taking the same amount of time to recover.

Viera Scheibner has an excellent summary of the medical literature dat-

despite a high vaccination rate of over 80% and the vaccine was discontinued in 1979(3) In contrast, the natural immunity conferred by contracting the disease was protective in one local family. The mother and two eldest children (eight and five years) were sick and completely recovered in 1999. Two years later, the youngest child (two years old) became ill but none of the other family members were sick again.

The real concern over this illness is for younger children. The two year old I just referred to at one point practically choked during a fit of paroxysmal coughing and had to be rushed to hospital. By the time they arrived his lips were blue from the lack of oxygen. Another child of thirteen months had an exceptionally mild case (which was confirmed by a laboratory test) that lasted for about three weeks.

Although her coughing was harsh and caused her to vomit, it never exhibited the characteristic "whoop" and was over quickly. In another story, a child was born at home and in the same evening her sister, one and a half years old, started coughing. Pertussis was confirmed one week later but by that time the newborn had been exposed and separation was not an option as the elder sibling was still an infant her-

In each family that I interviewed, pertussis was a serious and sometimes frightening illness. However, none of the parents regretted their choice not to vaccinate their child and I think that this reflects an overall difference in the way they perceive their child's health. We live in a rural area with clean air and exceptionally pure, surface, drinking water. Each child except one was breastfed for at least one year. During the acute phase of the illness most parents were aware to avoid mucous forming foods such as wheat and dairy products. In general, there is a concentration in this area of people wanting to step outside of the conventional North American lifestyle and this includes turning away from conventional medicine whenever it is not absolutely needed.

As parents, we must weigh the risks to our children of a pertussis infection versus that of vaccination. The conventional, medical opinion is obviously to give the shot; the assumptions being that it is safe, effective and has been the main cause for the decline in infant mortality due to pertussis in the last fifty years. However in the US, the incidence and mortality from whooping cough fell steadily between 1922 and 1975, before the introduction of a nation-wide immunization

initiative in 1978. After this was implemented, the rate of infection tripled, especially affecting children under six months of age (who also had the highest mortality) (4) The vaccine was obviously spreading the illness rather than protecting children from it.

Socio-economic factors have played a role as well. In post-war Japan, the incidence of whooping cough was quite high due to poor housing and sanitation conditions. In 1950, a mass vaccination campaign was ordered by the occupying American forces and at the same time mortality from whooping cough fell sharply. This drop might more accurately reflect the simultaneous introduction of antibiotics than vaccine efficacy. In the next twenty years, as their living conditions improved, the Japanese saw only small, sporadic outbreaks. When the data was analyzed, vaccination was shown to be completely ineffective--unvaccinated children were just as likely to not get sick as their vaccinated cohorts. The vaccine was boycotted after it killed 37 infants between 1970 and 1974 and the minimum vaccination age was raised to two years. By doing so, the incidence of SIDS in Japan dropped dramatically (5)

Another possibility is that the decline in mortality was due to changes in the Bortedella Pertussis organism over time or to growing natural immunity levels in human populations. In general, a disease is most virulent when it first enters a population; initially, no one has seen it so there is no inherited immunity and the most potent strains kill their hosts quickly. Over time, the intensity of the illness mellows, although the rate of infection may be quite independent of this change. This is evidenced in Sweden where no child has died of pertussis since 1970 despite the cessation of nation-wide pertussis vaccination in 1979 and also despite the rate of infection approaching that of the pre-vac-

cine era (6). Locally, whooping cough runs through the elementary schools every two or three years and it seems that many children get sick but as far as I know there have been no deaths due to it. This would be an interesting population to study because of the high numbers of unimmunized children.

Safety is in fact the key issue. While the illness is demonized, the vaccine is portrayed as THE safe, health protective choice. What the hygienic aesthetics of pro-vaccination culture hide under white lab coats and sterile technique is that pertussis vaccine is a potent allergen which has been known to induce encephalitis and demyelination of the brain since the 1920s (7). It is so effective in doing so that it has been used since 1959 as an adjuvant in animal based studies to produce allergic encephalomyelitis. Although it has been defended as safe for human infants, the occurrence of adverse neurological reactions after DPT vaccination (such as high pitched screaming, fever, excessive sleepiness, inconsolable crying, convulsions/seizures, meningitis, shock and death) indicate that it is hardly benign for every child. Not only is the potential for neurological damage enormous, so too is the potential for permanent respiratory damage.

A study done by Dr. Michel Odent, published in 1994 in *The Lancet* and the *Journal of the American Medical Association*, showed a significant relationship between childhood asthma and pertussis vaccine, as well as a higher incidence of ear infections and eczema in the vaccinated group.(8) Other studies in Britain, the US and New Zealand (9, 10) also illustrate the increased incidence of chronic illnesses in vaccinated children as compared to their unvaccinated cohorts. Childhood asthma is now the most frequent chronic childhood illness in Canada and the US; Stats Canada reported a four-fold increase over a twenty year period.(11) If pertussis vaccination is

the cause of this rise, as it appears to be, the risk of permanent injury to a child from contracting the infection itself seems very small in comparison.

Currently, there is a resurgence of whooping cough even in areas with high rates of vaccine coverage such as Canada, the Netherlands, the U.S., Germany and France. In Finland, despite a 97% vaccination rate, the number of cases was five times greater in 1999 than in 1995.(12) Most of these were in infants under three months of age, born to mothers who themselves were vaccinated and unable to pass on protective antibodies to their babies. It is thought that adolescents and young adults in whom the disease is less severe are the most likely carriers.

Even vaccine advocates concede that its effectiveness is limited. In a symposium entitled "Pertussis: the hidden epidemic" at the 12th European Congress of Clinical Microbiology and Infectious Diseases in Milan, the problem of this resurgence was discussed. One proposal to protect infants who are too young to be vaccinated themselves was to vaccinate mothers in their third trimester of pregnancy, in the hope of immunity being conferred transplacentally. This idea is alarming if we consider the work of Dr. F. Edward Yazbak who investigated the possible links between childhood autism and maternal antibodies to rubella. Yazbak studied 240 mothers of autistic children and described cases of women re-vaccinated with rubella or MMR in adulthood before, during or after pregnancy whose children became autistic after MMR vaccination. Possibly what occurs is that maternal antibodies are transferred transplacentally or through breastmilk to the child and when they themselves are vaccinated with live virus vaccines like MMR themselves, some develop an autoimmune reaction with pre-existing rubella antigen which then results in autistic behaviours. (13)

Although vaccinating mothers for pertussis was just an idea, it belies a trust in an imagined outcome without a full understanding of the possible effects. It seems that often vaccination decisions are made on the basis of such trust.

Why are pertussis infection rates on the rise? The use of the vaccine definitely increases the level of antibodies in the blood but there is no correlation between the presence of the antibody and protection. (14) Even if there is a protective effect, the current increase in incidence shows that it is of a limited duration or that the Bortedella Pertussis bacteria has evolved beyond the reach of the current vaccines. Data from England in the 1970s clearly indicates that the vaccine itself was altering the normal age distribution of pertussis infection, increasing the incidence in the most vulnerable 0-1 year old group with a subsequent rise in yearly mortality.(15) We also now have adult populations who never experienced the illness themselves and therefore never developed natural immunity. When women of past generations had children, they had this natural immunity to pass on, both transplacentally and via breastmilk. Without it, very young infants could be more susceptible to the illness than in the past.

The intention of pertussis vaccination may be the protection of infants from the disease but it has been clearly shown to be neither safe nor effective. We must then accept that our children might become sick with whooping cough. Instead of reacting with feelings of helplessness and fear to this possibility, we can cultivate overall health and vitality so that they can resist infection and recover from illness effectively. Long term breastfeeding, good nutrition, knowledge of wholistic healing therapies and a safe, loving environment are the best ways to ensure the wellbeing of our children through any illness, especially such a serious one as this.

Small infants are completely penetrated by the psychic reality of their parents and intimate caregivers. As far as that tiny child knows, this is life. If parents get stuck in a place of fear and panic the child will also get stuck there, wasting vital healing energy. There was nothing for those parents to do but give their children absolute, loving support every night for as long as they needed it. In this way the simplest of gifts can outperform the fanciest pharmaceuticals.

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Homeopathy & Herbs to Help Children Get Through Pertussis

Many parents have found that nursing a child through pertussis can be greatly enhanced by using homeopathic and/or herbal remedies. Care must be taken to insure that the right remedy is used for the particular symptoms the child is exhibiting. It is always best to consult with a qualified, classically trained homeopathic practitioner, who can evaluate the different stages and symptoms the child moves through and adjust the remedies accordingly.

Dr. Will Taylor, MD is a homeopathic practitioner in the U.S. Here are a few pearls of wisdom from his experience with pertussis.

“Conventional medicine can only intervene with supportive care (observation, humidity, hydration, oxygen). Antibiotics do ***not*** affect the course of the illness (except, perhaps, in the very early catarrhal phase, before there is any clue that this might be whooping cough); they may be given to the patient to reduce the possibility of contagion to others. But consider that the most common side-effect of erythromycin (the antibiotic most often used for this) is nausea...

Perhaps one of the reasons allopathy (conventional medicine) worries so much about pertussis is, that they “gots nothin’to do” for it, and allopaths basically ***hate*** it what that happens.

Well known homeopathic remedies often used to treat pertussis are Drosera, Pulsatilla, Ipecacuanha, the homeopathic nosode Pertussin, and others - again **always** make sure that the homeopathic remedy being used matches the symptoms being exhibited. Bach flower remedies like Rock Rose or Rescue Remedy for panic – can be offered liberally.

Nutritional Suggestions and Helpful Herbal Remedies

Herbs:

mullein, elecampane, thyme, licorice, coltsfoot, drosera (sundew), comfrey oil

Nutritional Supplements:

Vitamins C, E, and A (in beta carotene form) flaxseed oil. Cod liver oil is rich in vit. A that is unique in helping during infectious diseases.

Nutrition:

NO sugar, dairy, wheat, starchy foods, known food allergens. Offer plenty of fresh veggie soups, grated vegetables, chicken soup, fish.

LOTS of water to prevent dehydration and keep lung mucous fluid.

NO dry, crumbly foods that could trigger a cough spasm.

Some Treatment Suggestions:

Thyme Infusion Steam Tent:

Bring 3 liters of water to a boil in a large pot. Add a large handful of dried Thyme herb – approx. ½ cup (ordinary culinary thyme is perfect – preferably organic). Cover pot and allow to steep for 10 minutes. Then have the child sit with face leaning over the pot, covering his/her head with a large bathtowel, and encourage breathing in of the thyme steam for 10 minutes or longer. Duck your own head under the towel at first to insure the steam is not too hot to burn the face or lungs. Do the steam tent a few times a day and at night before bed during acute periods. This remedy is reported to bring great relief to the misery of whooping cough.

Adding the same thyme infusion to a bath is also an excellent way of absorbing the benefits of this lung soothing herb.

Herbal Syrup:

4-5 T. Thyme
1 T. Licorice
5 T. Elecampane
1 C. Mullein

1/2 C. Coltsfoot

2-3 T. Sundew (Drosera)

water

maple syrup or honey (for over 1 yr. of age)

To make the syrup, put herbs into pot and cover with 2 liters of water. Bring to a boil, then simmer until reduce to 1/3 its original volume. Strain out herbs and continue to simmer down to 1 liter liquid. Sweeten if desired. Give about 1 Tablespoon per dose, 1 teaspoon for an infant. Can be frozen into ice cubes and sucked or crushed. Nursing mother can take as well; child will get the benefit through breastmilk. This recipe can be doubled.

More Ideas:

- herbal syrup or Drosera syrup given every 3-4 hours and/or homeopathic tablets

- For children: In evening, give warm bath with 1/2 cup salt, 1/2 cup baking soda, and 1 qt. thyme infusion in tub of water. (Thyme is calming, salt and soda detoxify)

- After bath massage helps relax tense muscles, especially in back, neck and shoulders. Comfrey oil is soothing to lungs; massage it into chest as well.

- Then take a pair of socks and some fresh sliced or crushed garlic. Dampen one sock with water, put on foot. Put sliced garlic over wet sock on sole of foot. Cover with dry sock. Leave on overnight. Helps with cough. Can do before OR after child is asleep.

- Keep extra towels and bowl handy at night. Cough spasms last a minute or longer and produce copious amounts of mucous and saliva. Sometimes child might vomit after cough. Eyes will run with tears also.

Keep the Drosera syrup or homeopathic remedy next to bed also.

- Consider having your child sleep close to you during the course of this illness. The coughing spasms can be frightening for the child and you want to be available for comfort and help.

Mothers have reported that they could anticipate a cough spasm during the night (and day) by breathing changes and would often discreetly sneak the remedy or syrup to the child while they were waking. Have a towel and bowl ready for the anticipated cough spell. Due to the build-up of pressure in the head from coughing, some children might burst a blood vessel in their eye or face. (Some children might crack a rib or two from coughing so hard). Sometimes the coughing fit will go on for a long time before being able to take a breath. Intake of breath MIGHT make the whooping sound, but not always.

- Some people never whoop during this illness and can be mistaken by physicians as bronchitis. The key to treating whooping cough is keeping the mucous in the lungs fluid, so it can't stagnate and turn into pneumonia. Be calm, keep your household calm. Fresh air is good. Children are usually much better during the day. After the initial cold symptoms, you can't tell the child is sick except for the cough spells, which are often worse at night. After first 4-5 weeks, should not be contagious anymore. Cough spells can last for several months.

- Note: Seek medical help immediately if child is having breathing difficulties, if there is blueness around the mouth or if there is excessive vomiting which could lead to dehydration.

References & Sources:

1. Dr. Taylor quotes from correspondence with homeopathic students
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- "The Complete Homeopathy Handbook : A Guide to Everyday Health Care" by Miranda Castro
- "Smart Medicine for a Healthier Child" by Janet Zand et. al. This book offers excellent information on all forms of treatment for children.
- "The Herbal for Mother and Child" by Anne McIntyre – excellent book, truly one of the best guides for herbal remedies.
- Well Within website has extensive listings of homeopathic information and sources
- With thanks for Lisa Reiss for many of the herbal suggestions lisa@PortONE.com

IATROGENY

By: Alan R. Yurko

Iatrogeny as defined by Mosbys Medical Dictionary 5th Ed. 1998 states: IATROGENIC [Gk., iatros, physician, genein, to produce], caused by treatment or diagnostic procedures. An iatrogenic disorder is a condition caused by medical personnel or procedures or through exposure to the environment of a health care facility, including fears instilled in patients by remarks or questions of examining physicians. See also: 'nosocomial', (iatrogenesis, iatrogeny, n.)

It is well known that many new drugs, devices, surgeries and treatments are touted as miracles of modern medicine, and albeit this article does not argue this, this writer believes that much of this has two sides, possibly two hundred. This article focuses on a dark side. Caveat Emptor. Buyer Beware.

I am blessed in that 95% of the people I know is a doctor, scientist or activist in health care, and/or unfortunately, a victim of iatrogeny--including myself. My honour and respect is commanded for the many of these people who are working one way or another to address iatrogeny.

A generation ago, people trusted their doctors blindly and implicitly. There seemed to be a personal bond with one's doctor which has eroded with the emphasis on medicine as a business, CPT codes, HMOs and iatrogeny, among other things. The health care market place is not kind and people have lost trust. Iatrogeny plays a large and ugly role in this.

A recent study published in The Journal of The American Medical Association 2000:284:94); by Barbara Starfield, MD, MPH showed that in the US, the following data was found:

- 12,000 deaths/year from unnecessary surgery

- 7,000 deaths/year from medication errors in hospitals
- 20,000 deaths/year from other errors in hospitals
- 80,000 deaths/year from nosocomial infections in hospitals
- 106,000 deaths/year from adverse effects of medications

This totals 225,000 deaths per year from iatrogenic causes, placing iatrogeny as the third leading cause of death in the US, second only to heart disease and cancer. The scary part is that this does not include disabilities and disorders, just deaths in hospitalized patients. In any event, when one ponders that more than four times as many people die in one year from doctors' mistakes than died in the entire Vietnam War, one is aghast at why this information isn't making headlines or why huge think tanks funded by medicopolitical interests haven't formed.

We have the American Heart Association to address heart disease, Richard Nixon's "War on Cancer", and even groups like "Mothers Against Drunk Driving", and organizations to address almost every sort of issue, save iatrogeny. My guess is that medicopolitics have not figured out a way to capitalize off of all these deaths and disorders ... yet. There is, however, a small "experts" consortium that does address iatrogeny in the journals, but such studies are few and far between. Funding such studies doesn't appear to be sound business practice.

Iatrogeny is not exclusive to the US. The British Medical Journal stated on 18 March 2000 that "In Australia, medical error results in as many as 18,000 unnecessary deaths, and more than 50,000 patients become disabled every year." Studies released in the last ten years show similar trends in the UK, Canada and New Zealand. New Zealand has a large percentage ratio of adverse drug reactions comparable to the US. It should be noted that the US and New Zealand are the only coun-

tries that allow aggressive pharmaceutical drug advertisements.

One very interesting statistic I came across which deserves mention are deaths attributed to addictive drugs in the UK between 1990 and 1995:

- Benzodiazepines - 1,810
- Methadone - 676
- Heroin - 291

This emphasizes my point that millions of dollars and great concern through organizations and associations are given to the deaths and disabilities from myriad causes except iatrogeny. Here we have two legal prescription drugs causing more deaths each, than heroin.

Many can pooh-pooh these statistics and claim that to err is human, etc., however there comes a point when one must look deeper when the facts and statistics are too overwhelming to ignore. Those in power have choices to make. They can rationalize, deny or take responsible action. The latter seems to be slow in genesis. There has been much denial and silence from the allopathic medical industrial complex. Since medicine has become an arm of business and since business and politics are such passionate bedfellows, one must look at some other interesting facts.

Drug companies spend huge fortunes for political influence, in fact lobbying for pharmaceutical interests in the first half of 2000 reached \$42.9 million (USD); and it was estimated that \$230 million (USD) would be spent during the election. George Bush welcomed \$1.7 million (USD) from drug companies just for his inauguration celebrations! (British Medical Journal 27 January 2001).

Drug companies are a business and have always been a business. They do not give such an investment without an expected return with profits. Perhaps this is why officials turn a blind eye to the fact that doctors and hospitals are responsible for nearly a quarter-million deaths in the US per year. Or perhaps

YURKO PROJECT UPDATE

May 2002

The plight of the Yurko family has attracted international attention and has marshalled the support of hundreds of health activists, scientists, doctors and researchers from around the world. Accused of having caused Shaken Baby Syndrome (SBS) in his infant son, and wrongfully convicted for the death of his child who died within days of being injected with multiple vaccines, Alan Yurko is currently serving a life sentence in a Florida prison.

Dozens of experts in a multitude of fields have reviewed the medical and trial records and conclude that Alan Yurko is innocent and that baby Alan's death was precipitated by his "routine vaccinations" which included a hot lot, DTaP 7H81507, Connaught Labs, which is on record with VAERS (Vaccine Adverse Reporting System), as being one of the most reactive vaccine lots in U.S. history. This exceptionally volatile lot was given to the Yurko's premature and sickly son with five others which also register on VAERS data base. This, along with a complex chain of medical mistakes (iatrogeny) of shocking proportion is

what some of the most respected international experts now say killed baby Alan.

The Yurko's did not have the information on vaccines and therefore were not able to present it at trial. However, on March 22, 2002, a 660 page appeal was filed in the courts and now the long, gruelling waiting process begins. Many believe that a new trial will be awarded to allow the Yurko's to present the volumes of evidence, proving Alan Yurko's innocence.

The Yurko Project continues to platform vaccine awareness in their plight, and is committed to helping others plagued by adversity from vaccines and offers free assistance to all in need. For further updates visit the Yurko website and click on "Letters from Alan" which are updated often. For more information, please refer to the Yurko website, jam-packed with vaccine information on the case. Posted as well are the appeal brief summary and arguments as well as expert analyses demonstrating Yurko's innocence.

If there was ever a team to join, this is it!

www.freeyurko.bizland.com

Iatrogeny cont. from page 29

this is why the pharma companies manufacture pesticides and chemicals that cause cancer and disease and then manufacture drugs to treat diseases they cause that can cause even more disorders to create a market for more drugs--and more profit. A very lucrative cycle!

Perhaps this is why funding for disease research successfully diverts attention from the pharmacartels own carcinogenic and deadly products. One need not look too hard for reasons why doctors' and hospitals' mistakes are the third leading cause of death in America, with no end in sight.

Many believe that Barbara Starfield's study cited earlier is just the tip of the iceberg. After all, the study only looked at hospitalized patients. What of the in home and outpatient errors? There are more people to consider in these groups, and certainly more iatrogeny. Could it be that iatrogeny is actually the leading cause of death in the US? The World? As startling as

that sounds, it may very well be true. At any rate, the iatrogenic holocaust makes World War II deaths pale in comparison. Yet only patronizing and minimal attempts to recognize and correct iatrogeny have been made.

Murder Or Mistake?

The fine line between murder or mistake is a hot potato. If you saw your neighbours being killed one by one and/or en masse, yet did nothing about it, or took up for the killers, you could be guilty of "accessory to murder" or "accessory to murder after the fact". Many analogies and ethical juxtapositions could be generated in such a debate. One could even make argument for a global elitist plan at population control allowing iatrogeny to gain such momentum.

Regardless of etiology, iatrogeny is real. It is rampant and far from being under control. By making iatrogeny, through semantics, sound as if is an infectious disease beyond the control of physicians and hospitals, we allow

the medical profession and pharmaceutical cartels to distance themselves from responsibility and relieve them from the culpability of what mirrors negligent homicide.

It would be humanly impossible to eliminate genuine mistakes entirely. The problem is that, "How many times does a mistake happen until it's not just a mistake anymore, but negligence?" This author believes that 225,000 deaths every year may be an example of when mistakes cross over to the darkness of negligence. If so, then we are witnessing the greatest holocaust to befall mankind ever.

In closing, I leave you with my own definition of a freshly coined word.

Iatrogenocide - [Gk, iatros, physician, genein, to produce, cide, killing] The extermination of a population in a systematic fashion through medical error.

IATROGENY was first published in The Journal of Degenerative Disease, February/March 2002: 3(3rd); pages 37-38

For a bibliography please see: <http://www.freeyurko.bizland.com/>

AUTISM, ADD/ADHD, AND RELATED DISORDERS

IS A COMMON CHILDBIRTH PRACTICE TO BLAME?

By George Malcolm Morley, MB ChB

Editor's note: *The immediate clamping and cutting of the umbilical cord is a common practice that deprives the newborn of substantial amounts of critically needed placental blood with all of its oxygen-carrying capacity, vital nutrients and immune enhancing antibodies. Dr. Morley's research shows that this practice causes great harm to human infants, has no justifiable medical rationale behind it, and poses serious risks to the future health of the child.*

Introduction

Autism is one of several behavioral and developmental disorders exhibiting defects in learning, language and behavior that merge, in the more severe cases, into mental. The diverse symptoms of these disorders involving "higher" human faculties indicate diverse cerebral lesions, probably cortical, involving memory ability, storage and recall. This article presents compelling evidence that autism and related childhood disorders can result from brain damage caused by birth asphyxia — more specifically due to interruption of placental oxygenation at birth by premature umbilical cord clamping.

Asphyxia at Birth

Over thirty years ago, Windle produced spastic paralysis (cerebral palsy) in monkeys that were asphyxiated at birth by interrupting placental oxygenation and delaying pulmonary oxygenation; specific brain lesions were demonstrated at autopsy. [2]

Monkeys with minor degrees of neurological defect recovered much function (adapted to the permanent neurological defect) but showed a persistent defect in memory ability. When offered food placed in one of two containers, these primates very often could not remember the correct container when access was denied for one minute — they were correct only 50% of the time. Normal monkeys that had not been asphyxiated at birth chose the correct container over 90% of the time. The asphyxiated monkeys, in effect, had learning disabilities and could not keep their attention focused on a food container for one minute.

At natural (normal) birth with natural closure of the umbilical vessels (no cord clamp used), neonatal asphyxia is avoided because placental oxygenation continues — the cord pulsates — until pulmonary oxygenation is established. During this time, a large amount of placental oxygenated blood is transfused into the child; this additional blood volume is used to establish pulmonary circulation and pulmonary oxygenation. After the lungs are functioning, the cord vessels close reflexively.

Cord clamping before the child has breathed and while the cord is still pulsating causes a period of asphyxia until the lungs begin to function; it also aborts placental transfusion leaving the child hypovolemic (low blood volume) and prone to anemia as a large amount of iron is left in the placenta. Deficient pulmonary blood flow may delay pulmonary oxygenation. The "bottom line" is that immediate cord clamping followed by sufficient delay in pulmonary oxygenation will produce permanent hypoxic brain damage. [2]

Anemia — Cause or Effect?

Lozoff and others have numerous publications correlating infant anemia with childhood and grade school learning and behavioral disorders to the point of mental deficiency. [3] The degree of infant anemia correlates with the degree of mental deficiency. [4] Unfortunately, the early diagnosis and correction of infant iron deficiency anemia do not prevent the appearance of these grade school mental problems. [5]

Premature infants, who routinely have their cords clamped immediately, almost universally become anemic in the NICU, where the anemia is promptly corrected, sometimes by blood transfusion. However, despite prompt treatment they have poor mental achievement outcomes through young adulthood. [6] This strongly indicates that asphyxia due to immediate cord clamping, not anemia, causes mental impairment.

At normal birth, no newborn has iron deficiency anemia, adequate iron is supplied from the mother regardless of her iron status. Any newborn that receives a full placental transfusion at birth has enough iron to prevent anemia during the first year of life. [7] It is, therefore, reasonable to conclude that full placental transfusion (continuous oxygenation during birth, natural cord closure) will prevent the autism, mental retardation, behavioral disorders and learning disabilities that occur following infant anemia. In other words, infant anemia and autism are both caused by immediate cord clamping — the anemia by loss of blood volume and the autism by asphyxia.

How to Prove an Association Exists Between Birth Asphyxia And Autism

Immediate cord clamping is now a very common practice and occurs in almost all modern obstetrical births. It is routine when an NICU team is present at an "at risk" birth and is mandated by ACOG for cord blood pH determination. [8] In current obstetrical practice, natural (physiological) cord closure is almost never allowed to

Autism, ADD/ADHD cont. on page 32

occur; obstetricians and pediatricians in general are completely unaware of any danger incurred by immediate cord clamping.

In general, the incidence of autism has paralleled the incidence of immediate cord clamping, and supports the conclusion that autism results from birth asphyxia caused by immediate cord clamping. Additional proof should be available from birth records:

1. Autism should correlate with birth records of premature cord clamping or with circumstances that confirm immediate / early cord clamping.

2. Autism should not correlate with natural cord closure or with a newborn that cries quickly and has a five-minute Apgar score of 9 or 10.

Despite the fact that time of cord clamping is not normally recorded, many factors at the birth indicate that the child was subject to some degree of asphyxia from early cord clamping, and many parents can recall the event of cord clamping:

1. Was a cord pH sample taken at birth?

2. Was an NICU team present at birth?

3. Was there any fetal distress during birth?

4. Was there meconium staining of the fluid?

5. Was the child resuscitated immediately after birth?

6. Was the child given oxygen?

7. Did the baby start crying after being separated from the mother?

8. Was the baby born by Cesarean section?

9. Did the baby become anemic?

10. Did the baby receive a blood transfusion or a blood volume expander?

11. Was the five-minute Apgar score less than 8?

12. Was the baby born prematurely?

13. Was the child admitted to the NICU?

A predominance of "yes" answers to

the above questions for

autistic children, compared to the general population, would strongly indicate that autism and related childhood developmental and behavioral disorders can result from hypoxic brain injury at birth caused by immediate cord clamping.

Discussion

A recent Japanese study found an increased risk for autism in NICU babies, particularly with meconium staining of the fluid. [9] Meconium staining indicates fetal distress /in-utero asphyxia and these babies typically have immediate cord clamping for resuscitation. The study provides very positive "YES" answers to the above questionnaire and is very compelling evidence that neonatal asphyxia and immediate cord clamping can cause autism.

Summary:

Brain lesions are associated with autism and related disorders[1]. Hypoxic brain lesions in monkeys are associated with intelligence/memory defects similar to autism. [2] Immediate cord clamping causes newborn hypoxia. Placental oxygenation until the lungs are functioning prevents newborn hypoxia. Placental oxygenation until the lungs are functioning should prevent autism that is caused by hypoxic brain lesions.

Editor's note: *With appreciation to Dr. Morley for his kind permission in allowing us to reprint this article. It can also be viewed on line at:*

<http://redflagsweekly.com/features/Morley.html>

For additional articles and research on the cord clamping issue, please visit Dr. Morley's website at:

www.cordclamping.com

George M. Morley graduated from Edinburgh University Medical School in 1957, completed a residency in OB/GYN in 1962, and practiced obstetrics and gynecology until his

retirement in 1999. He is board certified in OB/GYN, and a Fellow of the American College of Obstetrics and Gynecology.

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CDC PUBLIC INFORMATION MEETING ON SMALLPOX

Editor's Note: *The writing is on the wall about smallpox vaccine. It seems destined to make a comeback, since 9/11 has prompted fears that smallpox may likely be used in a biowarfare attack. American health officials are debating whether to push ahead for universal vaccination of all citizens, while others call for limited vaccinations to 'first responders' (health personnel who would be working in the front lines in the event of an outbreak). The U.S. government is stockpiling hundreds of millions of doses and purchasing massive amounts of newly-manufactured vaccine while also making diluted vaccine from existing stores. They expect to have more than 300 million doses available by the end of the year and plan to finalize a program for how and when the vaccine will be distributed by the end of June.*

Health officials are holding meetings in various regions in the U.S. and have invited public input. The following is a presentation given by Dr. Sherri Tenpenny on behalf of NVIC, the National Vaccine Information Center, North America's largest consumer group advocating for informed consent.

Dr. Sherri Tenpenny Presents the NVIC Perspective

June 8, 2002
St. Louis, MO

My name is Dr. Sherri Tenpenny. I am a physician from Cleveland, Ohio and I am board certified in two medical specialties, including Emergency Medicine. I am speaking today on behalf of the National Vaccine Information Center, a non-profit, educational organization founded in 1982 which represents more than 40,000 Americans, including parents and

grandparents of vaccine injured children.

As a physician, I both personally and professionally support the position set forth by the NVIC. The NVIC opposes giving the vaccine to the general public. This is not "just another vaccine." There are defined risks and known contraindications that can lead to fatal consequences if they are not

strictly adhered to. The general public will not have the background to understand these ramifications. In addition, as with all vaccines, this vaccination will not guarantee immunity.

The Defense Advanced Research Projects Agency (DARPA) lists many other known biological warfare agents; twenty six of these microbes are listed on the CDC website. In addition, there are chemical warfare agents and an infinite number of weapons that could be created through genetic engineering and used in a terrorism attack.

Vaccinating the general public with the vaccinia vaccine will cover only a small fraction of the potential risk that could come from terrorism. However, the risk of medical complications from this vaccine is not potential but real, and that risk exceeds any perceived benefit that may come from the inoculation.

If first responders are offered the vaccine before an actual attack, it must be done in a limited, highly controlled manner with strict isolation of the individual and his body fluids by quar-

antine, until the scabs from the vaccine lesions have fallen off. The individual will need to be isolated from at-risk family members, as well as from the community at large.

It is estimated that at least 10%, or more than 28 million people in the United States, have eczema. There are 184,000 organ recipients, 850,000 individuals with diagnosed and undiagnosed HIV infection or AIDS, and 8.5 million people with cancer. An even more extensive list of people at risk is the untold millions who are taking immunosuppressive drugs such as

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Historically, this live virus vaccine has caused more injury and death among those who were vaccinated than any other vaccine that has ever been used.

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corticosteroids. Prednisone® and Medrol®, given to both adults and children, are prescribed for dozens of conditions including but not limited to: asthma; emphysema; allergies; Crohn's disease; multiple sclerosis; herniated spinal discs; acute muscular pain syndromes; and all types rheumatoid and autoimmune diseases. All of these patients would be at risk for serious complications from contact with a vaccinated individual.

Historically, this live virus vaccine has caused more injury and death among those who were vaccinated than any other vaccine that has ever used. The general population has no natural immunity to this virus and even with controlled vaccination of first responders, the virus has the potential to spread throughout the community and then across the globe. Tens of thousands of casualties from the vaccine itself will result, and our already over-burdened healthcare system will be crushed trying to care these victims.

I have personally treated many

Smallpox cont. on page 34

patients, both children and adults, who have suffered from catastrophic brain and immune system damage after vaccination. The potential suffering that could be caused by this highly reactive vaccine cannot be measured in either human or economic terms.

In the event of an attack, the **PROPER MEDICAL USE** of ring vaccination would be supported by the NVIC but only with voluntary compliance and **FULLY INFORMED CONSENT**. A strict definition of "close contacts" is necessary to ensure that surveillance measures are focused only on those at greatest risk. Complete informed consent is particularly important because:

- the old vaccine was never subjected to controlled clinical trials;
- the new vaccine will not have to be proven effective in humans;
- standards for safety will be lowered to fast-track production; and
- vaccine manufacturers, as well as healthcare providers-physicians-will be protected from liability for any vaccine-induced injuries or deaths, which are likely to occur.

The National Vaccine Information Center urges ACIP to stand behind its current policy of employing ring vaccination in the event of a bioterrorism attack. There is no reason why, in the absence of a confirmed smallpox outbreak, and with only a theoretical risk that smallpox will be the agent used in an attack, that Americas should be subjected to the very real and very significant risks associated with the vaccinia virus vaccine.

Thank you

For updates on the comeback of smallpox vaccine, please refer to the NVIC website at: <http://www.909shot.com>

NEWSCLIPS

Mandatory flu shot called a serious invasion of the body

Press Release April 24, 2002

Toronto-A landmark decision by an experienced labour board arbitrator that says a mandatory flu shot for workers is a serious invasion of the body, has relevant implications to Ontario's 5000 paramedics who are waging a fight with the province to have a legislated mandatory flu vaccine removed from the Ambulance Act.

"This decision is central to the mandatory vaccine for paramedics because it says a forced flu shot infringes on the employees' privacy rights and that the express consent of the worker is required or it an assault of the person," says Steven Barrett with Sack, Goldblatt and Mitchell, the law firm that has just won another landmark court decision that has stopped the sale of Hydro One.

Sid Ryan, the Ontario president of the Canadian Union of Public Employees (CUPE), the union that represents the majority of Ontario's 5000 paramedics and 40,000 health care workers province-wide and Michael Hurley, the president of the Ontario Council of Hospital Unions (OCHU), will join Barrett for a media conference tomorrow, April 25 1:00 p.m. at Queen's Park, Media Studio to provide details of the labour board decision.

"The lack of leadership by the Minister of Health on this issue is mind-boggling. We have for months now attempted to get him to focus on this issue before we head into next fall and another flu season, when the majority of the province's paramedics will not be complying with the mandatory flu vaccine legislation," said Ryan.

For more information, contact Sid Ryan President CUPE Ontario (416) 209-0066

SV 40 Virus Linked to Cancer

Excerpted from an article by Laura Beil
The Dallas Morning News -
03/11/2002

"A virus that contaminated polio vaccines in the 1950s appears to be associated with non-Hodgkin's lymphoma, researchers from Dallas and Houston reported last week.

The virus, called SV40, is a monkey virus that contaminated vaccines from 1955 to 1963. It had previously been linked to some brain and bone tumors, but its association with non-Hodgkin's lymphoma had remained unclear.

Non-Hodgkin's lymphoma is a malignancy of certain white blood cells. Experts have been puzzled to see the disease move from relative obscurity to become the fifth most common cancer in the United States. It is the disease that killed Jacqueline Kennedy Onassis and King Hussein of Jordan.

The new research suggests that SV40 may be at least partly to blame in some cases. Scientists from the University of Texas Southwestern Medical Center at Dallas found the virus in 43 percent of 68 non-Hodgkin's lymphoma tumors, but only 9 percent of tumors from patients with Hodgkin's lymphoma, another type of white-blood-cell cancer. The researchers couldn't find the virus at all among the white blood cells of healthy volunteers.

"I think it's a very powerful finding," says UT Southwestern's Dr. Adi Gazdar.

When Dr. Gazdar and his colleagues started the research, they didn't realize that scientists at the Baylor College of Medicine in Houston had embarked on their own hunt for SV40. Working independently, the Baylor scientists came up with almost the exact same result: 42 percent of the 154 non-Hodgkin's lymphoma tumors tested contained the virus, compared with none of the lymph node and blood

Newsclips cont. on page 35

samples from people without the disease. The Houston team included in its study people infected with the AIDS virus, who have a much higher risk of developing non-Hodgkin's lymphoma."

Both studies appeared last week in the British journal The Lancet. For the full story go to: <http://www.wfaa.com/healthscience/stories/031102dnlivlymphoma.7f3e0.html>

Editor's note:

Scientists are concerned that the virus is being transmitted from person to person as a number of people with SV40-positive tumors are too young to have been exposed to contaminated polio vaccine. Dr. Gazdar says, it is critical that this research continue, because molecular and immunologic data suggest those born after 1963 have also been exposed to the virus, via horizontal or vertical transmission, or through sexual contact. SV40 has also been linked to mesotheliomas, lymphomas and brain tumors, all of which have dramatically increased in the last 30 years.

Death risk from chickenpox jab

May 2, 04:27 PM

By Richard Woodman

LONDON (Reuters) - Vaccinating children against chickenpox could cause millions of adults to develop shingles, according to scientists. After a bout of chickenpox, the varicella zoster virus remains dormant in the body and may reactivate decades later to cause shingles, a painful rash that typically strikes chickenpox veterans after the age of 60.

Being close to children means that adults keep being exposed to the virus, which acts like a booster vaccine against shingles, they believe. But if all children were vaccinated, adults who have had chickenpox would no longer be protected against developing shingles.

Writing in the journal Vaccine, they

called for a re-evaluation of the policy of mass chickenpox vaccination that has been introduced already in the United States and is imminent in many other countries.

The researchers worked out a mathematical model which predicts that eliminating chickenpox in a country the size of the United States would prevent 186 million cases of the disease and 5,000 deaths over 50 years.

However they said it could also result in 21 million more cases of shingles and, again, 5,000 deaths. The PHLS said in a statement it was working out what the impact might be of introducing a chickenpox vaccine in Britain.

<http://uk.news.yahoo.com/020502/80/cy5c0.html>

Editor's note:

The above excerpt from a British article once again underscores how little is known about the immune system, and the risks posed to society by science fixated on vaccinations against ordinary childhood diseases that would naturally confirm long term immunity on the population. In the case of chickenpox, if adults who themselves had chicken pox as children are prevented from re-exposure to the disease, they then run a much higher risk of developing shingles.

A similar situation may apply to measles. From Sandy Mintz's website, reference to an article in the Scandinavian Journal of Infectious Disease, 1999 observations are made that "Even in mothers who experienced natural measles in childhood, recurrent exposure to natural measles is necessary in order to maintain adequate antibody levels for effective passive immunity of their infants."

Sandy Mintz's website

Editor's note:

Several years ago, New Zealand vaccine research Hilary Butler published a brilliant Position Paper on SIDS that

examines the link between sudden infant death, formula feeding and vaccination. The following excerpt from an Italian report corroborates Butler's research, albeit several years after her stunning conclusions, and without offering as she has, insight into why babies succumb to toxic shock from e-coli. Hilary Butler's Position Paper is accessible online at the Immunization Awareness Society's website at: <http://www.ias.org.nz>

SIDS May Be Linked to Infection
April 26, 2002

MILAN, Italy (AP) - Sudden Infant Death Syndrome, in which apparently healthy babies die inexplicably in their cribs, may be linked to infection with a common bacterium, preliminary research suggests.

Researchers told a conference on infectious diseases Thursday that a shock-producing byproduct of E. coli was found in the blood of all SIDS babies tested, but in none of the infants used as a comparison.

SIDS describes unexpected deaths that autopsies can't explain. Despite decades of research, scientists remain mystified by crib death, the top killer of babies aged between 1 month and 1 year in the industrialized world.

Among the threats it has been tied to are sleeping position, passive smoke exposure and genetic vulnerability. Infection is not a new idea, but this is the first time the specific E. coli protein has been implicated.

"Mainstream researchers have concentrated on respiratory obstruction as a possible mechanism, without any evidence that would support such a mode of death," said Dr. Paul Goldwater, who presented his study at the European Congress of Clinical Microbiology and Infectious Diseases in Milan.

"Those researchers ignored autopsy findings that consistently show wet, heavy lungs in SIDS babies. This is

never seen" in cases of suffocation, said Goldwater, a researcher at the Women's and Children's Hospital in North Adelaide, Australia. Such a lung condition is often seen in cases of infection.

Autopsies also consistently show small hemorrhages on the heart and lungs - which is rare in suffocation - and the blood of SIDS babies is unclotted, which is something never seen in suffocation cases, he added.

Furthermore, he said, SIDS deaths captured on medical monitors have shown that these babies died of a shock-like process, Goldwater said. "The serum from babies who have died of SIDS is toxic to chick embryos and mice - indicating the presence of a toxin," he said.

In his study, Goldwater tested the blood of 68 SIDS babies and 60 other babies - some of whom had died of other causes and some of whom were alive - for infections that could explain the autopsy findings in SIDS babies.

He started with the common gut germ *E. coli* because varieties from SIDS cases are more often toxic to cells grown in a lab than are varieties found in healthy babies. Sometimes, *E. coli* bacteria produce a protein called curlin, which scientists suspect may help the bacteria compete for a foothold in the competitive germ environment in the intestines, he noted.

The bacteria itself was found in the intestines of all the SIDS babies, but only in 80 percent of the healthy babies. However, curlin was detected in the bloodstream of all 68 of the SIDS babies and none of the others, Goldwater said. "This indicated that curlin could be responsible for SIDS deaths, given the fact that curlin causes shock in laboratory mice," Goldwater said.

<http://www.reutershealth.com/archive/2002/05/06/eline/links/20020506elin017.html>

Vaccinosis and inflammatory bowel disease -

a veterinarian perspective
By Dr. Michael E Dym, VMD

Directly from human medical research, we have definitive proof of a linkage between polyvalent viral vaccines and inflammatory bowel disease, in particular the combination MMR vaccine and Crohn's disease and/or ulcerative colitis (the same thing?) in susceptible children. In his masterful research Andrew Wakefield, MD, a prominent British gastroenterologist, documented measles virus infection in the intestinal walls of nearly %100 of the autistic children he scoped and biopsied, who developed their disease within a short time after MMR vaccination.

The normally developing children did not have any evidence of measles virus infection or histopathologic evidence of Crohn's or ulcerative colitis. I believe that he did actually document that the measles virus found in the intestinal walls of these autistic children who developed the disease was vaccine measles virus strain, which he showed via DNA analysis. And while Dr. Wakefield is not anti-vaccine, he has lectured that if the vaccines were given monovalently (one at a time), that such problems had not been seen.

Dr. Wakefield theorizes that the measles virus infection and subsequent pathology in the gut walls leads to a leaky-gut like syndrome causing absorption of encephelopathic toxins which directly affects the developing brains of susceptible children leading to autistic like symptoms.

This above research is likely alarmingly occurring with the epidemic levels of inflammatory bowel disease in our pets seen over the past

few decades that was rare 30 years ago. Just think how many POLYVALENTLY vaccinated dogs with distemper (a measles virus) are suffering such chronic infections and pathology in their intestines. I wish that someone

would do the research in pets, but of course we all know that this will never happen. But I wonder how many academically-oriented veterinary gastroenterologists would be interested in reading Dr. Wakefield's research, and examining this issue in our dogs and cats, who are the true victims here. At least it would open up for academic discussion potential origins of this "new" disease of the past few decades.

How many out there are seeing such a link clinically in their patients. Of course not all of these pets are scoped and biopsied, but there are certainly mega numbers of dogs and cats whose appetites change forever, and who develop vague chronic waxing and waning GI symptoms which clients just live with (i.e. the maltese who vomits bile once or twice a month, or the occasional "hairball" vomiting cat) and who vets dismiss as variants of normal. And what about all of those pets with vague GI symptoms who also have mental/emotional disorders or active CNS diseases like epilepsy. Andrew Wakefield's work truly clicks with me in all of these possibilities.

Of course homeopathically, we do not constitutionally prescribe based on types of viral infections or pathology, but such work does lend credence to the pet vaccinosis epidemic other than looking at adjuvants in the rabies or leukemia virus vaccines as the sole contributors to perceived rare vaccine-induced disease by our allopathic colleagues. I hope Andrew Wakefield's work is at some point examined with regards to relevance in veterinary medicine. Just tonight, I had a new client come in whose dog had developed transient bloody/mucousy diarrhea after every vaccine, and after its last round a few months ago, has had non-relenting colitis signs, and bowels as thick as rope on my exam, which would like be characterized as severe chronic idiopathic inflammatory bowel disease by most of our colleagues.

Newsclips cont. from page 36

Michael Dym, VMD
email homeopathicvet@juno.com
www.canineworld.com/drdrdm

* * * * *

The National Vaccine Information Center, has enthusiastically endorsed a new book by Dr. Michael Palmer – a vaccine thriller entitled FATAL. The following is excerpted from a book review written by NVIC President, Barbara Loe Fisher.

Dear NVIC Friends,

Michael Palmer's vaccine thriller FATAL, made it to the New York Times best seller list (No. 16) after only four days on the bookstore shelves - but we need your help to keep it on the best seller lists and move it up! All books, especially novels, have a short lifespan and depend on word-of-mouth advertising to stay on the shelves. That means it is up to us to tell everyone we know how important it is to read this first-time ever expose in a novel of the dangers in the mass vaccination system. Michael Palmer truly has given us a gift and we need to do what we can to educate as many people as we can about vaccine risks while the book is still available.

Dr. Palmer joined me in addressing 1,000 parents of autistic children attending the Defeat Autism Now (DAN!) conference in Boston last week and afterwards signed 200 books in just two hours before he had to leave to pick up his 11 year old son, who has Asperger's Syndrome, at school. In the past two weeks, we have been getting a lot of emails at NVIC from people who are telling us that when they start reading the book they "can't put it down."

Here is a sample of what is being said about FATAL:

"Michael Palmer is a sure shot (no pun intended) to have his tenth New York Times best seller with the action-packed FATAL. The story line never slows down from the opening sore

throat to the final climax. Mr. Palmer provides a penetrating spotlight on America's vaccination program and to a lesser degree on the environmental unsafe at any speed record" - Harriet Klausner, Amazon.com reviewer

"I just finished FATAL by Michael Palmer and it has more twists and turns than the windiest of mountain roads. It was my Mother's Day present to myself. I encourage everyone to read it and buy as many copies as you can and to give as many copies as you can to your libraries and friends...this book is a gift and we need to recognize its profound potential to impact the public's blind assumptions about vaccine safety and do what we can to promote it." - Sandy Mintz, an Alaska vaccine safety and informed consent advocate

"This is a well-written, fast-paced, action-packed thriller. I kept seeing it as a screenplay in my mind's eye! But the most important issue that is tackled in this book - the potential harmful effects that vaccines have on our health - is the real message behind the plot. Palmer has chosen to use his incredible fiction-writing talents to open the door of this controversial issue to the masses.. the book makes a profound statement about the potential for vaccine injury when safety is abandoned due to the self-interests of a few." - Sherri Tenpenny, D.O., public review for Amazon.com

Treat yourself to something you don't want to miss - an important book that will earn its place in the history of the reform of the mass vaccination system as surely as the non-fiction ones that have gone before it. To learn more about why Michael Palmer wrote FATAL, read the interview I did with him in March on NVIC's website: . And don't forget to plan to come to NVIC's Third International Public Conference on Vaccination held Nov. 7-9, 2002 in Arlington, Virginia where Michael will be a featured dinner speaker.

The following two excerpts came from Promed reports:

<http://www.promedmail.org>

Cuba Suspends Measles Vaccination After Child Deaths May, 2002

HAVANA (AP): Cuba announced on Thursday that its measles vaccination program had been suspended after an "uncommon accident" with imported vaccine dosages that left 3 children dead and 42 others sick. The 3 children died last week after receiving injections from "apparently contaminated" vials filled with the anti-measles vaccine manufactured in India. "After the accident was known, it was decided a week ago to stop the vaccinations underway across the country," the government said in a communique carried in the Communist Party daily Granma. Cuba said it had formed a commission to investigate.

The communique said the vaccines had been certified by and acquired through the World Health Organization. It provided no other details on Cuba's acquisition of the vaccines, nor where in Cuba the children had died.

"Through the Health Ministry's monitoring systems, an uncommon accident was detected on 22 May 2002 in several vaccinated children," the communique said.

Infant deaths after vaccination - Algeria (Mascara)

Last year a cluster of deaths was associated with measles vaccination in Algeria. Investigation revealed that an inappropriate diluent was used to reconstitute the lyophilized vaccine, and involved one vial of vaccine used in the country. The above report mentions use of "contaminated vaccine" with 3 deaths and 42 additional ill children.

THE SUM OF ALL FEARS

by *Kathy Blanco*

My fears are that we shall not wake up in time, when every other family will have an autistic child, a child dead from a vaccine, a child that may be my grandchild with autism. My fears are that there are secretive operatives, namely in the CDC and NIH and their co conspirators, pharmaceutical corporations. These assumptive and powerful corporations are clearly going about doing the bottom line, keeping their business alive. It's all about PERCEPTION of ease, PERCEPTION of peace, PERCEPTION that all is well in Zion. In fact, that perception is a tool. The tool is, that as we go about our daily lives, we should not worry about the science behind a product, leave it up to them, and roll up your sleeve and be a good little American citizen, or Canadian, or Australian.

Since terrorists always use the tactic of surprise, for a parent who sees their child suddenly fall and slip into the abyss of autism, it would come as a surprise to them, as if it was all in the genes all along as is explained and ringed in their ears on the first pediatric visit of concern. This kind of tactic is quite effective, as silent little bombs go off in homes nearby you. It is meant to disarm the family of sorts, create a financial ruin and emotional one, as if an A bomb actually was confined within the walls of your own home.

Just as the 9/11 attacks ruined the economy WAITING to crumble, what the vaccine may eventually do, is ruin the economy and the capital of a family, waiting to crumble. We will take years to dredge up the deadly parts of the myth instead of 6 months of debris and ground zero steel. It will take time away from others in the family, sometimes even drive family members away because of the sheer amount of task involved. I am sure the ground zero

people's first utterance was, how are we going to make this all better? Or can you?

The sum of fears is that there are people who even knew that an attack would happen, not unlike what we are accusing our president. The many operatives who could have prevented such an attack lie in waiting, observing if you will, the downfall of their greed or stupidity. Sometimes it even makes them a little scared that we are finding out that what they have been up to is no good.

The sum of many parents fears is that they won't last for their children, that the stress and the strain of caring for them will probably be what kills you. There are many that sit in the stadium, watching a game, enjoying their life. Many who have no thought of what one genetic slew or sludge can do, let alone the toxins, let alone the viruses that crosslink with your life blood. And of blood, that precious highway that should remain clean and pure, but isn't anymore.

To confuse the matter, the collateral damage of the bomb will make it appear that their is no ground zero, for finger pointing will be this and that. An illustration - it's the mercury from coal plants, it's the fish mother ate, it's the mercury in mothers mouth, it's dad's pot smoking, it's in the genes, in the genes, in the genes. This is meant so that you won't see the A bomb, you won't see the trigger, 10, 9, 8, 7, 6, 5, 4, 3, 2, 1, KABOOM....a needle in the arm.

There are plenty willing to carry the suitcases into crowds, into clinics, into hospitals. They don't care, they think they are perfectly justified, even taught it is for the "greater good". Perhaps even some people know that "certain people" will react more, ON PURPOSE.

Whatever the insidious behavior, this is not human, this is not what we are about. This is about greed, avarice and power. Power over your decision to

live without interference, or not.

Power over whether you have a right over your medical decisions. For you do not have it now. We don't have real freedom to live our lives in harmony with nature, with God, with whomever you think is God. No...there are plenty of people deciding for you what kind of peace you'll have, what God you will worship.

Really, I wonder if the bomb has already been dropped? Are we seeing the affects of a holocaust of inner workings? What is it, 1-150 children with autism? Childhood leukemias...up. Diabetes....up....MS and other demyelinating diseases...up...ADD....way up, not even calculable? But alas, their antidote is....try this drug, that drug, maybe this one, this designer one, this life altering one, this life dependent one? Depend on us, Depend, depend, depend.....until you're a granny in a little shack wondering if your going to eat, or swallow your "life saving drug". Yes, they have done a keen job of antidotes, keen indeed.

So, although I know I will be disturbed by the movie, and it's "implications" I shall go anyway, and swallow the undeniable truth. (referring to the new movie "The sum of All Fears", about nuclear war) Perhaps I have lived a holocaust, as you have. Yet, as if it will all go away, we remain a peaceful lot. We don't outcry as much as I think we should. We don't protest, we are workable. We go to congressional hearings, show our children's faces on quilts, are activist in our own rights even if that means in the confines of our own home. God bless us for that. BUT....the sum of my fears is this.....the complete one...and a harsh one so be prepared.....IT'S NOT WORKING!!!

Even if our skin is falling off, and our thyroids are failing, and Chernobyls are happening all around us, we are a silent and meek little pop-

The Sum of All Fears cont. on page 39

The Sum of All Fears cont. from page 38

ulation. We are overwrought with grief and sorrow and pain, and sometimes we are not. Sometimes we go into that "after the war" mode. Almost like we came home from Vietnam and still dream terrible nightmares, but put a smile on our faces everyday.

Cheerfully we mothers provide, and smile, and do, yet, there is this steam in us, this silent steam, like OLD FAITHFUL, when we see another child, progressing, going on, moving forward, and we just compare. We do it with a smile on, and count our lots and our blessings. God bless us for that. BUT....the sum of my fears is this....even more complete...and a harsh one so be prepared...

WHAT OF THE NEXT GENERATION?.....

What are we doing to our selves, and our children by allowing this holocaust to go and move on forward? Are we that helpless, are we that alone, and have they done a splendid job on us? Oh yes, I would say yes. They surely have. So, I pick my bewildered body up, everyday, call people, share with people, form strategies, send articles, research, talk to researchers...and guess what....still...NOTHING IS GETTING DONE.

I am going to use all my strength, all my reserves in the name of humanity, to test our children for propensity markers for autism. I am going to shout on the highest hills that the holocaust ends....TODAY. Are you that motivated? Can you see why we must clean up the disaster? The ground zero is in our homes which is full of the twisted heavy metals of 7 floors below, and 10 stories above. The heavy metals are in our kid's bodies, and our bodies...we have some work to do.

I fear for the sum of all our fears. The fear that corporations are finally running our lives, telling us what we should believe in, almost like they have become a God. I don't bow to them, and I never will. Are we that smoth-

ered in our twisted metals and weight of doom, that we cannot see, this is the sum of all our fears? That we are so weak, they know it, and because of that vulnerability, will continue to drop bombs on homes in your neighborhood, until, the biggest sum of fears is realized....that we have build a race of people unable to think for themselves, no longer able and independent. Ah yes, they are powerful kings alright, king pens that is....or should I say....terrorists?

Editor's note: With appreciation to Kathy Blanco for permitting us to reprint her article. Kathy Blanco has organized a task force to designing a comprehensive newborn screening project that will test for "propensity markers" in the hope of identifying at risk children who are predisposed to immune and neurologic damage if challenged with vaccines.

"We suggest to fully define the etiologies and genetic predispositions of complex systems of integrations between immune, nervous, endocrine, enzymatic, metabolic and other systems of allergic responses that are severely derailed after exposures to mandated schedules of childhood vaccines. Our purpose is to find these predisposed biomarkers in a newborn before the vaccine mandated schedules begin. We suggest that this technology can detect these problems, and by a screening method or mechanism, we can halt these unfortunate and unnecessary sequelae."

Kathy is working with VOSI, Voices of Safety International and has been asked to chair, to write a platform to go with VOSI standard v50.2 (ours will be v50.3) of these ideas.

(www.voicesofsafety.com).

Contact Kathy Blanco at:

kblanco@mindspring.com

Website for Childscreen is: www.cheldscreen.org

FETAL ALCOHOL EFFECTS OR IMMUNIZATION EFFECTS?

by Diane Fuller

I cried when I read Harris Coulter's book " DPT:A Shot in the Dark " in 1991. I had attributed our daughter's horrific symptoms to the effects of fetal alcohol. Now, confused and angry, I was not so sure.

When we adopted Catherine, our part Aboriginal daughter, eighteen years ago, we were told that her birth mother had used drugs and alcohol during her pregnancy, so we knew we were in for a challenge. The reality of that challenge was a shock. In 1982, fetal alcohol syndrome and fetal alcohol effects had not been well publicized, consequently, the only terms I knew to describe Catherine's behavior were "extreme hyperactivity".

For the first six and a half months of her life, there was nothing very unusual about Catherine's temperament. She was a restless baby, and didn't sleep well, but my mother commented on what a "good" baby she was. That was probably the last time I was to hear her described in such positive terms.

At six and a half months of age, she was given a dose of oral polio and a DPT immunization in her right thigh. Catherine had a fever and was miserable, but the condition of her leg was of the greatest concern. Her leg became inflamed and swelled from her hip to her knee, becoming three times as large as normal. A hard lump, the size of a golf ball developed directly under the injection site and an angry looking abscess appeared. If this immunization was causing such destruction where it was introduced into this tiny body, what, I wondered, was it doing in the rest of her body.

What was it doing to this innocent

child's brain? Except for two more doses of oral polio vaccine, I refused to allow her to have more immunizations.

And then the formidable challenge began. Within two years I was totally exhausted, as Catherine became more and more unmanageable with rages, screaming, and an activity level that defied belief. Food allergies and sensitivities intensified all these conditions, and diet became an increasingly difficult proposition. Everything in our family life changed to accommodate this incredible, unfortunate child.

The typical acute reactions to DPT (Diphtheria, Pertussis - whooping cough, Tetanus) vaccination are: "high fever, excessive sleepiness, otitis, diarrhea and other gastrointestinal symptoms, vomiting, cough, high-pitched screaming and persistent crying, collapse, shock, seizures, convulsions, infantile spasms, loss of muscle control, headaches, breathing difficulties and allergies." (Coulter) These are also the symptoms of encephalitis.

Encephalitis is an inflammation of the brain, which can be caused by injury, infectious diseases such as measles, mumps, chicken pox and whooping cough, and also vaccines. Unfortunately, even mild cases of encephalitis can result in brain damage.

Because the brain is the control center for the entire body, damage to any area of the brain will cause disturbances in related areas of the body. Epidemic encephalitis in the early part of the last century was found to leave in its wake, serious mental, emotional and physical impairment. "Post encephalitic syndrome" was known to include developmental delays on all levels, including retardation in personality development. Mental retardation, seizure disorders, muscle spasms or flaccidity, cerebral palsy and hyperactivity told of damage to the central nervous system. Weakness of eyes, ears, voice and respiratory system,

headaches, sleep disorders and eating disorders compounded the problem. The poor victims were unable to reason, integrate perceptions or interpret their experiences in a normal way. Lack of impulse control combined with confusion and misinterpretation of circumstances resulted in fear, paranoia, depression, tantrums, rage and vio-

lence. Poor memory and lack of common sense heightened their difficulties. Post encephalic children were described as destructive and impulsive with a strong tendency to lie, steal, destroy property, set fires and commit sex offences.

.....
"My final conclusion after forty years or more in this business (medicine) is that the unofficial policy of the World Health Organization and the unofficial policy of the "Save the Children's fund"... is one of murder and genocide..."

lence. Poor memory and lack of common sense heightened their difficulties. Post encephalic children were described as destructive and impulsive with a strong tendency to lie, steal, destroy property, set fires and commit sex offences.

In his 1990 book "Vaccination, Social Violence and Criminality" Harris Coulter came to the conclusion that the major cause of encephalitis in developed countries is vaccination. Referring to the childhood vaccination program he states: "Every day this program continues, hundreds of normal healthy babies are turned into defective goods: mentally retarded, blind, deaf, autistic, epileptic, learning - disabled, emotionally unstable, future juvenile delinquents, and career criminals."

If we compare the symptoms of Fetal Alcohol Effects to those of post-encephalitic syndrome, it is very difficult to distinguish any difference. Both are the result of brain damage.

While the symptoms of Fetal Alcohol Syndrome include certain facial characteristics and pre-natal growth deficiencies, the symptoms of Fetal Alcohol Effects are much more

may be considered.

Characteristics of Fetal Alcohol Effects include learning disorders, attention deficit disorder, hyperactivity, speech and language disorders. Their inability to process information results in confusion, and their poor memory and inability to relate behavior with consequences constantly places them in impossible situations.

Misunderstanding of situations coupled with poor impulse control results in frustration, rage and violence.

If a child whose mother had a few drinks during pregnancy, develops encephalitis after an immunization at two months of age, resulting in damage to the central nervous system, what will the diagnosis be? In all probability, it will be Fetal Alcohol Effects. How many mothers have carried unnecessary guilt for having had one or two glasses of wine or a bottle of beer during pregnancy and being told that their "irresponsible" behavior has resulted in their beloved child's lifelong disability? In actual fact, the child's lifelong disability was the result of vaccine induced encephalitis.

Aboriginal people have been dealing with significant numbers of children with Fetal Alcohol Effects. They are also involved in rigorous immunization programs. How many cases of the Fetal Alcohol Effects are misdiagnosed, being in reality the results of vaccine induced encephalitis? We will probably never know, because in order to do a scientific study of the situation, we would need a control group. In their obsession to mass immunize, governments are not undertaking such studies. In fact, few of the resulting cases of immunization damage are even reported.

In his excellent book 'Universal Immunization: Medical Miracle or Masterful Mirage?', Dr. Raymond Obomsawin PhD, reveals horrifying facts. Having served with the Department of Indian Affairs and Northern Development, and being the Founding Chairman of the "National Commission Inquiry on Indian Health", his observations are disturbing. He states:

"The aboriginal peoples of N. America have now reached the unenviable distinction of being not only the most thoroughly immunized and medically drugged, but also the sickest group on the continent."

Dr. Archie Kalokerinos, physician to the Aboriginal People of Australia, where immunizations were resulting in death rates of up to 50% is quoted:

"My final conclusion after forty years or more in this business (medicine) is that the unofficial policy of the World Health Organization and the unofficial policy of the 'Save the Children's fund' and (other vaccine promoting) organizations is one of murder and genocide. I cannot see any other possible explanation. You cannot immunize sick children, malnourished children, and expect to get away with it. You'll kill far more children than would have died from natural infection."

So, was it Fetal Alcohol Syndrome/Effects or encephalitis after her immunization that has caused such suffering for our daughter Catherine? I suspect both were involved. Somehow her brain was damaged and now she pays dearly, as do we, her family, and ultimately, society.

I will always regret that immunization!

Editor's note: *With many thanks to Diane Fuller for permitting us to reprint her excellent article that first appeared in Alive Magazine, April 2001, #222. Diane is a homeopathic practitioner in Prince George, BC. Her Contact information is: (250) 964-2980 or 964-2019 email:*

Aboriginal children in the Canadian north are injected with more vaccines than is routinely given to other children. Most native babies are vaccinated with both BCG (tuberculosis) and Hepatitis B vaccines at birth. They also carry a higher load of mercury toxicity because many rely on fish and other sources of food that are already mercury contaminated – so there is a predisposal to injury, from the perspective discussed in this newsletter.

References:

1. Coulter, Harris L. & Barbara Loe Fisher "A Shot in the Dark"; 1991; Avery Publishing Group, Garden City, New York
2. Coulter, Harris L. "Vaccination Social Violence and Criminality : The Medical Assault on the American Brain"; 1990; North Atlantic Books, Berkeley, California
3. McCreight M.A., Brenda, "Neuropsychological and Behavioral Consequences of Fetal Alcohol Syndrome and Fetal Alcohol Effects" - Draft Paper 1991
4. Obomsawin PhD, Raymond, "Universal Immunization: Medical Miracle or Masterful Mirage?" 1998; Distributed/sold by Health Action Network Society, Burnaby, B.C.

VACCINATION - A FLAWED THEORY

"My own personal view is that vaccines are unsafe and worthless. I will not allow myself to be vaccinated again.The bottom line is that infectious diseases are least

likely to affect (and to kill) those who have healthy immune systems. I no longer believe that vaccines have any role to play in the protection of the community or the individual. Vaccines may be profitable but, in my view, they are neither safe nor effective. I prefer to put my trust in building up my immune system."---**Dr Vernon Coleman MB**

"Evidence that vaccines may do more harm than good is supported by experiences with animals. Between 1968 and 1988 there were considerably more outbreaks of foot and mouth disease in countries where vaccination against foot and mouth disease was compulsory than in countries where there were no such regulations. Epidemics always started in countries where vaccination was compulsory. This experience clearly shows that the alleged advantage to the community of vaccinating individuals simply does not exist."---**Dr Vernon Coleman MB**

"We can next turn to the classic work on auto-immunity and disease by Sir MacFarlane Burnett, which indicates that since the middle of this century the place of antibodies at the centre stage of immunity to disease has undergone "a striking demotion." For example, it had become well known that children with agammaglobulinaemia--who consequently have no capacity to produce antibody--after contracting measles, (or other zymotic diseases) nonetheless recover with long-lasting immunity. In his view it was clear "that a variety of other immunological mechanisms are functioning effectively without benefit of actively produced antibody." **Raymond Obomsawin**, (14) quoting from Auto Immunity and Auto Immune disease, MTP, London, England, 1973.

"The fallacy of this (antibody theory) was exposed nearly 50 years ago, which is hardly recent. A report published by the Medical Research Council entitled 'A study of diphtheria in two areas of Gt. Britain, Special report series 272, HMSO 1950 demonstrated that many of the diphtheria patients had high levels of circulating antibodies, whereas many of the contacts who remained perfectly well had low antibody."--**Magda Taylor, Informed Parent**

"When they say immunogenicity what they actually mean is antibody levels. Antibody levels are not the same as IMMUNITY. The recent MUMPS vaccine fiasco in Switzerland has re-emphasised this point. Three mumps

vaccines_Rubini, Jeryl-Lynn and Urabe (the one we withdrew because it caused encephalitis) 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."--**Dr Jayne Donegan, MD**

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

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