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VRAN Newsletter

Vaccination Risk Awareness Network Inc.

VACCINES AND GENETIC MUTATION

By Harold E. Buttram, MD;

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Introduction

The writers of this article make no claims of being authorities in the fields of genetics or immunology, but being non-experts may at times carry an advantage, in that, viewing more from a distance, one may sometimes perceive things that escape those more closely involved in the details and complexities of a field or fields. This may be true for the interactions of vaccines with the human immunology and genetics, about which science truly knows very little.

This article does review the work of three pioneer researchers in this field, John Martin, PhD, MD, Howard B Urnovitz, PhD, and Dr. MG Montinari; work which shows fairly convincing evidence that genetic changes are being found in some patients in whom vaccine reactions appear to be causally involved. There are no claims that this evidence constitutes proof of genetic change from vaccines. What we do hope to establish from the work of these researchers is that it is both possible and plausible that subtle, widespread genetic changes may be taking place as a result of current childhood vaccine programs, possibly already affecting large portions of our children.

The burden of proof for vaccine reactions should not rest on parents, as it does now in our medical-legal system. The burden of proof for the safety of vaccines; that is, that the vaccines are NOT causing adverse genetic changes, should rest on the manufacturers, federal and state government health agencies, and the schools who are now mandating the vaccines. Until this matter is settled, does anyone at any level truly have the right to force vaccines in ever growing numbers on a generation of children?

Basic Immunology for All Ages

Although the technical intricacies of the human immune system are extremely complex, the principles of their operations are the essence of simplicity and might be compared to the fortifications of a Medieval castle. Using this analogy, first there might be outlying outposts with sentinels, then a moat, then the main castle wall, and finally the inner defenses surrounding the castle itself, in which reside a royal family. The latter of course represents the human genetic system, which the human immune system is designed to protect at all costs.

The sentinels would be represented by a subdivision of lymphocytes (a form of white blood cell), which are called "memory cells" because of their having memory of former exposures

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EMERGING RESEARCH BEING IGNORED

By Edda West

For too long parents of vaccine damaged children and vaccine awareness groups have been calling for honesty in science and independent research into the biomedical mechanisms of vaccine injury – identification at the cellular level of specific biochemical reactions triggered by vaccines which lead to injuries of the immune/neurological systems. Purported lack of knowledge (read: lack of disclosure) of the complex biochemistry that precipitates neuroimmune injuries in susceptible children

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VRAN NEWSLETTER

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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 3 to 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:
$35.00—Individual $75.00—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 phone or e-mail,as indicated above.

VRAN NEWS

Dear VRAN Members,

I hope you find the material in this extra large edition of the newsletter as informative and enriching as I do – so much new information about the impact of vaccines on the immune system and developing brain from Dr. Russell Blaylock, and a rich offering from Dr. Harold Buttram and co-writers who explore the ways that vaccinations can precipitate genetic mutation, as well as VRAN board member Gloria Dignazio's update on her daughter Sara's vaccine damage story, and many other interesting news items. In addition, we've included an insert of a superb essay titled Five Vaccines in One:Your Baby's First Shot, researched and written by Susan Fletcher who also created VRAN's New Parent Package which we encourage everyone to order and have on hand as a basic resource to share with other concerned parents.

I have a feeling this issue will keep you busy reading for a while, which is my intention as I am taking a leave of absence from VRAN for a few months starting at the end of October. My decision to take a leave comes in the aftermath of health problems suffered these last few years, and the need to spend some quality time with my daughter and little grandson. I do anticipate though, that our next newsletter will go out to members around the beginning of February. In my absence, dedicated VRAN members have volunteered to keep things running as smoothly as possible. VRAN president Mary James in Winnipeg and Vice President Rita Hoffman in Ontario will fend phone calls and respond to emails, and our webmistress Maggie Teiner will continue to manage our website and deal with incoming and outgoing mail and printed materials.

In Edda's absence, please contact:
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Because of my absence this fall, the time we usually do our yearly fundraising appeal, we are launching the appeal now so that over the next 4-6 months our operating budget for 2005 can get off a good head start. As always, **we offer a fundraising bonus to members who donate $150 or more**. This year's bonus offer includes a book by Dr. Harold Buttram, MD, and a new CD-ROM containing 3 historical books on vaccination.

Dr. Harold Buttram's book titled The Immune Trio delves into vaccinations and immune malfunction. He writes, *"The combined effects of massive, repeated antigenic stimulation from vaccines, which short-circuit the processes of natural immunity, given at an extremely vulnerable time of life, cannot help but have adverse effects on the immunological system of the child, in our opinion, with the possibility of leaving this system crippled in its ability to protect the child throughout life."*

We also proudly offer a new CD-ROM, produced by Vaccination Liberation which contains three out of print books on vaccination. There is a

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total of nearly 500 pages of historical material that is both fascinating and instructive as to the shakey foundation the vaccine paradigm is based on. Two of the books are written by medical doctors in the early 20th century who recognized the correlation between vaccination and health afflictions like, "paralysis, blindness of both eyes, hip joint disease, consumption and frightful forms of skin disease". The books are in three formats: HTML, PDF (Acrobat Reader), and rich text format.

"Vaccines are the new frontier of corporate medicine" quotes Susan Fletcher's timely article, Dollar$, Drug$ and Vaccine Developments$$$ in this issue of the VRAN newsletter. The pharmaceutical industry is poised to deluge us with a flood of new vaccines, and we and our children are their captive market with funding guaranteed by the government. Be assured you will not get truthful or accurate information about the impact of increasing multiple vaccinations on your family's health from pharmaceutical or government sources.

VRAN was founded by parents whose children suffered severe vaccine reactions and devastating injuries. Within VRAN, there is no conflict of interest, no government ties, or corporate sponsorships. Our SOLE purpose is to bring you truth and knowledge with which you can protect yourselves and your children from vaccine/drug inflicted injury. Your generous donations are THE most critical factor which enables VRAN to help you protect your family's health from pharmaceutical assault. With an extra measure of support from good friends like you, we will continue to serve the many families searching for clarity and truth when grappling with the vaccine dilemma.

Best wishes to all and deepest gratitude for your continuing support,
Edda West – VRAN Co-ordinator

Vaccine Adverse Reaction Reporting

Long time VRAN member, Daniel Moser (also our first webmaster) has poured countless volunteer hours into developing an online vaccine reactions reporting data base that will be accessible from the VRAN website and will be up and running soon. Families whose children have suffered vaccine reactions and injuries have felt for a long time that an independent reporting system is needed where parents can register the details of their child's vaccine reactions and injuries, independent of Health Canada whose reporting system is inaccessible to the public. **We encourage everyone who suspects their child has suffered a vaccine reaction and/or vaccine related health injuries to submit a report.** You can review and test the reporting system by going to http:db.vran.ca/start.html . To offer feedback and get a progress report, contact Daniel Moser at: DanielMOSER.CA

THANK YOU DANIEL for your generosity of time and skills put into bringing this project to fruition!!

Please send your donations to:
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to foreign invaders, and which will begin an explosion of cloning on re-exposure to the same invader. The main castle wall would be represented by the mucous membranes of the respiratory and gastrointestinal tract, and the inner defenses by the antibody-producing plasma cells (another form of white blood cell) located in the bone marrow.

IMMUNITY

Cellular Immunity

For countless millennia in human evolution, the cellular immunity of the mucous membranes of the human system have been the primary route of entry of disease-causing microorganisms into the human body, and therefore through evolution, the mucous membranes have evolved into the major defense system of the body. In health these membranes are coated with an "antiseptic paint" consisting of untold billions and trillions of molecules of secretory immunoglobulin A antibodies, whose role is to recognize every single molecule passing into or through these tracts, sorting out the nutrients in the case of the intestinal tract, and intercepting all foreign and alien substances, including incompletely digested foods. It would take several very large computers to equal the intelligence of this system when it is working as it should. It is all that is standing between a very thin (and dumb) gut membrane and a host of toxic substances which would otherwise pass through the membrane into the blood stream. In addition to this antiseptic paint, the primary agent of defense of the mucous membranes against infectious micro-organisms is a cellular immunity, the primary agents of which are phagocytic (gobbling up) macrophages and cytotoxic T lymphocytes.

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Humoral Immunity

The inner defenses are represented by plasma cells in the bone marrow with their antibody production, which normally serve as a secondary defense for the body, coming into action as an accessory of the mucosal (cellular) immunity, or as a primary defense when cellular immunity has failed. This immunity is referred to as humoral immunity. Plasma cells can produce (1) Macroglobulins, which appear first with an acute infection, being more primitive, serve somewhat like a nonspecific natural antibiotic; (2) Immunoglobulin G antibodies, which are highly specific for a given foreign invader and appear somewhat later after onset of an infection after the process of cloning is set in motion; and (3) IgE antibodies, which are allergy producing.

The Role of Childhood Diseases

There is a school of thought that the so-called minor childhood illnesses of former times, including measles, mumps, chicken pox, and rubella, which entered the body through the mucous membranes, served a necessary and positive purpose in challenging and strengthening the immune system of these membranes. Vaccines in contrast are injected directly into the body, consequently bypassing the mucous membranes, leaving the mucosal immunity relatively weak and stunted.

In both The New England Journal (1) and the journal Thorax, (2) articles have appeared stating that a healthy immune system has a "bias" towards the cellular immune system, whereas people with allergies, asthma, and diseases of an autoimmune origin have a humoral-dominant system. It has also been shown that, once one of these subsets become dominant, it is difficult to shift the system to the other subset. (3)

Genetic Exchanges in the World Around Us

Barbara McClintock, the 1983 Nobel laureate "Corn Lady," was the first to discover genetic mobility in the so-called jumping genes in the 1930s. For over 50 years she pursued solitary research with corn, uncovering some of nature's inner most secrets about life.

McClintock studied maize, a form of Indian corn, where distribution of red kernels and yellow kernels is genetically determined. What she perceived was that some of the genes were moving from one place to another on the cell's chromosomes (the floating threads on which genes are lined like beads on a string). Then she saw patterns in the movements, with sharply differing results in the colored kernels, and realized that some genes, once moved into position, switched other genes on or off. It followed that, while most genes were workers, others were controllers or managers of genes.

According to an article in World Medicine (September 22, 1971, pp 69-72; New Medical Journals, Clareville House, Oxendon St., London), scientists at the University of Geneva have made the startling discovery that biological substances entering directly into the blood stream may truly become a part of us and even a part of our genetic material. The article stated in part: "When Japanese bacteriologists discovered that bacteria of one species transferred their own highly specific antibiotic resistance to bacteria of an entirely different species, they seemed to hit on a unique if not startling phenomenon. Dr. Maurice Stroun and Dr. Pilippe Anker, with colleagues in the Department of Plant Physiology at the University of Geneva, have now accumulated a wealth of evidence that the transfer of genetic information is not confined to bacteria but also can occur between bacteria and higher plants and animals."

"The Geneva scientists are convinced that normal animal and plant cells also shed DNA and that this DNA is also taken up by other cells in the organism. If they are right, the consequences to virtually every aspect of a cell's metabolism would be considerable. The growth and development, diseases, and even the evolution of an organism would be affected."

"Dr. Maurice Stroun and his colleagues did most of their research on plants but have now turned to animals. In their latest set of experiments they used the isolated auricles of frogs' hearts." (4) There is no question about the results. They found a high percentage of RNA-DNA (ribonucleic-deoxyribonucleic) hybridization between bacterial DNA extracted from bacteria of the same species as that used in the experiment and titrated RNA extracted from auricles which has been dipped in the bacterial suspension. (DNA, the characteristic nucleic acid of the nucleus in all cells, is the fundamental substance which carries the genetic code within the cells of the body).

"Since we know that no bacteria got into the frog auricles, we can only conclude that the bacterial DNA must have been exuded from the bacteria and absorbed by the animal cells," says Stroun. "This transfer phenomenon, or transcession, as Dr. Anker called it, is very probably a general one, otherwise, he and Dr. Stroun would hardly have succeeded first go, in getting bacterial RNA synthesized by animal tissues…"

"The implications of this work on transcession are enormous, for the Geneva work suggests that this phenomenon is going on the whole time – even in our own bodies…Could, for example, the heart damage that can follow after rheumatic fever and similar bacterial infections be the result of the body's immunological system reacting to its own cells producing an alien RNA?" Subsequent studies by Anker and Stroun further confirmed observations in the above report. (5)

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Genetic Hybridization

As purely genetic material, it would be expected that viruses are more prone to the process of jumping genes than other microorganisms. The following publication tends to support this hypothesis: In a study of 24 passages of a nuclear polyhedrosis virus through cell cultures there were both insertions and deletions in the virus, appearing to suggest that the virus both donated genetic material to and received genetic material from the cells in which it was cultured, therefore also suggesting the possibility of similar viral exchanges in the human system (our interpretation). (6)

As another possible complication of viral infections (presumably also viral vaccines) similarities have been found between certain viral proteins and proteins related to myelin sheaths of the brain and nervous system.(7) As a result of this protein mimicry between viral proteins and homologous areas of the nervous system, immunological cross reactions may take place resulting in post-infectious or post vaccinal encephalitis, myelitis, or neuritis. These viruses include measles, Epstein-Barr, influenza A and B, and others that cause upper respiratory infections.

Following this line of thought one step further, in an article entitled, "Vaccination and autoimmunity-'vaccinosis': a dangerous liaison?," the authors pointed to the potential problem of "molecular mimicry" in vaccines, in which a structural similarity existing between some viral antigen and a self-antigen could, by bringing about a slight modification of the antigenic character of tissues, cause it to appear foreign to the immune system and thus a fair target for antibody production" (and autoimmunity) (8)

Endogenous and Exogenous Assaults on the Human Immune System – Stripping Away the Outer Defenses

Returning to the analogy of the Medieval castle with its series of immune defenses protecting our genetics; in health the human body can stand a great deal of abuse, toxic or otherwise, but when these outer defenses are stripped away leaving our genetics relatively unprotected, it is in this type of scenario where, theoretically, genetic damage could take place. Situations leading to this genetic vulnerability could include one or more of the following:

• At a conference a number of years ago, Dr. H.H. Fudenberg, world-renowned immunologist with hundreds of publications to his credit, made the following comments: "One vaccine decreases cell-mediated immunity by 50%, two vaccines by 70%…all triple vaccines (MMR, DTaP) markedly impair cell-mediated immunity, which predisposes to recurrent viral infections, especially otitis media, as well as yeast and fungi infections."

• Severe and/or prolonged stress raises both endogenous adrenalin and serum cortisol levels. It has long been known that cortisone medications tend to depress the immune system. Endogenous elevations of cortisone can do the same.

• Toxic chemicals, as in the Persian Gulf War Syndrome (9) or toxic industrial waste sites, which have been associated with increases in chromosomal congenital anomalies in residents living near these sites. (10)

• Nutritional deficiencies, especially deficiencies in folic acid, which performs a critical function in making and repairing chromosomes. As reviewed in a monograph on folic acid by Sidney M Baker, M.D., precancerous chromosomal damage has been found in cell cultures when the culture medium contains low levels of folic acid. Smokers with low blood levels of folic acid have more pre-cancerous chromosomal changes than smokers or nonsmokers with normal folic acid levels. (11)

• As reviewed in standard pediatric textbooks, newborn babies and infants, having little immunity of their own, are largely dependent on antibodies received from their mother for about 6 months following birth, as indicated by their small lymph nodes, few plasma cells in their bone marrow, and very low rates of immunoglobulin synthesis. Normally about 6 years are required before various immune parameters are well established. At least theoretically, because of the immaturity of the immune system in infancy and early childhood, the child's genetics during these early ages would be more vulnerable to injury. *(see addendum re: breastmilk immunity)

• Although final proof is as yet lacking, there is much indirect evidence that vaccines may be skewing the human immune system away from cellular immune system, which is normally dominant in health, towards the weaker humoral system, which is associated with allergies and autoimmunity as well as increased vulnerability to viral and fungal infections. This conclusion can hardly be escaped because most if not all childhood vaccines in current use are injected directly into the body and are directed at stimulating antibody production in the bone marrow. Bypassing the mucous membranes of the body as they do, the cellular immune system remains weak and relatively stunted due to lack of stimulation. As previously noted, once the humoral system attains dominance, as demonstrated in the following study, this dominance tends to be self-perpetuating.

Each of the two systems has identifying markers called cytokines (peptides which act as messengers), and this is how they are identified. A study by Sudhir Gupta of 20 autistic chil-

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dren, a condition thought by growing numbers of parents and physicians to be largely vaccine-related, showed consistent elevations of humoral cytokines and lowering of cellular cytokines.(12) Consequently, if vaccines are skewing infants' immune systems by inducing a humoral-dominant system at a highly vulnerable time of life, they could be creating double-jeopardy from the standpoint of genetic mutations.

Stealth Viruses and the Work of John Martin, MD, PhD

A stealth virus is one that can establish a persistent infection in people over a period of years, while at the same time escaping detection by the human immune system because of its genetic fragmentation and polyglot mixture of genetic elements. The story begins years ago when Dr. Martin was serving as director of the viral oncology branch within the U.S. Food and Drug Administration when he found foreign DNA in the oral polio vaccine being manufactured at the time. He later learned that a Simian (monkey) cytomegalic virus (CMV) had been found in all of the eleven African green monkeys imported for production of the polio vaccine.(13)

After leaving the FDA, Dr. Martin took a position as professor of pathology with the University of Southern California. There he tested blood samples from patients with chronic fatigue syndrome, autism, and other nervous system disorders. This work led to his discovery of unique cell-destroying viruses that were not recognized by the immune system. Termed "stealth viruses," some of which he thought had clearly originated from the simian cytomegalic virus, these viruses were missing specific genes which, if expressed, would induce immune responses from the host. (14-18)

By way of explanation, the stealth virus, which, according to the work of Dr. Martin had its origins from a CMV contaminant of the oral polio vaccine, had become extremely fragile and unstable, possibly as a result of numerous serial passages through a variety of hosts in the commercial development of the vaccine. Being more unstable, it would theoretically be more prone to exchange nuclear material with its various hosts, in the end becoming somewhat like a genetic Rubik's cube with a polyglot of nuclear material. This polyglot mixture remains unidentifiable to the immune system of the infected human host. Martin has reported on finding the stealth virus of Simian-CMV-origin in chronic fatigue (15) and in an autistic child.(18) The findings of chromosomal changes by Urnovitz in studies of veterans suffering from Persian Gulf War Syndrome (20) reported the findings of "many enteroviral-similar segments" in the abnormal chromosomes. It was also pointed out by Urnovitz that virtually all of the Gulf War veterans received the oral polio vaccine, the implication being that the polio vaccine with its CMV contaminant could have been a source of the enteroviral segments. (Polio is an enteric virus). Considering the possible consequences of these early findings of Dr. Martin, one wonders if there are plans for further investigation of these disturbing findings, or must this be left to future generations?

The Work of Howard B. Urnovitz and The Chronic Illness Foundation

Dr. Urnovitz and his colleagues have been studying the implications of vaccines in cancer, Persian Gulf War Syndrome, multiple sclerosis, and AIDS. Urnovitz, who holds doctorates in Immunology and Microbiology from the University of Michigan where he studied vaccines, has become one of the most vocal proponents for scientists to become aware of vaccine-associated genetic mutations.(19) His work in this area has supported the concepts that:

1. Our bodies have a "genetic memory" of foreign substances it encounters, including vaccines.

2. There is a limit on how much foreign material our bodies can handle before genetic damage occurs and/or progresses into a chronic illness.

3.Each person has their own unique genetic blueprint which responds to foreign substances differently.

Although Urnovitz did not elaborate further on the subject of "genetic memory," his reference to it can be interpreted as an inference that the genetic blueprints we inherit from our parents are influenced and potentially changed in adaptation to environmental exposures during our lifetimes.

Perhaps Urnovitz and colleagues are best known for the work they have published on the Gulf War Syndrome (GWS), where they found evidence of genetic alterations in Chromosome 22q11.2, a known genetic "hot spot" for mutations, which appear to have a role in the pathogenesis of GWS.(20) Even more striking is that when they sequenced their findings, many enteroviral-similar segments were found suggesting that this may have played a role in causing the changes in 22q11.2. As previously stated, most Gulf War veterans received the oral poliovirus vaccine, an enterovirus, presumably along with its Simian CMV contaminant.

Also, in the introductory paragraph to the report, the authors included a list of chemicals to which the veterans had been exposed in the Gulf War, including low-level chemical warfare agents; investigational drugs (including pyridostigmine bromide), organophosphate, carbamate, and other pesticides and insect repellants; and toxic combustion products from oil well fires and diesel exhaust products. Although not specifically stated, the inclusion of this list clearly implies the authors' opinion that toxic chemical exposures may also have played a causal role in the Gulf War Syndrome and its accom-

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panying genetic changes.

To expand on this further, some of the genetic sequences were found to come from other, unidentified non-human sources. This raises the question of whether or not there was a connection between the work of Urnovitz and John Martin, (14-18) with genetic residues from the oral polio vaccines, the oral polio virus in turn having been cultured in monkey kidney tissues, and thus contributing to non-human segments described in the Urnovitz report.

The work of Urnovitz (9, 20-22) places a serious light on the implications of vaccines in bringing about genetic alterations. Our parents provide our genetic blueprints at birth, but this raw genetic material now appears to be malleable to environmental influences, including toxic chemicals and vaccines. Based on the foregoing information it is both possible and plausible that genetic translocations are taking place as a result of vaccines. Surely this is a credible cause for concern.

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Immunogenetics

The genetics of our immune system are not well understood by scientists. However, there are many studies which pose serious implications. As one example, MG Montinari and colleagues investigated the relationship between post-vaccine central nervous system (CNS) diseases and human leukocyte antigens (HLA), which essentially strips the body's brain and nerve tissues of their outer myelin coating.(23) By way of explanation, the HLA system is one which aids an individual's immune system to differentiate that which is "self" from that which is "non-self." Although the mechanisms are complex, it is a system which, during embryonic life, learns to recognize healthy or normal cells of the body as "self" so that these cells will remain unmolested by the search and destroy mechanisms of the immune system, leaving the latter free to protect the body from foreign invaders.

Of special concern is that the HLA system also carries an increased proneness to polymorphism (mutation), the mutations in turn possibly resulting in an impairment of self-recognition. This process may be the fundamental cause, or one of the primary causes of underlying autoimmune disorders in which the immune system attacks the cells within the body. The HLA system plays an integral part of this process.(24) When the alleles of the HLA system are mutated, as sometimes seen in viral infections, viral vaccines, or environmental illness from toxic chemicals, the body's immunogenetic memory is altered. The presentation of an antigen to the immune system is important, and interference with this presentation may cause the body to mistake normal tissue, such as brain and nerve myelin, and thus attack its own tissues (autoimmunity).

Montinari found that certain alleles of HLA (A3 & DR7) were more frequent in patients with post vaccine-induced illness. This indicates an immunogenetic basis for such illnesses. What caused much concern was that Montinari implicated vaccine preservatives such as thimerosal as causing genetic mutations by modifying the amino acids in presenting antigen proteins, (25-29) which may be responsible for confusing the body into autoimmune reactions.

Further Concerns of Vaccine-Induced Genetic Mutation

Many of us are aware of The Human Genome Project which is an attempt to map out the entire chromosomal locations of human genes. It is important to note that a technique for the mapping of genes actually fuses human and rat cells in tissue cultures. These cells, called human-rodent somatic cells, actually have both rat and human chromosomes combined. This hybridization of human and non-human cells is done by placing both in a tissue culture and put through repeated cell-cycle passage, where human chromosomes are "lost." This allows for scientists to mark certain protein-expressing genes to individual human chromosomes. (30)

Knowing that such hybridization occurs in laboratory processes and can be repeated, one must wonder if vaccines, which are contaminated and made with various human, animal, and non-human cells/DNA, can have the same effect in the human body.

Returning now to the subject of genetic contamination, and to the work of Anker and Stroun as well as to the human-rat cell fusion, we know that many vaccines use "immortal cell lines" which are actually cancerous types of cells with no limit on how many times they can divide. The most commonly known type of tissue used is of the human diploid variety extracted from aborted fetal tissue. It is possible that these cells could actually hybridize with our own. In fact, it is likely in light of what we know about human-rodent somatic cells. As well, there is concern that these cell lines are easily contaminated with pathogens and spread cancer (mutation-promoting) material to humans. (31-34)

Certain vaccines called "recombinant," "sub-unit," and "naked DNA" use methods of genetic engineering

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in their production. These techniques pose major concerns because of the unknown interaction of the vaccine and human proteins/DNA. The FDA actually acknowledges this concern where mutations take place through the activation of oncogenes or inactivation of tumor suppressor genes allowing cancers to thrive. Moreover they concede that free nucleic acids are easily taken up and integrated into a cell's genome, thus potentially resulting in genetic mutations.(35,36) A detailed and technical report which details the many cancerous and genetic consequences of vaccine contamination notes that each vaccine dose is allowed 100,000,000 allowable pieces of DNA, not including the DNA in the viral and viral-contaminated portions. We believe that any allowable piece of DNA is a risk.

Summation

In a Letter-to-the-Editor of Science Magazine, October, 1967, Joshua Lederberg, Department of Genetics, Stanford University School of Medicine, warned about live-virus vaccines: "In point of fact we (are practicing) biological engineering on a rather large scale by use of live viruses in mass immunization campaigns. . . . Crude virus preparations, such as some in common use at the present time, are also vulnerable to frightful mishaps of contamination and misidentification." (38)

In a larger sense, the question about possible effects of vaccines in causing adverse genetic changes might be considered as the "black hole" of scientific knowledge. Even if it is taking place, do we have the technology to identify it, and if not, do we have the time to await the slow processes of science to prove such a relationship? Studies from Africa, England, Sweden, and New Zealand have consistently shown a greater incidence of allergic problems such as asthma and eczema, along with increasing patterns of sickness, among fully vaccinated children as compared to those with limited or no vaccines. (39-42) It seems inconceivable to us that health could be one thing and genetics another, or that these patterns of deteriorating health would not be accompanied by corresponding genetic changes.

In our view there is one fundamental issue with which we are confronted, and that is for parents to gain the right of free choice to accept or reject vaccines for their children based on informed consent. Wherever one looks in the natural world one finds systems of checks and balances. It is the fundamental system on which the US Constitution was framed and intended to function. The same principle should apply with childhood vaccines. Only by this can things be set right.

Addendum – Breastfeeding: The Critical Immunological Bridge

By Edda West

The human infant's vulnerability to infection hinges on whether or not he/she is breastfed. Breastfeeding adds the most essential and powerful immune dimension which protects the newborn and young baby from a myriad of infectious disease. Many years ago, medical researcher Dr. Alan Cunnigham, MD found that breastfed babies have a more than 12 fold reduced risk of infectious diseases, particularly the big killers which are respiratory and gastrointestinal diseases. (1)

New Zealand researcher, Hilary Butler has written extensively about the newborn immune system being skewed towards TH2, a necessity so that the mother's body does not reject the fetus. After birth however, the baby's immune system starts to shift to cell mediated TH1. THE MAJOR factor enabling this transition is breastfeeding, which provides the baby with a highly complex protective immunological ecology (2)

Therefore, although the infant is born with an immature and vulnerable immune system, breastfeeding provides the crucial immunological bridge insuring that the neonate has the following: a plentiful supply of cell mediating secretory IgA; tremendous amounts of macrophages, which engulf and destroy pathogens the infant may be exposed to; and a highly complex enzyme system that provides appropriate nutrients, and functions in multiple immune capacities. An example of this is lactoferrin, the remarkable iron-binding protein that insures iron remains unavailable to bacteria, hence minimizing risk of infection. (3)

Fundamentally, human milk insures continuing oral passive immunity as it lays down essential gut protection that prevents enteroviruses from taking hold. It also maintains gut impermiability so that antigens can't seep through the gut wall triggering allergic mechanisms. Breastmilk is the most vital element by which immune strength and integrity is built. It sets the immune foundation for life!

While doctors pay lip service to the advantages of breastfeeding, little is done to teach parents the profound and far reaching immune benefits of it. If every mother could understand her body's capacity to provide her baby with the means to build a strong and disease resistant immune foundation, one could venture to predict that the fear of this or that disease would be dispelled, along with the idea of the necessity of vaccinations.

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is the key factor which permits vaccine authorities to deny the role of vaccines in today's epidemic of neurodevelopmental disorders now affecting 1 in 200 Canadian children, and even higher numbers in the U.S. and Great Britain.

In an age of remarkable scientific advances in DNA research, genetic engineering, mapping of the human genome and nanotechnologies often difficult to translate into everyday language, it is unfathomable that more is not known of the specific biochemical chain of events triggered by the injection of multiple vaccines and the mechanisms which lead to alterations and subsequent injuries to the immune system and brain.

What is evident though, gauging by the behaviour of leading institutions & vaccine policymakers entrusted with assessing vaccine risks and protecting public safety, is a curious mindset of "don't want to know", as exemplified by the recent sham investigation by the Institute of Medicine (IOM) in the U.S. It's exoneration of thimerosal and MMR vaccine in neurodevelopmental disorders has outraged parents, researchers.

IOM & Vaccine Industry Deceit

Although aware of the emerging biomedical research pointing to a link between thimerosal, MMR vaccine and autism disorders, the IOM committee ignored these studies and delivered a "not guilty" verdict based on epidemiological reviews incapable of picking up the subset of children vulnerable to damage. Adding insult to injury, it discouraged further research into vaccine-associated autism – a move calculated to terminate vaccine injury inquiries and to block funding for ongoing research in this area. The committee's decree will, no doubt, be taken up dutifully by the media and fed to the masses as the last word on vaccine safety. The IOM said it's safe, so it must be so!

Barbara Loe Fisher, parent of a vaccine damaged child and president of the National Vaccine Information Center (NVIC) in the U.S. charged that "This report is a case of political immunology masquerading as real science. With it, the Institute of Medicine takes a step toward weakening its reputation as an independent body capable of making an objective scientific analysis of complex medical risk issues which are influenced by government policy and industry profits." (1)

She questioned whether the IOM Committee could remain objective when assessing vaccine risk issues which affect entrenched public health policy due to serious conflicts of interesting arising from the fact that (1) the Committee received it's direction and funding from government institutions that regulate and promote mass use of vaccines and (2) Committee members had a public health policy background and were either receiving NIH(National Institutes of Health) research grants or were employed by universities receiving NIH, CDC(Centers for Disease Control) and vaccine industry research grants

"For this Committee to reject emerging biological mechanism evidence of a causal relationship between vaccines and brain damage leading to autism in favor of flawed epidemiological studies primarily using old medical records is tragic. For this Committee to basically give the green light to government and industry to eliminate autism from cost benefit analyses of thimerosal risks is beyond belief because it could pave the way for mercury to remain in vaccines here and around the world. Failing to consider the fact that DPT and MMR vaccine induced brain inflammation can lead to brain damage in some children, including autism, is just one example of how simplistic and superficial this analysis of the relationship between vaccines and autism is. When the real science comes out demonstrating that vaccines can cause autism in genetically susceptible children, this Committee's conclusions will be meaningless," said Fisher. NVIC also supports removing vaccine risk research and monitoring from the CDC and NIH because of conflicts of interest.(1)

"In my opinion, the IOM report represents an incredibly poor evaluation of the scientific literature and is symptomatic of a committee that has been compromised in its scientific/biomedical credibility to favor the wishes of its employer, the CDC" writes Dr. Boyd Haley, a specialist in mercury toxicity. "The recommendations of this IOM report, if followed, will prevent the resolution of the autism causation issue and will prevent development of an effective treatment protocol for autistic children. However, it will help the CDC and vaccine manufacturers escape any culpability for any damage they may have done by instituting the mandated vaccine program in the USA without any testing of its safety."(2)

In a media interview Haley says, "This is an unintelligent report and symptomatic of a poorly designed cover-up to protect the vaccine industry……they're preventing research. This is morally unacceptable to me; a little short of criminal."

"If it is ultimately concluded that in the 1990s we poisoned an entire generation of Americans, that's pretty bad," said Rep. Dave Weldon, a Florida physician pushing for passage of a nationwide ban on thimerosal-containing vaccines. "You're talking about a possible settlement against the government that could dwarf the tobacco settlement." (3)

The IOM, as the most authoritative medical body in the U.S., by quashing the emerging science poised to expose the vaccine/thimerosal/autism link, reveals the systemic rot and deceit operative at the highest levels of the vaccine establishment. By rejecting emerging biomedical evidence, this

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elite body signals its true mission - to stonewall independent research getting too close to the truth and shield its 'sacred cow' at any cost.

British Lawyer, Clifford Miller points out that the IOM's finding of "No Vaccine Causal Link to Autism", based solely on epidemiology violates legal/ scientific standards as set out in the US Federal Judicial Center Reference Manual on Scientific Evidence, (second edition), "which makes abundantly clear that **epidemiology is not acceptable to prove there is no causal link between an adverse event and a pharmaceutical**……..hence, the oft repeated citing of epidemiology as proof of the opposite, that there is no causal link, is more than a little incongruous and a somewhat bizarre scientific base on which to put any nation's policy on immunisation of children . The logical implication seems to be that epidemiology can never be used to prove that a particular agent did not cause a particular adverse event."(4)

In recent feisty letters to the British Medical Journal Miller pulls no punches in exposing the flawed 'standard of proof' used by the vaccine establishment to perpetuate and defend its policies. "Government and money has abused science to poison and thereby maim its own citizens (the youngest and most helpless ones at that); the full extent of the problem and its individual cost and cost to the nation is unknown because all of these phenomena/maladies have not been surveyed. The scandal of all of this is that, to the question 'how many deaths and injuries in the UK are caused by vaccinations' the answer is 'who's counting?' "(5)

Oblivious and immune to the collateral damage it inflicts on a suffering humanity in its endless 'war on disease', the vaccine conglomerate ruthlessly steamrollers onward. One cannot help but wonder if somewhere in the psyche of the beast there is a glimmer of its own culpability, or a tremor now and then that the science it manipulates today, will one day reveal its grotesque error.

And the veil is slowly lifting. Emerging is a significant body of scientific evidence that points to immune and chemical reactions within the central nervous system capable of causing widespread damage as a result of excessive immune stimulation by toxic exposures and too many vaccines.

Windows of Susceptibility

Readers may recall the article I wrote in the Fall 2001 VRAN Newsletter, Canaries in a Mine Shaft: The Crisis in Children's Health, which informed of critical phases in brain development referred to as *'windows of susceptibility*' and that environmental toxins and multiple vaccines are likely at the root of the current epidemic of neurodevelopmental disorders in children.

"Exposures at critical periods of development - notably during embryogenesis, fetal life and infancy - can result in irreversible damage to growing nervous systems and affect emerging behaviour patterns, cause immune dysfunction, and have serious reproductive effects. If a toxic exposure occurs during critical growth stages, the system affected can sustain permanent damage." These critical periods of development are thought of as 'windows of susceptibility"'.(6)

These '*windows of susceptibility*' to neurotoxic effects are broad because "age-related development of the brain and nervous system **extends from fetal stage into adolescence**. Damage to the "wiring" process is thought to underlie such permanent adverse effects as cognitive disability, developmental language disorders, learning disabilities, motor disorders, effects on intelligence and behavioural disorders, attention deficits and sensory abnormalities." (6)

We learned that cellular structures change so rapidly during embryonic and fetal growth, a toxic exposure at the wrong moment can permanently alter further development and that small doses of neurotoxins during critical periods of brain development can alter those crucial neural pathways – "one mistake early on, and the brain may be forever changed in subtle or serious ways", warns Dr. Landrigan, Chairman, Preventive Medicine, Mt. Sinai School of Medicine. (6)

Canada's Institute of Child Health in Ottawa, stresses that the environment must be viewed as the "**ultimate health determinant**". "The fact that the endocrine and immune systems and the developing brain are susceptible to these ubiquitous pollutants [lead, PCBs and methylmercury, etc.] must be viewed with major concern." (6)

But curiously, they limit their focus to toxic substances children are exposed to from the external environment, i.e. from food, air, water. They fail to take into account the impact of the most obvious source of chemical/biological stressors the fragile and immature infant nervous system must deal with - multiple (and increasing) injections containing viral & bacterial combinations, chemical adjuvants, preservatives and various foreign protein & DNA particles, administered during critical phases of brain development.

Across the board, these 'public health' institutions exhibit a willful blindness while purporting to act for the greater societal good. By excluding a discussion of the biochemical/biomedical impact of multiple vaccines on the developing brain, and immune system, they fail in their duty to critically evaluate the entire picture of complex multifactoral toxicities contributing to the collapse of children's health today.

Yet in spite of an entrenched system committed to "defend & promote vaccines at any cost", courageous voices are offering new perspectives on the impact of multiple vaccines on the developing brain.

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Too Many Vaccines Too Close Together

Professor of Neurosurgery, Russell Blaylock, MD, has written a series of articles based on extensive review of current scientific literature in which he examines in great detail the destructive effects of excessive immune stimulation often triggered by too many vaccines given too close together - a problem that will worsen as more vaccines continue to be added to the already overcrowded schedule.

That the immune system and nervous system are intimately interconnected has been known for some time. What affects one affects the other. "There is growing evidence that overstimulation of systemic immunity can produce deleterious effects on nervous system function, including neurodegeneration", writes Blaylock, and there is "compelling evidence" that overactivation of the brain's key immune cells can "result in alterations in brain growth and connectivity during rapid brain growth, the so-called 'brain growth spurt'." (10)

He forwards the hypothesis that all neurological and neurobehavioral symptoms associated with autism disorders can be explained by an 'autotoxic' phenomenon, a process that can be triggered by "excessive immune stimulation by vaccinations that are too numerous and spaced to close together" and is magnified by associated factors through a multitude of mechanisms. (10)

"Much of this startling information is buried in highly technical scientific journals beyond the reach and understanding of the average person. Too often, experts in the field are afraid to rock the boat by publicizing the known dangers of vaccines. I am not one of them", says Professor Blaylock. "**What is not known is that even greater dangers exist than are being conveyed to the general public.**"(7)

Dr. Blaylock refers to a growing number of scientific studies which demonstrate "**serious dangers in our present vaccine policy, including altered brain development, seizures and loss of brain cell connections, called synapses. <u>These studies all point to over-vaccination as a real and present danger to our children</u>,** and in certain instances, to adults." (7) As a neurosurgeon, Dr. Blaylock has intimate knowledge of the neurologic system, and brain chemistry - a background which eminently qualifies him to interpret complex studies in neurology, immunology & chemistry to present an indepth view of the factors that can interfere with brain function, and cause long term damage.

Exitotoxins Destroy Brain Cells

He writes, "Recent evidence indicates that most neurological disorders, both acute and chronic, have a common set of pathological events despite their varying clinical presentations", at the centre of which is a process called excitotoxicity, named by Dr. John Olney in 1969.(4) This phenomenon involves the release of a class of toxins known as excitotoxins, from chronically overstimulated microglia, the main cells which control the central nervous system's immune system. "These powerful chemicals can excite brain cells to death and are thought to play a role in all forms of nerodegenerative diseases, brain trauma, strokes and meningitis." (7)

"Two basic processes seem to be responsible for the chronic stimulation of brain immunity: repeated, closely spaced inoculation without allowing brain recovery, and inoculation with live viruses or contaminant organisms that persist in the brain." (8)

"**When chronically activated, microglial cells pour out these excitotoxins in large amounts, destroying neurons, synapses and dendrites, that is, the connections between brain cells**" says Blaylock (7) The risk of giving multiple vaccines over a short period is that the adjuvants (immune stimulating chemicals in vaccines) will activate the microglia which then flood the area with excitotoxins, primarily the amino acids glutamate, aspartate and quinolinic acid.(9) "It is now known from experimental studies that seizures are intimately connected to the excitotoxic process. Not only can glutamate and aspartate precipitate seizures, but seizures themselves can stimulate the release of excitatory amino acids from the brain."(9)

"When these same *excitotoxins* are consumed in foods and drinks, even more damage is done" warns Blaylock. "There is ample evidence that these food-based *excitotoxins* easily enter the brain. Most processed foods contain one or more excitotoxins, many in disguised forms."(7) MSG(monosodium glutamate), and aspartate or aspartame a sugar substitute (also known as NutraSweet), are common forms of excitotoxins used in an enormous range of foods including soft drinks, chewing gum, vitamins.

It is known that many things can activate microglia, including pesticides, MSG, viruses, mycoplasma, bacteria, stress, aluminum, mercury and immune adjuvants. (7) "Of special concern" says Blaylock, "is the recent discovery that glutamate, by activating the NMDA receptors on the blood-brain barrier can disrupt the barrier, leading to free access of blood-born toxins to the central nervous system."(9)

Microglia control the central nervous system's immune system and are dispersed throughout the nervous system. "Normally, they lie dormant. When activated, they can migrate throughout the brain, secreting very powerful toxins, free radicals and immune-related chemicals (cytokines)", writes Dr. Blaylock. These cells are very easy to activate. "We know from many experiments that stimulating the body's immune system, as with vaccination, also activates the brain's immune sys-

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tem. Under normal circumstances, these *microglia* are activated for only short periods and then quickly shut themselves off."(7)

"With overactivation, these cells can remain active for very long periods, creating considerable bystander damage. This is because they secrete toxic products that diffuse throughout the nervous system, killing neurons, destroying synaptic connections and damaging the coverings of nerve fibers." Dr. Blaylock points to "growing evidence that prolonged microglial activation is the mechanism of damage in diseases like Parkinson's, Alzheimer's and ALS."(7)

Bystander Injury

'*Bystander injury*' is a newly identified mechanism of injury. Unlike autoimmune disorders where the immune system attacks parts of the brain and spinal cord by mistake, '*bystander injury*' results when immune cells muster their forces to kill perceived invaders (like vaccine components) by "flooding the area with a storm of free radicals" and in the process kill a lot of normal brain cells. Free radicals are highly reactive particles that destroy everything they encounter, friend or foe." (7) "There is an intimate relationship between excitotoxicity and free radical generation. .Free radicals precipitate the release of glutamate in the brain and exictotoxins trigger the productions of large amounts of free radicals", writes Blaylock. (9)

He cautions that, "Numerous experimental studies have shown that when you overstimulate the immune system with immune adjuvants, as would occur when giving numerous vaccines close together, enormous numbers of free radicals are generated. Because the immune activation takes place over a long period of time, these free radicals begin to damage normal cells throughout the body in addition to the cells surrounding the sites of attack. In other words, it's like producing a chronic illness in a person." (7)

Mercury greatly magnifies *bystander injury* in the brain. The flu vaccine now urged for infants starting at 6 months of age, and to be given yearly thereafter, contains mercury in the form of thimerosal. "In the case of small children and babies, the immune reaction caused directly by the mercury is added to that of the other childhood vaccines, further aggravating bystander damage in their brains. **The danger of bystander damage is much greater in children than in adults, because the child's brain continues to develop and grow very rapidly until about age two.**"(7)

Blaylock refers to mercury as a "unique poison" as it incapacitates the enzymes used by cells to neutralize free radicals, and when tested along with other metals, was the only one which blocks the removal of excess glutamate from the nervous system. "**By paralyzing the glutamate removal system, mercury triggers chronic excitotoxicity - that is chronic destruction of the nervous system.**" A vicious circle is then set up as mercury tends to accumulate in the microglia, which causes them to be chronically active, which in turn stimulates the release of the two powerful excitotoxins, quinolinic acid and glutamate.(7)

Multiple Vaccines Stress the Immune System

"By grouping vaccines together, especially live viral vaccines, one increases the stress in the immune system as well as increasing microglial activation within the brain." Young children are often injected with up to 8 or 9 vaccines simultaneously – a heavy bacterial and/or viral antigen load which is intensified by the powerful adjuvants contained in vaccines designed to boost the immune response.(9) Blaylock worries that "giving several inoculations during one office visit could produce a "hyperimmune response, especially in the face of immune component dysfunction. With the number of immunizations growing every year, real concern exists as to the effect on the developing brain". (10)

The effects of overvaccination can be twofold says Blaylock. "First, it overstimulates a dysfunctional immune system, leading to immune-directed damage to the nervous system. Measles virus is known to induce autoimmune reactions to myelin basic protein. Second, it eventually exhausts the immune system, leading to increased susceptibility to subsequent microbial infections or chronic viral infections", a scenario more likely in the malnourished child, especially with vitamin A deficiencies. Early nutrition is a critical factor in immune function, not only during the neonatal period, but also throughout life."(9)

Dr. Blaylock emphasizes the importance of a strong immune system which acts rapidly and terminates immune attacks quickly. Conversely, a weakened immune system initiates a "smoldering attack that is prolonged, leaving surrounding normal cells and tissues soaked in destructive free radicals, but does not kill the invader." Initially these destructive free radicals accumulate locally, but with prolonged immune stimulation, they "diffuse far out into the surrounding tissues. Vaccinations, if too numerous and spaced to close together, act like a chronic illness, flooding the entire body with free radicals." The widespread symptoms of diseases like lupus, diabetes, rheumatoid arthritis are caused by free radicals. (7)

Viral Mutation

Even more frightening is a process of viral mutation described by Dr. Blaylock. "When viruses are exposed to high free-radical concentrations, even within a person, the viruses mutate, becoming more virulent (deadly). Giving vaccines with live-attenuat-

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ed viruses opens up a completely new danger that is not being discussed." (7) And another vicious circle is initiated. The immune system responds to an assault of live viruses with a flood of free radicals, which stimulate the viruses to mutate. "The danger is not only to the person initially vaccinated but also to those who come in contact with him or her. That is, **the vaccinated person is acting as a generator of deadly mutated viruses.**" (7)

Researchers have found live measles viruses in 20 percent of the brains of autopsied adults and in 45 percent of other organs where the viruses had been hiding for years. The viruses were found to be highly mutated. When live viruses are given "either intentionally, or as a concomitant of vaccines, you expose that person to a very high risk of viral persistence, especially if they have an impaired immune system", warns Blaylock. As well, measles virus suppresses the immune system and it is known other viruses have a similar effect. (7)

Mutated viruses that persist and hide in the body are much more likely to cause serious diseases like colitis, encephalitis, degenerative brain disorders, which one would not necessarily associate with that particular virus. " In essence, people with chronic illnesses, because they generate a lot of free radicals, act as living viral mutation incubators", says Blaylock (7)

Autistim, Toxic Exposures & the "Mis-wired Brain

Dr. Blaylock writes extensively about autism spectrum disorders (ASD), and has found "compelling evidence of widespread neurological damage and neurochemical disruption such as would occur with an immune/excitotoxic etiology, and accumulative injury by free radical species. Hyperimmune responses, glutamate accumulation, and increase in free radical production have all been documented in autism spectrum disorders" (10)

"The reason for such a wide variety of presentations in PDD, Aspergers, ADHD, and ADD may be related to the timing of the excitotoxic insult. Sensitivity to glutamate varies considerably as the brain is developing and during periods of rapid growth. Chronic elevations of glutamate during critical brain growth periods can result in the development of faulty neural pathway circuitry."(9) "Exposure to excitotoxins towards the end of pregnancy, for example would produce different lesions in the brain and altered pathways, than would happen in postnatal exposure. In addition, exposure to "additive toxicities, such as pesticide exposure, thimerosal (mercury) content, histamine excess (allergies), infections, and other systemic immune activations, would all be expected to compound the neurotoxicity of the autotoxic process", writes Dr. Blaylock (10)

Dr. Blaylock affirms that, "Developmental windows for specific areas of the brain can be quite narrow – measured in days", and because postnatal brain maturation extends over a long period of time, a wide variety of neurobehavioral effects would be expected, depending on the timing of toxic exposures. "Because the process is autotoxic and not autoimmune, connections to vaccinations may not be immediately recognized." (10) "The consequences of damage to synapses, dentrites, and cell bodies would be different in the developing brain, especially during the period of the brain growth spurt from the last trimester of pregnancy to age two years. It has been shown that excitotoxicity can, not only disrupt neural elements and function, but can alter brain pathway development, resulting in a "mis-wired" brain."(10)

The preceding is only a partial glimpse of Professor Blaylock's extensive analysis of immune processes triggered by toxic exposures and repeated vaccinations spaced close together, leading to a myriad of symptoms seen in autism, gulf war syndrome and other neurodegenerative diseases.

In a personal email communication, Dr. Blaylock acknowledged that the papers he has written offer new approaches to the problem that give vaccine groups "a weapon that vaccine promoters cannot answer. **They have done absolutely no research in this area-NONE.** The millions of children in the world are the experimental animals. Yet, extensive research in the world of neuroscience demonstrates the harmful effects of such a program."(11)

He emphasizes the crucial role of nutritional health. "Numerous studies have shown that nutritional depletion, even of one or two nutrients, dramatically increases vaccine complications." In particular, he recommends Vitamin A(as mixed carotenoids), vitamin E and vitamin D3 as well as 1,000 mg of ascorbate (vitamin C) three times a day and DHA oil capsules. He further cautions avoidance of omega-6 oils such as corn, safflower, sunflower, peanut, soybean and canola oils which are powerful immune suppressants, and to avoid all forms of fluoride which "damages DNA repair enzymes, suppresses immunity, increases free radical production, produces skeletal and dental fluorosis and hypothyroidism, and produces extensive brain cell injury."(7)

Dr. Blaylock proposes a "halt in the use of live virus vaccines and a reduction in the inoculation schedules." And unless "absolutely critical to health", that all vaccines should be delayed until after the second year of life, the time of greatest brain growth.(10) He concludes, "This should serve as a caution to those who would add even more vaccines to a schedule already too crowded, as well as an indication to reassess the current schedule."(8)

For Resources see page 20

SLOW POISONING BY FOOD ADDITIVES

Excerpted from Sheri Nakken's VaccineInfo List - May 31/2004

http://www.nccn.net/~wwithin/vaccine.htm

"Aspartame is a drug masquerading as an additive. It interacts with other drugs, has a synergistic and additive effect with MSG, and is a chemical hyper-sensitization agent" says a press release from World Natural Health Association which announced recent lawsuits filed in California against twelve companies who either produce or use the artificial sweetener aspartame in their products. It cites the work of a number of researchers such as Dr. John Olney, who in the 1970's found lesions in the brains of mice exposed to aspartic acid and in 1996 made the aspartame/brain tumour connection. It cites as well Dr. Ralph Walton's research into the psychiatric problems triggered by aspartame-caused depletion of serotonin.

"Aspartame causes headache, memory loss, seizures, vision loss, coma and cancer. It worsens or mimics the symptoms of such diseases and conditions as fibromyalgia, MS, lupus, ADD, diabetes, Alzheimer's, chronic fatigue anddepression. Aspartame liberates free methyl alcohol. The resulting chronic methanol poisoning affects the dopamine system of the brain causing addiction. Methanol, or wood alcohol, constitutes one-third of the aspartame molecule and is classified as a severe metabolic poison and narcotic." Sudden death can occur from aspartame use because it damages the cardiac conduction system – (something re athletes)

Since its discovery in 1965, controversy has raged over the health risks associated with aspartame. For 16 years the FDA denied approval for it because of unresolved questions about its toxicity. Then in 1977 the G.D. Searle company hired Donald Rumsfeld as its CEO to apply his substantial political muscle to get aspartame approved. When Rumsfeld was appointed to President Ronald Reagan's transition team in 1981, he hand picked Arthur Hull Hayes to be the new FDA Commissioner, who over the objections of his own FDA team, approved aspartame for use in dry products. By 1983 it was approved for soft drinks, and today is found in over 5,000 foods, drinks and medicines. In 1995, the FDA was forced to release a list of 92 aspartame symptoms reported by thousands of victims.

The lawsuits allege that food companies "committed fraud and breach of warranty by marketing products such as diet Coke, diet Pepsi, sugar free gum, Flintstone's vitamins, yogurt and children's aspirin with the full knowledge that the artificial sweetener aspartame is neurotoxic." Companies named in the lawsuits include Coca-cola, PepsiCo, Bayer Corp., the Dannon Company, William Wrigley Jr. Company, ConAgra Foods, Wyeth, Inc., The NutraSweet Company, and Altria Corp. (parent company of Kraft Foods and Philip Morris). Plaintiffs have asked for an injunction to stop companies from producing, manufacturing processing, selling or using aspartame.

...the FDA was forced to release a list of 92 aspartame symptoms ...

Two recent books highlight the widespread health crisis provoked by food additives MSG (monosodium glutamate) and artificial sweetener aspartame. Following is an excerpt from Dr. Russell Blaylock's book and a brief review of John Erb's book on MSG. Both substances are also classified as excitotoxins and can cause neurodegenerative diseases. There is now evidence that excitotoxins play a major role in exacerbation of MS and other demyelinating disorders including trigeminal neuraliga. Because excitotoxins trigger significant elevation of free radicals in the lining of arteries, Dr. Russell Blaylock warns aspartame will increase the incidence of heart attacks and strokes.

From the book,
Excitotoxins - The Taste That Kills
By Dr. Russell Blaylock, MD

"What if someone were to tell you that a chemical (MSG) added to food could cause brain damage in your children, and that this chemical could effect how your children's nervous systems formed during development so that in later years they may have learning or emotional difficulties?

What if there was scientific evidence that these chemicals could permanently damage a critical part of the brain known to control hormones so that later in life your child might have endocrine problems? How would you feel?

Suppose evidence was presented to you strongly suggesting that the artificial sweetener in your diet soft drink may cause brain tumors to develop, and that the number of brain tumors reported since the introduction of this widespread introduction of this artificial sweetener has risen dramatically? Would that affect your decision to drink these products and especially to allow your children to drink them? What if you could be shown overwhelming evidence that one of the main ingredients in this sweetener (aspartate) could cause the same brain lesions as MSG? Would that affect your buying decisions?

And finally, what if it could be demonstrated that all of these types of chemicals, called excitotoxins, could possibly aggravate or even precipitate many of today's epidemic neurodegenerative brain diseases such

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as Parkinson's disease, Huntington's disease, ALS, and Alzheimer's disease? Would you be concerned if you knew that these excitotoxin food additives are a particular risk if you have diabetes, or have ever had a stroke, brain injury, brain tumor, seizure, or have suffered from hypertension, meningitis, or viral encephalitis?

Would you also be upset to learn that many of the brain lesions caused by these products in your children are irreversible and can result from a SINGLE exposure of these products in sufficient concentration?

How would you feel when you learn the food industry hides and disguises-these excitotoxin additives (MSG and Aspartate) so they can't be recognized? Incredulous? Enraged? The fact is many foods are labeled as having "No MSG" but in fact not only contain MSG but also are laced with other excitotoxins of equal potency and danger.

All of the above are true. And all of these well known brain toxins are poured into our food and drink by the thousands of tons to boost sales. These additives have NO OTHER purpose other than to enhance to TASTE of food and the SWEETNESS of various diet products.

Hidden Sources Of MSG

As discussed previously, the glutamate (MSG) manufacturers and theprocessed food industries are always on a quest to disguise the MSG addedto food. Below is a partial list of the most common names for disguised MSG. Remember also that the powerful excitotoxins, aspartate and L-cystine, are frequently added to foods and according to FDA rules require NO LABELING AT ALL.

Aspartame - An Intense Source Of Excitotoxins

Aspartame is a sweetener made from two amino acids, phenylalanine and the excitotoxin aspartate. It should be avoided at all costs. Aspartame complaints accounts for approximately 70% of ALL complaints to the FDA. It is implicated in everything from blindness to headaches to convulsions. Sold under dozens of brand names such as NutraSweet and Equal, aspartame-breaks down within 20 minutes at room temperature into several primary toxic and dangerous ingredients:

1. DKP (diketopiperazine) (When ingested, converts to a near duplicate of a powerful brain tumor causing agent)
2. Formic Acid (ant venom)
3. Formaldehyde (embalming fluid)
4. Methanol (causes blindness... extremely dangerous substance)

Common Examples:

Diet soft drinks, sugar free gums, sugar free Kool Aid, Crystal Light, childrens' medications, and thousands of other products claiming to be 'low calorie', 'diet', or 'sugar free'.

A Final Note...

Dr. Blaylock recounted a meeting with a senior executive in the food additive industry who told him point blank that these excitotoxins are going to be in our food no matter how many name changes are necessary...

*For an indepth history and analysis of Aspartame read "The Artificially Sweetened Times" produced by Don Harkins and Ingri Cassel, publishers of Vaccination Liberation and the Idaho Observer: Print copies can also be ordered from the Idaho Observer at: observer@coldreams.com

Food Additives that ALWAYS contain MSG	Food Additives That FREQUENTLY Contain MSG	Food Additives That MAY Contain MSG Or Excitotoxins
Monosodium Glutamate	Malt Extract	Carrageenan
Hydrolyzed Vegetable Protein	Malt Flavoring	Enzymes
Hydrolyzed Protein	Bouillon	Soy Protein Concentrate
Hydrolyzed Plant Protein	Broth	Soy Protein Isolate
Plant Protein Extract	Stock	Whey Protein Concentrate
Sodium Caseinate	Flavoring	Also: Protease Enzymes of various sources can release excitotoxin amino acids from food proteins.
Calcium Caseinate	Natural Flavors/Flavoring	
Yeast Extract	Natural Beef Or Chicken Flavoring	
Textured Protein (Including TVP)	Seasoning	
Autolyzed Yeast	Spices	
Hydrolyzed Oat Flour		
Corn Oil		

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Following is a review of
John Erb's book:
'The Slow Poisoning of America'

John Erb, author of the book 'The Slow Poisoning of America' believes that MSG is added to food for the addictive effect it has on the human body. It is the food industry's equivalent to Nicotine. "Studies have shown that people who eat food laced with MSG eat more of it, and faster than food that does not have this additive… .[and]…adding MSG to certain foods, such as soup and mashed potatoes, has been successful in increasing the food intake in institutionalized elderly populations. If it makes the elderly eat more, what is it doing to our nation's children?"

Just as the occurrence of obesity and diabetes has risen to record levels, so too has the public's ingestion of MSG, also found in ingredients such as Hydrolyzed Vegetable Protein and Autolyzed Yeast Extract. It is being added to a huge selection of restaurant food and processed food found in supermarkets.

Glutamate is an amino acid that can excite almost every major organ in the body, especially the brain. It occurs naturally in milligram amounts in some harvested foods. Now, however, a person can get as much as a teaspoonful a day.

"When ingested by human test subjects MSG directly affects the pancreas stimulating it to triple its standard output of insulin output. This unnatural amount of insulin finds the sugar in the blood and converts it to fat. A few hours after you eat MSG, the excess insulin the MSG triggers reduces your blood sugar level so much that you become tired and even hungry again. In animal test subjects this excess insulin leads to hyperinsulinemia: the chronic overproduction of insulin. The pancreas becomes so out of control that the body starts producing killer T cells to shut it down. Is it any wonder why diabetes, obesity and lethargy in our youth is at an all time high? Junk foods, processed foods, even cafeteria foods are now laced with large amounts of exitotoxic glutamates, reports John Erb.

"Too much glutamate in the brain overexcites the neurons until they die. Many people who suffer from chronic headaches and migraines can trace their trigger to eating too much MSG. If it can give an adult a migraine what can it do to a developing fetus?" John Erb asks. Invited to attend the Defeat Autism Now Conference in Washington, D.C., Erb, presented a report that outlined how MSG can affect a fetus before it is even a month old. The placental barrier is not developed and the embryo gets a full dose of whatever chemicals the mother has in her bloodstream, raising the possibility of altering brain development, leading to autism spectrum disorders.

...even cafeteria foods are now laced with large amounts of exitotoxic glutamates ...

Considering that MSG has been proven to cause obesity and pre-diabetes in test subjects and is used as a food additive to make people eat more, Erb believes that glutamates should be banned as a food additive. "

A university associate of John Erb writes the following:

"Checking the cupboards and the fridge - I was shocked to find MSG was in everything! The Campbell's soups, the Hostess Doritos, the Lays flavored potato chips, Top Ramen, Betty Crocker Hamburger Helper, Heinz canned gravy, Swanson frozen prepared meals, Kraft salad dressings, especially the 'healthy low fat' ones. The items that didn't have MSG had something called Hydrolyzed Vegetable Protein, which is just another name for Monosodium Glutamate. I was shocked to see just how many of the foods we feed our children everyday are filled with this stuff. They hide MSG under many different names in order to fool those who catch on.

But it didn't stop there. When our family went out to eat, we started asking the restaurants what menu items had MSG. Many employees, even the managers, swore they didn't use MSG. But when we ask for the ingredient list, which they grudgingly provided, sure enough MSG and Hydrolyzed Vegetable Protein were everywhere. Burger King, McDonalds, Wendy's, Taco Bell, every restaurant, even the sit down ones like TGIF, Chilis', Applebees and Denny's use MSG in abundance. Kentucky Fried Chicken seemed to be the WORST offender: MSG was in every chicken dish, salad dressing and gravy. No wonder I loved to eat that coating on the skin, their secret spice was MSG!"

"***We do not want to be rats in one giant experiment, and we do not approve of food that makes us into a nation of obese, lethargic, addicted sheep, waiting for the slaughter. Blow the whistle on MSG!***"

Resources:

1. The Artificially Sweetened Times
2. Russel G. Blaylock, MD - Excitotoxins - The Taste That Kills
3. View full text of book review of "The Slow Poisoning of America" at: http:www.rense.com/general53/ob.htm and more information at John Erb's website: http://www.spofamerica.com/
4. See medical articles on MSG & obesity at The National Library of Medicine: type in the words "MSG Obese", and read over 100 medical studies on the subject.
5. World Natural Health Association: http://www.wnho.net

DOLLAR$, DRUG$ AND VACCINE DEVELOPMENTS - $$$$$

By Susan Fletcher

A current slowdown in the profit-making of other types of drugs is making vaccines look mighty fine to corporate shareholders. "Vaccines are the new frontier of corporate medicine." says medical science writer Helke Ferrie in an incisive report published in this summer's issue of *The CCPA Monitor*.(1) As the only reporter present at last spring's Canadian Forum on Pharmaceutical Marketing held at Sunnybrooke Estates, Ferrie witnessed a restrained group of fewer than 34 stakeholders hearing the latest on drug marketing strategies and "competitive intelligence techniques to improve shareholder value".

Apparently the pie-charts, graphs and statistics flashed before the attendees didn't inspire them to feel jolly. In 2002, when, in North America alone, over 100,000 drug reps were plying doctors' offices, major world market sales amounted to US$638.8 billion. But now, reports Ferrie, Big Pharma has a " 'pipeline' problem – no new potential blockbuster drugs in the works, reflecting the limits of synthetic chemistry". To add to the problem, "The cost of research and development has simultaneously gone through the roof. In 1988 it cost $150 million to bring a new drug to market, and now it's about $1 billion.".

Ferrie points to other troubles which could make it difficult to follow the exhortations of the Pfizer representative, Pierre Gaudrault, to "capture customer loyalty, enthusiasm and commitment around the world". She notes: "Dirty tricks increased, too: financing phony patient support groups (*Toronto Star,* Feb 7, 2004); inventing new diseases (Pfizer's 'social anxiety disorder', supposedly treatable by Zoloft, was invented by a Fred Nadjarian of Roche in Australia, for which he faced a public disgracing); attempting to use Children's Aid Society wards without their knowledge as human research subjects for antidepressants (*Hamilton Spectator*, Dec 11, 2002); the widespread sale of doctors' prescription patterns by pharmacies to Big Pharma in contravention of current privacy laws (see the outraged editorial in the March 2004 *Canadian Medical Association Journal*); and many more are told in *Prescription Games* by J. Robinson, McClelland & Stewart, 2001…Almost every major drug is under some kind of legal challenge every year, costing hundreds of millions of dollars in out-of-court settlements or fines (see the book or documentary *The Corporation; The Pathological Pursuit of Profit and Power* by J. Bakan, Viking 2004)."

Ironically, there was even a panel on "marketing ethics" at the forum: ethics expert Dr Eugene Bereza of McGill University and U of Toronto's Dr Michael Gordon wasted no time in showing their disgust of the current tethering of researchers and doctors to the corporate pharmaceutical agenda – researchers bullied and under threat of withdrawal of funding unless they publish only drug-favourable results, doctors coerced or bribed to prescribe new drugs. Dr Gordon cited the infamous Nancy Olivieri case. A few months later he would also have been able to cite the July firings of three scientists from the Veterinary Drugs Directorate of Health Canada. Shiv Chopra, Margaret Haydon and Gerard Lambert had "blown the whistle" on what they considered questionable approval processes for new drugs. One of these drugs, Monsanto's bovine growth hormone, was turned down by the Senate after they had listened to the three and conducted an inquiry. In former years the scientists had spoken out about other concerns and been verbally reprimanded, instructed to not speak to media and suspended.(2)

Despite the admonishments from the ethics panel, the industry delegates seemed unaffected, "not even one comment or query was made" says Ferrie, no audience member spoke out to suggest change is needed. Presenters at the forum focused on how to circumnavigate all the obstacles to growth and how to avail themselves of more sick people with money.

According to various speakers, the one bright spot for investors in the current drug market is Direct-To-Consumer Advertising (DTCA). In the US it has increased annual sales by almost 70%. A Feb 4th FDA memo notes it has especially increased customer compliance; customers tend to continue using an advertised drug even after adverse reactions have emerged in the population. Perhaps they haven't heard that adverse drug reactions and doctors' prescription errors may be the primary cause of death in the US, costing the country up to $80 billion/yr.(3)

However, Canada has not embraced DTCA. Ferrie explains: "Most depressingly for the attendees, even though Canada had the ultimate 'industry-friendly' Minister of Health in the person of Pierre Pettigrew, he told them that Canada saw no reason to allow DTC drug advertising because 'there is no evidence to show that this enormous increase in drug consumption in the US had improved overall health.' Amazingly, nobody laughed! This was black humour of the finest vintage, yet nobody (except me) noticed. When the question of ads for vaccines was raised, audible sighs of relief could be heard, and everyone was urged to take heart since these ads, thankfully, are exempt from Canada's anti-DTCA rules."

At present we are seeing a burgeoning variety and number of vaccines already licensed or being developed. Some might be worthwhile if they worked and were safe, others seem frivolous and some can only be described as bizarre. The agenda of the Vaccine Cell Substrate Conference 2004, a full-3-day gathering held in Rockville, Maryland, hinted at some of the reasons why vaccines cultured on animal tissue substrates may be problematic. Just a few of the scheduled topics included: 'Significance

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of Retrovirus Contaminants of Cell Substrates', 'The Scope and Practicality of In Vivo Testing for Adventitious Agents', 'Vaccine Cell Substrates: Bovine and Porcine Virus Considerations' and, last but not least, 'Insect Cells as a New Substrate for Vaccine Production'.(4) On the other hand, similar to potential problems from the production and use of GE foods, new high-tech vaccines manufactured without using cultures are likely to involve other problems. And usually, high-tech means high-cost – not that that bothers vaccine producers, except they will have to exert their powers of persuasion even more than in times past. The pressure is going to be on us, the taxpayers and consumers as never before.

New vaccines that target cancers or other chronic illnesses that have risen dramatically during the last fifty years as vaccine use has skyrocketed are likely to garner a lot of public interest. But the expansion of present day vaccination programs to new age groups may be less well received. Parents may be less interested in taking their babies in for a "free" flu shot when they learn recent studies show that, rather than preventing asthma attacks, this shot may actually bring them on.(5,6) And seniors may not be too keen on another of Pharma's latest in the works, a skin patch containing an exotic adjuvant to boost the efficiency of their flu shots which normally give them "only meagre protection": "The booster patch, which is being developed by IOMAI in Gaithersburg, Maryland, resembles a large sticking plaster pasted over the skin puncture left by the jab. It contains a toxic protein extracted from the bacterium Escherichia coli, which commonly causes food poisoning….The skin patch might also be used to boost the response to other types of vaccination, says immunologist John Clements of Tulane University in New Orleans, Louisiana, who advised the company during its development. Other groups with substandard immune systems, such as young children or those with HIV, might also benefit from the patch, the makers hope." (7) This is of great significance since a July 2004 meeting of immunologists in Montreal revealed the discovery that immune deficiency, which was previously thought to affect only one person in every 200,000 actually affects as many as one in 250.(8)

From Britain comes news that's possibly even more bizarre and alarming. *The Independent* tells us that "A radical scheme to vaccinate children against future drug addiction is being considered by ministers…Under the plans, doctors would immunize children at risk of becoming smokers or drug users with an injection. The scheme could operate in a similar way to the current nationwide measles, mumps and rubella vaccination programme. Childhood immunization would provide adults with protection from the euphoria that is experienced by users, making drugs such as heroin and cocaine pointless to take. Such vaccinations are being developed by pharmaceutical companies and are due to hit the market within two years…. Xenova, the British biotechnology firm, has carried out trials on an anti-cocaine vaccine which showed that 58 per cent of patients remained cocaine-free after three months." One wonders if the test subjects were toddlers.(9)

US interest in anti-drug vaccines is obvious. The US Institute on Drug Abuse has allocated $12 million to Xenova; Scripps Research Institute in San Diego has developed a super-virus, allegedly harmless to humans, which produces proteins that can block or reduce the effects of cocaine. The Scripps team tested the virus by injecting it into rats' noses twice daily for three days. However, once it's slipped through the approval process within the next two years, it's expected to have greater market appeal as a nasal spray vaccine.(9,10)

What wondrous magic bullets can we expect to trump these? The otherworldly scenario that nanotechnology may contrive as early as ten years from now has us relaxing in the comfort of our own homes picking out our daily menu of pills, potions and vaccines.11 We deliver a command to our personal nanofactory, sized just right to sit on the arm of the 'Lazy Boy' and voila – drugs on tap. For a price. As long as government regulators see no reason to clean up their act, and Big Pharma fails to have a miraculous reincarnation, it's likely to carry on rolling out whichever and as many vaccines or nanovaccine programs as it takes to keep itself and its backers very richly rewarded.

References and Notes

1 We thank the editor of *The CCPA Monitor* for allowing us to quote this article, 'Big Pharma unhappy with measly annual $638 billion in sales' featured on pgs 14-16 of the July/August issue. The Canadian Centre for Policy Alternatives undertakes and promotes research on issues of social and economic justice. As well as monthly publications of *The CCPA Monitor*, they also publish research reports, books, opinion pieces and fact sheets. See http://www.policyalternatives.ca

2 'Whistleblower scientists to fight government firing', CBC News Online; July 15, 2004; http://www.cbc.ca/story/canada/national/2004/07/15/whistleblowerscientists040715.html?pr (Helke Ferrie is collaborating with Dr Shiv Chopra to write 'Corrupt to the Core: 37 Years at Health Canada. This book is expected to be available next year from KOS Publishing Inc.)

3 Research from John Hopkins University; see www.mercola.com and www.garynull.com

4 http://www.bismeetings.net/substrates2004/Agenda.htm

5 'Flu shots linked to asthma attacks' by Michael Bradley; *Sydney Morning Herald*, July 24, 2004; http://www.smh.com.au/articles/2004/07/23/1090464867466.htm?oneclick=true#

6 'Flu Shot Doesn't Prevent Kids' Asthma Flare-Ups', report on study in *Archives of Disease in Childhood*, Aug 2004 by Reuters.com; July 27, 2004.

7 'Flu patch may save elderly' by Helen Pearson; news@nature.com July 19, 2004; http://news.nature.com//news/2004/040719/040719-2.html

8 'Immune deficiency missed' by Susannah Benady; *The Medical Post*, Volume 40, Issue 29; July 27, 2004; http://www.medicalpost.com/mpcontent/article.jsp?content=20040726_211431_2464

9 'Children to get jabs against drug addiction' by Sophie Goodchild and Steve Bloomfield; July 25, 2004; http://news.independent.co.uk/lowres/story.jsp?story=544439&host=3&dir=506

10 'UK plans "anti-drug" vaccines for children'; PR WebTM; http://www.prweb.com/printer.php?prid=144816

11 . http://crnano.org/whatis.htm

DRUG SURVIVAL GUIDE

The following was taken from the July/Aug 2004 edition of The CCPA Monitor and is an abridged version of the guide in Hippocrates in the Land of Oz: A Survival Guide for our Golden Age of Medicine by Helke Ferrie; KOS; 2004.

1 Always consult the *Compendium of Pharmaceuticals and Specialties* (CPS), the annually updated list of all Health Canada-approved drugs sent to every pharmacy and doctor. It contains the chemistry, cautions and dosages the manufacturer must by law provide.

2 Avoid any drug listed as potentially "*hepatotoxic*" (toxic to the liver). Most liver transplants replace livers killed by a drug, not a disease.

3 Avoid drugs that interfere with any "c*ytochrome*" (portion of a cancer-protective gene), even if just in combination with some other drug. Messing with genes can cause irreversible damage.

4 Avoid any drug that reduces "*dopamine*" or any neurotransmitter function, potentially causing serious neurological problems.

5 Any drug that lowers immune function (T-cell or B-cell production or activity), such as cortisone-based substances, chemotherapy drugs and antibiotics can have serious lasting effects. If unavoidable, limit negative effects and enhance the drug's effectiveness by taking supportive nutrients in high, therapeutic doses. (See www.NaturalDatabase.com)

6 If "*long-term effects are unknown*", this is a vitally important warning. Sometimes a drug may be helpful and unavoidable for a short time, but taken for more than a month may be bad news. Check the internet for more information and alternatives.

7 Anything that cautions use in *lactating or pregnant women* indicates a systemic effect (crossing placenta and blood-brain barriers). Such drugs can cause birth defects or organ damage later.

8 Drug makers are not obliged to inform about the depletion of nutrients caused by all synthetic drugs. Check *The Nutritional cost of Prescription Drugs* (Morton 2002) by pharmacists R Pelton and J LaValle. If you must have the drug, take supplements to compensate. eg taking any synthetic "blood-thinners" or lipid-lowering drugs requires replenishment of potassium, magnesium and Co-enzyme Q-10 to avoid increasing the risk of heart failure.

9 *Information must come from some source other than the drug maker, Health Canada or patient groups funded by drug makers.* Patient groups for lucrative illnesses such as asthma, cancer, diabetes, multiple sclerosis, etc should always be checked. If they identify themselves as "*survivors*" of the drug in question, their information is likely trustworthy.

10 Three areas that require your total attention are *hormones* (eg, menopause therapy for women, cortisone for asthma, etc), *cardiovascular disease*, and *depression*. Cholesterol (or lipid) lowering drugs, anti-depressants and synthetic (as opposed to natural) hormones are harmful – in the highly-informed opinion of mainstream medical researchers (see PharmaWatch 604-687-6613, www.drugintel.com/drugs/statins).

11 Always look for the cheaper generic brand or for older versions of the same drug (which are usually less toxic). The best sources for alternatives to drugs are *The Textbook of Nutritional Medicine* (Third Line Press) and www.orthomed.org

12 The WHO lists only some 350 drugs as "essential". *None are still patent-protected*, and they constitute only 5% of Big Pharma's products. The remaining 95% are therefore suspect and demand your most careful critical scrutiny (visit the international leader in exposing Big Pharma's product misinformation, Dr Peter Mansfield at www.mja.com.au).

Emerging Research cont. from page 14

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2. Boyd Haley on IOM decision- personal communication to Sherri Nakken May 18, 2004 also see: http://www.testfoundation.org/thimerosal.htm and Southeast Missourian interview, May 20, 2004 Institute's vaccine report on mercury assailed http://www.semissourian.com/story.html$rec=137950
3. Dorsey Griffith -- Bee Medical Writer. "U.S. call for flu vaccine rekindles fears for parents of autistic kids" July 19, 2004 www.sacbee.com/content/news/story/10055587p-10976733c.html
4. Clifford G. Miller, Epidemiologic Evidence Is Insufficient To Prove There Is No Link Between The MMR Vaccine And Autism www.redflagsweekly.com/edit.htm
5. Clifford G. Miller, Time for Politicians to Act Responsibly and Address the Issues - March 25, 2004 Br. Medical Journal – Rapid Response
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9. Russell L. Blaylock, MD, "The Central Role of Excitotoxicity in Autism Spectrum Disorders" – Journal of the American Nutraceutical Association Vol. 6, No.1, Winter, 2003.
10. Russell L. Blaylock, MD, "Interaction of Cytokines, Excitotoxins, and Reactive Notrogen and Oxygen Species in Autism Spectrum Disorders" Journal of the American Nutraceutical Association Vol.6. No.4 Fall 2003.
11. Email communication with Dr. Blaylock, July 13, 2004.

Dr. Blaylock website: http://www.russellblaylockmd.com/

To order the Blaylock Wellness Report, contact Customer service 1-800-485-4350 or customerservice@newsmax.com

POLITICS OF HEALTH

By Rhody Lake

Press release, April 30, 2004:
"Aventis Pasteur commends the Center for Disease Control (CDC).....for leadership in recommending immunizations for this pediatric age group (infants, young children and their contacts) shown to be at increased risk for hospitalization due to influenza-related complications." (That's about everyone!)

Who funded the initiative?

"An unrestricted educational grant to the National Foundation for Infectious Disease (NFID) from Aventis Pasteur.

Who is Aventis Pasteur?

A multi-billion dollar pharmaceutical company, named for Louis Pasteur, the man who started it all. Pasteur was a French chemist and microbiologist who established the germ theory of disease in 1880, despite the fact that the germ theory had already been disproven by his contemporary, Antoine Bechamp, 20 years earlier. Bechamp's research, however, was successfully suppressed and lost to history. Truth is not profitable. The Encyclopedia Britannica devotes a whole page to the work of Louis Pasteur but makes no mention at all of Antoine Bechamp, yet he was one of the greatest scientists of all time. He proved conclusively that the body becomes host to pathogenic (parasitic) bacteria only after disease or chemical damage has occurred. (*Bechamp or Pasteur*, by Douglas E. Hume, C.W.Daniel Co London England). It's the kind of common sense logic lost to so-called scientists who are determined to distort facts to fit their agenda.

"Pathogenic bacteria is never present in a healthy body and if introduced artificially would be rendered innocuous." *The Philosophy and Science of Health* by E. E. Rogers, MD, 1949.

Scientists well know that bacteria are opportunists, which is why there is so much bacterial resistance to antibiotics and why bacteria can so cleverly mutate in order to get their job accomplished.

Pasteur's research was eagerly snatched by equally opportunistic entrepreneurs who turned the discovery of vaccines into an industry, "the money value of which was sufficient to cover the whole cost of the war indemnity paid by France to Germany in 1870," according to T. H Huxley. Pasteur himself apparently regretted the turn events had taken and it's been reported that he recanted on his deathbed: "The germ is nothing, the terrain (host) is everything!"

Too late!

Look around you today and see how far the profit-hungry drug companies have taken a false premise in just over 200 years! Most doctors probably never heard about Antoine Bechamp in medical school. They have swallowed the germ theory and taught it to their patients. Schools and government health officers promote the dangers of hordes of invading germs from which we must all be protected with vaccines and "anti-life" drugs, and the natural immunity built into the human organism by the wisdom of nature is destroyed a little more in each generation. And you and your children are paying, in tax dollars and more importantly, in compromised health: allergies, degeneration and disease.

Get the immunization schedule for infants and children from your public health nurse. Then do your own research. To start, go to Vaccination Risk Awareness Network website: www.vran.org

* *

Rhody Lake's article appears in the September, 2004 issue of Alive. Health writer and Managing Editor of Alive Magazine for many years, Rhody's astute insight into a broad range of health issues makes her a leader in awakening consumers to the hazards of the current 'sickness-care' system of medicine based on pharmaceutical drugs, and passionately directs people towards wholistic concepts of health and prevention.

SARA'S STORY

VACCINE DAMAGE: ONE FAMILY'S STRUGGLE FOR JUSTICE

By Gloria Dignazio
August 4,2004

Our first born daughter, Sara was born happy and healthy on June 18, 1992. I feverishly read everything I could about being a new mother, but interestingly enough, there wasn't any information in relation to vaccinations, especially concerning adverse reactions to vaccinations. Sara reacted to all of her childhood vaccines with unusual crying, fevers and bad rashes on her bottom. The crying was so bad we would always have to take her for a car ride after each vaccine, but the next day when she awoke she would always "appear" to be fine. Little did we know that with each vaccine, she was becoming more and more "sensitized", thus extremely vulnerable to the effects of additional vaccines.

The vaccinator would always reassure us that everything was fine, so we believed him, didn't question, just obeyed like good first time parents. When she received her 18 month DPT vaccination however, on December 18, 1993, we had to hold her down to get that vaccine - she must have known what was coming. She reacted as she had previously done, only this time, the effects were far worse. We were subsequently told that Sara's brain was actually swelling causing pain similar to being hit over the head with a baseball bat.

On Boxing day (8 days after the 18 month vaccine) she had a terrible screaming fit, I mean it sent chills up my spine. She kept holding her head and screaming over and over in a high pitched shrill wail - it was as if she was possessed. We raced her to emergency and they spent hours checking her out, in the end they had to pacify us and tell us something. They said she had an earache and sent us home with antibiotics, but amazingly, when we went in to see the vaccinator on his next day open after the x-mas holidays, he looked in her ears and said she DID NOT have an ear infection. So what

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happened to Sara, what really happened …?

In the days following her 18 month DPT booster, she was really sick, lethargic, with dark circles under her eyes, and her eyes. I remember her eyes, they were black, almost lifeless, like her soul had been stolen from her.This makes me the saddest. She stopped talking and reverted back to babbling and we thought it just a phase. The vaccinator pacified me with this as well and I bought into it initially, not wanting to believe there was anything wrong with my beautiful first born child - she was too perfect, too beautiful.

Sara started to display unusual and disturbing behaviours, like looking at books in the middle of the night. I used to read her tons of books and she loved them so much. Then she started tapping things, the walls, applying her mouth to certain textures, then the hand flapping started and by springtime, she wasn't making any eye contact with people, madly flapping her hands and basically living in her own little world. We started to wonder what happened to our once normal daughter.

We ended up taking her back to the vaccinator and telling him that we thought Sara was autistic due to an article about autism we had read in People Magazine. We had to tell him that we thought Sara was autistic!!!! To our horror, we discovered our worst fears, and that we were right. She was eventually diagnosed as having a pervasive developmental disorder (PDD), or borderline autism. I hate that word - it scared the shit out of me!! I had only known of autism from the movie "Rainman".

I started reading everything I could about autism and it all didn't make sense to me, how in the 1940's only rich parents had autistic children (hmm, I wonder who could afford to take their kids for shots). Also the whole 'refrigerator mother' thing didn't make any sense. All mothers love their children unconditionally and those poor moms actually bought into believing they had caused their child's autism. It is rotten enough to have to deal with the autism thing, but to be blamed for it, that is borderlining on evil.

I call it what it really is: "vaccine induced autism" or technically in those big long words the medical profession likes to use so that ordinary lay people won't know what the hell is going on, words like: "encephalitis" (brain swelling) or damage to the "myelin sheath", that is what the real "labels" are.

I started doing a massive amount of research on vaccines after seeing a woman named Cindy Goldenberg on the Susan Powter show in Feb of 1995. Cindy had recovered her son from vaccine-induced autism and was talking with two other moms on the show about vaccine damage. I almost fell off the couch hearing another mother talking about this. I wasn't the only one!

Coincidentally, the very same week, on a local talk show here in Winnipeg, I saw two women from the Association for Vaccine Damaged Children speak. They were Mary James and Leona Rew and they were talking about what had happened to their children following vaccinations. I couldn't believe it! I couldn't believe that there was even such a thing as an "Association for Vaccine Damaged Children" and I couldn't believe the heartbreaking stories Mary and Leona shared about what happened to their children and to their respective families.

Interestingly, once I got to know Mary and Leona, we found out that at one time, we had all lived within a couple of blocks of each other, so there were three of us, living practically on the same street all suffering because of vaccine damage. Clearly vaccine damage is certainly not rare as we, the general public are made to believe. That very same week, I received a catalogue from Neil Miller in the States containing many vaccine books. I ordered all of them and proceeded to read everything. I was angry, sad, confused, frustrated at how come us mothers and parents didn't have this information!!!! This shouldn't have happened to Sara, if I had read any of those books while I was pregnant with Sara, I know deep in my heart and soul, I would never have allowed her to be vaccinated.

We ended up taking Sara to the Mayo Clinic in Rochester, MN and we told them what we thought she was really suffering from i.e., post-vaccinal encephalitis and damage to her myelin sheath (I knew this from reading the books I had ordered). They did the MRI in the morning, and in the afternoon, when we went to look at the film, the pediatric neuro-immunologist told us we were absolutely correct and wanted to know how we as parents figured it out. They showed us how her myelin sheath was developing normally and "something" (whole cell pertussis vaccine) assaulted it. I wish I'd had a tape recorder strapped to me for that one! As well, we have taken her to a well-respected pediatric neurologist in the States who also confirmed post-vaccinal encephalitis after doing another MRI on Sara.

Through Mary and Leona, we ended up meeting a wonderful, caring chiropractor by the name of Dr. Gerry Bohemier. Gerry appealed to the chiropractic community and raised almost $50,000 to set up a fund which helped us start legal proceedings against the vaccine manufacturer, Connaught Laboratories (now known as Aventis Pasteur) and the vaccinator, Dr. Sam Weizman. It was through the efforts of several chiropractors, and members of the Association for Vaccine Damaged Children, our respective family and friends, that we were able to raise the money to file the lawsuit, which was ultimately filed on December 5, 1995.

This is a brief synopsis of what happened to Sara, much much more has happened with respect to Sara and the lawsuit. Sara is now 12 years old, doesn't speak and is certainly not at the academic level she should be and does not have the social life that a 12 year old girl should have. Her younger brother, Colin was affected as well as he lost a playmate and really has not had that much contact with his sister and she has been lost in her own little world since that vaccination.

We are still in the examination for discovery process of the lawsuit. To

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date, the vaccinator, Dr. Weisman has been examined (questioned with a court reporter taking down all that is said). I was examined in February, 2001, by the vaccinator's lawyer and Dr. Ron Gold, who is a paid part time consultant for Aventis Pasteur (previously Connaught). Interestingly, Dr. Gold wrote a book called "*Your Child's Best Shot*", published by the Canadian Paediatric Society. Next month, the vaccine company will have a go at Sara's dad and I, examining/questioning us for 3 entire days. We will have to re-live everything that Sara went through again, but that is fine .. as long as justice is served.

I have worked in the legal profession for the past 20 years, as a legal assistant and even I can't believe how long our lawsuit has taken, but I see there is a reason for everything. I see that as time has gone on (9 years in Dec since we filed), that more and more evidence about the damage and death vaccines cause is coming out, even into the mainstream media.

The snow is melting and you know what is underneath. The truth can no longer be hidden. It is emerging, strong and brave for all to see. Sara's dad and I discovered some things in the vaccine company's documents, but in order to view their documents we had to sign a gag order. I can't reveal what we saw, but what is hidden there would be very unsettling for the general public, especially for parents. That is how it is done folks, keep it all quiet, don't talk about it. If it's not in the mainstream news, on the radio or in the papers, then it is not happening - it is not real. Well, the autism epidemic is real, and many parents ARE speaking out about what really happened to their once normal children. And we are not anecdotal, we shall be heard, and the truth will prevail!

Since this all happened to Sara, we have met many wonderful people, Mary, Leona, Gerry, another wonderful chiropractor, Dr. Ray Shupena, our expert witnesses, Dr. Gordon Stewart, Dr. Viera Scheibner (an earth angel for sure), Dr. Guylaine Lanctot (a Goddess), Barbara Loe Fisher and Kathi Williams, Dr. Peter Behan, Dr. Len Horowitz and have corresponded with most if not all of the professors of truth as I like to call them. If there was ever a head of vaccine truth in Canada, it has to be Edda West, the dean of truth with respect to vaccine risk awareness. So when Edda asked me to write an update about Sara's case, while I knew it would be painful, I had to do it.

...The truth can no longer be hidden. It is emerging, strong and brave...

It is time for parents to know that we haven't gone away, that Sara's fight for justice is a display of solidarity for all vaccine damaged children and their parents. Vaccine damage does not just effect the child, it affects the entire family unit. It eats away at it, breaks it down and leaves utter and complete devastation in its path. Yet, there is hope, through all that has happened to Sara, and even though she doesn't speak, she speaks volumes. She speaks to me in a very powerful way thought her spirit and I have felt her awesome power and she has been the catalyst of truth for many.

We now know so many parents who have chosen not to vaccinate because of what happened to Sara. I believe Sara also saved her younger brother from being autistic, as with his first two shots, he had the same reaction as Sara in that we had to take him for a car ride to alleviate his crying. Sara's younger sister Sabrina was born at home with a midwife almost 3 years ago and has never been to a doctor and has never been sick, so in a way, we have conducted our own long-term study.

So I would ask all of you who subscribe to this wonderful publication to please send our family Love, Light and Prayers to keep us strong for these next set of examinations for discovery set for Sept. 20, 22 and 23 for I feel a very strong presence with me, a divine presence and I have always just known intuitively that justice will prevail for Sara and open the door for other vaccine damaged families. We do this for all the children that have been left brain damaged or dead (falsely labeled SIDS). We do this for the parents, the brilliant parents, who are exhausted, frustrated and devastated, and we do this for all the brave medical professionals who have chosen to speak their truth and go against the grain and have risked all to speak the truth. Dr. Andrew Wakefield, God Bless you, as well as Dr. Robert Mendelson and our expert witnesses mentioned above.

I would also like to acknowledge and send blessings to the Rothwell family, the first family in Canada to initiate a vaccine inury lawsuit in the late 80's, who lost their case, and had to endure so very much. We do this for them as well Their pain and suffering shall not be in vain for with a positive outcome for us, will be a positive outcome for them and indeed for all vaccine damaged families. There are many waiting in the wings so to speak, it is only a mater of time and I feel we will see justice served and the truth will finally be exposed in our lifetime as to the misery, pain and devastation vaccinations have caused to all of humanity.

For a more detailed story of what happened to Sara, please log onto www.eaglefoundation.net which is also linked to www.vran.org

LETTERS

Dear VRAN, July 28/04

I want to THANK YOU and all the other information portals out there who made me aware of the risk childhood vaccines carry. After coming across your info, I did extensive research on what is being injected into my child's body. Before I even knew there WAS a risk, I felt an enormous sense of guilt when I took my daughter for her 2-month and 4-month vaccines. I just felt this overwhelming sense of doing something WRONG. I was not comfortable at all and I didn't know why.

My feelings led me to check into the subject of childhood vaccinations to see if I could validate my guilt. It was all right there. I was allowing someone to harm my child because I was lead to believe I had no choice. Yesterday, she was scheduled for her 6-month vaccines and I told the doctor NO - flat out NO. We were expecting to be given a problem and forced to hire a lawyer, which we were fully prepared to do. But the doctor simply said okay and we got the sense that we were not the first parents to demand our rights to say NO. It is SO important that organizations like yours exist and let people know they have rights. THANK YOU SO much. I got to leave the doctors office yesterday feeling GOOD about my parenting skills for once. And seeing my daughter smiling instead of bandaged and screaming made me SO grateful I was able to make a CHOICE.

THANK YOU,
Kelly Sullivan

* *

A mother's regrets about vaccination

I vaccinated my daughters, believe it or not. With my 26 year old, I had never heard any anti vaccine thoughts whatsoever. My husband was a physician who had run vaccine programs for the city of Montreal---he had never heard any anti-vaccine discussions, either. I took my daughter dutifully to the health unit and had whatever shots they recommended plus oral polio. Thank God at that time they did not give MMR to infants so she never received that. If she had, she might have had autism and my life would have been very different. Each time she was vaccinated she reacted badly--extremely sore arm, lethargic, high temp. It never occurred to me to stop vaccinating. Like many of my generation, I believed that vaccines were a triumph of man over disease. Especially, we thought the polio vaccine had saved life and limb for mankind.

I can remember so well picking up a Mothering Magazine and reading an anti-vaccine article. It made sense to me but it was so completely different than my belief system. This would have been in l977. I took the article to my husband and he read it. After reading it, he said "This makes perfect sense, don't ever vaccinate her again!" That was the end of vaccines for my daughter, Genevieve. She was breastfed till 4 y.o. and born naturally but at 11 y.o. she developed Crohn's disease (persistent diarrhea) and has suffered greatly from that in her life. I attribute her disease to the early vaccines and also to the stress of having a Mom who has spent too long in court cases.

Needless to say, when my second child Joanna was born, she was not vaccinated. Her father is not very open to alternative medicine ideas and leaned towards vaccines and antibiotics as his way to keep our daughter well. He and I did not live together at any time and I just evaded or lied when he asked if her vaccines were up to date. When she was 5 y.o. he brought a custody action against me and one of his grounds for taking my daughter away was that he had gone to the health units and found out that she had not been vaccinated. My lawyer advised me that if I didn't vaccinate her I would lose custody of her. She had already had whooping cough (the disease) so I managed to avoid that and just gave her diphtheria, tetanus and polio. It killed me to give this beautiful, healthy child the poisons but I really had no choice. She tolerated them well at 5 y.o. and didn't get any more. She enjoys very good health at 23 y.o. and her father and I have managed to forgive each other for all the crazy upsets that happened back then. My grand daughter (now 13) does not receive vaccines. The only baby I have had in my midwifery practice that died of "SIDS", died 12 hrs after receiving his vaccines at 6 weeks old. I did not tell his parents about the dangers of vaccines and feel so much remorse about that. That is why I'm such a strong stand for education on the dangers of vaccines--I promised his mother that I wouldn't be afraid to speak up ever again.

Love,
Gloria Lemay

* *

Dear Edda,

I am a paramedic in Ontario and recently have become a bit of a rabble-rouser. It all started last autumn, when Dr. Peter Sarsfield, our Regional Officer of Health declared an 'outbreak' of A Fujian influenza at our local hospital, and immediately sent home all staff who had not consented to the flu shot - about 45% of the nurses, I am told. As you undoubtedly know, that strain wasn't even included in the 'cocktail', and mandatory vaccination of health care workers is a violation of their charter rights. Never mind that the silly thing doesn't even work, but that apparently didn't occur to Dr. Sarsfield. So I began a public information campaign in the op-ed section of the local paper, and have included copies for you.

First, on the morning after my letter (March 25 – Kenora Miner) was published, I received a phone call from the Chief of Staff at our hospital. He requested a meeting, and I went. I should mention that I work for a privately owned air ambulance company, and am in no way obligated to tow the hospital line, I attended out of courtesy, and it was interesting to me. He asked me

1. What my angle was, and
2. Why I was jeopardizing public health?

We debated for about 20 minutes

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and in the end, agreed to disagree. I told him flat-out that when news items concerning the thimerosal controversy, or the legality of forced vaccinations hit the local paper (which is rare), I would pen another "I told you so" piece. If the news item concerned vaccination in general, he invited me to call him directly for comment before firing potshots in print.

He freely admitted, off the record, that the attempt at mandatory flu vaccines is inappropriate, and that vaccination does entail risk. He indicated to me that he serves on an advisory panel concerning mercury neurotoxicity, and he follows the situation closely. He also supplied me with copies of some relevant chapters from his 'vaccines' textbook, overflowing with statistics.

I've been approached by several health professionals and congratulated for taking a stand. One RN told me that every case of influenza she has seen in the hospital was in a patient who had already had the flu shot. Every single one! Several others arrived at the same conclusion, that conventional medicine is systematically, and perhaps unwittingly dismantling a well-tuned natural immune system, and replacing it with a dangerously flawed artificial one.

One nurse with 30 years experience spoke out in the newspaper and on CBC radio about the flu shot. She refused the shot at the time of the outbreak, and had the AUDACITY to say that her immune system was just fine, thank you very much. She went on to say that her patients are much more likely to pass on the flu to her, as opposed to the other way around, and in any event, the flu shot was ineffective against A Fujian, and even if she was vaccinated, she could still be a carrier.

As I type this, she is on her way to Toronto to appear in front of a College of Nurses review panel. One of the MD's at the health unit had such a snit that he reported her to the College for unprofessional conduct! Apparently freedom of speech is unprofessional. Of course I supplied her with several VRAN newsletters. On a positive note, her union and her director of nursing back her fully and I wish her the best of luck. So there you have the update on the battle in Northwestern Ontario. I'm starting to enjoy this rabble-rousing gig. Keep up the great work!

Will Breen
Kenora, Ontario

* *

My Son's Recovery Story
Letter to Autism Autoimmunity Project

Hello,

Thank you for the information you have on this website. It has been most useful in my journey. Here is our story that I love to share to anyone who will listen.

My son, Thomas, achieved all his developmental milestones with several ear infections and an asthmatic condition; so lots of antibiotics and steroids were prescribed. My husband's family had a history of auto-immune diseases (ignorance, on my part) and I was showing signs of yeast problems. When Thomas received his MMR vaccine they also caught him up with a hep B and a DTaP. His vaccinations kept getting delayed because he was sick that whole winter. After that he quit eating, talking, and other strange behaviors started to emerge. My child was approaching his third birthday, had the expression and understanding of a ten month old and a diagnosis of autism. The little research I had done made me wonder whether Thomas would ever have a vocabulary of more that 50 words, fall in love, depend on us for the rest of his life, and would my husband I become a statistic with a divorce.

Here was my observation, August 2002:

He doesn't seem to understand us; says no and go. Grabs my hand and pushes it toward what he wants. Constantly holds two toy figures, Buzz and Woody, his favorite movie characters. He's very hard to engage in purposeful play; not interested in other children or toys. Very little imaginary play and no interest in self-help. Pulls my hair if I sing and will not let me read a book to him. Some tiptoe walking and shaking head from side to side; has a need to climb and seeks spinning. Only wants to watch Disney videos. Wanders off without looking back and never excited when we return from his absence. Hardly notices pain and bangs his head often. All he wants to eat is cheese crackers, tofu hot dogs, cheese, and juice. Has chronic diarrhea and often wakes up in the middle of the night screaming.

We all visualize our children when they are older. It is not much of enjoyment when you realize they are autistic. At one point I remember my husband and I discussing Thomas, I remarked, "you know, if he wants to be someone who goes off and climbs mountains by himself we should encourage it 100%; if making him enter our world makes him unhappy we shouldn't force it." my husband agreed. He is in our world now and very happy. It brings tears to my eyes to think what we would be missing. It's relieving to know he's not going to want to join the circus or be a stunt man like we thought earlier.

Thomas just turned four. Most describe him as a completely different child. He's in a wonderful early childhood development program at our public school and we're transitioning him into a Montessori school. He's advancing very normally, not showing any autistic behaviors and only about a year behind expressively.

I've learned how cultured foods, raw dairy, sea vegetables, avoiding bad oils, coconuts, limiting grains and proper food combining can make such a difference. In our family a sickness is now a cleansing and celebrated. We found a diet called the Body Ecology Diet that worked very well for us. The ANDI people are becoming very interested in this diet, as well.

There's a bigger message here than just our children' autism. I'm very afraid for the next generation. I grew up in the 60's and 70's. I don't recall kids with asthma, food allergies, autism, ADD, AHD, OCD, behavior problems, cancer, skin disorders and obesity (did I miss one?). I have found a lot of families of children with autism are visionaries; they and their

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children are going to change our world and prove that we have to go back to the basics of pure whole foods and open peoples' eyes about our country's gross vaccination policies.

I'm getting a second chance at all this with my second son, Judd. I won't make the same mistakes over again. I hope to help educate people about the affect vaccines can have on children with inherited auto-immune diseases. Auto-immune, it sounds so scary and people with eczema have no idea that's what they have.

Diane Farr
rtfarr1@juno.com

* *

Dear Edda
June 11/04

Thank you for sending me the extra news letters and Vaccination "The Hidden Truth" video. I'm generating awareness with all of my information from VRAN.

I'd love to share my story about Jade with other VRAN readers.

I am a Registered Massage Therapist and mother of three. When I was pregnant with my first child I started looking into the vaccination process. By the time I had Jade I was overwhelmed with new motherhood and the preciousness of my baby. I followed "The Rules" and went to have her checked and of course the doctor assured me she had never had problems with vaccinating thousands of children and proceeded with her shot. I didn't know enough abut the subject to refute the standard of practice.

Although my daughter seemed fine, my intuition felt wrongly about it. I knew I had to research more so I did. At this point Jade had two shots in total then I ended the vaccination process. Vaccines are not vitamins. Being a R.M.T. I adhere to the drugless practitioners act.

I feel fortunate that she is only suffering from allergies due to tampering with the immune response through vaccination process. She got off easier than many.

After battling with her allergies and looking for an immune balancer or natural way to help her I found one. She began taking a whole food, organically grown 14 strain mushroom product for immunity -1/2 capsule at a time and within 3 days her runny nose and symptoms cleared. With intermittent use of this product she has remained immune balanced; No Allergy Symptoms!!

I do know that it is important for parents to find healthy ways to balance immunity. We all want healthy children. Needless to say my other children are not vaccinated and have no complications and when challenged, they fight common infection very well. As a mother I believe understanding the body's innate ways of healing infection and natural ways to help is paramount to the future of healthy children and healthy families.

Maria Radatus R.M.T.
robinbouma@aol.com

* *

The Institute of Medicine (IOM) states there's no link between autism and mercury in vaccines despite evidence to the contrary. This has angered parents, scientists, researchers and MDs. The letter below is from the mother of a formerly autistic child.

To the IOM,

Shame on you. You have sold your souls to the devil and our children down the river of intractable illnesses called Autism, Asthma, Arthritis, MS, Diabetes, Epilepsy, Brain Damage, and Cancer.

Your biased announcements proved to me beyond a doubt that I have and am doing the right things for my child. She will never receive a vaccine as long as she lives. We used chelation, ABA, and a gluten free/casein free diet and these have changed my severely Autistic daughter into a child that is not just indistinguishable from her peers, but gifted. Yes, my child recovered from Autism by going against every bit of advice you put out. She was damaged by mercury and recovered with common sense and a natural healing that all Moms are born knowing but are brainwashed out of them by the medical cult.

Your conflicts of interest are paper thin, and scientists and parents see right through them. Some parents will buy your lies and their child will be denied the miracle we fought so hard for. But then again, I wasn't sitting around waiting for your biased proclamation anyway to decide what was best for my child. I already knew what your announcements would be. Your façade is that thin. We will never ever learn the truth from those who can't stop prostituting themselves in the beds of the pharmaceutical companies.

I've learned from the vaccination lies not to trust any of you. You don't have a microgram of care about children. They are just sacrificial soldiers in the "war on disease." Isn't that the line? But the truth is they are just dollar signs in the pharmaceutical juggernaut. In the same breath as your lies about vaccine damage you announce that we should not have the right to heal our own children using chelation. I guess one would prove the other wrong wouldn't it? So you give the pharmaceutical companies not just the monopoly for damaging kids, but a monopoly for treating the damage that they caused.

Shame on you, but hooray for all us parents who found the truth without your "expertise" and are saving our own children in spite of you. Perhaps some day agencies like yours will truly have children's health and best interest at heart. I am not holding my breath. You could have done the right thing. But now you have the blood of thousands of children on your hands.

From an Educated, Dedicated and Healing Mother of a 6 year old, formerly diagnosed with Severe Autism.

Read about conflicts of interest and the IOM:
Collusion Seen After Release of Flawed Vaccine-Autism Report www.prnewswire.com/cgi-bin/s

June 19/04

Well, I did my bit for VRAN

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today....I patiently stood in a long line to ask my question at a meeting attended by about 150 people I'd guess. Miraculously I was the last person allowed to speak before the meeting was concluded due to time restrictions.

All Candidates Question: Considering parents in this country are often badgered to accept 39 government-funded vaccine doses for their children from birth to 5 years of age, and harassed and belittled if they don't, it is a disgrace that, in all of Canada, only Quebec has a compensation scheme for vaccine injury.

When she was Minister of Health, Anne McLellan told us she hoped to have a federal vaccine-injury compensation plan in place by next year, 2005. I have here a May, 2004 letter from the present Minister, Pierre Pettigrew to former NDP Health Critic, Svend Robinson which shows that there has been very little impetus to accomplish this goal. If elected, what will you do to facilitate the timely establishment of a Canada-wide vaccine-injury compensation plan?

There was a groan from the back of the room as soon as I mentioned "vaccine"...but the "harassed and belittled" part which followed no doubt shut them up. All candidates agreed that a compensation plan should be in place, although the Marxist/Leninist candidate, a retired nurse, wasn't so clear on this. The Green Party candidate pointed out that alternate views on vaccination are often censored (she directed her gaze to the back of the room), that mercury shouldn't be injected into our children and that the pharmaceutical Co's should make darned sure their vaccines are safe and foot the bill for compensation…..no prize for guessing who I'm voting for.

Happy Summer!
Love, Susan

SCARIER VACCINE STORIES TRUMP MUMPS

In response to an article in the British Medical Journal on the rise of mumps among British teens, Clifford Miller writes the following:

Disease hysteria stories like this one 'Mumps cases rise among teenagers and young adults' (British Medical Journal Jul 2004; 329: 132-a.) about a small number of mumps cases with no reported serious effects are inevitably going to be used by government to promote vaccination, relying on 'FUD' ('fear, uncertainty, doubt').

Despite the misinformation, it is a known and accepted medical fact that vaccines cause serious adverse drug reactions (ADRs), including death and severe injury to children and adults. Whilst medical science also buries its head in the sand, it is further accepted in official channels that vaccination programmes can expose children to risk of various problems ranging from allergy to infection. This is even conceded by the US National Academies' Institute of Medicine ('IoM') Immunization Safety Review Committee (1). The IoM has been heavily criticised for its partisan stance on vaccination in the teeth of the evidence (2). The IoM have also confirmed (1) that reasonable theories exist to explain how too many immunizations can overwhelm an infant's immune system. The truth is actually far worse than the IoM admits, but the fact that even this partisan body has had to concede these points acknowledges there is more to this than anti-vaccination scaremongering by the unwashed and quacks. Testimony also to the official acceptance of the seriousness of the problem of vaccine damage is the existence of a number of (inadequate) government vaccine damage compensation schemes across the world.

The following also serves to show that vaccination is Russian roulette with a difference. With Russian roulette, there is only one gun and one bullet and you know that when you 'play'. With vaccination, no one knows how many bullets there are, nor how many guns there are, nor what the full scale of the consequences will be if any of them go off. Also, parents are routinely simply not told about the risks. This causes further complications for government credibility, because parents are asking 'why did no one say anything'. The problem for parents is not just that they are not being told, they are being actively misinformed of the risks.

That this is the case is demonstrated by a widely under reported but wholly astonishing occurrence in May 2004 in the US. It has considerable implications in the UK and throws into contrast and brings into question the misinformation being put out by the British and other governments about vaccination. Bizarrely, despite its significance and implications, this quite extraordinary event also seems to have gone unreported in the BMJ.

The event was a press release and letter (3) issued by the US Office of Special Counsel to the US Congress and Senate. It concerns formerly respected institutions like the IoM, US National Institutes for Health ('NIH'), the US Centre for Disease Control ('CDC') and US Federal Drug Administration ('FDA'). All of these institutions have recently been under continuing political fire for the roles they have been playing, inter alia, in the suppression of evidence of serious harm from pharmaceuticals and/or conflicts of interest, including, in some instances, financial ones (4).

The US Office of Special Counsel is a legal Counsel appointment made directly by the White House, which is an independent investigative and prosecutorial agency and operates as a secure channel for disclosures of whistleblower complaints and abuse of authority. The OSC, frustrated by a lack of jurisdiction to investigate, requested the US Congress and Senate investigate. The following are quotes from the US Office of Special Counsel's letter concerning the recent February 2004 IoM report and other evidence put to it about these US agen-

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cies. The full text appears at the end of this commentary (5).

The OSC concluded:-

there is ".....a substantial likelihood of a substantial and specific danger to public health.....";

and "....serious continuing concerns about ..... the government's ..... inadequate response to .... scientific research on the public health danger...."

and that ".....the science is inconclusive...."

and there are ".....equally qualified experts on both sides of the ..... debate."

So much for the British Government's and health officials' claims that there is no scientific evidence that MMR and vaccination is a risk factor for autism. Regrettably, also, the scale of the problem of vaccine ADRs is just not known. That is where the problem lies for the government's previous and forthcoming FUD campaigns. No one is counting vaccine ADRs either properly or at all. The majority of all ADRs are just not reported. There is also no database correlating cause of death with medication administered in the time leading to death. And the Wakefield affair supports the proposition that it is safer for medical professionals not to report or to report uncontroversially, than to report any association with, say, a recent vaccination.

What is worse for the government is that the people who are supposed to be counting ADRs seem intent on keeping drug safety data safely out of the public view. A 1996 Dutch pilot showed that direct patient telephone reporting of ADRs (6) can give up to 15 months earlier warning of problems than reliance on substantially under reported ADRs from medical professionals and coroners. Despite this, the MHRA appears to be attempting to bury direct patient reporting of adverse drug reactions (7) as part of its allegedly 'independent' review of the dissemination of 'Yellow Card' data (the latter being something which the MHRA appears to be angling in effect to restrict mainly to drug company funded researchers). It is simply not a good idea to put the MHRA in charge of the very information which will enable it to cover up its failures and which will enable it to keep key data secret which could otherwise reveal more drug scandals. That is, however, what the MHRA appears intent on achieving (8).

Even if government started trying to count ADRs properly, categorisation is an interesting problem. It is not just the problem of who is going to be brave enough to be the first to make a new correlation between a suspected ADR and the administration of a vaccine. It is the problem of getting people even to consider that a symptom is an ADR. How many ADRs go unrecognised and remain unassociated with the pharmaceutical responsible?

We could well be wasting vast amounts of NHS resources on vaccinations without appreciating the true scale of serious illnesses that vaccinations are causing without being recognised as the cause. Even putting to one side the disturbing figures for the autism spectrum disorder ('ASD') epidemic, there are numbers of illnesses which are suspected as consequences of vaccination but which mainstream medicine dismisses. So we may be overlooking many other areas. Take as just one example the 1500 deaths per annum from the asthma epidemic (9). This outstrips the alleged 100 annual UK childhood deaths from measles which it is alleged would occur in the absence of vaccination. And this simply does not also count the numbers of our citizens who do not die but are debilitated by asthma, the corresponding loss to the economy, the drain on the public purse and NHS resources.

Even the 400 or so Sudden Infant Deaths ('SIDS') cases annually, which have been linked to vaccinations, beat the alleged projected measles deaths by a factor of 400%.

Horror of horrors, could it possibly be that it is safer to let nature take its course for well-nourished western society children than to vaccinate? Should we instead be developing and implementing other forms of treatment to prevent the worst effects of these childhood illnesses when they arise, instead of vaccinating? A pill that prevents a child dying of measles, and which only needs to be given to a sick child, now that would be an innovation.

For the drug companies, in contrast, it is a well-known self-evident truth that far more profitable are ailments requiring a lifetime of medication than ones that can be cured. So if vaccinations cause long term, so-called 'iatrogenic' ailments, the pharmaceutical companies are guaranteeing themselves a long and profitable future. We are already seeing the effects in other areas of the proliferation of 'lifestyle' drugs like anti-depressants, being promoted for alleged 'ailments' with no pathology like mental 'illness'. The absence of pathology is helpful in that new such 'ailments' can be invented all the time.

So, whilst we have these misinformation campaigns, at the same time the public and parents, are not being quoted figures for the UK disease risks. This is bizarre. It is extraordinarily difficult to get hard information on the facts as they apply in the UK. To the extent information is provided, it appears to be based on data from around the world, including the third world. This data just does not apply to well nourished children with good sanitation and living conditions. In short, there is scant reliable scientific data on the short and long terms risks posed by vaccination and the human and financial cost of it to the nation. There is simply no reliable scientific data to compare the risks of childhood illnesses in the UK with the risks of vaccination nor any source of information with any credibility that can be relied on. However, those of us with eyes to see and ears to hear and minds of our own know all too well what is going on. We have a government which routinely exaggerates the risks with overblown and vague statements and which engages in scaremongering, FUD and misinformation.

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Competing interests: Close relative with life threatening food allergy.

References: All references in Cliff Miller's letter can be viewed on the BMJ website: http://bmj.bmjjournals.com/cgi/eleters/329/7458/132-a#67648

YURKO UPDATE - Extreme Importance of This Case

Forward from Dr. Harold Buttram, MD:

"The Yurko case is eminently winnable. Based upon what we can only imagine the post vaccinal suffering of that small, fragile life to exemplify, not to mention the misery visited upon his loving family, we--professionals and lay persons alike--must not relent in our insistence upon measures to prevent such tragedy. To this end, the Yurko case must be won. No other outcome is thinkable."

Alan Yurko has spent the past 6 years in prison for a crime he didn't commit. Accused and convicted of having shaken is 2 month old baby to death, Alan was sentenced to life imprisonment + 10 years, with no chance of parole. None of the crucial medical evidence that has since emerged, which conclusively proves Alan's innocence, was available at his trial. Baby Alan had multiple health problems at birth which should have contraindicated 'routine' vaccination, but his fragility was disregarded and multiple vaccines were injected on schedule. Less than two weeks later the baby stopped breathing and went into cardiac arrest. On admittance to hospital, he was then overdosed with numerous contraindicated drugs that further destabilized him and three days later he died.

During these past 6 long years, Alan, his wife Francine and a rising tide of supporters, scientists, doctors and medical researchers around the world have rallied to his cause. This case has "critical implications for parents and caretakers falsely accused and imprisoned, and the life-and-death questions it raises concerning medically advised and mandatory vaccine programs, rank it high among the most important legal/health issues. In my experience it is common in hospital emergency rooms that, once suspicion of shaken baby syndrome arises, all thought of further diagnostic investigation ceases. I know of no other situation in medicine where the usual diagnostic thoroughness one finds in such centers is abandoned", writes Dr. Harold Buttram.

Shaken Baby Syndrome is a modern day witch hunt – it is medical persecution which targets parents who seek emergency medical help when their baby develops life threatening symptoms such as collapse, seizures, or has stopped breathing, often following vaccination. Many of these babies have a history of pre-existing health problems, and unbeknownst to the parents are at high risk of suffering severe vaccine reactions, which then spirals into the nightmare of false accusations and criminal charges against them.

Yurko is one of hundreds, possibly thousands of innocent parents who have been imprisoned for SBS which has replaced sudden infant death syndrome as a cover for medical malpractice in the contraindicated administration of

routine childhood vaccinations

In the case of baby Alan, renowned toxicologist, Dr. Al-Bayati was horrified to discover that medical examiners "said they had examined the baby's heart, but they didn't, because it had already been harvested for donation; they did not review the child's medical history, nor did they analyze the effects of the vaccines and medications that were in the baby's system." Dr. Al-Bayati noted that the baby had been given high doses of sodium bicarbonate and heparin, which cause cardiac arrest and internal bleeding, including bleeding in the brain, and produce symptoms similar to SBS. Furthermore the child did not develop SBS-like symptoms until after he was admitted to the hospital, and after being separated from his parents. "My evaluation of the medical evidence and the trial document reveals that Mr. Yurko is innocent and baby Alan's death was caused by vaccines and medications" testifies Dr. Al-Bayati.

"Sooner or later, it will become publicly obvious that many SBS defendants have been falsely accused and convicted through deplorable misdiagnosis pertaining to pathologies that could one day become regarded as the result of malpractice--the indiscriminate administration of childhood vaccines"……." **I now feel that the SBS debacle is a potentially fatal malignancy in the integrity of medicine**", writes Dr. Buttram.

After years of struggle, Alan Yurko has been granted the opportunity to present new evidence and medical testimonies to the court that irrefutably prove his innocence. Supporters world wide pray and envision that true justice will be done and Alan Yurko will be exonerated.

The Alan Yurko Evidentiary Hearing is scheduled to begin August 23, 2004 and run to August 27. Hearings will be held at the Orange County Courthouse, in Orlando Florida, before the Honourable C. Alan Lawson. Financial help is desperately needed. To donate, go to: http://www.freeyurko.bizland.com/#donate

...Shaken Baby Syndrome is a modern day witch hunt - it is medical persecution which targets parents...

Resources:

* Visit the Yurko Project website for details of medical/tozicology reports and supportive testimonials from around the world: http://www.freeyurko.bizland.com/

*Recent discussion on the false premise of SBS at the British Medical Journal website: http://bmjjournals.com/cgi/eletter-submit/328/7451/316

DO VACCINES DISABLE THE IMMUNE SYSTEM?

BY Randall Neustaedter OMD, LAC, CCH

Parents watch with proud satisfaction as their infant, just a few months old, begins to reach out into the world—tiny hands grasping at toys and gently twirling locks of their mother's hair. Just when they have begun to take a lively interest in the world, rolling-over, cooing, and smiling, the first illnesses strike.

The baby's runny nose develops into a fever, fussiness, and night-waking. Her previously placid demeanor suddenly changes to obvious discomfort—crying, clinging, refusing to leave her mother's arms. The pediatrician sees red eardrums and prescribes antibiotics. That first infection starts a seemingly endless battle against viral and bacterial illnesses that persists despite repeated treatment with a barrage of different antibiotics. Something is dreadfully wrong. Frequent visits to the pediatrician do nothing to prevent the continuous pattern of illness—antibiotic—illness.

Why do these illnesses begin when babies are three or four months old? What event triggers this frustrating scenario? What happens to babies at two to four months that could initiate this relentless course of symptoms? Perhaps maternal antibodies are beginning to wear out, making babies susceptible to these environmental microbes. But why don't these babies develop their own antibodies in response to the initial viral or bacterial infections? What prevents the immune system from mounting a vigorous response? And why does this pattern of illness with recurrent ear infections occur now, a pattern that seldom occurred prior to thirty years ago? What is weakening the immune function of today's infants?

The only event that all infants routinely encounter at two months of age is vaccination with at least five different vaccines (Diphtheria-Tetanus-Pertussis-Polio-Hemophilus). They are repeated at four months. Could this simple fact explain the onset of the recurrent illnesses that plague so many infants? If vaccines stimulate antibody production to fight diseases, why would they weaken the immune system? Is there any evidence that vaccines do cause illness and immune system dysfunction?

One answer came in a careful study of illness patterns observed in babies before and after vaccination. If vaccines cause a weakened immune system, then we would expect to see a higher incidence of illness following vaccination. In that study the incidence of acute illnesses in the 30 day period following DTP vaccine was compared to the incidence in the same children for the 30 day period prior to vaccine. The three-day period immediately following vaccine was excluded because children frequently develop fever as a direct response to vaccine toxins. A total of 82 healthy infants received DTP, and their symptoms were reported by parents and observed by a pediatrician at weekly intervals. Those babies experienced a dramatic increase in fever, diarrhea, and cough in the month following DTP vaccine compared to their health before the shot (Jaber et al., 1988).

The incidence of asthma has steadily increased in the modern era. During the period 1980 through 1989 the prevalence rate of self-reported asthma in the United States increased 38 percent, and the death rate for asthma increased 46 percent (Centers for Disease Control, 1992). In the five years from 1985 through 1990, projected estimates for asthma's medical costs increased 53 percent. The total estimated cost of asthma rose from $4.5 billion to $6.2 billion, or 1 percent of all US health-care costs (Weiss et al., 1992). This dramatic increase has been attributed to increased exposure to environmental pollutants, and to the toxic effect of asthma medications themselves. Could vaccines be weakening the immune system of our populations and causing asthma and allergies at unprecedented levels? A recent study suggests the answer is yes. A team of New Zealand researchers, found a greater rate of asthma and allergy episodes among immunized children. Of 1,265 children born in 1977, the 23 who did not receive the diphtheria/pertussis/tetanus shot had no recorded asthma or allergy problems before age 10. Of the children who were vaccinated, 23.1 percent had asthma episodes, and 30 percent had consultations for other allergic illnesses (Kemp, et al., 1997).

How do researchers investigate immune system reactions to vaccines? First, they can observe the incidence of serious disease onset soon after vaccination. They can also study immune functions following vaccines given to children and adults. Two research models have been used to discover the possible adverse effect of vaccines on the immune system. Laboratory researchers observe whether vaccines have any negative effect on white blood cells, the body's primary immune defense system. Clinical researchers study illness patterns preceding and following vaccination. All of these investigative channels have reached the same conclusions—vaccines can trigger immune system suppression.

Vaccines are destroying our immune systems. Amazingly, the medical profession ignores the incriminating evidence against vaccines, and continues to inflict more unnecessary and harmful vaccines on our nation's infants. A recent study from the New England Journal of Medicine reported by Time magazine and the Associated Press revealed that tetanus vaccine disables the immune system in HIV patients. Tetanus vaccination produced a drop in T cells in 10 of 13 patients, a classic sign of immune deficiency. HIV viral replication increased dramatically in response to tetanus vaccine. Finally, white blood cells from 7 of 10 uninfected individuals became more susceptible to HIV infection following tetanus vaccination. Despite these findings, the authors made no comment about the immune depleting effect of the vaccine (Stanley et al., 1996).

Why is the public unaware of these findings? Why has the medical profession kept these reports hidden from the public eye? With typical condescension, Dr. Martin Smith, president of the American Academy of Pediatrics, explained that the inclusion of this type of information in vaccine brochures "would confuse many parents and could even needlessly alarm them" (AAP News, 1989). An uninformed

Vaccines Disable cont. on page 31

Vaccines Disable cont. from page 30

patient is compliant.

The cover-up of immune system failure following vaccination is reminiscent of the tobacco industry's continuous denial and disinformation campaign about the dangers of cigarettes. In both instances huge profits are at stake in multibillion-dollar industries. Vaccine manufacturers cannot afford to have their product maligned in a public forum.

Doctors have often stated that broadcasting adverse effects of vaccines to the public would hinder the vaccine campaign. This attitude emerged in congressional hearings more than thirty years ago.

It is hard to convince the public that something is good. Consequently, the best way to push forward a new program is to decide on what you think the best decision is and not question it thereafter, and further, not to raise questions before the public or expose the public to open discussion of the issues (Intensive Immunization Programs, Hearings, 1962).

The medical profession has been aware of the damaging effects of vaccines on the immune system since their introduction. For example, the ability of pertussis and DTP vaccines to stimulate the onset of paralytic polio was first noted in 1909. In every polio epidemic since then DTP injections have caused the onset of polio disease.

In 1950, two careful studies were conducted in the state of New York to evaluate the reports of an association between the onset of paralytic polio and recent injections. Investigators contacted the families of all children who contracted polio during that year, a total of 1,300 cases in New York City and 2,137 cases in the remainder of New York State. A history of vaccinations received in the previous two months was obtained on each child and from a group of matched controls in the same population. Those studies discovered that children with polio were twice as likely to have received a DTP vaccination in the two months preceding the onset of polio than were the control children (Korns et al., 1952; Greenberg et al., 1952).

The association of vaccines with the onset of polio continues in the modern age. During a recent polio epidemic in Oman, DTP vaccination again caused the onset of paralytic polio In that epidemic, 70 children 5 to 24 months old contracted paralytic polio during the period 1988-1989. When compared to a control group of children without polio, it was found that a significantly higher percentage of these children had received a DTP shot within 30 days of the onset of polio, 43 percent of polio victims compared to 28 percent of controls (Sutter et al., 1992). The DTP vaccine suppresses the body's ability to fight off the polio virus.

The destructive effect of vaccines on the immune system can persist over an extended period of time. One study documented a long-term depressive effect on interferon production. Interferon is a chemical produced by lymphocytes (a type of white blood cell) that renders the host resistant to infection. Interferon production is stimulated by infection with a virus to protect the body from superinfection by some other organism. In this study, vaccination of one-year-old infants with measles vaccine caused a precipitous drop in the level of alpha-interferon produced by lymphocytes. This decline persisted for one year following vaccination, at which time the experiment was terminated. Thus, this study showed that measles vaccine produced a significant long-term immune suppression (Nakayama et al., 1988)

Autoimmune Reactions to Vaccines

- An 11 year old girl received a routine tetanus booster dose and three days later developed blindness in the right eye and light perception only in the left eye. Her optic discs were swollen on exam. Two days later she had partial paralysis of her legs and loss of bladder control, then more widespread sensory loss including a lack of vibrational and positional senses. Seven weeks later she still had some vision loss and decreased muscle power. Within one year she recovered (Topaloglu et al., 1992).

- A 20 year old woman experienced pain and swelling of her right wrist and fingers 4 days after a hepatitis vaccination. The pain and swelling resolved, but returned again 6 months later with more severe swelling and pain, following a second hepatitis vaccination. Nine years later, X-ray of the hands showed destruction of the bones throughout her wrist joints (Gross et al., 1995).

- A 4 year old girl developed progressive weakness of the legs, pain in the legs and feet, and gradual inability to walk 10 days after Hib vaccination. On the fifth day she had swallowing difficulties, facial weakness, and a monotonous voice. Her symptoms gradually improved, and within 3 weeks she could walk with help (Gervaix et al., 1993).

- A 42 year old man received tetanus toxoid on three separate occasions over a period of 13 years. Following each vaccination he developed acute nerve symptoms diagnosed as Guillain-Barré syndrome, a disease of the nervous system characterized by rapid onset of motor weakness and loss of sensation. (Pollard & Selby, 1978). A nerve biopsy revealed destruction of the myelin nerve sheath. Following his last injection he continued to experience multiple recurrences, and continued to show abnormal findings on examination 15 years later (Pollard, 1993).

What is the effect of long-term immune suppression? Some investigators are concerned that vaccines could be disabling our body's ability to react normally to disease, and creating the climate for autoimmune self-destruction. The many reports of autoimmune phenomena that occur as reactions to vaccination provide incontrovertible proof that tampering with the immune system causes devastating disease.

Federal legislation of 1986 commissioned the Institute of Medicine to establish a Vaccine Safety Committee. The purpose of that committee was to search the medical literature for reports of adverse events associated with the vaccines routinely administered to children, and report their findings. Computer searches revealed 1,800 relevant articles. However, the committee's rigid criteria for establishing a causal relationship between vaccine and adverse event made it nearly impossible for a disease condition to make their short list. Without a case-controlled study proving a relationship, the hundreds of case reports of immune system destruction following vaccines were relegated to coincidence. Case-controlled studies are expensive. They must include tens or hundreds of thousands of children.

Vaccines Disable continued on page 32

Vaccines Disable cont. from page 31

Even the Vaccine Safety Committee acknowledged the onset of several autoimmune diseases as a result of vaccination (Guillain-Barré syndrome following tetanus and polio vaccines, that causes muscle weakness and paralysis; thrombocytopenia, destruction of blood platelets responsible for blood clotting, following MMR; and chronic arthritis following rubella). These types of symptoms have occurred following every vaccine routinely given to children—the suppressed immune system begins to attack the body's own cells, usually the nerves and joints. Thousands of autoimmune incidents following vaccines have been reported in the medical literature and adverse event reporting systems (Neustaedter, 1996). These autoimmune responses to vaccines have resulted in permanent, chronic disease conditions—deforming arthritis and muscle wasting and paralysis.

In their attempt to explain the repeated occurrence of autoimmune diseases that attack and destroy the myelin sheaths of nerves as a direct result of vaccines, the committee members explain:

It is biologically plausible that injection of an inactivated virus, bacterium, or live attenuated virus might induce in the susceptible host an autoimmune response by deregulation of the immune response, by nonspecific activation of the T cells directed against myelin proteins, or by autoimmuniity triggered by sequence similarities of proteins in the vaccine to host proteins such as those of myelin (Institute of Medicine, 1994).

Since the committee's report, a large ecological study in New Zealand revealed that an epidemic of diabetes followed a massive campaign to vaccinate children against hepatitis B. This report, published in the New Zealand Medical Journal in 1996 revealed that a 60 percent increase in childhood diabetes occurred in the years following the 1989-1991 vaccination program of children aged 6 to 16. The widespread use of the new Haemophilus meningitis vaccine has similarly resulted in diabetes epidemics. Diabetes is an autoimmune disease that has been frequently observed to occur as a consequence of mumps vaccine (Fescharek et al., 1990; Helmke et al., 1986). The dramatic rise in vaccine-induced diabetes has led researchers to raise a warning flag. "We believe the effects of vaccines on diabetes are of tremendous clinical importance and that trials need to be started immediately to address the effect of vaccines on diabetes and other autoimmune diseases (Classen & Classen, 1996).

Vaccines have become a sacred cow of our culture, unassailable to criticism. Now that we know their devastating effects on the immune system, perhaps we need to take a more cautious approach to the vaccine campaigns. The zealous rush to bring new vaccines to market may be setting the stage for the unwitting destruction of our population's immune system integrity.

Note:

Dr. Neustaedter's book 'The Immunizatin Decision – A Guide for Parents is an excellent resource. This article is posted on the Holistic Pediatric Association website: The HPA is committed to supporting parents who seek a healing model of health care, helping parents reduce the use of ineffective and harmful drug treatments, and empowering parents to build healthy bodies and spirits in their children.

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ANTIBIOTICS LINKED TO HUGE RISE IN ALLERGIES

NewScientist.com news service

May 27, 2004

The increasing use of antibiotics to treat disease may be responsible for the rising rates of asthma and allergies. By upsetting the body's normal balance of gut microbes, antibiotics may prevent our immune system from distinguishing between harmless chemicals and real attacks.

"The microbial gut flora is an arm of the immune system," says Gary Huffnagle at the University of Michigan in Ann Arbour. His research group has provided the first experimental evidence in mice that upsetting the gut flora can provoke an allergic response.

Asthma has increased by around 160 per cent globally in the last 20 years. Currently about a quarter of schoolchildren in the US and a third of those in the UK have the condition, but pinning down the causes of the rise has proved difficult. Some researchers have blamed modern dust-free homes, while others have pointed to diet.

Antibiotics have been implicated by some epidemiological studies. For example, the rise in allergies and asthma has tracked widespread antibiotic use. Furthermore, research in Berlin, Germany, has found that both antibiotic treatment and asthma were low in the east compared to the west when the wall came down.

As antibiotic use has increased in the east though, so has asthma. This study is particularly valuable because the politically divided populations were genetically very similar and enjoyed much the same menu.

Fungal spores

Now Huffnagle has presented experimental evidence to back up the case. His team gave mice a course of antibiotics before feeding some of them with a yeast which is commonly found on human skin.

With the natural gut bacteria suppressed by the drugs, the yeast became established in the mouse, with no side effects. Over the course of the following two weeks, the researchers treated all the mice with spores from a common fungus. Again, this does not cause disease, but fungal spores can trigger allergies in people.

The mice whose gut flora had been manipulated, experienced a much higher immune response to the spores, suggesting that changes to the collection of microbes in people's guts following antibiotic treatment might also make us more susceptible to allergies. "Suddenly, your ability to ignore a mould spore has gone," Huffnagle told New Scientist.

The team has repeated the experiments with a second strain of mice to show that the effect is not dependent on a particular set of mouse genes. They have also used a different molecule to produce the allergic response - an egg protein from chickens called ovalbumin that is commonly used in allergy research.

In this case, when the team looked at the animals' lung linings under a microscope the effect of the over-active immune response was striking. "Their lungs are shredded, absolutely shredded. I'm sure they can't breath," says Huffnagle.

Training regime

He speculates that our gut bacteria are somehow involved in training the immune system to ignore harmless molecules that wind up in our stomach. Precisely how they do this is a mystery though.

"He's on to a very special track," says Juneann Murphy an expert in stomach bacteria at the University of Oklahoma in Oklahoma City. "No one else has been able to make the connections before."

She says the findings reinforce the message that antibiotics should be used only when absolutely necessary. She also suggests that patients who have just finished antibiotic treatment should also receive "probiotic" tablets containing "good" gut bacteria.

Eating foods such as raw fruit and vegetables also helps to restore the natural balance in our guts. "Once you are done with the antibiotics you are not finished," adds Huffnagle. "You need to recover from the treatment itself." The research was presented at the American Society for Microbiology general meeting in New Orleans on Wednesday. http://www.newscientist.com/news/news.jsp?id=ns99995047

Editor's note:

The overuse of antibiotics is directly related to too many vaccinations given in infancy which weaken & skew the immune system and prevent it from developing normally. This results in vaccinated children being more susceptible to various upper respiratory infections and ear infections for which antibiotics are prescribed excessively. This leads to a downward spiral of further immune breakdown, more infections, more antibiotics, and more vaccines culminating in an explosion of allergic disorders like asthma.

We've strayed so far from the natural course that the majority of people have no idea how to nurture and protect the development of a strong immune system in their children, relying instead on the quick fix through big gun medicine which is destroying health. For natural immunity information go to: HealthyChildOnline - and Holistic Pediatric Association committed to supporting parents who seek a healing model of health care, helping parents reduce the use of ineffective and harmful drug treatments, and empowering parents to build healthy bodies and spirits in their children. http://hpakids.org/

Breastfeeding Essential for Long Term Immune Protection

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The immaturity of the infant's immune system and the rapid evolution of pathogens has created a demand for the mother to provide ready made specific defense factors to her offspring. This is achieved during the fetal period by transplacental transport of IgG antibodies, and after birth via IgA antibodies in the breast milk. The breast milk also contains a variety of nonspecific defense factors contributing to its antimicrobial effect. Breast feeding has been shown to decrease morbidity in gastroenteritis, septicemia, otitis media, urinary tract infection, encephalitis, pneumonia, and necrotizing enterocolitis. The antibody content in the mother's milk probably contributes not only to the immediate but also to the long term protection of the infant including both resistance to infection and development of immunological tolerance to harmless environmental antigens.

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Human Milk and Host Defense: Immediate and Long-Term Effects

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Convincing studies demonstrate significant protection during breastfeeding against diarrhoea, respiratory tract infections, otitis media, bacteraemia, bacterial meningitis, botulism, urinary tract infections and necrotizing enterocolitis. There is also good evidence for enhanced protection for years after the termination of breastfeeding against Haemophilus influenzae type b infections, otitis media, diarrhoea, respiratory tract infections and wheezing bronchitis. In some reports breastfeeding has also improved vaccine responses. Several studies show that milk may actively stimulate the immune system of the offspring via transfer of anti-idiotypic antibodies and lymphocytes. This may explain why breastfeeding diminishes the risk of developing coeliac disease. Some investigations suggest that there may also be a similar effect on allergic diseases and autoimmune diseases, as well as inflammatory bowel diseases and certain tumours. This needs to be confirmed.

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NEWSCLIPS

$300 Million for 5 More Vaccines

Excerpt from:Globe & Mail
March 24, 2004
By ANDRÉ PICARD
"Vaccines to be Nationally available"

The Canadian federal government's decision to invest $300 million over three years is a "shot in the arm – and in some cases five more shots in the arm for Canadian children", reported the Globe & Mail. A portion of the money is allocated to create a national immunization strategy to fix the "hodgepodge of vaccination programs that exist in various provinces and territories…. [and]…ensure that all children get the same basic childhood vaccines. Aside from equality of care, another advantage of this approach is economic: Provinces and territories could unite to buy the new vaccines in bulk at a considerable discount, and that could free up money."

"Under the current highly decentralized system, it's unclear how much is spent on vaccination, and there is no central registry of which vaccinations children have received." Almost all children are routinely vaccinated against diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, Haemophilus influenza B and hepatitis B.

"But, for five other vaccines -- meningococcal infection, pneumococcal infection, chicken pox, adolescent pertussis (whooping cough) and influenza -- policies vary considerably between jurisdictions, even though it is recommended all children receive them. In many provinces, parents must pay for these vaccines -- at a cost of up to $300 -- while other provinces have added them to their routine immunization schedule. Public-health officials have complained that these disparities violate basic principles of medicare by offering unequal access to care among provinces and territories and by discriminating against low-income families."

The National Advisory Committee on Immunization has recommended that all children (except for a few with specific allergies) should receive all 14 immunizations. "Now, with a $300-million boost, a national strategy can be created."

Excerpt from: Globe & Mail March 24, 2004 By ANDRÉ PICARD "Vaccines to be Nationally available" http://www.theglobeandmail.com/servlet/ArticleNews/TPStory/LAC/20040324/BINOCULATION24/TPNation

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Flu shots linked to asthma attacks

Excerpted from:
The Sydney Morning Herald, Australia
July 24, 2004
By Michael Bradley

Vaccinating asthmatic children against influenza is unlikely to protect them from attacks and may even worsen their condition, say researchers who have found asthma-related emergency department visits are significantly more likely among children who have received a flu shot. The US study comes a week after Australian authorities said they would consider whether local immunisation recommendations should be brought into line with America's.

A universal program is being considered by Australia's vaccine advisory panel. Professor David Isaacs, a specialist in immunology and infectious diseases at the Children's Hospital at Westmead and the chairman of the Australian Technical Advisory Group on Immunisation's committee on influenza, said: "In the United States they say children with asthma should be given a vaccine against the flu because getting the flu could make their asthma worse, **but the evidence supporting this idea is far from brilliant."**

He said previous studies had failed to show different rates of asthma attack between groups of children given either the vaccine or a placebo. "People seem to assume the vaccine will be good [for asthmatics] but the evidence does not show that it is," he said. "In fact, there are lots of studies now suggesting it does not offer much benefit at all." The American researchers compared two groups of 400 asthmatic children. One group received the vaccine. **Those who were vaccinated were found to be almost twice as likely to seek assistance at an emergency department because of their asthma.**
http://www.smh.com.au/articles.2004/07/23/1090464867466.html?oneclick=true

Measles Virus Detected in Spinal Fluid of Children with Autism, But Not Controls

June 9, 2004
By Jeff Bradstreet MD FAAFP
Director- International Child Development Research Center
http://www.gnd.org/autism/autism.htm

These data published today in the most recent Journal of American Physicians and Surgeons, represent the second in a series of direct observations of Measles Virus (MV) persistence in children with Autistic Regression. All children had been vaccinated shortly prior to the development of autistic symptoms. While all of the controls had also been vaccinated - they were all negative for viral persistence. Taken together with the finding of MV in the intestinal tract of these and other children previously reported by Uhlmann, this represents evidence of active replication of virus and further indicates either failure of the vaccine to protect these children from natural infection or more likely, given the lack of any history of measles virus apart form the vaccine, this represent vaccine strain persistence.

Presently there is no proven intervention for viral persistence and it is the hope of the authors that these observations will stimulate additional research into the nature of the viral persistence and means of assisting the children in completely clearing the virus.

We propose a subset of genetically vulnerable children lack the ability to clear the vaccine strain of the virus and that this is - on the balance of the available biological data - a direct cause of their symptoms. We recognize the failure of epidemiology to validate these observations, and believe this specific hypothesis has never been adequately tested with any previous epidemiological study.

Says Dr. Andrew Wakefield, "This study is the latest in a series that examines the relationship between persistent measles virus infection and regressive autism. While the Institute of Medicine were made aware of these findings, and indeed similar findings in a larger group of autistic children, they chose to ignore them in their latest report. This situation is quite unacceptable."

* *

Flu Vaccine Fails to Protect Healthy Children Aged 6-24 Months

Excerpt from:
Pediatr Int. 2004 Apr;46(2):122-5.
Related Articles,Links
Department of Pediatrics, Public Shisou General Hospital, Shisou, Japan.

Abstract Background: The efficacy of inactivated influenza vaccine in healthy infants and children younger than 24 months has not been confirmed. The aim of the present study was to determine the prophylactic effect of inactivated influenza vaccine against influenza A in healthy children aged 6-24 months. Methods: Healthy infants and young children (6-24 months old) were immunized by subcutaneous injection of inactivated influenza vaccine before influenza seasons. Age matched children were randomly assigned as the control. These children were followed up from January to April in each year (2000, 2001 and 2002). The attack rates of influenza A infection was compared and statistically assessed. The attack rate of influenza A virus infection in the vaccine group and the control group were 14.8% (n = 27) vs 12.5% (n = 32) in 2000 (P = 0.526); 2.8% (n = 72) vs 7.2% (n = 69) in 2001 (P = 0.203); and 3.4% (n =52) vs 8.9% (n = 56) in 2002 (P = 0.205).

Results: The attack rates of influenza A between the two groups were not significantly different.

Conclusion: **Inactivated influenza vaccine did not reduce the attack rate**

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of influenza A infection in 6-24 month old children.

PMID: 15056235
[PubMed - in process]
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15056235

* *

Candidate SARS vaccine fails

Aug. 3/04 (UPI) --

U.S. and Chinese scientists have discovered that a proposed SARS vaccine triggers an autoimmune response causing the body to attack itself. Scientists at Columbia University in New York and Sun Yat-sen University in China studied a vaccine made from an inactivated SARS-coronavirus. They found the antibodies the body created to fight the intentionally weak infection also attacked a particular glycoprotein, a molecule of linked protein and sugar, that is very common in the human system.

"These observations raise concerns on human use of the whole virus-based SARS vaccine that is produced by the monkey Vero E6 cell," the scientists said. The cell line used was produced by monkey Vero E6 cells. Based on the results, the scientists said it is too risky at the moment to introduce a whole-viral SARS vaccine to human subjects, but choosing an alternative cell line or genetically modifying the Vero E6 cell line might fix the problem.
http://washingtontimes.com/upi-breaking/20040802-113527-4428r.htm

* *

Mind Control Vaccine in the Works?

July 27, 2004

British health officials are considering a radical scheme to vaccinate children against future drug addiction. Under the plans, doctors would immunise children at risk of becoming smokers or drug users with an injection that would 'protect' from the euphoria experienced by users, making drugs such as heroin and cocaine pointless to take. Such vaccinations are being developed by pharmaceutical companies and are due to hit the market within two years.

Professor Nutt, head of psychopharmacology at the University of Bristol and a senior member of the Advisory Council on the Misuse of Drugs, said: "People could be vaccinated against drugs at birth as you are against measles. Cocaine is more dangerous than measles. Addiction and smoking are major causes of premature death."

Xenova, the British biotechnology firm, has carried out trials on an anti-cocaine vaccine and has received $12 million funding from the US National Institute on Drug Abuse (NIDA). Meanwhile, experts at the Scripps Research Institute in San Diego, California, have developed a super-virus, which they say is 'harmless to humans', which produces proteins that can block or reduce the effects of cocaine.."

Earlier this month, the US-based Center for Cognitive Liberty & Ethics published a relevant and timely report, which addresses the imminent emergence of these same "pharmacotherapy" drugs into the US market. The CCLE's policy report, Pharmacotherapy and the Future of the Drug War is the first publication to address the ethical and legal dimensions of this new breed of pharmaceuticals.

Richard Glen Boire, a legal scholar at the CCLE, believes that vaccinating children with "anti-drug" drugs would be "alarming and unlawful, and would signal the first time that neuropharmaceuticals were overtly used to enforce government policy." **Aside from the human rights concerns, the UK plan raises serious health questions regarding the long-term effects of these drugs on the complex neurochemistry of the brain.**

Sources:
The Independent, U.K. http://news.independent.co.uk/uk/crime/story.jsp?story=544439
Pharmacotherapy and the Future of the Drug War is available here http://en.groundspring.org/en/go?j=5453005&u=35763
Center for Cognitive Liberty & Ethics: info@cognitiveliberty.org

* *

The Bird Flu Time Bomb

30/03/2004

Asian countries vaccinating against bird flu will be carrying out an uncontrolled experiment in viral evolution that could ultimately lead to a human pandemic, according to an article in *New Scientist*.

In China, health officials are vaccinating millions of birds that escaped slaughter. Indonesia is also vaccinating, and other Asian countries hit by the H5N1 bird flu are considering the same strategy. But the H5N1 virus is almost certainly still circulating among the vaccinated birds, and the fear is that it may evolve into a form that is not only fatal to people, like the current one, but can also spread from person to person. It has been shown in Mexico for the first time that under these conditions bird flu evolves at an unprecedented rate, with unpredictable consequences. New research shows that vaccinating chickens could lead to the evolution of new strains of bird flu and increase the risk of a human pandemic.

In vaccinated birds, low numbers of viruses can still replicate inside their bodies and spread from animal to animal. Such 'silent epidemics' are very hard to spot, but can cause new outbreaks if unvaccinated animals are exposed or if vaccination ends. Although Mexico stopped an outbreak of severe H5N2 flu in 1995 by

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vaccinating chickens, the virus is still circulating silently, and Mexico is still vaccinating. In Mexico the virus has been exposed to vaccinated chickens for years and this has encouraged new forms to evolve.

"Major antigenic differences have" been found in the bird flu viruses isolated from vaccinated chickens in Mexico since 1995. It is increasingly different to the vaccine strain, which means that infected birds will shed more of the virus and spread the infection more readily.

The H5N1 virus circulating in vaccinated chickens in Asia is likely to evolve the same way. The key to eradicate the virus is to detect and destroy silent infections. One way is to place unvaccinated birds next to vaccinated flocks. If any flu is circulating, these "sentinel" birds will develop obvious symptoms. Another method is using a marker vaccine that elicits different antibodies to the wild virus. In 2002 Italy became the first country to eradicate bird flu using a marker vaccine and regular testing

"*The vaccine used without this monitoring can have a boomerang effect, and become a tool to spread the virus, not control it*," said Ilaria Capua of the World Organisation for Animal Health reference lab for bird flu in Legnaro in Italy. http://www.foodnavigator.com/news/news-NG.asp?id=50976

* *

Polio in Nigeria

For months there has been a steady stream of reports that polio is on the rise in Nigeria, that people have been refusing the vaccine for fear it is laced with infertility drugs, and that researchers had found vaccine lots laced with chemical contaminants.

I asked New York researcher, Jim West to offer some insight into what's really going on in Nigeria. On his website, Images of Poliomyelitis, Jim has assembled an impressive body of evidence including graphic timelines which closely correlate the rise and fall of polio epidemics against production and exposure of neurotoxic chemicals used during the 20th century. He added authoritative weight to his research when he came across a reference attached to a stern warning not to investigate polio toxicology, as some clinicians had done in the early 1950s. Those clinicians too had found evidence that chemicals such as DDT, BHC, lead and arsenic were causative for polio epidemics. With the phase-out of those pesticides, polio virtually disappeared from the developed nations by 1972. Production of organochlorine pesticides nevertheless climbed, however, for shipment to underdeveloped countries such as Nigeria, where polio epidemics continued.

Here is Jim's analysis:

August 3, 2004, W.H.O. announced, "Sub-Saharan Africa is on the verge of the largest polio epidemic in recent history" and that 85% of all polio cases worldwide exist in Nigeria (www.who.org). Months earlier, The New York Times (Altman, 12/9/03) had promoted a theme, that polio epidemics continued in Nigeria because "Islamic Leaders" opposed the vaccination (OPV) programs.

But there is more to this story than may ever be told.

Millions of Nigeria's lower class live in shantytowns where the water, food and air is polluted with industrial chemicals and agricultural pesticides. For them, chaos reigns, as indicated in recent headlines from Kano, the polio epicenter: 600 Christians killed by Muslims. Thousands of Muslim and Christian refugees roam. Killing in the oil fields. Rogue militias attack towns. Hundreds of Muslim civilians killed by army attack. And to the south at Lagos: U.S. Navy plans show of force.

Nigeria is a petrochemical economy, seventh in the world (as of 2001). Chaos in such an industrial nation can spell environmental disaster. A visitor to Kano describes, "the worst pollution I have ever seen." DDT and other banned pesticides still find their way into Nigeria. Nigerian life expectancy at birth is 50 years. The median age is 18.

The clinical symptoms of polio can be similar to cholera. In 1991, Nigeria had over 59,000 cases of cholera. AIDS, an umbrella term for numerous traditional disease symptoms, is diagnosed in six percent of the adult population.

Polluted water supplies are described only in terms of microbes when referencing the epidemics. Ritualized vaccination programs also focus public perception exclusively on infectious pathology.

Following W.H.O.'s defense of the vaccines, the vaccination programs were resumed despite the unresolved contamination controversy. Nigeria is polarized within this public health controversy as environmental issues remain quiet.

Once more, the chemical industry has been immunized against an epidemic, the threat of diagnostic revision.

For more information, see www.geocities.com/harpub

AUTISM RATE IN CANADA SKYROCKETS- Equal to U.S. Rate

The Autism Canada Foundation says a child born in Canada today has a 1 in 195 chance of being diagnosed with autism spectrum disorders (ASD) Autism is by far the most rapidly advancing childhood disorder in North America. "To date research in Canada has been minimal and has focused on genetics and behaviour modification", says Cynthia Zahoruk, a director of Autism Canada. "Parents in Canada and the U.S have been self-funding biomedical research in order to find a cause and a cure and it is about time that the Government started doing their part in light of these epidemic numbers". Canadian parents are literally going into bankruptcy trying to provide their autistic children with suitable treatments with very little help from the government. Sadly many parents cannot afford the most basic treatment. There is a general consensus among scientists and physicians specializing in autism that the disorder develops in individuals predisposed genetically after exposure to an environmental trigger.
Visit ACF website: www.auismcanada.org or email info@autismcanada.org

Incidence Rate for Autistic spectrum Disorder
Sample suburban Sourthern Ontario Region - Public Schools

Grade	Year Born	Total Enrollment	Total ASD Diagnosis	Incidence Rate
JK	1999	3845	13	1in 295
SK	1998	4310	21	1 in 205
1	1997	4861	20	1 in 243
2	1996	5067	29	1 in 174
3	1995	5076	36	1 in 141
4	1994	5306	28	1 in 190
5	1993	5319	31	1 in 172
6	1992	5415	19	1 in 285
7	1991	5423	31	1 in 175
8	1990	5518	28	1 in 197
Total		50140	256	1 in 195

Data collected from Public School statistics and includes all ASD's including PDD, Autism and Asperger's syndrome.

A RANDOM SAMPLING OF REPORTED DEATHS FOLLOWING PREVNAR VACCINE

Sheri Nakken's Vaccineinfo list reports that there have been 217 deaths reported following injection with the pneumococcal vaccine Prevnar since 5/2000. Keep in mind only 1-10% of vaccine reactions are reported. The following are a few cases from the first few 22 pges, where the baby received Prevnar alone and died shortly thereafter "coincidentally". The reports are copied as they appear in the VAERS data base, the U.S. vaccine adverse events reporting system. Prevnar is PNC Lederle in VAERS. Found - 217 records with Vaccine contains 'PNC' and Patient Died. Access VAERS viahttp://www.medalerts.org/

As Canada moves to universal vaccination with pneumococcal vaccine Prevnar , the public will not be able to view comparable data as there is no publicly accessible data base in this country, and deaths following vaccination are not recorded.

VAERS ID 161756
Vaccination Date: 2000-07-03
Age 0.8 Date filed: 2000-11-10
Sex M Where Administered: PVT
State KY Purchased by:
Life Threatening Illness? Yes
Died? Yes (date died: 2000-07-22)
Disability? No
Recovered? No
ER or Doctor Visit? Yes
Hospitalized? Yes (days in hospital: 2)
Prolonged Hospitalization? No
Current Illness:
Diagnostic Lab Data: sepsis work-up, CSF culture showed strep pneumoniae; CSF was sent to CDC where it was sterotyped as #14, which is a serotyped contained in Prevnar
Previous Vaccinations:
Other Medications: Tylenol, Motrin
Preexisting Conditions:

Vaccinations Manufacturer Lot Dose Route Site
1 PNC LEDERLE 4712149 0 IM LL

Onset Date: 2000-07-19
Number of Days: 16
Symptoms: DYSPNEA FEVER HYPOXIA INFECT BACT INTRACRAN HYPERTENS MYDRIASIS PNEUMONIA RASH STUPOR VOMIT
On 7/19, the pt developed a fever and rash on face. On 7/20, the fever continued. On 7/21, the pt developed vomiting and fever. Then later on 7/21, seen at physician's office with unresponsiveness, forced respirations, bulging fontanelle, dilated left pupil. Pt transferred by ambulance to hospital where pt was intubated. En route to CT, the pt was coded and eventually expired on 7/22.

* *

VAERS ID 165790
Vaccination Date: 2001-01-11
Age 0.2 Date filed: 2001-02-13
Sex M Where Administered:
State SC Purchased by:
Life Threatening Illness? No
Died? Yes (date died: 2001-01-14)
Disability? No
Recovered? No
ER or Doctor Visit? No
Hospitalized? Yes (days in hospital:)
Prolonged Hospitalization? No
Current Illness:
Diagnostic Lab Data:
Previous Vaccinations:
Other Medications:
Preexisting Conditions: prematurity (29 weeks), ROP

Vaccinations Manufacturer Lot Dose Route Site
1 PNC LEDERLE IM

Onset Date: 2001-01-11 Number of Days: 0
Symptoms: APNEA CYANOSIS SHOCK This patient presented to ED in shock. The patient was then transported to PICU. The patient in shock requiring cardiopulmonary resuscitation. The
patient expired approximately 72 hours after admission. The patient had received Prevnar the day prior to admission. Autopsy shows baby was cyanotic, not breathing

* *

VAERS ID 169943
Vaccination Date: 2001-04-24
Age 0.3 Date filed: 2001-05-21
Sex M Where Administered: PVT
State CA Purchased by: PUB
Life Threatening Illness? No
Died? Yes (date died: 2001-04-25)
Disability? No
Recovered? No
ER or Doctor Visit? No
Hospitalized? No
Current Illness: NONE
Diagnostic Lab Data:
Previous Vaccinations:
Other Medications: NONE
Preexisting Conditions: NONE

Vaccinations Manufacturer Lot Dose Route Site
1 PNC LEDERLE 473343 1 IM LL

Onset Date: 2001-04-25 Number of Days: 1
Symptoms: PNEUMONIA INTERSTIT STUPOR. Infant died in sleep.

SIX REASONS TO QUESTION VACCINATION

By Walene James

1. Vaccinations are forced. For example, there are compulsory vaccination laws in every state. If something is good it doesn't have to be forced*.
2. Vaccinations are toxins by definition.
3. Vaccinations are indigenous to only one model of healthcare—the allopathic medical model—and its practitioner's particular understanding of disease phenomena.
4. Vaccinations are promoted by fear, guilt, and 'creative' statistics.
5. Vaccinations are represented as safe and effective when evidence suggests they are neither.
6. Vaccinations are aggressively pushed by public health departments and other government agencies as though they were a public health issue when they are not. This is done to insure a high rate of compliance.

*Vaccination is not mandatory anywhere in Canada.

TEN REASONS TO JUST SAY 'NO' TO VACCINATIONS

By Walene James

1. Vaccinations are toxins by definition.
2. Vaccinations are aggressively promoted by those who have a financial stake in their consumption.
3. Vaccinations are promoted using fear, intimidation, and coercion.
4. Vaccinations are big business.
5. Vaccine manufacturers are nearly liability proof for their products.
6. Vaccinations are not only forced upon us, but those who deny us the exercise of our free will refuse to take responsibility for the consequences of their actions.
7. Evidence suggests that vaccinations damage the immune system, the nervous system and the spirit-mind-body connection.
8. Compulsory vaccinations ignore biochemical and psychospiritual individuality.
9. Vaccinations are misrepresented by government agencies as a public health issue which they are not.
10. Vaccinations are heavily subsidized, heavily propagandized and can be seen as a wake-up call for us to see how we allow ourselves to be programmed by huge vested interests.

Philosophical questions:

"Perhaps more important than anything else is for our group to consider the larger picture: What lessons do we need to learn trying to stem the tide of coercion from an out-of-control medical-pharmaceutical industry and the Mass Mind that allows this? How does understanding and working with the vaccination issue contribute to our maturation as spiritually aware and fully alive human beings?"

~Walene James

Walene James has authored an exceptional book that is a must read for everyone involved in educating themselves, their families and communities about vaccine risks and health creating alternatives to vaccination. She helps us take a quatum leap out of the fear-based vaccine paradigm. Walene's insightful analysis of the history of vaccines and infectious disease is complemented by a thorough investigation of the factors that create health in human populations, and what we all need to do to create health in our families. For more information, contact Ingri Cassel at Vaccination Liberation in Idaho: 208-267-8037

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

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 Dr. Zoltan Rona, M.D.
to order call:
1-877-920-8887

Natural Alternatives to Vaccination
by Diane Rozario
available from Vaccine Policy Institute
(937) 435-4750

Vaccination—The Hidden Truth
New Video. Five medical doctors speak out about vaccine risks.
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VRAN website: www.vran.org

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