

# VRAN Newsletter

November 2000–February 2001

Vaccination Risk Awareness Network Inc.

## NVIC CONFERENCE REPORT—PART 2

By Edda West

The Second International Public Conference on Vaccination held in Arlington Virginia last September was a gathering of key people who have been instrumental in challenging the status quo of the vaccine establishment from a scientific, political and ethical perspective. New evidence was presented linking maternal immune status, the injection of live viral vaccines into birthing women, and the heightened risk of their children developing neuroimmune disorders. A new ray of hope was kindled by the inspired presentations of brilliant medical clinicians, who are successfully treating children suffering from vaccine induced neuroimmune disorders. A resounding call was issued for new, independent research into the mechanisms of vaccine injury and a demand that the scientific establishment prove its claims of vaccine safety through methodologically sound, peer reviewed studies.

**Dr. Bonnie Dunbar, Ph.D.** is a Professor of Molecular and Cell Biology at Baylor Medical College in Houston, Texas, an international authority on reproductive biology, molecular endocrinology, and a vaccine developer. Thrust into the vaccine debate when two people in her research laboratory suffered permanent health injuries as a result of being forced to take the hepatitis B vaccine, Dr. Dunbar described the events that alerted her to the kinds of devastating injuries that are linked to this vaccine.

“Both of these individuals were extremely brilliant, healthy and very athletic before this vaccine and have had severe, debilitating autoimmune side effects from this vaccine. I know the complete history of one, Dr. Bohn Dunbar, who is my brother who had serious rashes, joint pain, chronic fatigue, multiple sclerosis like symptoms, and now, affirmatively diagnosed with POTS (an autoimmune cardiovascular neurological problem). His problems have been attributed to the Hepatitis B vaccine by 5 different specialists of unquestionable medical expertise (including MD/PhD’s in major medical schools).”

The other individual was a young medical student working in her laboratory who came in one day feeling unwell and couldn’t see out of one eye. She had just been given a hepatitis B shot. She was diagnosed with optic neuritis. Dr. Dunbar found references in the medical literature linking optic neuritis to the vaccine, and informed her medical student of her findings who took the information to her own doctor and was told that “this is the safest vaccine ever developed.” She was also told she wouldn’t be able to continue in medical school without the hepatitis B vaccine. She was given the third shot and within two weeks she was hospitalized and completely lost her eyesight in that eye.

“The first thing that threw me off

*NVIC conference continued on page 4*

## INSIDE THIS ISSUE

- Shoot First & Ask Questions Later, pg. 16
- Flu Shots—an Ongoing Tyranny, pg. 19
- Sophisticated Campaign Takes Manitoba by Surprise, pg. 21
- Letters, pg. 23
- U.K. Public Health Launches Campaign for ‘Jabs’, pg. 28
- Doctors’ Group Votes to Oppose Vaccine Mandates, pg. 30
- The Problem with Polio Vaccine, pg. 31
- Newsclips, pg. 34
- Resource & Information List, pg. 37
- Vaccination Quotes from Doctors and Scientists, pg. 38

## Editorial

By Edda West

In recent years, MMR, the triple live virus vaccine has become a focal point of concern and a topic of heated discussion on both sides of the vaccine fence. Pro-vaccinators are defending it to the nines and deny there is a vaccine/autism link, while parents whose normally developing children have regressed into autism after injection with the vaccine know without a doubt that there is a link. Thousands of parents in North America and Europe have suffered the tragic loss of their once healthy children who retreated into autism spectrum disorders after MMR vaccine. It is com-

*Editorial continued on page 14*

## VRAN NEWSLETTER

VRAN BC

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Advisors and Core Members: Catherine Diodati, Rita Hoffman, Andreas Schuld, Julie Shams. With thanks to Catherine Orfald for the newsletter layout.

### **Statement of Purpose:**

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

### **VRAN's Mandate is:**

- To empower parents to make an informed decision when considering vaccines for their children.
- To educate and inform parents about the risks, adverse reactions, and contraindications of vaccinations.
- To respect parental choice in deciding whether or not to vaccinate their child.
- To provide support to parents whose children have suffered adverse reactions and health injuries as a result of childhood vaccinations.
- To promote a multi-disciplinary approach to child and family health utilizing the following modalities: herbalist, chiropractor, naturopath, homeopath, reflexologist, allopath (regular doctor), etc.
- To empower women to reclaim their position as primary healers in the family.
- To maintain links with consumer groups similar to ours around the world through an exchange of information, research and analysis, thereby enabling parents to reclaim health care choices for their families.
- To support people in their fight for health freedom and to maintain and further the individual's freedom from enforced medication.
- VRAN publishes a newsletter 4 times a year as a means of distributing information to members and the community. Suggested annual membership fees, including quarterly newsletter and your on-going support to the Vaccination Risk Awareness Network: **\$25.00—Individual**      **\$50.00—Professional**

We would like to share the personal stories of our membership. If you would like to submit your story, please contact Edda West by fax or e-mail, as indicated above.

**VRAN website: [www.vran.org](http://www.vran.org)**

**DISCLAIMER**

*The contents of this publication reflect the opinion of the authors only. This publication is for informational purposes only and opinions expressed should not be construed as medical advice. The particulars of any person's concerns and circumstances should be discussed with a qualified health care practitioner prior to making any decision which may affect the health and welfare of that individual or anyone under his or her care.*

## VRAN NEWS

### **VRAN FUNDRAISING APPEAL 2001**

*Dear VRAN members,  
February 20, 2001*

We wish to take this opportunity to thank all our members who responded so generously to our fundraising appeal. We are still far short of our goal of raising \$25,000, the amount of money we will need to continue this work, and to increase our visibility in Canada. As more vaccines are continually added to vaccines schedules, the urgency to impart vaccine risk information to the public will intensify and the need for ease of access to our materials will also increase.

To date the fundraising drive has brought in \$4,182, which will be matched dollar for dollar up to \$5,000 by the generous donation of VRAN's benefactor for a current total of \$8,364. If you were planning to respond to this fundraising appeal, we would be so grateful to receive your contribution. Our fundraising bonus offer of Catherine Diodati's brilliant book *Immunization: History, Ethics, Law and Health* remains open for donations of \$150 or more.

We are also appealing to VRAN members who have fundraising skills and experience to consider donating some time and ideas, so that we can develop fundraising strategies throughout the year. Please remember, VRAN has no corporate sponsors and doesn't receive any government grants. Our ability to do this

work really depends on individual people who understand the urgency of keeping this lifeline open, and the flow of balanced information available to all parents who are seeking to protect their children's health.

With gratitude for your support and help,

### **VRAN WEBSITE**

Our website has a new look and professional design, thanks to VRAN member Daniel Moser who has so generously volunteered his expertise and many hours to reconfigure our site. Although parts of it are still under construction and will require some focused energy to get up and running, it currently provides valuable links to other well developed sites, and already displays some uniquely Canadian features. Any suggestions and input from VRAN members is welcome.

### **NEW BOOK**

VRAN member Dr. Ogi Ressel's new book, *Kids-First: Health With No Interference* offers concrete wisdom on how to raise a healthy child outside the medical model. The book is devoted to parents who want to raise a healthy family without the pharmaceutical signposts along the road of life. It offers insight into underlying causes and natural solutions for many of our children's most common illnesses. It is a must read for families who wish to embrace a more natural health philosophy and are consciously choosing health cre-

*VRAN News continued on page 3*

ating modalities.

Chiropractic care of children is explained in easy to understand language. The book gives an excellent overview of common conditions seen in children and how to effectively help a child who is afflicted with a health problem. The topics range from asthma, allergies, traumatic birth syndrome, colic, fever, ear infections, Crohn's disease, colitis, ADHD and the overuse of Ritalin. The book explains the long-term care and correction of subluxation, and not just a mechanical and medical approach to "chiropractic manipulation."

The central theme of the book is that the body is a self-healing organism with an innate intelligence that governs our ability to self-heal, self-regulate and self-adapt. The chapter on vaccination gives a good overview of the issue and wets the appetite to find out more. Catherine Diodati's wise words open the vaccine chapter— "We do have choices. Empowering ourselves with knowledge is the most important action we can take to protect the health of our children." Dr. Ressel's book is a guiding light for parents who are seeking this knowledge.

Cost of the book is \$19.95 with bulk discount rates available. It can be ordered from New Century Publishing, 60 Bullock Dr. Unit 6 Markham, Ont. L3P 3P2. Phone (905) 471-5711. Or please call Dr. Ogi Ressel's office—(905)335-3901

**CATHERINE DIODATI's new booklet, *Flu Shots—What You Need to Know Before Making a Decision*** is a must read for everyone who is fed up with flu vaccine propaganda pumped out by government and pharmaceutical spin doctors. This booklet answers basic questions about vaccine safety and effectiveness, the legal and ethical implica-

tions of forcing the shot on health-care workers, and includes Catherine's excellent Brief to Ontario Members of Parliament in which she defends the right of healthcare workers to Informed Consent freedoms as guaranteed by the Constitution and the Health Care Consent Act. She also addresses the recent trend to vaccinate children with flu shots. "Children have become the newest target for influenza vaccination. Vaccinating children has been suggested as a strategy to prevent influenza transmission to their household contacts. **A recent study found that vaccinating daycare children increased the incidence of influenza amongst these children.**"

Cost of the booklet is \$7.00, plus .94 postage, .56 GST (total 8.50), and can be ordered through:  
Integral Aspects Incorporated  
110 Eugenie Street West, Suite 439  
Windsor, ON N8X 4Y6  
Tel (519) 972-9567  
Fax (519) 966-3392  
email: diodati@mnsi.net

## DID YOU KNOW ?

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

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

when I started reading the literature and drug company information was that 'This is the safest vaccine ever developed because it is a genetically engineered vaccine'. Now for those of us who work with proteins in immunology, and I tell my medical students when we're teaching immunology, is that the immune system doesn't care where a peptide comes from as long as it has to process that peptide. So to say that a vaccine is safe simply because it's a recombinant vaccine is so naïve as to be really startling—that they would promote it this way. And it's amazing how many physicians I talk to say—'Oh but this is the safest vaccine because it's recombinant'. Well I develop recombinant vaccines, and it still has to do with the nature of the vaccine, not just because it's recombinant."

Referring to dozens of published references on hepatitis B, she said "The second thing that I started looking at when going into the literature is the fact that the pathologies that are common to hepatitis B virus infections are the same types of symptoms that are associated with both the plasma derived (old vaccine) and the new yeast derived recombinant hepatitis B vaccine. These include rheumatoid arthritis type symptoms, optic neuritis, multiple sclerosis like symptoms, demyelinating disorders and a variety of vascular disorders and chronic fatigue syndrome."

She was most surprised when going through the information in the product inserts and the PDR to find out that Merck said, "No serious adverse reactions attributable to the vaccine have been reported in the course of the clinical trials" and that they were monitored for only 5 days after each dose. "How can you evaluate a vaccine reaction if you only monitor it for 5 days after each

dose? We also don't know how many doses. And with the Smith Kline vaccine, they only monitored for 4 days following vaccination. So knowing what we know about the problems with the plasma derived vaccine and the autoimmune reactions, they still only monitored these trials for these number of days." Dr. Dunbar empathized that in her work in autoimmunity and vaccine experiments, monitoring is done for many weeks, not just a few days.

A major problem is that individual researchers working in their labs and concentrating on one vaccine are not aware of the number of vaccines that are being administered simultaneously, without proper or adequate testing in many cases.

"In the absence of a lot of doctors who want to get involved with any type of adverse reactions to vaccines, we've been trying to set up a number of assays to start evaluating what's going on with these patients, and so we've tried to categorize according to basic categories—and we're finding there are **3 basic categories**. When you look at the published reports in the literature we have a **majority of neurological type of symptoms, rheumatic/rheumatology, autoimmune types of symptoms** and a variety of others—vascular, etc."

"In France, they've started a criminal investigation to evaluate why this vaccine was put out with false information. What the French physicians are seeing are the same types of patterns, the **neurological, rheumatological, autoimmune** types of reactions—again a totally different country, but the same kinds of reactions to this vaccine. In the absence of funding from the government, we've been trying to do as much as we can—thanks to the help of the NVIC who has been helping with questionnaires—getting us some information so we can construct a data base. We've been looking at patient

cohorts—collecting blood samples, immortalizing blood cells, T cells, and also getting our serum bank and as we get our reagents ready and get more funding, we'll be poised and ready to go."

"In our first group that we have complete information on with the medical diagnoses correlating with this vaccine, we have 55 adults, and again we have a lot more people that we've talked to and have some information on. We see that of the numbers we have, 87% of the adults, and 93% of the children that have been reported have some type of neurological symptoms, including seizures, numbness, short term memory loss (very common in adults), visual and hearing problems, and many of these have **autoantibodies to myelin basic protein**. A lot of these have hair loss (alopecia), skin rashes, and lesions."

"A lot of these people have overlapping symptoms, and this is where it's been very difficult to get a single symptom because these patients have so many of these different types of symptoms. Twenty five percent have all of these autoimmune types of symptoms. So it makes it very difficult to treat and certainly very difficult to diagnose which is complicating a lot of this. In a lot of these people where fatigue is common, often they have abnormal liver function—and we don't have a clue with what's going on with this. So given this cohort of patients, one of the things that we noticed is the high number of caucasians that are having these reactions. And it has been shown for many years that the reactions to the hepatitis B virus itself is associated with the HLA gene. Likewise, it's known that in a lot of people who get the vaccine and who don't make antibodies, and this has been correlated with HLA subtypes."

"The vast majority of adverse reactions reported are in the caucasian

population. Most hepatitis B carriers are non-caucasian. Most of the long term studies were done in Asia, where you have a high percentage of carriers and also a high population of non-responders. No studies have been done as to whether the vaccine is effective in non-responders, and there are a lot of people who are non-responsive (non-responders refers to people who do not develop any detectable antibodies after vaccination). Dunbar said that many of patients were nurses who were non-responders. "They kept getting sick, and were told—'but you don't have antibodies – if you want to be a nurse you have to take this shot.' Some of these women were given 10 or 12 shots and still they weren't making antibodies and were getting sicker and sicker."

Dr. Dunbar posed some of the questions that need to be addressed concerning the hepatitis B vaccine. "We have to find out what nationalities are at risk for autoimmune diseases or adverse reactions. What nationalities are at risk for having no response to the vaccine. If they're not making protective antibodies in different populations, are we truly protecting them? We don't know. How many people are in these categories? What are the mechanisms causing these reactions? And how can these reactions be treated? Until we understand some of these mechanisms it's more difficult to develop effective therapies. So we really have no way of knowing how effective this vaccine is in different populations because no studies have been done."

Dr. Dunbar referred to a DNA sequence data base that is being developed and feels it will be important. They've seen a trend in the HLA class A gene so far and hope that with larger numbers of people and family cohorts to get a closer answer on this in the future. Another

area of genetic study involves the MHC gene complexes and the way that recombinant hepatitis B protein alters the class 1 or class 2 MHC gene responses.

**Molecular mimicry** is a key phrase used by scientists like Dr. Dunbar to describe a particular mechanism of autoimmunity. "We know now that in molecular mimicry that different molecules and viruses have different epitopes that are similar if not identical to human proteins and these can induce autoimmunity... not just to the molecule being mimicked to begin with, but to other molecules within that tissue."

In 1996, in a presentation before the Institute of Medicine Vaccine Safety Forum, Dr. Waisbren, MD, a cell biologist and infectious diseases specialist, warned that "genetically engineered hepatitis B vaccines contain polypeptide sequences that are present in human neurologic tissues such as myelin, and that by a mechanism called molecular mimicry, these polypeptides can act as autoantigens which can induce **autoimmune demyelinating** diseases of the brain such as multiple sclerosis." (*NVIC special report—Hepatitis B Vaccine: The Untold Story—Sept/98*)

"And so finally, what has been amazing to me in these last two years, is the problem of scientists who want to study these reactions. Clinical adverse reaction data are not accessible. Patient information from the FDA adverse reaction reports are not accessible to any of us doing these studies. We can get some basic information, but no real information even though there are over 25,000 adverse reaction reports to this vaccine that have not been evaluated in great detail. Complete lack of government funding for these types of issues, and the total denial by pharmaceutical companies that there are any problems."

Following Dr. Dunbar's presenta-

tion, conference presenter and immunologist, Dr. Vijendra Singh observed that— "I don't see any safety data available anywhere for any vaccines, and that to me as a scientist is one of the most puzzling problems that I encounter. As a scientist, you do not make vaccines, or any drug for that matter which is going to produce toxicity." With liver toxicity being quite high in many of Dr. Dunbar's patients, he said—"Do you know that when drug companies test their products for toxicity that one of the most important things in testing is liver toxicity. How can you have a product on the market where you do not provide proper liver toxicity data?"

**Dr. Stephanie Cave, MD** is devoted to family medicine and has a private practice in New Orleans. She specializes in treating children with allergies, attention deficit disorder, autism and other neuroimmune dysfunction.

"Children with developmental abnormalities has reached epidemic proportions, and in many areas the incidence of children with autism is 1 in 150 and possibly in some areas it's even gone further than that. 15–20% of school children have been diagnosed with some type of learning disability and many of them are on scheduled drugs and if we were caught selling these drugs outside of the school grounds, we'd be in prison."

"Autoimmune diseases have increased. We have record numbers of juvenile diabetics now, we have juvenile rheumatoid arthritis, we have juvenile asthmatics and we have childhood cancers. I was saying just before I came here I had a little 4 year old with Hodgkins disease and on the same day I had a call from a little town in Louisiana—my little 2 year old cousin has been diagnosed with kidney cancer, and it's not the

type of kidney cancer you would normally find in a little child. They're still trying to characterize it. So I think we have even cancers on the upswing."

"And in the midst of all of this, vaccines have increased in number and complexity. They're given earlier in life. They're injected into infants before they can really respond effectively. And not all adverse effects occur within days or weeks after immunizations. I think we all know that. The neurological symptoms may not even show up in hours or weeks—**Autoimmunity may take months to years to show up.** And combinations of vaccines may cause effects that are not seen with a single component, and I think that we saw this with the MMR vaccine in the early stages of its development. There were problems that appeared with the vaccine, but it was marketed in a triple form anyway."

Dr. Cave referred to Dr. Wakefield having said that—**'if measles, mumps and rubella were had together as diseases at one time, we would probably all be dead.'** "Yet we choose to put them in one vial and give them as a vaccine, and federal officials say there's no causal relationship between the vaccine and developmental delays in children. But I really don't think we have sufficient studies to support these conclusions. I really don't think we know what's going on."

"Family genetics, socio-economic conditions, family medical histories, and the children's individual biochemical makeup will impact the risk/benefit ratios of these vaccines. And what we work with are the individual bio-chemical profiles—and I'll go into some studies and show you that. Are we really fortunate to be living in a time with so many vaccines? I know we don't have polio anymore, and that's wonderful, and I

know we might have one case of diphtheria in the country in a year's time, but what are we giving up on the other end? And what are we seeing in the last decade with the children who have received hepatitis B vaccine on the day of their birth? **We're seeing invariably that developmental delays are manifested after one or more of the vaccines. And this keeps coming through the history of the parents over and over and over again in our office.**"

"I want to give you a story of some twins we have in our practice. Their names are Jacob and Jessie—they are identical twins. They received the MMR, DPT, Hib, hepatitis B and IPV (injected polio vaccine) on the same day at 16 months of age. Both had reactions to the vaccines, and they had had febrile reactions as they had gone along (with previous vaccinations). But Jacob's behaviour changed. He regressed in speech and became self-injurious following this entourage of vaccines, and he started having tantrums, while Jessie remained outgoing and happy. We were interested in their history, because they were identical twins, and they seemed to have the same history, until I sat down with the parents and realized that Jacob had the hepatitis B vaccine at one month of age, and Jessie had hepB vaccine at 6 months of age. Apparently Jessie had some kind of a respiratory infection at the time, and the vaccine was withheld. And this made a tremendous difference with the children. Jacob was plagued with ear infections after the hepatitis B vaccine, and his speech regressed after he was given vaccines to 9 organisms on one day at 16 months. He became irritable and self-injurious—but the only difference that I could find was this timing of the hepatitis B vaccine."

She gave numerous case histories of children who within weeks of

being given multiple vaccines on one day regressed, lost speech developed self-injurious behaviours, and loss of eye contact with a staring gaze looking off to the side.

"We have over 300 autistic children being treated in our practice and it's probably closer to 400 by now. They're coming in—we're seeing probably another 10–12 new children a week. I have another physician helping me right now who is the mother of an autistic child herself. The ethyl mercury that is used in the preservative in the hepatitis B vaccine, the DPT, Hib and the **Rhogam, which is used during the pregnancy of the Rh negative mothers is neurotoxic and has left its mark in the brain and the immune system of these children.** I just recently testified in a hearing in Washington about the mercury in the vaccines, and I don't know that we're giving much attention to the Rhogam. We're looking at the DPT, the Hib, the hepatitis B as we should, but when we started looking at the mothers in our practice, **we realized that we probably have a majority of Rh negative mothers, and the Rhogam has 25 micrograms of mercury which is a huge dose for a child, particularly a fetus in the gestational phases of brain development.**

"The mercury that was given in the hepatitis B vaccine at birth between 1991 and 1999 was 12.5 micrograms per dose. This is about 25 times the safe EPA level—if there is a safe level. The EPA level is .1 micrograms per kilogram per day, so you're looking at a lot less than 1 microgram as a safe dose, and we're giving 12.5. **The mercury clears normally through bile in the stool. But an infant doesn't produce bile at this age, so mercury can travel and instead of leaving the body, it can go up into the brain because the blood/brain barrier is weak at this**

**stage too.** So we're looking at 25 times the safe level that can travel through the blood stream up into the brain. And we were giving 12.5 micrograms on the day of birth, giving 12.5 micrograms at a month, we were giving more like 50 at two months, 50 at 4 months, 62.5 at 6 months, and if you do your math, you'll know that we are giving a load—a ton of mercury into these children before they make bile and can get rid of it."

"There was an article that appeared in the Journal of Pediatrics in May of this year (2000) that talked about the levels of mercury in the newborn before and after the hepatitis B vaccine, and they actually found mercury in the newborns before vaccines were given. So we're going back to look at prenatal sources and we have dietary sources. We know that mercury can come through the diet—through fish particularly. But we're also looking at amalgam sources—amalgam fillings in the mother's mouth. We find patterns of the metals found in amalgam fillings in these children that have no amalgam fillings. And we find them pretty early in life."

"We're beginning to look at hair from first hair cut in some of the children who are coming in and asking older children to bring in a cutting if they have one from their first hair cut. And we're seeing a lot of children with metals from a pattern that we would look at as amalgam—tin, silver, mercury, nickel. The ethyl mercury (thimerosal) is extremely neurotoxic and the symptoms of mercury poisoning can actually superimpose on those of autism. And it has profound effects on the brain, the immune system and the G.I tract (gastrointestinal tract). We see with mercury poisoning and with autism the same self-injurious behaviour, we see social withdrawal, we see lack of

eye contact, lack of facial expression, hypersensitivity to noise and touch, loss of speech and these repetitive behaviours. **And you see it both in mercury poisoning and in autism.**"

Dr. Cave spoke of the difficulties of doing medical workups and physicals with these children—the task being "arduous and difficult when often the child is in the midst of being self-injurious or screaming or beating his head or attacking anyone who happens to be in his path." They do routine blood work, as well as special studies like quantitative immunoglobulins, and other cellular studies for immune function. They do hair analysis to screen for toxic metals, but they don't always see mercury in the hair unless there's been a recent vaccination or ongoing exposure. They do digestive and stool analysis, food allergy studies, amino acid, vitamin, mineral and fatty acid levels, and these are all done at the cellular level. "You would be amazed at the devastation in chemistry when standard tests come up normal—but if you go down to the cellular level you realize that these children are like barren deserts in their chemistry." They do the urine/morphine peptides that Paul Shattock spoke of, the urine organic acid, autoimmune antibody studies. "Usually the children come in having already had a full neurological exam with a pediatric neurologist, and have usually had a full range of studies like scans and EEG's—so these are studies they usually don't have to do because they've come in with a packet of information."

"The biochemical profile in each child is different and it is particularly and individually his own. The treatment involves normalizing all of these parameters based on what we see in the tests, but mainly based on what we see clinically with the child. And the baseline tests, as you proba-

bly know if you are parents, is usually always normal. What we see is that the essential amino acids are devastatingly low. If we're looking at 10 essential amino acids, the child may be low in 9 or 10. The zinc, magnesium, selenium usually are low, as are other trace minerals. The vitamin A is low—the vitamin B1, B3, B6, B12 usually are low and the Omega 3 oils are below normal."

Dr. Cave described some of the metabolic pathways—for example metabolism dependent on B6 and the cascading events that lead to deficiency of other micronutrients and gave the example of a child whose taurine levels are low—taurine being B6 dependent and niacin dependent, so this child would have a hard time clearing toxins through the liver, and will have a hard time clearing metals from his system.

"Many of the children suffer from severe yeast infections often with multiple species of candida infecting them, as many of these children have been on multiple courses of antibiotics for infections and ear infections. The yeasts can be overwhelming, and often more than 4 species of candida are found at one time. They all have different sensitivities, and that is a nightmare. Because of impaired immune systems, many of these children have parasitic infections, food/inhalent allergies, immunity is impaired and the children cannot mount an immune response to viruses, yeasts and parasites. Stool samples commonly reveal malabsorption, and toxic bacteria, but very few beneficial bacteria like lactobacillus and bifidobacteria."

"In screening hair for metals, they often find aluminum, arsenic, lead, cadmium, tin, nickel and silver, and in some children all of the above. **The aluminum is in the vaccines, and I think we're going to look back in years and talk about how neuro-**

**toxic the aluminum is in reference to the mercury—and possibly even more neurotoxic.** It's used as an adjuvant in vaccines. It's also in city water. We put chlorine in to kill the organisms and it creates a sludge and aluminum is put in to help treat the sludge.

Then we have aluminum cook ware, aluminum foil—all of this can accumulate. And we see very high aluminum levels in the children and this is a very difficult metal to pull.”

“Arsenic we think is from the water supplies—this is one we see a lot of. And we see extremely high levels of lead even though we have no lead in the blood tests that we do. I think we're probably not testing lead as we should ordinarily.”

Dr. Cave uses chelation to pull toxic metals from these children. DMSA is an approved treatment for lead poisoning in children. DMSA is an excellent chelator to pull mercury, nickel, tin, silver and arsenic. They use a slow release form that pulls the metals continuously. She has had astounding results with these children. They use a casein free, gluten free diet, and although it is a tough step for the parents, it really pays off. Toxic metals are removed, cellular nutrients are replaced, colon organisms are normalized and allergy foods are eliminated. They use some IGg, some secretin, cod liver oil, DMSA detoxification, and they use colostrum (a casein free kind) which helps the children normalize the bacterial balance in the GI tract.

Treatments also include speech therapy, occupational therapy and behaviour modification in addition to all the organic treatments. “In general they are doing very well—some of them are mainstreamed in school. But the biggest change comes after taking those toxic metals out. It's difficult to give a prognosis with all the treatments that are given, but the best chance for recovery seems to

be between the age group of between two and seven. Between the ages of 7 to 12, the language and social gains are there. In 12 and over, there is little language and social gains, but there's a possible elimination of some of this rage and problem behaviour in every aspect.”

She described a case of a 17 year old boy whose father was a sheriff. “He was so rageful and so violent that they were talking about putting him in an institution. After he went through the DMSA treatment, it was found that he had a high mercury recovery in the urine, his total behaviour changed. He is now like a lamb, is able to be at home and not institutionalized—he called and thanked us himself. **METAL IS RAGE!! And when you pull the metal, the rage goes.**”

Dr. Ted Schettler, MD presented information on mercury and the various forms that contaminate our environment now. Ethyl mercury is an organic form that is used as a vaccine preservative and is readily absorbed. “The route of exposure matters tremendously—in other words whether it is inhaled, ingested or injected will change the way in which the mercury behaves and the way it moves around the body and how it distributes itself in various organs.”

“Organic mercury, is the type we're concerned about in vaccines. Thimerosal is the preservative, and is partially composed of ethyl mercury, which is similar to methylmercury. Organic mercury easily crosses the blood brain barrier, and it does that by co-opting an amino acid transport system. It attaches to an amino acid which then serves as a sort of Trojan horse carrying it across the blood/brain barrier into the brain. So this is not simply a diffusion into the brain, but actually uses an active transport mechanism to get into the developing brain. And then once

organic mercury gets into the brain, it's converted to inorganic mercury where it has a very long half life—at least many months and probably years.”

“Mercury has a number of mechanisms of toxicity, and I guess the bottom line is, there is no usefulness to any biological organism for mercury—that is among any mammalian species. It is not one of these metals that is okay at small levels but toxic at high levels. It has no known beneficial services in the body. It has adverse impacts on enzymes, membrane function, and neurotransmitter levels in the brain. It causes oxidative stress, lipid peroxidation and mitochondrial dysfunction, disrupts synaptic transmission, microtubular formation and amino acid transport, **and in the developing brain, it impairs cellular migration, which raises the whole point of the importance of the timing of exposure.** And that's something we've heard over time and again over these last few days (at the conference) is the importance of the timing and the route of exposure and so forth. **Because during brain development, there are critical times when cells are migrating from one place to another, and if that is disrupted, it is disrupted forever and we find brain tissue in places that it doesn't belong in organs that have been damaged by something that interferes with cellular migration.**”

Referring to a large data base of research from animal studies looking at mercury exposure in primates, Dr. Schettler listed the many types of injuries attributable to mercury exposure such as impaired vision as a result of exposure from birth to age 7, problems with memory and motor dysfunction in animals exposed in utero, increased clumsiness. Alterations in social behaviour, reduced play, and non-social behav-



iour, visual disturbance, and hearing disorders. Cognitive and sensory and motor dysfunction resulting from mercury exposure early in life, whether in utero or during the early years postnatally.

**“Mercury is also an immunotoxin. Animal studies show that mercury alters white cell count, decreases natural killer cell activity, increases thymus weight, alters B cell and T cell subtypes. It also causes an autoimmune response in animals. We know that mercury alone has immune system effects, but what are the effects when combined with the antigenic and biologically active material in vaccines?”**

“In the U.S. if all the recommended vaccines are given, by 6 months of age the exposure to mercury is about 187 micrograms of mercury in total—by 2 years of age 237 micrograms of thimerosal preserved vaccines. The EPA acceptable oral dose for a 6 month old infant is around 60 to 120 micrograms of exposure. They do not have data on the different routes of exposure to determine the difference in the impact of mercury if it is injected or given orally. So this child is exposed in excess of twofold of the EPA acceptable exposure.”

Dr. Schettler reiterated that we need to focus our attention on the combination of mercury in the vaccines, and how it interacts with the immune system, and then subsequently with the developing nervous system. He further pointed out that the EPA referenced dose is based on looking at the effect of mercury on the developing brain (derived from Iraqi studies), and did not take into account at all the potential immune toxicity, or how it might interact with the antigens in vaccines. “This is totally unstudied and is not at all reflected in the EPA reference dose.”

**Dr. F. Edward Yazbak, MD - Maternal Vaccination—Before During and After Pregnancy**—opens a new area of research that begins to explore the impact of vaccinations given to mothers, and the disastrous cascade of events that follow when infants are pre-sensitized. Dr. Yazbak was a pediatrician in private practice and also worked as a school physician in Rhode Island for 35 years where he assisted the department of health in coordinating mass vaccination campaigns against polio, measles and meningitis.

**“The group of children we have now is the most vaccinated group ever. We have never seen more children vaccinated with more vaccines than the ones that are living right now. But more importantly, and this is where my study comes in, the mothers of these children are the most vaccinated ever, and have the most immune diseases ever in the history of the world.”**

Dr. Yazbak showed a photo of a beautiful baby—his grandson, saying, “I can assure you this boy does not have any chromosomal aberrations or metabolic defects. He has one problem though. He has already received two hepatitis B shots, that unfortunately, with shame, I gave to him.” He talked with passion about his grandson, who on returning to France was given 3 more hepatitis B shots because the French authorities refused to believe he had already been vaccinated. “But we had to wait for the MMR—four weeks after the MMR, the life is gone—the eyes are gone. So anyone who comes and tells me that MMR did not precipitate this disease, I’d be glad to talk with them.”

In a voice laden with emotion, Dr. Yazbak showed another slide of his grandson eight weeks after the MMR saying “This picture shows the full throws of an immune insult. He is fighting—look at his face—he is

fighting. Eight weeks after his MMR shot he is gone. This boy is a hero. He went to Royal Free Hospital in July 1999, and was diagnosed with what you have heard about from Dr. Wakefield—**autistic enterocolitis.**”

His grandson’s vaccine injury has inspired Dr. Yazbak to find out why some children are predisposed to developing autism. Dr. Yazbak’s daughter had postulated that the mother who needs to be re-vaccinated in adulthood because of failing or absent antibodies to a vaccine she has already received denotes that she has an immune problem and predisposes her children to autism, proving two things—that if in the future we find women who have been vaccinated and have no titers, or have developed titers and have lost them, we should not revaccinate them and that the problem is not with the vaccine, but with the recipient, the vaccinee.

Dr. Yazbak devised a questionnaire that was posted on the internet by Dawn Richardson, president of PROVE (Parents Requesting Open Vaccine Education). He received 400 responses in a few weeks. “Very quickly I realized that some women had been vaccinated just around pregnancy with disastrous results.” His research has focused on what happens to children whose mothers have been vaccinated before or during pregnancy and shortly after birth. The vaccine challenge to the mother’s immune system can subsequently impact on her children, predisposing them to immune and neurological insult when they themselves are then vaccinated in infancy and childhood.

He talked about immune fragility around pregnancy. Women whose rubella titers have declined are told they should get rubella vaccine after birth but are not told that the live rubella virus is secreted in her milk. The immunological consequences to infants exposed to live rubella virus

during breastfeeding, and who are then subsequently vaccinated with live virus vaccine has not been studied, until Dr. Yazbak began to investigate these cases. Not a single woman of the 400 he studied was informed that rubella virus passes through to the baby in her breast milk. According to Merck's product monograph, it is not known whether live measles and mumps virus is also secreted during lactation, but caution is urged during nursing.

"What happens to women that are vaccinated postpartum? This is what I have found—totally new findings. Several healthy mothers get vaccinated and horrible things begin to happen. They develop symptoms of arthritis, of thyroid, and other immune difficulties, but more importantly they start having still births and miscarriages. I'm saying this for the first time. **I'm relating obstetrical failure to immune insults from a vaccine.** After all this is said and done, they are still rubella and measles susceptible and even worse, they have an **unbelievable** incidence of autism in their children, plus other disabilities. **So we have to have serious studies that look at the immune fragility of women around pregnancy.** This is not a good time to give vaccines to anybody. She has enough on her mind having a baby."

As an example of what can happen when the mother's immune system has been tampered with, Dr. Yazbak related the tragic events in one family. This mother's first pregnancy resulted in a daughter who is now 22 years old, in good health and in college.

Her second child, a boy, died at the age of three months of SIDS which Dr. Yazbak emphasized is a **huge red flag for immune problems.** Her next child a boy was born in 1979. The following day, the mother received an MMR vaccine.

The boy was breastfed for six months and received his first MMR vaccine at 15 months. "The circuit closes and he now develops autism at the age of 18 months—bang! bang! **We're now starting to see that when the child gets the MMR, it closes the circuit—that's the concept.**" The child stopped talking—he became withdrawn, refused to be held, and reacted to any change with severe temper tantrums. Simultaneously, he also started with prolonged diarrhea. His chromosomal analysis is normal.

"Then this mother has two children, age 17 and 19 with serious learning disabilities. And then this poor woman has three boys back to back with diagnosed PDD (pervasive developmental disorder) with reduced IQ's. And things don't stop there. She then she gives birth to a small premie, a little girl with hypoplastic left heart syndrome. She has only one kidney, she lives two days and then she dies. The family history, after a very extensive workup, on both sides is totally negative for autism and the mother's chromosomal studies were normal."

In the following case, Dr. Yazbak draws our attention to **breastfed babies' vulnerability on exposure to live rubella virus in their mother's milk.** "This mother who was born in 1953 delivered her first child in November 1984 and was given a rubella vaccine shortly thereafter. This girl was **not** breastfed and is normal. The mother then had three miscarriages before conceiving her second child, a boy who was born 9/8/1987. Again the mother was given a rubella vaccine shortly after delivery, and this time she breastfed her baby for four months. This child develops autism after getting an MMR. The third child, a daughter, was born on 11/28/1988. The mother was given yet a **third** postpartum rubella booster and also breastfed this child who now has severe

dyslexia, ADHD and learning disabilities. This woman was given 3 rubella vaccines within 4 years."

The CDC (Center for Disease Control and Prevention in the U.S) recommends that women be screened prenatally for rubella susceptibility, and should be vaccinated post partum to 'protect' them in future pregnancies from contracting rubella. It cautions that women should not be vaccinated during pregnancy with a live virus vaccine, and should not be vaccinated 1-3 months before pregnancy. Dr. Yazbak revealed that they had conducted a registry of vaccines given in pregnancy for 17 years—"a huge registry, in which they wanted to look at the possibility of the vaccine causing congenital rubella syndrome. In 17 years, they found no cases of damage from the vaccine. But they were **ONLY** look for congenital rubella syndrome", not for any other health problems that could have arisen from vaccinating pregnant women.

Dr. Yazbak soon found 18 cases of women who were vaccinated around pregnancy. Every one of them but one, had serious, disastrous results. "The first one was a woman who had been previously vaccinated, and received an MMR in college and another one in post graduate training and was still measles susceptible. They then proceeded to give her another MMR shot when she was pregnant with twins. One infant was stillborn, and the other child also had problems with sensory integration difficulties, and multiple social difficulties also. After all this, the mother is still susceptible. So this woman was given more vaccine—6 measles vaccines and she is still susceptible."

"The following one is a disastrous case. This woman had a premature baby, and the obstetrician said, 'next time you're pregnant we're going to

put a band around your cervix.' She gets pregnant, and at 13 weeks he takes her in to put a band around her cervix, and gives her a rubella vaccine. Fourteen weeks later, she delivers a premature baby girl—a very stormy start and the baby is in intensive care with two bouts of sepsis, one bout of necrotizing enterocolitis, continuous apnea spells, continuous bradycardiac problems—bells and sirens ringing as these things are happening. In the middle of all this, the baby is injected with the first shot of vaccines. She survived the first set. The second one almost killed her causing hyporeponsive–hyporeflexive attacks. Eventually the baby is sent home on oxygen and monitors, and very quickly is noted to have developmental delays, and had early onset autism (autism that sets in before the age of one)."

He spoke of 76 women he has been studying who were vaccinated around pregnancy. "Fifty eight of these mothers have children with ASD (autistic spectrum disorders) diagnosed. 76% of the total number are diagnosed with ASD, and another 13% are on their way to be diagnosed, and of these, I know already that a good 12% have been diagnosed already. These children have the same findings involving the gut as Dr. Wakefield has found in England. Four mothers have other problems, and one mother has an intact and only daughter."

"There are 9 mothers who were vaccinated before conception, and 9 who were vaccinated during pregnancy. Of the first group, 8 received the MMR vaccine—7 had children with autism, of which there were 6 boys and one girl. Five of these had early onset autism, before the age of 7 months. One boy had severe developmental delay and will be diagnosed with autism very soon. The

ninth mother who received rubella vaccine had a girl with decreased muscle tone, and hypotonic—nothing serious, and is not autistic."

**"This is a very important group because for the very first time, I'm revealing to you that measles vaccine causes more trouble than rubella vaccine if given pre-conception.** This has never been reported before. Now in the second group, nine mothers were vaccinated during pregnancy. Two had MMR, three had the measles, three had the rubella, and the last one who went to Thailand was bitten by a dog and was given live virus rabies vaccine. After two shots, she realized she was pregnant and the vaccine was discontinued. Seven of these children had early onset autism (5 boys and two girls), and two have ASD."

"Of the 76 cases, there are 18 who were vaccinated around conception, and 58 just after delivery. Thirty mothers had the MMR and 28 had the rubella vaccine. Forty four had children with autism—either regular autism, Asperger's syndrome or PDD—76%. Nine had children with developmental delays and severe ADHD, four had children with immune and other difficulties, and one had the girl who was not breastfed and is intact. Thank God I have one child in my study who is okay."

"Let us look at those 44 with autism. Twenty resulted from that pregnancy, and 23 from the following pregnancy. In one case the woman had two children, the one just before the vaccination and the following one. Looking at postpartum cases only, I'm looking at 20 mothers with only one child. Thirteen out of twenty have diagnosed autism, and 4 are ready to be diagnosed, and I'm sure will be diagnosed. Two have immune issues, and the last one is that pretty girl that thank God came out scott free."

"Now what happens to subsequent

children—here you are. Thirty eight mothers had more than one child. Twenty three out of 38 have been diagnosed with autism. These are horrible numbers!!! Four have developmental delays, 3 have immunological issues, and 10 were normal. There were two sets of twins, so there is a total of 40, not 38. There are always more boys affected than girls."

"Breastfeeding after the mother has received live virus vaccine is dangerous to the baby—it's not the fault of the breastfeeding—but you cannot breastfeed and be vaccinated. So the best thing you can do is **DO NOT GET VACCINATED IF YOU WANT TO BREASTFEED.**"

He spoke of another tragic case of a woman who is HIV positive, and according to HIV protocol, she has to get MMR every 2–3 years. "They give her the first one when she was 3 months pregnant. The child is born and has no HIV, but they give him an MMR at the age of six months—although there is absolutely no need—but he is on the HIV protocol. At 18 months they give him another one and he becomes autistic at two years. Then the mother has 2 miscarriages, is pregnant again and has to get another MMR. This is what happens when the mother has immune problems—she gets vaccinated again and again and her child develops autism—and she now has lupus."

**"In summary, this presentation shows you an evident connection between live virus vaccination. Vaccination of women with live virus vaccine is contraindicated just before and during pregnancy and any doctor who vaccinates women in such conditions should be sued for malpractice.** He should be sued—he should be put in jail! The next one is postpartum vaccination, which until now, by everybody standards was okay. **I'm telling you today it is risky**

**and it should be stopped immediately.”**

Dr. Yazbak called for research to launch large independent studies to examine the autism vaccine link in the second generation vaccinees—to examine the mother and examine the child is of critical importance. He concluded with **“Ladies and gentlemen, as far as I’m concerned, there is a vaccine-autism connection!”** A review of Dr. Yazbak’s research and case histories of these families can be found on the internet at:

<http://www.garynull.com/Documents/autism99b3.htm>

**Congressman Dan Burton**—Chairman of the U.S. House Government Reform Committee, has held a series of hearings on vaccine safety and informed consent issues ranging from anthrax vaccine and Gulf War syndrome to childhood vaccinations and autism, conflicts of interest in vaccine licensing and policymaking and mercury in vaccines. As the conference featured guest, Dan Burton was introduced by Barbara Loe Fisher as “The man who has done more to raise public awareness about the need to make the vaccine system safer than any other congressman or senator in the past quarter century. He is the only Congressman or Senator in the last 30 years who has dared to take on drug companies that make vaccines and federal health agencies that license and make national policies on vaccines and hold them accountable for the actions they take.”

Both of Dan Burton’s grandchildren suffered severe vaccine reactions. His granddaughter almost died following a hepatitis B vaccination and his healthy, bright grandson suddenly became autistic at age 14 months after being injected with nine different vaccines on the same day. Proceedings from some of the Congressional Hearings into the vac-

cine/autism link can be accessed on the internet at:

<http://www.house.gov/reform/hearings/healthcare/00.06.04/>

And hearings into conflicts of interest can be found at:

<http://www.house.gov/reform/hearings/healthcare/00.06.15/index.htm>

Senator Burton applauded Dr. Andrew Wakefield for fighting for the truth and what he believes in. Quoting from The Sunday Express, a British Newspaper he said, “The situation in England parallels the kinds of problems we have here in America. More than two thirds of the doctors and academics who serve on committees of the Medicines Control Agency in England have investments in the pharmaceutical industry or benefit from drug company cash. Some doctors have huge shareholdings worth more than 100,000 pounds in major companies such as SmithKline Beecham, and many others are dependent on consultancy fees and research grants from the industry giants. The extent of the links between the experts and industry leaves the committees open to allegations of conflicts of interest.”

“The Sunday Express found that more than 170 members of the Medicines Control Agency of which there are 248 members, have financial links with pharmaceutical companies. A total of 42 own shares in a variety of companies. But the drug companies say there are no alternatives to the present system as there are so few experts available that they are in constant demand by both the government and the industry.”

“Can you believe that? Of the thousands and thousands of doctors and scientists across England and the United States, that the health agencies can’t find somebody outside of this group of people who have investments and connections in the pharmaceutical industry who serve on these advisory committees that

make recommendations on the vaccines we give our children. It’s just wrong, and we’re going to do our dead level best to stop it.”

In her brilliant Keynote address, Barbara Loe Fisher analyzed the mindset of denial that grips status quo vaccine science and industry—“Where then, do we begin to look for answers as to whether vaccines are truly safe. If we examine the science of vaccination looking for evidence that vaccines are capable of causing disability, death and chronic illness, there is a word that keeps raising its head in every public study of a vaccine clinical trial, medical journal editorial, and news report that discusses vaccine related injuries and deaths. It is a word that is repeated like a mantra, that is repeated by the defenders of vaccine safety determined to maintain the status quo—a simple word that is supposed to explain it all—COINCIDENCE!

“When something bad happens to a persons immune system and brain after vaccination, defenders of vaccine safety and the status quo insist that there is no need to be concerned, no need to investigate whether the vaccine came from a lot with high numbers of injury and death reports, no need to determine if the vaccine was involved, or think twice about giving that person another dose of the same vaccine, no need to report to the Vaccine Adverse Events Reporting System, because after all, **it’s just a coincidence**. With cheerful self confidence, pediatricians have been carefully taught to believe and to repeat this mantra which is the cornerstone of government and industry’s vaccine risk communications program.

“They have created allegories that mean the same thing in order to convince the people not to worry—everything is under control. Is that mother feeding her catatonic 7 year

old son through a stomach tube pointing her finger at the DPT vaccinations the doctors kept giving her baby over and over again, even though he was having grand mal seizures after each one? Is another heart broken mother blaming the 9 different vaccines her healthy bright two year old son was simultaneously injected with just days before head banging, high pitched screaming, arm flapping and other autistic behaviors suddenly appeared out of nowhere? Not to worry—look those mothers straight in the eye and say, “If the cock crows and the sun comes up, it doesn’t mean the chicken made the sun come up”.

“Defenders of vaccine safety and the status quo see no need to fund basic science research or large, long term, case control studies to systematically evaluate the potential cumulative adverse effects of repeatedly subjecting the developing human immune system to atypical exposure to lab altered viruses and bacteria. They have not bothered to investigate whether injecting babies with multiple vaccines simultaneously places those with certain geno types at risk for sudden infant death, autoimmune disease, or brain damage, especially if they are vaccinated when already sick with a viral or bacterial infection. Why bother when anything bad that happens after vaccination is simply a **coincidence**.

“Is an outraged young father at a Congressional hearing protesting that his healthy newborn daughter died within hours of receiving a hepatitis B shot—is that weeping mother in your office describing how her premature, underweight newborn daughter was sick with an ear infection when she got five different vaccines and died within hours of her shots? No problem. Look those parents straight in eye, and quote from a reassuring CDC handout, “Almost all infants

with any medical illness, including death will have been vaccinated earlier in their life. Because almost all infants drink milk during their first year of life, almost all infants with any medical illness, including death will have drunk milk earlier in their life.” The take home message being, if a child dies after vaccination, it is always just a coincidence, just like it is when a child dies after drinking milk.”

“The main defense by government and industry witnesses in vaccine injury claims is that the vaccine didn’t do it. There is only a temporal (time related) relationship between the child’s injury and the shots. There was something wrong with the child’s brain or immune system before the shot was given. The child is genetically defective. It would have happened anyway. The vaccine played no role in either causing or worsening the child’s health. **It is always just a coincidence. How do they know? Where’s the science?**”

“Where are the studies comparing chronic illness and death in unvaccinated and vaccinated American children to prove it? Are parents observing that in the past quarter century rates of learning disabilities, attention deficit disorders, asthma, diabetes and autism have soared at precisely the same time that the numbers of vaccines given to children in the first five formative years of life has risen to 33 doses of 10 different vaccines—let me correct that—it is now 37 doses of 11 different vaccines with the addition just recently of the pneumococcal, and national vaccine rates are nearing 100% for children entering kindergarten?”

Throwing a powerful challenge to vaccine officialdom she said, “After waiting for nearly two decades for the science to be done, in May of 1999, on behalf of tens of thousands of parents, I finally testified in Congress and said, ‘**Show us the sci-**

**ence and give us a choice’.**”

“And I say again to the Centers for Disease Control, the National Institutes of Health, the Food and Drug Administration, the Secretary of the Dept. of H&H Services, and the Surgeon General, to the American Academy of Pediatrics, to the American Medical Association, and most especially to the drug companies marketing and making profits from vaccine mandates, show us the methodologically sound, peer reviewed scientific studies you have performed in animals and humans to prove that when bright, healthy, normally developing children get vaccinated, and then suddenly regress mentally, physically and emotionally that it has nothing to do with the vaccines just given, and **that it is always just a coincidence.**”

mon practice to inject children with as many as 9 vaccines at the same time, including MMR.

In recent months, the British media has taken up the rallying call to properly compensate victims of vaccine injury, and has ignited a firestorm of controversy over the safety of MMR vaccine. In retaliation, the British government has launched a 3 million pound advertising campaign to allay public fears of an autism/vaccine link. Critics are outraged that the government has seen fit to pour millions into a pro-MMR vaccine propaganda campaign while tossing only a token pittance into vaccine safety research. Hundreds of British families are waiting in the wings to launch a class action law suit on behalf of their autistic children.

Some experts who have reviewed Dr. Andrew Wakefield's research linking MMR vaccine to the new syndrome called autistic enterocolitis, say that evidence of its safety was inadequate and that the vaccine should never have been licensed in the first place. Peter Fletcher who was the senior medical officer in the British department of health in the early 1980's recently said: "Being extremely generous, evidence on safety was thin, being realistic there were too few patients to follow up for sufficient time. Three weeks is not enough, neither is four weeks. The granting of a product license was definitely premature."<sup>1</sup> And Professor Duncan Vere, a clinical pharmacologist and former member of the Committee on the Safety of Medicines, agrees that the observation periods for the tests of MMR were too short. "In almost every case, observation periods were too short to include the time of onset of delayed neurological or other adverse events", he said. "Interaction between vaccines had not been considered adequately in children with multiple vaccinations and potentially ill-developed immune systems."<sup>1</sup>

In the U.S. huge public concern and debate has been mounting over the safety of the MMR vaccine. In the past 18 months, numerous Congressional hearings into vaccine safety have thrust the issue into mainstream consciousness. Statistical analyses from California and many other states paint a grim picture of the growth of autism spectrum disorders within this past decade. "The Centers for Disease Control in a report released in April 2000 found the incidence of autism in Brick Township, New Jersey in 1998 was 1 in 150 children and the incidence in the Granite Bay, California public elementary school district is 1 in 132 children, which may be more reflective of the true rate of autism in the U.S. today."<sup>2</sup>

While the suffering of families whose children have been lost to autism is incalculable, the devastating economic burden that autism places on society has been calculated at several million dollars over the lifetime of an individual. But the long term deficit to society as a whole and the loss of vast human potential in this generation of children is perhaps the greatest tragedy of all.

In the U.S. parents of autistic children have pooled their talents to raise millions of dollars to create the M.I.N.D. Institute (Medical Investigation of Neuro-developmental Disorders) at the University of California, Davis School of Medicine and Medical Center. Cofounder Rick Rollens says the institute is devoted to funding and conducting cutting edge research into the biological basis for autism, and finding its causes, ways to prevent it, and treatment alternatives.<sup>3</sup>

Japan stopped using the triple live virus vaccine 7 years ago. "Of the 3,969 medical compensation claims relating to vaccines in the last 30 years, a quarter had been made by those badly affected by the combined measles, mumps and rubella vaccine. The triple jab was banned in Japan in

1993 after 1.8 million children had been given two types of MMR vaccine and a record number developed non-viral meningitis and other adverse reactions. An analysis of vaccinations over a three-month period showed one in every 900 children was experiencing problems. This was over 2,000 times higher than the expected rate of one child in every 100,000 to 200,000."<sup>4</sup>

"The ministry switched to another MMR vaccine in October 1991 but the incidence was still high with one in 1,755 children affected. In 1993, after a public outcry fuelled by worries over the flu vaccine, the government dropped the requirement for children to be vaccinated against measles or rubella."<sup>4</sup> The vaccines are now offered individually to Japanese parents. Measles outbreaks still occur, and 94 measles related deaths have been reported in the past 5 years.

And what about Canada? How many Canadian children have developed autism in this last decade? When we put the question to Health Canada recently—"What is the incidence of autism in Canada?", we were told they have no specific information available at this time. And pro-vaccination think tanks like the recent National Immunization Conference in Halifax vociferously deny any vaccine/autism link, while religiously defending MMR vaccine safety, implying that the bad press is nothing more than a vicious plot by fanatical anti-vaccination groups.

In Canada it seems there is only one medical expert with the courage to point out the absence of proper, long term safety studies of MMR vaccine, Dr. Walter O. Spitzer MD, professor emeritus of epidemiology, at McGill University in Montreal. I heard Dr. Spitzer's presentation at the National Vaccine Information Conference last September in which he critiqued the methodology used in assessing the safety of MMR vaccine prior to its

Editorial continued on page 15

mass marketing world wide. Having examined all the published studies on MMR vaccine, Dr. Spitzer concluded that the proper science has not been done to prove the safety of the triple live virus vaccine. He could not find any long term active, post marketing surveillance safety studies, nor any controlled studies with suitable long term follow up focusing on safety.

Predictably, as happens to any doctor who steps out of line and breaks rank with the vaccine status quo, Dr. Spitzer has been branded a turncoat, despite his declared firm belief in the benefits of vaccination. The December 19, 2000 issue of the Medical Post ran an article entitled "*Suggestion of autism, vaccination link earns doctor harsh criticism.*" Bemoaned the Post—"Dr. Spitzer seems to have joined forces with immunization opponents, speaking and testifying in the last year about the purported MMR-autism link on behalf of parents groups opposing vaccines, such as the National Vaccine Information Center in the U.S. Those groups may benefit from his impressive credentials."

Apparently Dr. Spitzer had written a letter to the Globe and Mail in response to their coverage of the recent pro-vaccination conference in December. Said Dr. Spitzer, **"Indiscriminately pushing for universal measles vaccination, as Dr. Ciro De Quadros (of the Pan American Health Organization) has done at the Canadian National Immunization Conference in Halifax, may be hasty and even irresponsible" and "It is not possible to rule out the possibility that excessive rates of autism occur among children immunized with MMR. The early epidemiological findings are worrisome. The clinical and laboratory data strongly suggest the biological plausibility of a link between MMR and autistic disorders. I strongly endorse immunization as a pillar of public health strategy for most dis-**

**eases. But one should never surrender caution."**

In a snit of righteous indignation, Dr. Noni MacDonald, professor of pediatrics and dean of medicine from Dalhousie University lambasted Dr. Spitzer in her keynote address at the conference. "I am embarrassed that he is an emeritus professor of epidemiology at McGill" and added "I think he better go back and look at proper causality assessment before he makes that kind of a statement. **I would flunk him!**"

With wry amusement, and with feathers apparently unruffled, Dr. Spitzer's delightful response was printed in the January 23, 2001 issue of the Medical Post—"It is rejuvenating to be vulnerable to 'flunking' again, especially in a keynote address at a national conference by a dean of medicine ... "To conclude that from the fact that I gave one paper, and witnessed once in Congress on my own behalf, pro bono, travelling at my own expense each time, does not result in my joining any organization or cause. **If I have a cause it is the pursuit of transparent evidence in a very complicated controversy specific to trivalent measles-mumps-rubella (MMR) vaccine alone. I also offer support of autistic children and their parents. Very few scientists help those families when they need it.**"

Dr. Spitzer then went on to challenge Dr. MacDonald to a "public debate on the safety of MMR in respect to autistic syndromes, anywhere in Canada in the year 2001 under auspices of a Canadian general or specialty medical association as long as the meeting is open and recorded. The debate should not be ad hominem\* or ad donam but focused on the issue. **Whatever it does to my reputation, I would be delighted to be shown wrong and to have my worries and those of increasing numbers of clinical and research experts dispelled or minimized. My opening statement will be, "After a search of nearly two years, I have been unable to**

**find any study or project that demonstrates the safety, as distinct from the efficacy of MMR."**

We sincerely hope that Dr. Spitzer's throwing down of the gauntlet will stimulate meaningful debate in Canada. Would it be too wishful to hope that Canadian health officials will finally pull their collective heads out of the sands of denial? Is it too much to expect the proud defenders of "vaccination at all costs" to eat a little humble pie and address the very real and serious issue at hand—that no adequate studies demonstrate the safety of injecting children with a three in one combo of live virus vaccines? Will the collective anguish of countless Canadian families with MMR injured children finally be heard? We are at a critical juncture—they say timing is everything. The time has come for parents everywhere to demand answers to critical questions of vaccine safety. It is time to lance the festering wound of vaccine deception.

\* Ad hominem – definition according to Webster's dictionary:

1. Appealing to one's prejudices, selfish interests, etc. rather than to reason
2. Attacking one's opponent rather than dealing with the subject under discussion.

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# Shoot First and Ask Questions Later

**SCIENTIFIC FRAUD AND CONFLICT OF INTEREST IN VACCINE RESEARCH, LICENSING & POLICYMAKING**—Presented at The 2nd International Public Conference on Vaccination 2000, Arlington Virginia

*By Michael Belkin*

In Business School, (Organizational Behavior) we studied what can happen to organizations that suffer ethical management breakdowns (such as Johns Manville with asbestos, Owens Corning breast implants, etc.). Nothing illustrates the syndrome of management ethical failure more clearly than the current scandal faced by Firestone and Ford. Those companies denied and concealed deaths and injuries caused by tread separation and a high center of gravity in the Ford Explorer for years. Management knew, denied and concealed that their products were defective and were killing people—the classic ethical breakdown.

In the vaccine industry, scientific fraud and conflicts of interest are causing a similar (but much larger) cycle of deaths and injuries that is being concealed and denied by regulators and vaccine manufacturers. However, (as with Firestone and Ford) a noose of their own making may be slowly tightening around the vaccine scandal perpetrator's necks.

Financial conflict of interest is a complex issue—because few investors (except perhaps Tibetan Monks or Jesuit Priests) are likely to not have pharmaceutical shares in their diversified portfolios in this day and age. But financial conflicts of interest and scientific fraud (that lead to corrupt public policy) damage the public interest and could eventually bankrupt vaccine manufacturers that have perverted the regulatory process. Shareholders should investigate the issue carefully.

There's only about 100 US Deaths from Firestone tire blowouts. There are thousands of deaths and many thousands of cases of disability and neurological damage lurking in the FDA Vaccine Adverse Event Reporting System

(VAERS). This is a potential legal scandal of much larger scope than the Firestone/Ford episode.

US vaccines are licensed by the FDA and immunization recommendations are made by the Advisory Committee on Immunization Practices (ACIP), which is a committee whose members are appointed by the Centers for Disease Control (CDC). ACIP immunization recommendations are enacted into law by public health departments and/or legislatures at the state level, via the energetic efforts of vaccine manufacturer sales representatives. While the ACIP does nothing more than craft and finalize the exact wording detailing recommended doses and ages for administration of vaccines, ACIP recommendations are extraordinarily influential, because they get turned into mandates at the state level.

These vaccine mandates are despotic intrusions into personal liberty and democracy. School districts and social service departments demand that: You must inject these viruses and bacteria into your body (or your child's body) or you (or your child) may not attend school, you may be charged with child abuse and your children may be removed from your home, placed in foster care and forcibly vaccinated.

Such intimidation is taking place with greater intensity and frequency as more and more ACIP recommendations and subsequent state vaccine mandates are enacted. Furthermore, parents are being wrongfully accused and convicted of shaken baby syndrome in cases where their children die immediately after vaccination and have swollen brains in the autopsy report (brain inflammation is a classic vaccine adverse reaction).

The enforcement of ACIP vaccine rec-

ommendations at the state and local level by plodding and heavy-handed health and social service department employees is a threat to the neurological systems of those vaccinated. Vaccine adverse reactions are defined as the same thing as disease complications in the medical literature—encephalitis. “Acute disseminated encephalomyelitis (postinfectious encephalomyelitis—see also Acute Viral Encephalitis and Aseptic Meningitis) is characterized by perivascular Central Nervous System demyelination, which can occur spontaneously but usually follows a viral infection or VIRAL VACCINATION (or, very rarely, BACTERIAL VACCINATION), suggesting an immunologic cause.”

(Merck Manual  
<http://www.merck.com/pubs/mmanual/section14/chapter180/180a.htm>)

Thousands of reports of adverse reactions such as convulsions, brain inflammation, inconsolable screaming syndrome, SIDS and neurological diseases such as Multiple Sclerosis, Transverse Myelitis and Guillain-Barre Syndrome continue to flood into the FDA Vaccine Adverse Event Reporting System (VAERS), where they are largely ignored or tolerated as the cost of some mythical victory over disease. Children and adults are developing the same encephalitic and neurological complications after vaccination that science takes credit for eliminating through immunization — but the CDC, ACIP and American Academy of Pediatrics all insist the vaccine adverse reactions don't exist or are coincidences.

Their double standard is: You are required to receive this vaccination so you and society don't develop encephalitic and neurological complications from disease, but if you die or develop encephalitic or neurological complications immediately after receiving the vaccine (which contains the same virus or bacteria that causes the neurological complications), then it's all in your imagination, it's a coincidence or

*Shoot First continued on page 17*



we're still doing studies and we'll get back to you when they are done.

### SHOOT FIRST AND ASK QUESTIONS LATER.

Unelected, unregulated and unaccountable ACIP medical bureaucrats have blatant financial conflicts of interest and are committing scientific fraud by recommending administration of vaccines that have not been tested for safety in the age groups or populations targeted. Dr. John Modlin, current Chairman of the ACIP (Merck Immunization Advisory Board 1996-present, Merck shareholder) gave his definition of scientific validity in a March 1999 University of New Hampshire debate:

"Has the information withstood the test of peer review? Has the information been published in a respected medical or scientific journal?... this is the standard that you should hold me to today... has the information been published in a scientifically reputable journal?"

One month earlier at the February 1999 ACIP meeting Chairman Modlin lobbied for the ACIP to recommend the Rotavirus vaccine for premature infants, although no safety studies had been done, much less peer reviewed or published:

"... available data are insufficient to fully establish the safety and efficacy of rotavirus vaccine in premature infants... there is a section under Adverse Events that details what little information there actually are with respect to premature infants... To my knowledge we don't have data from a clinical trial specifically... Some bit of information from Seattle, as I recall, that had suggested that was a slight increase in relative risk for hospitalization for premature infants... Obviously a situation where we have to make a judgment in the absence of data, and with a vaccine that has not yet been tested in the group..." (ACIP transcript, pages 102-112)

Modlin then held a vote and the recommendation for premature infants

passed nine to one—Modlin voted yes.

### SHOOT FIRST AND ASK QUESTIONS LATER.

As a member of The Vaccines and Related Biological Products Advisory Committee (VRBPAC) and Chairman of the Rotavirus working group, Modlin had data showing a risk of intussusception (life threatening bowel obstructions) in clinical trials of Rotavirus vaccine before that February 1999 ACIP meeting. The Rotavirus vaccine was withdrawn from the market in October 1999 after 113 cases of intussusception. One premature baby died after getting rotavirus vaccine in a vaccine cocktail and another five-month-old infant died after developing intussusception five days after receipt of the vaccine.

By ACIP Chairman Modlin's own definition, the ACIP's recommendation was scientifically invalid. I'll go one step further and say the ACIP Chairman committed blatant scientific fraud by issuing an ACIP recommendation that Rotavirus vaccine be given to premature newborns without scientific proof that it was safe to do so. And what was the penalty? Modlin was apparently reappointed to another term as ACIP Chairman by the CDC. Commit scientific fraud that causes death and grievous injury—and get reappointed. That is the incentive system in the US vaccine regulatory system.

Another case suggesting scientific fraud is the still-existing 1991 ACIP recommendation that every newborn baby receive the hepatitis B vaccine in the hospital within hours of birth. **Samuel L. Katz, MD, who instituted that policy when he was ACIP Chairman in 1991 has admitted they had no peer-reviewed, published studies showing that it was safe to give to newborns when the ACIP made that recommendation.** (Katz is former Chairman Committee on Infectious Diseases of the American Academy of Pediatrics, former Chairman of the Public Policy Council of the Infectious Diseases Society of America).

When I asked Katz in the question and answer session after his April 12, 2000 NY/Cornell Medical School lecture on "Vaccines in the New Millennium" what peer-reviewed, published safety study he used when he was ACIP Chairman to recommend at-birth immunization of newborns in 1991 he answered: "you are quite right there was no published peer-reviewed study" (tape and transcript available). Newborns have negligible risk of contracting the hepatitis B virus, unless the mother is infected. That risk can easily be determined by a maternal blood test. No US vaccine had ever been mandated for newborn babies before. But Katz and the ACIP decided it was safe to vaccinate not-at-risk for hepatitis B newborns without any proper safety study.

### SHOOT FIRST AND ASK QUESTIONS LATER.

The results of that uncontrolled experiment are in: upwards of 36,000 adverse reactions and more than 440 deaths (VAERS). My daughter died after receiving the hepatitis B vaccine. Katz also admitted that vaccine adverse reactions are the same thing as neurological complications from disease when I pressed him if he disagreed with that definition from the Merck Manual saying "with measles vaccine it is possible that maybe one out of 150,000 children who get the vaccine may get something that mimics measles encephalitis."

Parents report their children were perfectly normal until receiving the MMR measles/mumps/rubella vaccine, at which point the children became autistic after a neurological adverse reaction to the MMR vaccine ("something that mimics measles encephalitis"). The incidence of measles disease may be down to about 100 cases annually in the US, but the rate of Autism has soared hundreds of percent—a disease historically called "post-encephalitic syndrome."

For vaccine manufacturers—the ACIP is a gold mine. ACIP recommendations

are a license for vaccine manufacturers to use state governments, school systems and social service systems as a marketing department for their products. With an ACIP recommendation in hand, vaccine manufacturers use the government to say “you must buy my product and inject it into your body, even if it kills you or causes brain damage.”

This is a huge Anti-Trust violation. The Orwellian spectacle of monopolistic and oligopolistic pharmaceutical manufacturers subverting government agencies to ram unsafe products down children's veins is a violation of the basic principals of the Constitution and Bill of Rights.

Our forefathers said “No Taxation Without Representation” to their British oppressors. I say “No Vaccination Without Representation” to the corporate tyrants at Merck, Smithkline and other vaccine manufacturers who have so utterly subverted the US vaccine regulatory process.

Dr. John Modlin must be removed as Chairman of the ACIP and the scientifically invalid newborn hepatitis B vaccine policy instituted without safety studies by Dr. Katz must be revoked. The investors and directors of vaccine manufacturers such as Merck and Smithkline must recognize that those companies are conducting the classic ethical blunder of selling products that are killing and injuring people—and then concealing and denying the evidence.

A Canadian doctor who treats hepatitis B vaccine adverse event victims told me when he called Merck, they told him he was the first one who had ever called them with such a problem. There are upwards of 36,000 reports in VAERS and I would be delighted to provide them to anyone who cares to investigate the issue for themselves, sorted by deaths, convulsions, screaming syndrome, liver disorder and neurological damage—median onset one day after vaccination.

This is the CDC's Mission Statement:  
“To promote the health and quality of life by preventing and controlling dis-

ease, injury and disability.” “CDC pledges to to be a diligent steward of the funds entrusted to it.” “CDC pledges to base all public health decisions on the highest quality scientific data, openly and objectively derived.” CDC Core values: Accountability—we ensure that our services are based on sound science and meet real public needs...”

That's What They Say, Here's What They Do. The CDC misallocated funds that were targeted for chronic fatigue syndrome (a vaccine adverse event) to some other non-vaccine related pet project. The ACIP Chairman recommended the Rotavirus Vaccine for premature infants without any data whatsoever showing that it was safe. The ACIP recommended the hepatitis B vaccine for newborns without any public, peer-reviewed, published study showing it was safe. The head of epidemiology of the CDC presented a slide showing serious reactions to the hepatitis B vaccine were approximately 10 times higher than for other vaccines at the February 1999 ACIP meeting. The CDC has ignored FOIA requests for the scientific data used to justify the 1991 newborn hep B vaccine mandate.

The CDC has violated its own mission statement and current leadership needs to be replaced. Most people don't realize that the CDC is a quasi-Military organization that takes great pride in dressing up in uniforms and strutting around one day a week.

Dr. James M. Hughes, CDC Director, Why are public health officials (doctors) wearing uniforms?

That might be part of the problem. If they were just dressing up and playing soldier marching around their compound in Atlanta and not harming anyone then they would just be comical figures like Colonel Klink of Hogan's Heroes.

But it's not funny—the reality is that these vaccine mandates are being rammed down the US public health system by the CDC and ACIP and are being imposed at the local level like the

US is ruled by some Vaccine Gestapo. The agenda for recent CDC and vaccine industry conventions has had numerous panels on “How Can We Communicate Our Message to the Public More Effectively.” Obviously the CDC, ACIP and National Immunization Program (NIP) are extremely concerned with brainwashing the public to keep vaccinating no matter how defective the vaccines are and how many kids die or become autistic.

Personally I think that's the wrong message and they ought to stop killing people and destroying lives. But if the CDC wants to communicate their message more effectively, as a management consultant I have a suggestion. They need a more charismatic front man. I suggest they get someone like Joseph Goebbels—propaganda chief of the Third Reich to go out and carry the CDC-ACIP-NIP message to the airwaves.

### **SHOOT FIRST AND ASK QUESTIONS LATER!**

*Joseph Goebbels - Nazi Propaganda Chief - Third Reich  
Proposed New Media Relations Manager - CDC, ACIP and NIP*

*Michael Belkin is President of Belkin Limited, a financial and economic forecasting firm in New York City.*

*This is dedicated to Lyla Rose Douglas Belkin, who died hours after receiving the hepatitis B vaccine. May other innocents be spared her tragedy.*

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[http://mercola.com/2000/oct/22/shoot\\_first.htm](http://mercola.com/2000/oct/22/shoot_first.htm)*

## FLU SHOTS – AN ONGOING TYRANNY

By mid December, a record number of people across Canada reported reactions to flu shots—1,113 people in five provinces had reacted to an influenza vaccine since this year's vaccination campaign began. The problem vaccine is Fluviral, made by Laval-based BioChem Pharma Inc., one of two vaccines used this year in Canada. Those affected suffered a combination of red eyes, swollen throat and breathing problems. And although a massive multi-million dollar propaganda campaign seduced millions of people to roll up their sleeves for a flu shot, a vocal minority of health care workers in Ontario rebelled against new coercive regulations that threatens loss of work and wages for non-compliance. Most vocal were Ontario Toronto area paramedics who challenged the Ambulance Act which was amended in May requiring the province's 5,000 paramedics get the annual flu shot.

After numerous deadlines came and went, with fierce resistance from hold-out paramedics, on January 27, 2001, Toronto Sun columnist Sue-Ann Levy reported that "Toronto's paramedics won't be bugged any further about getting a flu shot—this winter at least—and that Toronto Emergency Services decided not to suspend paramedics who refuse to get a flu shot, after the union said it was prepared to file a constitutional challenge." Brian Chochrane, president of CUPE local 416 said that "the legislation is wrong-headed and would adversely impact on the level of service from our members."

The 40 odd paramedic resisters said it doesn't matter how many more deadlines are given, they won't get a flu shot. Many said they didn't believe the vaccine works and were worried about the cumulative effective of toxic ingredients in the vaccine. Roberta Scott, director of media relations for

the Toronto Paramedic Association said "I don't want to take those risks with my health for something which I don't think is effective and my body can fight off on its own." She is angry that legislation is trying to take away her right to choose what goes in her body and feels it is unfair that paramedics were singled out when flu vaccine isn't mandatory for doctors and nurses.

Although specific legislation has not yet been passed to force the vaccine on nurses, or doctors, individual institutions have been directed by the Ministry of Health to strong arm health workers in the workplace. The "No shots—No work—No pay" policy is the arm twisting bully boy tactic that Barb Wagner, a Licensed Practical Nurse is fighting. She has appealed to all levels of government and is now appealing to the Ontario Ombudsman to investigate the human rights violations implicated in these coercive tactics. Barb's stated objective is as follows:

"My Mandate/Objective: As a Canadian Citizen and member of the Human Race, I will not be forced or coerced under duress of any manner, including that of lost wages or accumulated days of work, denied pension credits or any other accumulated work related credits, against my philosophical or religious beliefs to submit to mandatory ingestion or injection of a drug or substance. I will maintain my right as a Canadian Citizen and member of the Human Race to decline any manner of drug or substance to be put into my body and refuse to be punished or placed under any punitive measures for making such a decision. My right to do so is protected as a Canadian Citizen and I will fight to protect that right." Barb's group, **Ontario Health Care Workers Against Forced Vaccination** has put up a web-

site that is an inspiration to everyone concerned about health freedom issues: <http://www.geocities.com/Heartland/Creek/2258/vaccine.html>

At the recent National Immunization Conference in Halifax, a pro-vaccination think tank sponsored by Health Canada, pharmaceutical giant Wyeth Ayerst and the Canadian Pediatric Society, Dr. Carolyn Ells provided insight into the strategies that are being hatched to elicit vaccine compliance from health care workers. Couched in fancy language like "ethical problem solving", she forwarded the idea that if vaccination poses only minimal risk to health care workers, and is necessary to lessen serious harm to patients, then priority to patient well-being (as per professional codes of ethics) may suggest that HCWs ought to accept vaccination. In other words, the burden is placed on Health Care Workers to give up their right to autonomy and self determination as individuals for the "greater good" of 'protecting' the patients they serve. All this despite the fact that only 10% of flu-like illnesses reported during flu season are actually caused by strains of influenza contained in that season's flu vaccine—the rest being an assortment of respiratory infections caused by different pathogens.

What is at issue is the suggestion that Health Care Workers have an obligation to give up their individual health freedoms and right to informed consent and the right to refuse medical treatment or drugs they perceive threatens their own well being or be penalized with loss of work and wages. Under Canadian Medical law, the use of any coercive tactics to force a medical treatment is deemed a "battery"—as in assault and battery.

"Dr. Erika Abraham presented the results of the new Ontario approach to HCW immunization in long-term care facilities (LTCF), which is being expanded to hospitals this season.

*Flu Shots continued on page 20*

Provincial protocols require the facilities to develop policies to provide vaccine and to exclude unvaccinated HCWs during influenza outbreaks unless they are willing to take antiviral medication. Staff coverage in long term care facilities rose from 44% in 1998/99 to 86% in 1999/2000." Coercion and threats certainly seem to work!!

"Facilities were surveyed to identify factors leading to high vaccination rates. These included having a written policy, stipulating exclusion without pay of unvaccinated workers who refuse immunization, use of group and individual educational sessions, and on-site clinics." Again coercion and threats lead the vaccine barrage.

Perhaps the most refreshing thing to come of this year's flu vaccine frenzy is the debate between Dr. Richard E. Schabas (employed as a part-time consultant for Aventis Pasteur Ltd, a manufacturer of the influenza vaccine), and Italian epidemiologist Dr. Vittorio Demicheli, who has no declared "competing" interests. Published in the current issue of the CMAJ 2001; 164(1):38-9 (Canadian Medical Association Journal), with full text available on line at: <http://www.cma.ca/cmaj/vol-164/issue-1/0036.htm>

The debate is a remarkable insight into the reality imposed on the public by the corporate pharmaceutical agenda which is juxtaposed in sharp contrast to the thoughtful, and clearly articulated analysis offered by Dr. Demicheli.

Mass flu shot campaign will only prevent about 25% of otherwise healthy people who are vaccinated from getting sick with influenza says Dr. Demicheli. And he says there is "absolutely no evidence" that offering free flu shots to all adults and children will keep people from clogging up emergency rooms, which was cited as a prime motive for launching the \$38

million flu vaccine campaign in Ontario.

Dr. Demicheli says Ontario's mass flu vaccination program likely won't "achieve any control over the spread of influenza" and should serve as a warning to other governments. "The 'let's see what happens' approach to public health should not be emulated."

Ontario's former chief medical officer of health, Dr. Richard Schabas, argues that the controversial program could become the "standard for influenza control across Canada," and will help prepare the province for a flu pandemic that experts predict could hit North America anytime within the next 10 years. He says the vaccine is 70% to 90% effective in healthy adults. But, Dr. Demicheli, of the Regional Epidemiology Unit in Piedmont, Italy, says those figures are both "wrong and misleading."

Dr. Demicheli says the vaccine is probably only 60% effective in producing antibodies against the viruses that are expected to be circulating in a given flu season. That doesn't mean some people still won't get sick. He said the vaccine is only 25% effective in preventing clinical disease—thus, only 1 of 4 vaccinated adults will acquire protection against the clinical illness." Extending shots to the entire population, "may mean that safety issues will become of crucial importance," Dr. Demicheli says.

Furthermore, the "actual proportion of influenza A and B among ILI cases (influenza like illnesses) is not well known, but the few available studies indicate a modest proportion of probably **less than 10%, regardless of age group.**

"The Ontario announcement quotes a cost-benefit study indicating a net benefit of about \$40 per vaccination. A study of British soldiers, based on 3 Cochrane reviews and a systematic review of the economics of influenza prevention, shows that the cost of preventing a clinical case of influenza was

about Can \$6200.10. Which of the 2 studies are we to base our decisions on?"

"The growing economic literature on influenza vaccination shows (as frequently happens in the economics of vaccines) conflicting results for different studies and the existence of major methodological problems, suggesting the need for extreme caution in interpreting their conclusions."

**In conclusion says Dr. Demicheli, "Given the quality of the information available and the cost of universal vaccination, the Ontario decision is probably not destined to be emulated elsewhere. We may, however, be tempted to consider this attempt as an experiment, a sort of pilot project.** Unfortunately, the level of uncertainty that still surrounds the problem of influenza prevention is so high that the consequences of this decision, even if properly monitored and evaluated, will probably raise many new questions and leave the crucial ones unanswered."

# SOPHISTICATED CAMPAIGN TAKES MANITOBA BY SURPRISE

*Editor's note: The following commentary was published in the proceedings of the recently convened National Immunization Conference held in Halifax, N.S. Dec. 3-6, 2000. The "sophisticated campaign" was conducted by a handful of parents motivated by concern for children's safety when the province of Manitoba launched a mass vaccination campaign targeting all grade 4 children with hepatitis B vaccine but failed to disclose the serious risks associated with the vaccine, preventing parents from making an informed decision. Following this commentary, we've reprinted some of the known risks of the hepatitis B vaccine. At this same conference, experts conspired to keep a lid on risk information—(please see ensuing conference excerpt titled "Facilitating Informed Consent")*

"Those who believe that immunization is harmful are deeply committed to their views. According to Ms. Catherine Noton, of the Winnipeg Regional Health Authority, this is what the public health authorities in Manitoba found out to their cost when they were about to launch a hepatitis B immunization program in 1998.

"The Association for Vaccine Damaged Children and the Eagle Foundation are two groups in Manitoba whose mission is to inform parents of immunization risk and to support them in any resulting struggles with the public health authorities.

"In 1998, these groups worked hard to sabotage the hepatitis B immunization program that was about to begin in Winnipeg. Their strategy was to focus on what they believed was a lack of informed consent and on the use of schools for a medical procedure, namely mass immunization. They also began a court action that challenged whether parents had been truly informed of all the risks and benefits

of hepatitis B immunization, specifically the alleged link with multiple sclerosis. The challenge was not successful, but considerable media coverage resulted, not all of it unbiased.

"I wonder why school boards are allowing the Health Department to use school buildings for human medical experiments." *Letter to the editor, Winnipeg Free Press*

"The Winnipeg public health department did not have time to prepare for this onslaught, and workers in the field were faced with the difficult task of answering questions and countering arguments about topics on which they knew little. Additional factors that reinforced the anti-immunization efforts were the cancellation in France of a school-based hepatitis B immunization program as well as the publication in the U.S. of "Hepatitis B: the untold story," produced by the National Vaccine Information Center (formerly known as DPT: Dissatisfied Parents Together). The overall result of the lobby group's campaign was that participation rates in the immunization program fell from 80% to 62%.

"The Winnipeg Regional Health Authority learned its lesson. In the following year's immunization campaign, steps were taken to adopt a more proactive approach. Nurses were provided with the information to respond to queries, facts sheets were revised to include more information about the risks of hepatitis B, and a Web site address was given in case of further queries. Presentations were carried out in schools.

"The happy ending? The consent rate to hepatitis B immunization in Winnipeg is now up to 79%, and there is a greater realization of the challenges that may be faced in accomplishing successful immunization programs."

Nat. Immuniz. Conf - Dec 3-6 - seg-

ment from Dec. 4 session:  
<http://www.hc-sc.gc.ca/hpb/lcdc/events/cnic2000/index.html>

## ADVERSE REACTIONS OF HEPATITIS B VACCINE

*Editor's note: Recipients of the vaccine were only monitored for 5 days. According to vaccine researcher, Dr. Bonnie Dunbar, neurological and autoimmune reactions following hepatitis B vaccine often take weeks and months to become apparent. With appreciation to Sheri Nakken for sending us the following excerpt from Mosby's GenRx®, 10th ed.*

### Subject: Hepatitis B Vaccine, Recombinant

In a group of studies, 1636 doses of Recombivax HB were administered to 653 healthy infants and children (up to 10 years of age) who were **monitored for 5 days after each dose**. Injection site reactions (including erythema and swelling) and systemic complaints were reported following 8% and 17% of the injections, respectively. The most frequently reported systemic adverse reactions (>1% injections), in decreasing order of frequency, were irritability, tiredness, fever (>101°F oral equivalent), crying, diarrhea, vomiting, diminished appetite, and insomnia.

In a group of studies, 3258 doses of Recombivax HB were administered to 1252 healthy adults who were monitored for 5 days after each dose. Injection site and systemic complaints were reported following 17% and 15% of the injections, respectively. The following adverse reactions were reported:

### Incidence Equal to or Greater Than 1% of Injections:

Local Reaction (Injection Site):

Injection site reactions consisting principally of soreness, and includ-

*Sophisticated Campaign continued on page 22*

*Sophisticated Campaign cont. from page 21*

ing pain, tenderness, pruritus, erythema, ecchymosis, swelling, warmth, and nodule formation.

**Body as a Whole:** The most frequent systemic complaints include fatigue/weakness; headache, fever (100°F); and malaise.

**Digestive System:** Nausea; and diarrhea.

**Respiratory System:** Pharyngitis; and upper respiratory infection.

### **Incidence Less Than 1% of**

#### **Injections:**

**Body as a Whole:** Sweating; achiness; sensation of warmth; lightheadedness; chills; and flushing.

**Digestive System:** Vomiting; abdominal pain/cramps; dyspepsia; and diminished appetite.

**Respiratory System:** Rhinitis; influenza; and cough.

**Nervous System:** Vertigo/dizziness; and paresthesia.

**Integumentary System:** Pruritus; rash (non-specified); angioedema; and urticaria.

**Musculoskeletal System:** Arthralgia including monoarticular; myalgia; back pain, neck pain; shoulder pain; and neck stiffness.

**Hemic/Lymphatic System:**

Lymphadenopathy.

**Psychiatric/Behavioral:**

Insomnia/disturbed sleep.

**Special Senses:** Earache.

**Urogenital System:** Dysuria.

**Cardiovascular System:** Hypotension.

**Marketed Experience:** The following additional adverse reactions have been reported with use of the marketed vaccine. In many instances, the relationship to the vaccine was unclear.

**Hypersensitivity:** Anaphylaxis and symptoms of immediate hypersensitivity reactions including rash, pruritus, urticaria, edema, angioedema, dyspnea, chest discomfort, bronchial spasm, palpitation, or symptoms consistent with a hypotensive episode have been reported within the first few

hours after vaccination. An apparent hypersensitivity syndrome (serum-sickness-like) of delayed onset has been reported days to weeks after vaccination, including: arthralgia/arthritis (usually transient), fever, and dermatologic reactions such as urticaria, erythema multiforme, ecchymoses, and erythema nodosum (see WARNINGS and PRECAUTIONS).

**Digestive System:** Elevation of liver enzymes; constipation.

**Nervous System:** Guillain-Barre Syndrome; multiple sclerosis; myelitis including transverse myelitis; peripheral neuropathy including Bell's Palsy; radiculopathy; herpes zoster; migraine; muscle weakness; hypesthesia.

**Integumentary System:** Stevens-Johnson Syndrome; petechiae.

**Musculoskeletal System:** Arthritis.

**Hematologic:** Increased erythrocyte sedimentation rate; thrombocytopenia.

**Immune System:** Lupus-like syndrome.

**Psychiatric/Behavioral:** Irritability; agitation; somnolence.

**Special Senses:** Optic neuritis; tinnitus; conjunctivitis; visual disturbances.

**Cardiovascular System:** Syncope; tachycardia.

**For in depth information on hepatitis B, the disease and vaccine reactions, the following websites offer a wealth of knowledge on the issue:** The

National Vaccine Information Center's collection of articles at:

<http://www.909shot.com/hepatitisb.htm>

and Dr. Bonnie Dunbar's research proposal at:

<http://www.ias.org.nz/dunbar.htm>

*Editor's note: Rather than 'facilitating' informed consent, the following discussion seems to confirm that health officials routinely obstruct informed consent when deciding what risk information parents should be given.*

## **FACILITATING INFORMED CONSENT**

(Excerpt from the National Immunization Conference—Dec 3-6, 2000)

"Several real-life scenarios were presented in this breakout session so that participants could wrestle with the issues of what constitutes informed consent, how it can be obtained, how much information is needed for consent to be fully informed, and who are the appropriate people to provide it.

"One of the first scenarios questioned the need to disclose to parents prior to immunization the information that MMR vaccine contains human albumin, given that this component might be considered a blood product. It was decided that such disclosure was not necessary in view of the fact that albumin does not carry the risks associated with other blood products. It was also felt to be unnecessary to inform parents of alleged associations between immunization and adverse effects, e.g. hepatitis B immunization and multiple sclerosis.

"However, providers should be informed and ready to discuss these associations should they be brought up."

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## Letters

Dear Edda,  
November 11, 2000

I have such sad news. Ruth Burden died today of cardiac arrest. Her husband Perry is just devastated and so angry at the medical establishment. My heart goes out to him and his daughter. Ruth had a severe reaction to thimerosal, the mercury preservative in hepatitis B vaccine.

An autopsy will be done to determine the true cause of death. Two years ago the Eagle Foundation got a call from this family because they had seen our warning about the dangers of the hepatitis B vaccine, that had been faxed out to every school in Manitoba. Perry is a school trustee, and was shown the information by a responsible principle, who had received the fax.

Ruth had a horrific reaction to the vaccine. She was hospitalized and very, very ill. The reaction was so severe, it looked as if she had leprosy with terrible sores on her body. For the past two years she had been on tremendous amounts of antibiotics, steroids, intravenous immunoglobulin, and other drugs—just to keep this reaction at bay.

The initial diagnosis was “allergic contact dermatitis with ID reaction”, otherwise known as “autosensitization secondary to thimerosal”. Interestingly enough, a few weeks later the diagnosis changed to say it was “extensive pyoderma gangrenosum”. It was noted that although her history was suggestive of an allergy to thimerosal her lengthy course ruled out this diagnosis completely. (I find this very disturbing)

Just a few weeks ago, Ruth called to tell me that she had just had some allergy testings done which showed she was highly allergic to thimerosal. She had had a reaction to the mercury in the tetanus vaccine when she was younger and she said if she had been given the opportunity for informed consent, she would have known that the hepatitis B vaccine contained mercury and would

not have taken the shot.

So we must be vigilant and keep informing people of the dangers of vaccines as we never know when it may save a life. Unfortunately, for this family the information did not get to them in time.

I asked Perry if there was anything we could do for his family. He said, “You and organizations like yours, have done more than enough. You have restored my faith in humanity, as you are willing to support us and get the truth out to people, when most in the medical establishment will turn a blind eye”! What he said really touched me and should be an encouragement to all of us who are willing to speak the truth about the dangers of vaccines.

*Sincerely , Rose Stevens, Winnipeg, Manitoba*

P.S On an uplifting note: As a school trustee, Perry Burden has been able to get a motion passed by the board of the Manitoba Association of School Trustees, to allow us to speak on the vaccine controversy and informed consent at MAST’s spring convention.

.....

Hon. Mike Harris, Premier  
Legislative Building, Queen’s Park  
Toronto, Ontario M7A 1A1

Dear Mr. Harris,  
November , 2000  
RE: HAZARDS OF THE FLU VACCINE

I would like to thank you for informing us of recent events with your colorful Fall 2000 Report to Ontario Taxpayers.

However, as a concerned citizen, I am wondering about your story, “Why You Should Get Your Free Flu Shot” and your television ads that promote the free shots.

You mention the mild side effects of a sore arm, fever and muscle aches but I am wondering why you did not mention the more serious ones? According to the Centers for Disease Control and

Prevention and other standard medical sources, flu vaccine side effects can include allergic reactions, Guillain-Barre syndrome (you mention that if people have this condition they should consult their doctor but you do not say it is a side effect), severe paralytic illness and death. Do people have a right to be informed or warned about these?

Investigative news programs often document people who have suffered the side effects from routine immunization. While the percentage is small, it is little comfort to victims that many others escaped. I assume you would want to avoid legal action from people who suffered serious side effects as a result of not being informed? Can your government survive another scandal like Walkerton?

Do you feel you have fairly given all the facts so that people can make an informed decision on whether to take the flu vaccine? Do you believe that citizens should know the advantages, disadvantages and alternatives to any proposed medical intervention so they can have freedom of choice? Is there some reason why you have not mentioned alternatives (vitamin C, Echinacea, cod liver oil etc.) to the flu vaccine? How many more dangerous drugs like phenylpropanolamine (PPA) have to be recalled until you realize the advantages of alternative medicine?

Is this your idea of preventive medicine? If so, is this a good example? Are you afraid that if people knew the whole story, they would be less likely to take the free vaccine?

Do you want people to feel like they are getting something for nothing? Who is actually benefiting from this free program? How much will this free campaign cost us? What political contributions have the manufacturers of the vaccine made?

There are a number of parents who have refused to have their children vaccinated because they believe the risk of harm outweighs the benefits. Do you

*Letters continued on page 24*

support these parents?

I can appreciate the difficulty of your being knowledgeable in this area. I would therefore appreciate knowing the names of your medical advisors. Do you feel you have developed an over reliance on medical doctors?

I know that, as an elected representative, you are concerned about this situation. I am confident you will correct it.

*Yours truly, J. Green  
5334 Yonge Street Suite 2016  
Toronto, Ontario  
416.223.0344*

*Dr. Jerry Green, MD, enlisted his member of provincial parliament to introduce legislation protecting the right of doctors to use complimentary therapies in their medical practices. Bill 2, which recently passed 3rd reading in the Ontario legislature, aims to curtail the powers of the College of Physicians and Surgeons to persecute and prosecute doctors who treat patients with alternative and complimentary healing modalities.*

*“A member shall not be found guilty of professional misconduct or of incompetence under section 51 or 52 of the Health Professions Procedural Code solely on the basis that the member practices a therapy that is non-traditional or that departs from the prevailing medical practice unless there is evidence that proves that the therapy poses a greater risk to a patient’s health than the traditional or prevailing practice.”*

<http://www.interlog.com/~jaybird/drjerrygreen>

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Dear VRAN, Jan 17/01

Attached is my contribution to your organization. Sorry it’s late. I have been very busy with my daughter. She has been sick and I’ve been so worried. She is 6 years old and has allergies and poor digestion causing hyperactive behaviour. As her gut slowly heals, we make progress, however it’s been a very long journey and we are not finished.

Most of my ability to help her has been through alternative therapies I have found on internet vaccine information sites, specifically those for autism. It’s always the gut and it’s always vaccines.

I believe my daughter had adverse reactions to her shots, but it is all in hindsight. At the time, the reactions didn’t seem like anything, and I described the excess sleepiness and crying to the public health nurses. I believe they were uneasy continuing with her series of vaccines, again in hindsight—remembering details of the clinic visits and conversations with the nurses. But nobody told me of the risks. I never would have gone past the first DPT shot if I had the slightest idea that the sleepiness could be a sign of harm. And now my poor baby is struggling to get well. Some days I think my heart will break. What misery for our whole family. Please continue your work. It helps many people.

*Yours truly, Julie O  
Calgary, Alberta*

P.S. The public health department has sent us a reminder about her school boosters. We will be declining, of course. More shots would finish her off, at least mentally. With information from VRAN and NVIC, I am better prepared to deal with them. Also a note in a community paper some months ago said Alberta is getting a vaccine tracking registry. I find this rather alarming.

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*Editor’s note: This is a letter sent by Wiarton Chiropractor Dr. Steven Silk to Bill Murdoch, Member of Parliament, Ontario and forwarded to VRAN by Barb Wagner who is spearheading the protest against the forced vaccination of health care workers. As well, copies were sent to Premier Mike Harris, Health Minister Elizabeth Witmer and other members of the legislature.*

Dear Bill,  
January 4, 2001

I believe that you will already have received the E-mail noted below that details the concerns that a large and growing number of Ontario residents have with regards to the mandatory vaccination of health care workers in Ontario. If you could spare a few moments from your busy day, I would like to add my own comments to this matter. I know you to be a fair and honest man, one who will weigh the facts of the matter very carefully prior to making a stand. I urge you to take the time to read \*Ms. Diodati’s letter very carefully, then read it again, as the points that she makes are of vital concern to not only those of us in Bruce-Grey-Owen Sound, but all of Ontario, and perhaps, all of Canada. It is to this end that I have sent copies of this correspondence to various key players within the Executive Council, men and women who play a part or have a stake in the outcome of this situation.

To give you some idea of the scope of this problem, you need only look back to a number of events that occurred in our riding last year. You may recall the numerous meetings that occurred, one of which I attended and spoke at. Large turnouts indicated to me just how serious my fellow citizens feel this situation is. You may also recall the very prolonged editorial page letters that the Owen Sound Sun Times received with regards to this topic.

I believe that the opinions voiced on this topic stirred more public response than any in recent memory. You may also recall my opinion on said topic, that is, I am totally against forcing anyone to receive any form of medical intervention against their will.

When you take a good hard look at the facts regarding this question, and leave the emotionally-based reactions and uninformed opinions aside, it is impossible to come to any conclusion but to rethink the entire affair. This goes beyond whether the procedure works (which research has questioned



time and again), but to questions of fundamental safety, in that numerous studies indicate vaccinations to be potentially dangerous due to the chemicals they contain.

Another serious question that must be posed is with regards to a lack of informed consent. This form of understanding all medical procedures' risks and outcomes is promised in our Constitution and delivered from the Nuremburg trials. We must also ask questions of labour ethics, such as whether or not your job can be held as bait to force you to participate in a procedure that you would not otherwise participate in. What about the legality of same?

And finally, where is the morality in a law that contravenes the democratic right that allows us the ability to live and earn a livelihood without fear of reprisal, retribution, coercion or bodily harm from governmental sources? You and I both know people who went to war to defend such rights. We'll be remembering their supreme sacrifice next week.

It is these questions that I ask you to consider. When you have come to a conclusion, I would ask that you contact me directly, as well as other members of the electorate of Bruce-Grey-Owen Sound to let us know your stand on this issue.

Thank you for your time,

*Dr. Steven J. Silk, Wiarton, Ontario  
chiroman@bmts.com*

*\*Catherine Diodati's excellent brief on flu vaccine was sent to Ontario Members of Parliament and can be viewed on VRAN's website at: [www.vran.org](http://www.vran.org) at the news/flu vaccine/health workers/brief menu*

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### ALAN YURKO UPDATE

*Editor's note: Many of you will remember the tragic story of Alan Yurko, whose baby son died following a vaccine reaction and who found him -*

*self accused of his child's murder. Wrongly accused and convicted of having shaken his baby boy to death, the circumstances surrounding the Yurko case are a grim reminder of the state of denial that obstructs vaccine injury cases. That vaccines have maimed and killed children since their inception is an historic fact. That vaccine policy makers, medical establishment and the courts choose to turn a blind eye to the plight of the vaccine injured and their families is also a shameful fact. That innocent parents must then suffer the bitter anguish of being accused of murdering their children who have died from vaccine injuries, while the perpetrators go scott free, is in itself an unspeakable crime. There are many innocent families who, like the Yurkos are fighting for justice.*

Dear Edda and Friends at VRAN,  
December 25, 2000

Merry Christmas to you all. I have great news—a major breakthrough in our case! We have just received many missing records. The pediatrician's notes, orders, prescription and my son's official immunization card have shown us that one of the vaccines he was given—**DTaP, was from a batch of vaccines that stands as the number one ranking in deaths, the number one ranking in non-recoveries, and the fourth ranking in total events reported.** DTaP 7H81507, which was given to my baby was a Hot Lot, manufactured by Connaught Laboratories.

DTaP 7H81507 is red-flagged by VAERS (Vaccine Adverse Events Reporting System) in it's November 10/99 summary, and the NVIC as **the most lethal lot of DTaP in history. This lot of vaccine has killed, maimed and permanently disabled more children and babies than any of the other 810 lots reported to VAERS for DTaP ever!** Even more amazing is that this lot's average onset for reaction is 11.45 days—**EXACTLY THE TIME FRAME OF MY SON'S LATENT REACTION**

PERIOD. My son's killer has a name. It is DTaP 7H81507. It is not ARYAX13917. (Alan's prison I.D.)

Vaccines are licensed for use in healthy individuals only. My son Alan was vaccinated despite several contraindications. He was a premature baby, weighing only 5lb. 8oz. at birth. My wife's pregnancy was complicated with maternal gestational diabetes, and group B streptococcal infection (which in itself poses a high risk of infant death). My son suffered in his short life from pneumonia, respiratory distress syndrome, and hyperbilirubinemia. Despite all of this, he was given a cocktail of vaccines at eight weeks of age.

The day after he was vaccinated, our baby developed a fever and started to fuss. Ten days later he elicited a high pitched scream. We were told to expect this and not to worry. A couple of days later he stopped breathing. I rushed my baby to the hospital where he died after several iatrogenics took place (iatrogenic diseases are those caused by physicians). Because we could not explain his injuries, and because I was the last adult alone with him, I was charged with aggravated child abuse and first degree murder. We could not afford counsel; our lawyers were public defenders.

I am serving a life sentence in Florida without the possibility of parole. I did not kill my son. His death was the result of medical treatment he received, and a fatal reaction to his childhood immunizations.

Since my conviction, I have rallied the support of an armada of scientists, doctors, and organizations who support my innocence. Doctors and scientists from 15 countries, including the U.S. have stood up to support us. We have numerous reports from experts who, after reviewing the medical records have declared my innocence. Many are up in arms at the iatrogenic implications shown in the records.

Dr. Harold E. Buttram MD, and Dr. F. Edward Yazbak MD have spent

*Letters continued on page 26*

nearly 2000 hours reviewing and researching our case. They have written a detailed medical report of our case and have concluded that our baby son died of a vaccine reaction. Their report can be viewed on line at: <http://www.woodmed.com/ShakenBabyAlan.htm> or accessed on VRAN's website, Shaken Baby index at: [www.vran.org](http://www.vran.org) Numerous organizations have started legal fund campaigns to help us and others in similar straits, and many groups involved in health freedom and awareness are taking a stand to help us show this injustice and maybe prevent it from happening to others.

We pray that you take an interest and offer any assistance you can, whether it be financial, professional or spiritual. This is not just about one family's injustice. It is about hundreds of families who have and will experience such tragedy.

*In earnest, Alan R. Yurko*

*The Free Alan Yurko website can now be viewed at: [www.freeyurko.biz-land.com](http://www.freeyurko.biz-land.com) and already has numerous excellent articles and research pieces on Shaken Baby Syndrome.*

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**MOTHERING EDITOR CALLS FOR BOYCOTT OF NBC'S ER**

*Following the February 15, 2001 airing of an episode of the hit television show ER in which an unvaccinated child dies from measles, Mothering Editor and Publisher Peggy O'Mara has called for a boycott of the program because of its misrepresentation of families who choose not to vaccinate and because of the show's obvious ties to vaccination manufacturers.*

Her letter to the network:

17 February 2001

To the Writers of ER:

Journalists around the world are threatened, tortured and murdered for

telling the truth. As journalists in the US we have immense privilege not enjoyed in many other countries. With this privilege comes a responsibility. You especially, the writers for ER, have a privileged platform from which to tell the truth and instead you have used your privilege for propaganda.

On the ER episode that aired February 15, 2001, a child died from measles. This episode portrayed the parents' informed choice not to vaccinate as irresponsible and negligent, and implicated them in the death of their child. Not coincidentally, Dr Carter's implication of the parents' negligence was followed immediately by an advertisement for Wyeth-Ayerst Pharmaceutical's Prevnar vaccine. Surely you have breached your broadcasting integrity by aligning the message of your episode with the message of your sponsors. In doing so you have breached the truth. Your transparent and one-sided coverage of a very important issue only fuels belief in the "conspiracy" that your character so vehemently derides.

Your depiction of parents who choose to forgo vaccinations as irresponsible and negligent is simply not borne out in fact. In reality, the total number of parents who conscientiously object to vaccines is small, probably less than one percent and they do not "free-ride" on other's immunity. Research at the University of Pennsylvania concluded that parents in general were more likely to do what everyone else did (that is, to vaccinate) than to "free-ride" on the perceived immunity of others. It is the inadequate access to health care of the unimmunized poor that is the greater risk to immunization compliance than is the minority of well-informed and health conscious families who do not vaccinate.

Scientific and ethical oversight supports this view. The Institute of Medicine in their 1997 workshop summary Risk Communication and Vaccination stated "The goal that all parties share regarding vaccine risk

communication should be informed decisionmaking. Consent for vaccination is truly "informed" when the members of the public know the risks and benefits and make voluntary decisions."

Your portrayal of the parents ignored and patronized legitimate safety concerns that some parents have about vaccines. It also ignored the legitimacy of informed consent, a tradition in American jurisprudence for nearly 100 years. By definition, a parent's right to informed consent means that he or she must not be coerced into making a decision. Your cooperation with Wyeth-Ayerst in coercing the parents of America is unethical. And, your portrayal of doctors who coerce parents into making such decisions violates the ethical standards of the medical profession.

Your portrayal was further compromised by its blatant association with advertising. It is often the case that the medical establishment places stories in the media prior to a major policy statement or publication. Was this recent ER episode meant to test public opinion for the upcoming American Academy of Pediatrics recommendation of the Prevnar vaccine and the subsequent requirement of Prevnar by the CDC?

I can understand the need for the advance publicity. Prevnar is a vaccine for pneumococcal/pneumonia and has been endorsed by the American Academy of Pediatrics. However, according to Erdem Cantekin, PhD, professor of otolaryngology at the University of Pittsburgh and an international authority on otitis media, "The big push for Prevnar came from its supposed prevention of otitis media, even though it had not been approved for this use... This vaccine is the perfect example of profit-driven health care with no checks and balances." Prevnar is one of the most expensive vaccines ever developed and is expected to deliver sales of up to \$500 million per year.

Prevnar is made by Wyeth-Ayerst, the same company that made

*Letters continued on page 27*

Rhotoshield, a diarrhea vaccine.

Rhotoshield was withdrawn from the market in 1999 after reports of numerous cases of vaccine-associated bowel obstruction and amidst claims of conflicts of interest between vaccine manufacturers and governmental agencies that, critics say, knew of the vaccine risks all along.

Your portrayal of the complexity of the vaccine decision was not only one-sided; it was also inaccurate and therefore inflammatory. It was stated in the episode that the death rate for measles was one in 500. While this was the death rate in the prevaccine era, the death rate today is one in 5,000. As there are less than 1,000 cases of measles a year in the US, it would be rare for a US hospital to witness a measles death. To terrorize parents with the threat of such a rare occurrence is unconscionable.

In the episode, Dr. Carter stated that there was no proof that measles vaccine causes autism while, in fact, the evidence that implicates the MMR vaccine in autism is compelling and should be taken seriously if we are genuinely interested in safe vaccines.

It is not uncommon for industry to use its influence in the media to frame stories. Increases in breastfeeding rates, for example, are met with increased stories in the media about the very rare and preventable "insufficient milk syndrome."

During a two-month period in 1994, unusual cases of tragic infant dehydration were covered in *The Wall Street Journal*, *Time* magazine and on Prime Time Live. More recently, a 1998 episode of TV's *Chicago Hope* and a 2000 episode of *Law and Order* also implicated breastfeeding in shows about "insufficient milk syndrome."

"Insufficient milk syndrome," a media euphemism, is totally preventable if a new breastfeeding mother gets appropriate information and support from her healthcare providers.

Tragically, this breastfeeding bashing

has not been balanced in the media with public service programming that encourages breastfeeding or portrays breastfeeding advocacy in a positive light. This is particularly ironic in light of the World Health Organization recommendation that all women breastfeed for at least two years. Most babies in the US are weaned by six months.

Likewise, the January 2000 publication of the American Academy of Pediatrics' book on infant sleep, a book that advocates an authoritarian approach to infant sleep, was preceded by the co-sleeping caution issued by the Consumer Product Safety Commission in September 1999. Most media coverage of these official statements parroted the viewpoint of the government and medical associations.

What co-sleeping, breastfeeding and questioning vaccines have in common is that they are the minority choices that do not make money for anyone. Increasingly, the conscientious viewpoints of a minority of citizens who question the status quo in one way or another are looked upon as un-American. In fact, it is the minority viewpoint that the US constitution was written to protect.

The American Academy of Pediatrics minimizes parental concerns about vaccines by labeling them misconceptions. ER suggests that informed choice is criminal. The media and the medical establishment increasingly attack parents who exercise legitimate, informed choice if that choice is controversial. All states, however, grant religious exemptions to vaccination, and parents can claim these exemptions based on deeply held personal beliefs as well as on church membership.

As an editor, I advocate for parents to be able to make personal choices regarding the care of their own family. I am for informed choice. None of us is safe to act on our deeply held beliefs if one of us is unsafe. This is not about vaccines. It is about informed consent. Whatever we believe or choose regard-

ing vaccines is irrelevant to the fact that we all want to reserve the right to choose medical care that is appropriate to the needs of our particular family. Standing by while broadcasters trample on the freedom of parents is something I will not do.

Citizens are not interested in watching television shows that are so obviously compromised. It is bad enough that television programming on the public airways is a vehicle of advertising for the few, but it is doubly bad when advertising is disguised as programming.

If we are to have any impact on the excesses of materialism, we will have to start by refusing such overt manipulation.

- ER has misused its position of media privilege.
- ER has violated its own standards of artistic excellence.
- ER has violated broadcasting integrity by overtly aligning the content of the episode with the interests of the advertisers.

I am calling for a boycott of ER for violating broadcasting ethics in their portrayal of a medical establishment that justifiably coerces parents into making vaccine decisions.

*Peggy O'Mara, Editor and Publisher, Mothering <http://www.mothering.com>*

What you can do:

- Go to NBC's comment page for ER on the web and let them know you plan to boycott the show.
- For more information about vaccination issues and how they were misrepresented by ER, go to Mothering's Vaccination Forum, where the episode is being discussed.
- For more information on special interests and the media, visit the Fear & Favor 2000: How Power Shapes the News report by Fairness and Accuracy in Reporting at: [www.fair.org/ff2000.html](http://www.fair.org/ff2000.html)

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# UK Public Health Launches Uninspired Campaign for 'Jabs'

COMMENTARY TO PUBLIC HEALTH LEADERS—JANUARY 08, 2001

by *Lenny Schafer*

American public health leaders would do well to study the recent efforts of their British counterparts—we have an opportunity to learn from their mistakes. And their mistakes have been back-to-back whoppers. Whoppers, literally—the mad cow revenge of the hamburger. This is a public health disaster that has reached France and Germany and maybe beyond.

British critics charge that Public Health officials were stubborn and too slow to react to early signals. This tragic disaster spreading across Europe could have been minimized. These critics also say that the same mistakes are being made in their badly hemorrhaging national inoculation programs.

Hundreds of thousands of UK parents are withholding their children from vaccine “jabs.” Parents simply do not trust the assurances of safety made by their public health leaders. But rather than addressing their concerns head on, the public health leaders instead have opted to avoid, spin, and discount parent’s objections. Parents argue for having the MMR vaccines separated and administered individually over time. The theory being that young children may not be able to handle so many assaults at once to their immune systems, resulting in immune failures leading to autism and other disorders.

How does the government respond to this plausible speculation? Incredulously, they ban the use of the separated single vaccines. There is no proof that the MMR given separately will be of any effect on autism, they argue correctly. The

breakup would result in even less compliance by parents they see as incompetent who don’t care to make so many unnecessary trips to the clinic for the additional separated jabs. The trouble is that there are no studies that show that taking all three vaccines together are safe, either. Where is the proof of safety of combined vaccines, parents demand? “Do as we say: three at once or none at all” is the pedantic response.

Parents point to mountains of anecdotal evidence and a few scientific studies suggesting there may be a connection between vaccines and autism. How does the government again respond? By sponsoring a counter study which itself is rife with controversy and dubious methods. One lousy study is suppose to wash away the fears of thousands of people who have seen first hand their own, or their neighbor’s children disintegrate shortly after getting the MMR shots? This arrogance can only serve to further discredit the vaccination promoters.

Instead of taking parents seriously and launching into independent scientific research to find convincing results one way or the other, public health leaders choose to launch a pithy scare campaign, apparently to get the ignorant, hysterical vaccine resisting rabble to come to their senses. Resistance is futile—you will be assimilated into the herd or you’ll be sorry.

In the last two days, there has been a gush of media reports in the UK promoting vaccinations fueled with dire warnings about the growing numbers of the non-complying

public and the disasters that await as a result.

For the most part, these articles focus on benefits of inoculation as contrasted to the harm that contagions bring in their absence. Again, very little attention is given to the expressed concerns of the growing number of those resisting vaccination. Where these concerns are briefly mentioned, they are flippantly dismissed as so much blame seeking, pedestrian thinking silliness.

The hysterical among us need only be reminded of the horrors of a rubella epidemic, as this strategy seems to suggest, for the strayed sheep to be successfully counter-frightened back into joining the inoculated herd.

American public health officials should study the results of this current campaign over the next few months, hopefully to avoid making the same mistakes.

Alas, American public health officials have already started to make the same mistakes—but still have an opportunity to correct their strategies before things reach to the levels of public rebellion now spreading in the UK.

Here’s how to avoid growing a UK-like vaccine rebellion in the U.S.:

- Resolve to take vaccine critics seriously. They are not fringe political dilettantes seeking to weasel themselves into government influence by shilling good causes for political gain. They are a bi-partisan cross section of American families whose educated, professional core are over-represented in the autism community. They are looking for proven answers to autism and many strongly suspect vaccines as the environmental culprit.
- Do not suggest that the appearance of late onset autism right after the taking of vaccines is merely coincidental. You have no science

*UK Public Health continued on page 29*

- behind this assertion. Parents do have a significant amount of anecdotal evidence to suggest there might be just such a connection. If you continue chanting this baseless mantra, you will only further discredit yourselves. This matter can only be settled by science, not spin.
- Stop the assertion that the hypothesis of a vaccine-autism connection has been settled unproven due to the results of the Brent Taylor study. That study is controversial and the criticisms of it are yet to be answered. This is just not persuasive enough for you to be announcing such a conclusion. Do not discredit yourselves by saying there is now enough science to settle the matter. Again, what is needed is more science and less spin.
  - Address directly why there are no long-term studies on the safety of vaccines. The more you duck answering this, the more you add to your discredit.
  - What is being done to minimize the prevalent conflicts of interests of the vaccine regulators—government regulators who are also on the payroll of the vaccine manufacturers? If nothing, say so and why.
  - Do not make the mistake of over-relying on scare campaigns to shore up public compliance to vaccination programs, like your UK counterparts are attempting. Address the reality that people are becoming ever more afraid of autism than they are of measles. If the cause of autism is not vaccines, then what is? The problem with such scare campaigns is that they rely on your own failure to prove themselves—a dubious achievement that temps backfiring. Let's see how this form of public education plays out in the UK.

Not good, so far.

- If you don't like the idea of noisy activist parent groups driving the public health agenda, then assert some leadership and come up with some proactive short-term solutions. Consider promoting as an option, rather than resisting, the breaking up of the administration of MMR vaccines into three separate shots. There is room for compromise here.

Finally, there is a moral argument against mandated vaccinations that needs to be addressed. It is a crass expediency to measure the numbers of those harmed by mandatory vaccines against the numbers of those who might be saved. Is it not immoral to forcibly sacrifice some of the innocent for the benefit of society as a whole, no matter how compelling the math? The individual has fundamental rights of life and liberty not to be violated by the will of the majority. This is not radical philosophy in the new century.

Just how many people need to be saved to justify destroying the health or life of an innocent child? Since public health officials routinely use this argument to justify mandatory programs that knowingly harm some children, there must be some set point of diminishing returns. Just what exactly are the numbers to the sacrifice children-to-save human lives ratio? Is it one to one hundred, one to one million? How many crimes against humanity do you get to commit in order to preserve the health of humanity?

If there is to be sacrifice, it can only be voluntary not mandatory. Vaccination must be a matter of choice. If fewer people are saved as a result, then so be it. I'd rather have God calling the shots in this case, and not public health doctors. (There is a difference.)

The heinous practice of mandatory child sacrifice to the gods should

have died a long time ago in the middle ages along with the Aztec civilization

*Lenny Schafer is the editor of the FEAT newsletter. FEAT—Families for Early Autism Treatment has chapters nationwide in the U.S. and can be contacted at : editor@feat.org FEAT website: <http://www.feat.org>*

# DOCTORS' GROUP VOTES TO OPPOSE VACCINE MANDATES

FOR IMMEDIATE RELEASE: NOV. 2, 2000

Members of the Association of American Physicians and Surgeons (AAPS) voted this week at their 57th Annual Meeting in St. Louis to pass a resolution calling for an end to mandatory childhood vaccines. The resolution passed without a single "no" vote. AAPS is a professional association of physicians dedicated since 1943 to the sanctity of the patient-physician relationship.

"Our children face the possibility of death or serious long-term adverse effects from mandated vaccines that aren't necessary or that have very limited benefits," said Jane M. Orient, MD, AAPS Executive Director.

## AAPS RESOLUTION CONCERNING MANDATORY VACCINES

"Ethical Medicine"

AAPS Annual Meeting

October 25-28, 2000

St. Louis, MO

Submitted for Member approval:

WHEREAS: The statement of Patients' Freedoms adopted by the Assembly at the 47th annual meeting of AAPS in 1990 provides that "Patients have the freedom to refuse medical treatment even if it is recommended by their physician and to be informed about their medical condition, the risks and benefits of treatment, and appropriate alternatives"; and

WHEREAS: There are increasing numbers of mandatory childhood vaccines, to which children are often subjected without meaningful informed consent, including information about potential adverse side effects; and

WHEREAS: Parents who exercise their freedom to refuse one or more vaccines may be subjected to penalties ranging from deprivation of the right to enroll their child in school, to threats of removing the child from

parental custody and forcible vaccination; and

WHEREAS: Safety testing of many vaccines is limited and the data are unavailable for independent scrutiny, so that mass vaccination is equivalent to human experimentation and subject to the Nuremberg Code, which requires voluntary informed consent; and

WHEREAS: The process of approving and "recommending" vaccines is tainted with conflicts of interest;

BE IT THEREFORE RESOLVED: That AAPS calls for a moratorium on vaccine mandates and for physicians to insist upon truly informed consent for the use of vaccines.

**Resolution and mandatory vaccine fact sheet posted at:**  
[www.aapsonline.org](http://www.aapsonline.org)

## FACT SHEET ON MANDATORY VACCINES

AAPS does not oppose vaccines. AAPS has never taken an anti-vaccine position, although opponents have tried to paint that picture. AAPS has only attempted to halt government or school districts from blanket vaccine mandates that violate parental informed consent.

42 states have mandatory vaccine policies, and many children are required 22 shots by first grade.

According to government statistics, children under the age of 14 are three times more likely to suffer adverse effects—including death—following the hepatitis B vaccine than to catch the disease itself.

The Centers for Disease Control admits that the reported number of adverse effects of vaccines is probably only 10% of actual adverse effects.

The Physician's Desk Reference cites adverse reactions to the hepatitis B in less than 1 percent. However, if more

than 70 million American children receive the vaccine, that means more than 700,000 children are likely to suffer adverse reactions.

Children are a very low risk group for hepatitis B. Primary risk factors are dependent on lifestyle, i.e. multiple sex partners, drug abuse or an occupation with exposure to blood.

Rampant conflicts of interest in the approval process has been the subject of several Congressional hearings, and a recent Congressional report concluded that the pharmaceutical industry has indeed exerted undue influence on mandatory vaccine legislation toward its own financial interests.

The vaccine approval process has also been contaminated by flawed or incomplete clinical trials, and government officials have chosen to ignore negative results. For example, the CDC was forced to withdraw its recommendation of the rotavirus vaccine within one year of approval. Yet public documents obtained by AAPS show that the CDC was aware of alarmingly high intussusception rates months before the vaccine was approved and recommended.

Mandatory vaccines violate the medical ethic of informed consent. A case could also be made that mandates for vaccines by school districts and legislatures is the de facto practice of medicine without a license.

The CDC's own "Guide to Contraindications to Childhood Vaccination" warns that when assessing children's common symptoms, "if any one of them is a contraindication, DO NOT VACCINATE" [caps added]. And yet, under legislated mandates, the vaccines are still required.

# THE PROBLEM WITH POLIO VACCINE

**POLIO VACCINE VIRUS MUTATION DECEMBER 5, 2000**

*From Michael Belkin*

Problem: Vaccine causes polio  
Solution: Give the same vaccine to everyone quickly so they don't get polio.

Now I see why they are touting this article—to continue polio vaccine for thousands of years! Duh, we can't predict what polio virus will do??? Give us a break. This has been happening since it was used! People getting polio from the polio vaccine or people being weakened by vaccines so they have symptoms that are called polio—also see Jim West's website on the relationship between DDT & polio at: [www.geocities.com/harpub/index.html](http://www.geocities.com/harpub/index.html)

*Excerpted from an Associated Press article—Dec. 5, 2000*

SANTO DOMINGO, Dominican Republic: The first outbreak of polio in the Western Hemisphere in nearly a decade is raising questions about whether vaccinations can ever be stopped, and the type of vaccine being used in most countries.

"This is a real problem because it highlights the point that we cannot predict what poliovirus will do," Dr Vincent Racaniello, a professor of microbiology at Columbia University, said in an interview today. He has long argued that the effort to eradicate polio cannot end when the wild virus has been eliminated.

The Pan American Health Organisation, however, believes that polio vaccinations can eventually be terminated.

The outbreak on the island of Hispaniola involves a mutated strain from the vaccine, not the wild virus, and infected children who had not been vaccinated. The only other such case occurred in Egypt in the 1980s, infecting more than 30 people.

In response here, Dominican health officials are working with PAHO to

vaccinate more than one million children during December 15-17. Already, more than 94 per cent of children—about 12,000—have been vaccinated in the two weeks since the virus was detected in Constanza, a remote mountain community 140 kilometres from the Dominican capital.

Three children have been diagnosed with the disease in the Dominican Republic and Haiti, two girls aged 9 months and 2 years and a 14-year-old boy. Officials are investigating another 16 patients suffering from polio-like paralysis.

The possibility of mutations from the vaccine has always worried health officials. The most common vaccine is a relatively harmless form of the live virus called Sabin 1, which is given orally.

But if the live vaccine came in contact with too many unvaccinated people, it could survive for long enough to mutate back into a dangerous strain of the disease, as apparently happened here, Epstein said. For the full article see: <http://www.theage.com.au/breaking/0012/05/A58504-2000Dec5.html>

*Polio Vaccine Tainted in Ireland—  
from Dec. 20 health news*

[www.healthmall.com/newsletter.cfm](http://www.healthmall.com/newsletter.cfm)  
The Department of Health was informed last week by British authorities that blood plasma from British donor who has since been diagnosed as having a variant of CJD was used to make a batch of the product Human Serum Albumin. This product was subsequently used by the company Evan/Medeva for its Oral Polio Vaccine which it supplied to the Irish market.

Approximately 83,500 doses of this polio vaccine was distributed in Ireland between January 1998 and January 1999. More detailed checking

is taking place with the Health Boards over the usage of the vaccine. The polio vaccine is administered to children aged 2, 4, and 6 months as part of the Primary Childhood Immunisation Programme. A booster immunisation is given at primary school entry age.

Some adults may also have received the vaccine as part of the recommended immunisations for travel to certain countries such as Asia and Eastern Europe. The health Minister said there is no longer any British-sourced plasma material contained in any vaccine in use in Ireland. Evan/Medeva factory which supplied the polio vaccine had been investigated by the US Food and Drug Administration (FDA) who found that a lot of its equipment was not properly cleaned and sanitized against contamination at the appropriate times.

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*Polio Vaccine Recalled in UK—Oct. 23, 2000* <http://www.healthmall.com/newsletter.cfm>

Stocks of an oral polio vaccine have been recalled amid fears over mad cow disease.

A breach of regulations regarding the use of UK bovine material is being blamed for the alert.

European rules say oral medicinal products should not use bovine materials from countries in which there are known cases of Bovine CJD, known as BSE.

A Department of Health spokesman said "hundreds of thousands" of doses of the vaccine had been given since last year in breach of guidelines designed to protect patients. The vaccine contained a growth agent made from foetal calf serum sourced from the UK, in breach of guidelines which specified that only bovine material from countries not affected by BSE should be used in the manufacture of medicines.

Although assurances were given in 1996 and 1999 that the vaccine did not contain UK-sourced bovine material, suspicions

*Polio Vaccine Problem continued on page 32*

were raised and the MCA (Medicines Control Agency) contacted Medeva again, when it was found that the company was breaching the guidance.

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**EXPERT SAYS VACCINE PROBABLE CAUSE OF POLIO OUTBREAK**

A type 1 wild-vaccine recombinant poliovirus spread hundreds of kilometers in just 1 year in China, epidemiologists have documented. Dr. Hong-Mei Liu, of the Centers for Disease Control and Prevention in Atlanta, and associates there and in Beijing describe their epidemiological investigation in the December issue of the Journal of Virology.

RNA probe hybridization showed isolates with nucleotide sequences consistent with wild type virus, as well as sequences derived from the Sabin type 1 oral poliovirus strain, the researchers say. They compared the calculated range of divergence times with the epidemiological record and concluded that the recombination event was likely to have occurred between mid-January and late March 1991.

Isolates from March and April 1991 close in sequence to the earliest recombinant isolate were from two northern provinces. By June 1991, the recombinant lineages had spread to two more provinces. By the end of that year, recombinant viruses were circulating by multiple chains of transmission.

Dr. Liu and associates performed sequencing on 33 additional vaccine-wild recombinants isolated from 10 provinces between 1991 and 1993. The results and the other data suggest that "the ancestral recombinant most likely arose during the mixed infection of one person," they say.

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**TWO CHILDREN SUSPECTED TO BE CARRYING POLIO VIRUS AFTER DOSE**

The Times of India reports two five-year old children in the Orissa'

Kendrapara district of India are suspected to be carrying polio virus after having received pulse polio dose in March, this according to health department sources. Both children fell ill after being administered the vaccine in March, 2000. A senior health department official said the matter is being thoroughly investigated by the department and who authorities.

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**POLIO, CIRCULATION OF VACCINE-DERIVED VIRUS**

A ProMED-mail post <http://www.promedmail.org>>

Source: Morbidity and Mortality Weekly Reports, Fri 26 Jan 2001/50(09);

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5003a3.htm>

The finding that vaccine-derived polioviruses may circulate under suitable conditions presents an additional challenge to efforts to eradicate polio worldwide. During the year 2000, circulation of type 1 vaccine-derived poliovirus in the Dominican Republic and Haiti was associated with 19 suspected polio cases. Nucleotide sequence relationships among Sabin 2-derived polioviruses isolated in China during the mid-1990s also were consistent with establishment of genetic lineages by person-to-person transmission.

This MMWR report summarizes the results of a study indicating that oral poliovirus vaccine (OPV)-derived poliovirus type 2 circulated in Egypt during the 1980s and early 1990s and caused widespread infection and paralytic disease. The findings underscore the need for countries using OPV to target communities with low vaccine coverage for intense vaccination activities to prevent circulation of both wild and vaccine-derived polioviruses.

During 1988-1993, 32 polio cases associated with vaccine-derived poliovirus type 2 were found in 8 of 27 Governorates in Egypt. Although initial antigenic characterization of the

isolates indicated that they had non-vaccine-like properties, nucleotide sequence analysis (i.e., comparing the 903 nucleotides encoding the major capsid protein, VP1) performed during 1999 revealed that all of the isolates were related (93%-96% nucleotide sequence identity) to the Sabin type 2 OPV strain (Sabin 2). The isolates were not related (less than 81% nucleotide sequence identity) to the wild type 2 poliovirus that had been indigenous to Egypt (last isolated in 1979) or to any other wild type 2 polioviruses. The isolates also differed from type 2 vaccine-derived polioviruses normally isolated from patients with acute flaccid paralysis that typically are related closely (>99.5% nucleotide sequence identity) to Sabin 2.

Both epidemiologic and genetic data among the 32 case isolates indicate extensive circulation of type 2 vaccine-derived polioviruses in Egypt during 1988-1993. Several type 2 isolates were associated with clusters of cases within the same Governorate, and sustained circulation of Sabin 2-derived poliovirus probably occurred in some communities. The isolates grouped into approximately 10 genetic lineages (corresponding to chains of transmission), and isolates from the same Governorate usually were closely related. The extent of VP1 sequence divergence from Sabin 2 was similar for isolates for any given year, and divergence increased at a nearly constant rate from 1988 to 1993. However, the sequence diversity (4%-5%) of the early isolates suggested that circulation had started several years before 1988.

Although the precise duration and extent of vaccine-derived poliovirus circulation in Egypt is uncertain because of gaps in surveillance before 1990, regression analysis of the VP1 evolution rate suggested that all lineages derived from one OPV infection that occurred approximately during 1982, and that progeny from that initiating



infection circulated in Egypt during 1982–1993. The time estimate of the initiating OPV infection is based on the assumption that the rate of VP1 evolution was nearly constant throughout the period of virus circulation.

Circulation of the Sabin 2-derived poliovirus occurred when OPV coverage probably was low in the affected communities. OPV coverage rates increased steadily in the mid-1990s, and no highly divergent vaccine-derived poliovirus isolates have been found in Egypt since 1993. Low OPV coverage following the elimination of at least one indigenous wild poliovirus serotype probably is critical for circulation of vaccine-derived polioviruses. Such conditions permit expansion of the cohort of children who are not immune to one or more poliovirus serotypes. The threshold rates of vaccine coverage needed to suppress circulation of vaccine-derived polioviruses are unknown but probably vary by poliovirus serotype and environmental factors (e.g., population density, levels of sanitation, and climate). However, when OPV coverage rates are sufficient to prevent circulation of wild polioviruses, they probably are sufficient to prevent circulation of vaccine-derived polioviruses.

Because the outbreak described in this report involved extensive person-to-person transmission of poliovirus, it differs from vaccine-associated paralytic polio (VAPP). Cases of VAPP are not linked epidemiologically or virologically to each other, but are associated with separate recent exposures to OPV. However, the early events associated with the circulation of vaccine-derived polioviruses may be similar to events associated with contact cases of VAPP: an unimmunized person is exposed to vaccine-derived poliovirus excreted by a recent OPV recipient. Excreted vaccine-derived viruses often are more virulent than the original OPV strains. Low levels of population immunity

may favor the selection and transmission of vaccine-derived variants with biologic properties indistinguishable from those of wild polioviruses.

The outbreak in the [the island of Hispaniola] involved circulating poliovirus type 1; the cases in China and Egypt (and possibly infections detected by environmental surveillance in Israel [9]) involved circulating type 2 vaccine-derived viruses. The type 2 OPV strain is the most transmissible of the 3 poliovirus serotypes. Because circulation of wild type 2 polioviruses probably has ceased worldwide, the only type 2 polioviruses infecting humans and conferring type-specific immunity are likely to be those derived from OPV.

The potential of vaccine-derived polioviruses to establish and maintain circulation has important implications for developing an appropriate strategy for the cessation of vaccination with OPV after wild poliovirus eradication has been achieved. Potential vaccine-derived poliovirus circulation also underscores the importance of maintaining high rates of poliovirus vaccine coverage worldwide. Countries using OPV should target communities with low vaccine coverage for intensified vaccination activities to prevent circulation of vaccine-derived and wild polioviruses. Countries using inactivated poliovirus vaccine [IPV] should take steps to ensure high coverage rates in all communities to prevent the transmission of imported polioviruses.

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*The following was sent to us by Dr. Gerry Bohemier, vaccine risk educator and co-founder of the Eagle Foundation in Winnipeg, Manitoba:*

It has been known in my circle that viral vaccines can and do 'mutate' and form new viruses which cause new diseases. This is never told to the trusting public who are compelled by our government and their medical advisors to get vaccinated for every so called 'preventable disease'.

The epidemics of tomorrow will be caused by these very 'mutated' viruses and resistant bacteria which are the resultant products of our germ warfare administered with reckless abandon.

Antibiotic resistant 'super germs' and mutant viruses would not happen if proper scientific studies would be performed by independent researchers prior to the licensing of these vaccines.

There are no long term scientific studies which have ever been done to certify that vaccinations as performed on the human race, are 'safe', 'effective', 'necessary', or even wise. The ongoing mass vaccination program worldwide is but a massive human experiment conducted without full and true informed consent.

This is therefore no less than scientific and academic 'FRAUD'. The casualties are beginning to come to light.

I leave you with a quote from independent Australian researcher, Dr. Viera Scheibner Ph.D. From her conclusions, having examined some 50,000 pages of published medical research papers, and reported in her book *Vaccinations...100 years of Orthodox Research shows that Vaccines represent a Medical Assault on the Immune System* ISBN# 0 646 15124 X: "Immunisations, including those practiced on babies, not only did not prevent any infectious diseases, they caused more suffering and more deaths than has any other human activity in the entire history of medical intervention. It will be decades before the mopping-up after the disasters caused by childhood vaccination will be completed. All vaccination should cease forthwith and all victims of their side effects should be appropriately compensated."

Is it not time for the people to ask their governments for immediate research into the long term effects of vaccines? Or must we continue to accept them with 'blind faith',?

*Think about it!, Dr. Gerry*

# NEWSCLIPS FROM THE MEDIA AND INTERNET

## NEW CONCERNS ABOUT MAD COW DISEASE IN CANADA

January 23, 2001  
excerpt from CBC News Online:  
<http://www.cbcnews.cbc.ca/>

“The federal government is studying the possibility that mad cow disease could exist in beef byproducts that are used in vaccines and cosmetics. Experts say hundreds of products contain ingredients made from bovine byproducts, including some common childhood vaccines such as tetanus, polio and diphtheria.

“Health Canada says it’s conducting risk assessments on vaccines. It says there is no evidence the risk exists, but it also says it can’t be ruled out. Health Canada says it’s considering import restrictions on any products that contain raw biological tissue.

“Again, experts say the risk is extremely low. But they say until more is known about the disease, it’s better to err on the side of caution.”

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## CURRENT LIST OF VACCINES USING BOVINE-DERIVED MATERIALS FROM COUNTRIES ON THE USDA’S BSE LIST

Dec. 23, 2000  
<http://www.fda.gov/cber/BSE/BSE.htm#usda>

Vaccines that use bovine-derived materials from countries on the USDA list include:

- Aventis Pasteur, S.A.’s Haemophilus influenzae type b conjugate vaccine,
- ActHIB® (ActHIB® is also marketed as OmniHIBT by SmithKline Beecham Pharmaceuticals)
- North American Vaccine Inc.’s diphtheria and tetanus toxoids

and acellular pertussis (DTaP) vaccine, CertivaT

- SmithKline Beecham Biological’s DTaP vaccine, Infanrix®
- SmithKline Beecham Biological’s Hepatitis A vaccine, Havrix®.

Vaccines that use bovine-derived materials of unknown geographical origin include:

- Aventis Pasteur, S.A.’s inactivated polio vaccine, IPOL®
- BioPort’s Anthrax vaccine
- BioPort’s Rabies vaccine
- Lederle Laboratories’ Pneumococcal polysaccharide vaccine, PNU-IMUNE® 23.

Bovine-derived materials used in the routine production of vaccines that are sourced from countries on the USDA list should be replaced with bovine-derived materials from countries not on the USDA list.

Working bacterial and viral seed banks and working cell banks that were established using bovine-derived materials sourced from countries on the USDA list should be re-derived with bovine-derived materials from countries not on the USDA list. However, master bacterial and viral seed banks established in a similar manner do not need to be re-derived; the potential risk presented by the master seed banks is even more remote than that presented by the working seed banks and is outweighed by the risk of altering the bacterial or viral vaccine through re-derivation.

These issues are of public interest and, therefore, the public should be informed about the safety of vaccines that used materials sourced from countries on the USDA list, and the assessment of the nature of any risk of vCJD from such vaccines.

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## U.S. REQUEST ON VACCINES IGNORED BY DRUG FIRMS

February 9, 2001  
[www.healthmall.com/newsletter.cfm](http://www.healthmall.com/newsletter.cfm)

For eight years, the Food and Drug Administration has repeatedly asked pharmaceutical companies not to use materials from cattle raised in countries where there is a risk of mad cow disease. But regulators discovered last year that five companies, including some of the world’s largest drug concerns, were still using ingredients from those countries to make nine widely used vaccines.

The five vaccine makers are GlaxoSmithKline, Aventis, American Home Products, Bioport and North American Vaccines (which was acquired by Baxter International last year). The five vaccine makers have now agreed to stop using the suspect materials, which include blood, fetal calf serum and meat broth.

But it will take a year or more to replace existing supplies with reformulated products because it can take months to grow cultures used in making vaccines. Both the companies and the agency say the current products are safe. They point out that the suspect ingredients, for the most part, are used only in the early stages of manufacturing, when cultures are grown. Blood, for instance, may be used to feed the bacteria and viruses in these cultures. The cultures are then significantly diluted in the final vaccine.

The Food and Drug Administration first asked the vaccine makers in 1993 to stop using materials from cattle raised in Britain and other countries where there was a threat of mad cow dis-

*NewsClips continued on page 35*

ease. In Dublin, Irish officials said banned nerve tissues had been found in a shipment of beef from Germany. The officials said they were raising the discovery "as a matter of urgency" with German officials.

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**SUBJECT: SIX-IN-ONE VACCINE SAFE AND EFFECTIVE**

*From: Michael Belkin*

Safe and effective? 2 died of "SIDS" in the study out of 423 total (1/2%). That's way out of line with "SIDS" frequency in the population...

Junk statistics again, vaccine manufacturer gets away with murder!!! MB

"Two children in the Hexavac group died of sudden infant death syndrome (SIDS) during the study, but an outside review concluded that the deaths were not related to the vaccine. Both children had been placed down to sleep on their stomachs, a practice that increases the risk of SIDS."

"I CAN'T believe this statement—it is always everything but a vaccine!"

"Disgusting!" commented Sheri Nakken, vaccine activist and educator who sent us the following Reuter's article posted on line January 26, 2001 at: [http://dailynews.yahoo.com/h/nm/20010126/hl/vaccine\\_1.html](http://dailynews.yahoo.com/h/nm/20010126/hl/vaccine_1.html)

NEW YORK (Reuters Health): A new vaccine designed to protect children against six different illnesses appears to provide similar immunity as a combination of two separate vaccines, according to results of a trial that compared the two regimens.

The new vaccine did cause a few more mild side effects after the

first dose, but the benefits of the vaccine heavily outweigh its drawbacks, one of the study's authors told Reuters Health.

"Reducing the number of injections will... be much welcomed by infants and parents," according to Dr. Luc Hessel, the executive director of the medical department of Aventis Pasteur MSD, the manufacturer of the new vaccine, Hexavac.

Hexavac, which is approved for use in the European Union (news - web sites) but not in the US, provides immunity against diphtheria, tetanus, pertussis (whooping cough), polio, hepatitis B and Haemophilus influenzae B (Hib).

In a study funded by Aventis Pasteur MSD, Hessel and his colleagues compared Hexavac to two of the company's other vaccines, a hepatitis B vaccine and Pentavac, which is designed to prevent the other five illnesses. At 2, 4 and 6 months of age, 423 children were immunized with Hexavac while 425 received the two other vaccines.

Based on 667 infants whose blood samples were available for analysis, the single vaccine induced similar immune reactions as the two vaccines, suggesting that it provided children with comparable protection against illness, the authors report in the December issue of the Pediatric Infectious Disease Journal.

The effects of the vaccines were not identical, however. Hessel's team observed that antibodies that protect against hepatitis B and Hib disease rose more slowly in the children immunized with Hexavac. But, according to the researchers, the differences should not have an effect on a child's immunity against the illnesses.

"The unique advantage of Hexavac is that it can protect against six diseases... with a single

ready-to-use injection," Hessel said. What may take up to 12 injections if vaccines are given separately, can now be accomplished with just three to four injections, he explained.

The vaccine "will also make it easier for countries that have not yet incorporated all these (vaccines) into their national immunization programs to adopt these vaccine recommendations more widely," Hessel said.

Despite the convenience of the single-dose vaccine, the researchers found that mild side effects and reactions at the site of the injection were more common in children who received Hexavac, but, overall, the differences were not statistically significant. Irritation at the injection site and mild side effects including irritability or unusual crying were significantly more common in the Hexavac group after the first dose, but not after the second and third doses.

Two children in the Hexavac group died of sudden infant death syndrome (SIDS) during the study, but an outside review concluded that the deaths were not related to the vaccine. Both children had been placed down to sleep on their stomachs, a practice that increases the risk of SIDS.

*SOURCE: Pediatric Infectious Disease Journal 2000;19:1119-1127.*

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**VACCINE PROVES A FAILURE – LEFT QUEBEC INFANTS OPEN TO CONTRACTING MENINGITIS**

Montreal Gazette article— 01/11/01

Gazette health reporter Aaron Derfel says that "Quebec public health authorities knew in the early 1990's that a vaccine against

*NewsClips continued on page 36*

a virulent type of meningitis was ineffective in protecting children under age 2, but they gave the children the shots anyway. Administering the vaccine to infants risked making them more susceptible to the potentially fatal bug later. In fact eight infants who were vaccinated later developed meningococcal disease—a bacterial infection that causes inflammation of the tissue in the brain and spine.” The province spent \$30 million to vaccinate 1.6 million people of all ages, including 110,00 infants under two. It was the largest vaccination effort since the polio campaign of the 1950’s. Despite the sweeping vaccination campaign, clusters of meningitis continued to appear. A study evaluating the ineffectiveness of the vaccine in children less than two years of age was recently published in the Journal of the American Medical Association (Jan.10/01). “Across Canada each year, there are about 250–300 cases of meningococcal disease, usually during the winter months. Most are isolated cases.”

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**PROCEEDINGS OF THE  
FOURTH NATIONAL  
IMMUNIZATION CONFERENCE  
CONVENED IN HALIFAX  
DECEMBER 3–6, 2000**

Proceedings can be accessed on line at: <http://www.hc-sc.gc.ca/hpb/lcdc/events/cnic/index.html>  
The Conference was a joint effort of Health Canada, the Canadian Paediatric Society, and their corporate partner, pharmaceutical giant Wyeth-Ayerst Canada Inc. Dr. Tore Godal, Executive Secretary of GAVI (Global Alliance on Vaccines and Immunization) presented the opening key note address. GAVI is a

“coalition of partners from the private and public areas including WHO, UNICEF, the Bill and Melinda Gates Children’s Vaccine Program, the pharmaceutical industry, the World Bank.” It’s goal is to vaccinate every child on the planet. It’s seed money of \$750 million was donated by the Gates Foundation, with additional “significant donations from the US Congress, governments of Holland and Norway.”

A theme that has become a mantra regurgitated by health officials is that the success of vaccines in conquering infectious diseases has made the public complacent about vaccination and that we the people are a fickle and unappreciative lot for turning our attention to vaccine risks.

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**CANADIAN UPDATE: CHALLENGES AND OPPORTUNITIES**

Success has led to complacency—this was one of the challenges to immunization cited by Dr. Arlene King, Infectious Diseases Division, Centre for Infectious Disease Prevention and Control, in her plenary session this afternoon. Without the experience of vaccine-preventable diseases the public is more concerned with the adverse effects of immunization than the diseases it protects against. Other challenges are the new, complex vaccines coming onto the market that require strategic implementation for optimal timing, and the lack of immunization registries in most provinces.

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**COMPUTER TRACKING REGISTRIES ARE COMING!**

“The goal on immunization registries is to have them in place in all jurisdictions by March 31, 2003. A survey is currently under

way to assess the work that needs to be done on the first goal, harmonization of programs across the country. It is hoped that a status report on a National Immunization Strategy will be ready to present to the Conference of Deputy Ministers by June of 2001.”

*Editor’s Note: For those concerned with defending medical privacy, the proposed vaccine tracking system will make your children’s vaccine records available to the medical establishment across the country, and will invariably increase the ability of vaccine policy makers to escalate the harassment of parents who choose to defer from vaccine schedules. In the U.S., vaccine risk and awareness groups are working hard to insure that computerized vaccine tracking systems are not permitted to include vaccine status information, without express consent from parents. Canadian parents must become vocal on this issue and demand that their right to opt out of any tracking system be upheld as a basic tenet of medical freedom and privacy.*

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## 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

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

by Dr. Randal Neustaedter.

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

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

### **The Case Against Immunizations**

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

### **The Immunization Resource Guide**

by Diane Rozario  
1-800-431-1579

### **Natural Alternatives to Vaccination**

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

### **Vaccination—The Hidden Truth**

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## **Vaccination: The Hidden Truth**

Powerful new video featuring five medical doctors on how vaccines are harming children's health.

Cost \$40.00 plus \$5.00 postage.

Order from VRAN

# Vaccination Quotes From Doctors And Scientists

“The only safe vaccine is a vaccine that is never used.” —*Dr. James A. Shannon, National Institutes of Health*

“My suspicion, which is shared by others in my profession, is that the nearly 10,000 AIDS deaths that occur in the United States each year are related to one or more of the vaccines that are routinely given children. The pertussis vaccine is the most likely villain, but it could also be one or more of the others.” —*Dr Mendelsohn, M.D.*

“Only after realizing that routine immunizations were dangerous did I achieve a substantial drop in infant death rates. The worst vaccine of all is the whooping cough vaccine... it is responsible for a lot of deaths and for a lot of infants suffering irreversible brain damage. In susceptible infants, it knocks their immune systems about, leading to irreparable brain damage, or severe attacks or even deaths from diseases like pneumonia or gastro-enteritis and so on” —*Dr Kalokerinos, M.D.*

A case-control study has shown that 41 percent of meningitis occurred in children vaccinated against the disease. The vaccine's protective efficacy was minus 58 percent. This means that children are much more likely to get the disease if they are vaccinated. (JAMA, 1988,—*Osterholm et al., 260: 1423-1428.*)

“Every day new parents are ringing us. They all have the same tragic story. Healthy baby, child, teenager, usually a boy, given the DPT (diphtheria, pertussis and tetanus) or DT (diphtheria and tetanus), MMR or MMR booster followed by a sudden fall or slow, but steady decline into autism or other spectrums disorder.” —*The Hope Project (Ireland)*

“The medical authorities keep lying. Vaccination has been a disaster on the immune system. It actually causes a lot of illnesses. We are changing our genetic code through vaccination.” —*Guyline Lanctot M.D. Canadian author of the best-seller 'Medical Mafia'*

Jonas Salk, inventor of the IPV, testified

before a Senate subcommittee that nearly all polio outbreaks since 1961 were caused by the oral polio vaccine.

“This... forced me to look into the question of vaccination further, and the further I looked the more shocked I became. I found that the whole vaccine business was indeed a gigantic hoax. Most doctors are convinced that they are useful, but if you look at the proper statistics and study the instances of these diseases you will realize that this is not so... My final conclusion after forty years or more in this business [medicine] is that the unofficial policy of the World Health Organization and the unofficial policy of the 'Save the Children's Fund' and... [other vaccine promoting] organizations is one of murder and genocide... I cannot see any other possible explanation... You cannot immunize sick children, malnourished children, and expect to get away with it. You'll kill far more children than would have died from natural infection.” —*Dr Kalokerinos MD*

“There are significant risks associated with every immunization and numerous contraindications that may make it dangerous for the shots to be given to your child... There is growing suspicion that immunization against relatively harmless childhood diseases may be responsible for the dramatic increase in autoimmune diseases since mass inoculations were introduced. These are fearful diseases such as cancer, leukemia, rheumatoid arthritis, multiple sclerosis, Lou Gehrig's disease, lupus erythematosus, and the Guillain-Barre syndrome.” —*Dr: Mendelsohn, M.D.*

“Probably 20% of American children—one youngster in five— suffers from “development disability”. This is a stupefying figure. We have inflicted it on ourselves... “development disabilities” are nearly always generated by encephalitis. And the primary cause of encephalitis in the USA and other industrialized countries is the childhood vaccination program. To be specific, a large proportion of the millions of US children and adults suffering from autism, seizures, mental retardation, hyperactivity, dyslexia,

and other shoots or branches of the hydra headed entity called “development disabilities”, owe their disorders to one or another of the vaccines against childhood diseases.” —*Harris Coulter*

“All vaccination has the effect of directing the three values of the blood into or toward the zone characteristics of cancer and leukemia... Vaccines do predispose to cancer and leukemia.” —*Professor L. Vincent, founder of Bioelectronics*

“The incidence of asthma has been found to be five times more common in vaccinated children.” —*The Lancet, 1994*

“There is no doubt in my mind that in the U.K. alone some hundreds, if not thousands, of well infants have suffered irreparable brain damage needlessly (due to being vaccinated).” —*Prof. G. Stewart, Dev. Biol. Stand. Vol. 61: pp 395-405. 1985*

“In the USA the vaccination lobby has made the US Government shoulder the vaccine manufacturers liabilities. The Government established a National Vaccine Injury Compensation Program in 1986 and has paid out in excess of \$US 1 billion to families for vaccine injuries, mainly from the whooping cough vaccine. The Vaccine Adverse Events Reporting Scheme of the FDA admits 11000 reports annually and agree that only 10 to 15% of adverse reactions are reported.”

“Studies have shown that while the oral polio vaccine contains three strains of polio virus, a fourth strain can be cultured from the faeces of vaccine recipients. This indicates that viruses have recombined and formed a new strain in the process of vaccination.” —*Virology, 1993.*

The HEW reported in 1970 that as much as 26 percent of children receiving rubella vaccination, in national testing programs, developed arthralgia or arthritis. Many had to seek medical attention and some were hospitalized to test for rheumatic fever and rheumatoid arthritis. —*Science, US, March 26, 1977*