VRAN Newsletter
Dec. 01-Feb. 02
Vaccination Risk Awareness Network Inc.

Vitamin A, Measles and Other Infectious Diseases

Hilary Butler

Author's Note: This article was my response to questions from a health professional who wished to know more about that makes viral diseases dangerous, and what we could do about it. It should be read in that context.

Why is measles potentially dangerous? What goes wrong? What can we do to prevent complications? What is known about how vitamin A and vitamin C works? Is vitamin A relevant only to measles?

Vitamin A and Measles

My starting point is from *Nutrition and Immunity* (Ranjit K Chandra, 1988) - a book worth reading.
Page 257 - "Current evidence suggests that the complications following measles, are probably closely linked to immuno-deficiency, occur during and soon after the exanthem [spots], in the medium term thereafter, and many years later."

While the following paragraph is technical, and here primarily for those with a medical background, lay-readers might just want to 'snorkel' and get the general drift.

"We have conducted a number of studies to relate the immunodeficiency of measles to the subsequent course of the disease ....these studies, which were carried out during the acute stage of measles, have shown a critical breakdown of defence mechanisms that could be linked to severity of outcome. It was demonstrated that profound immunosuppression in early measles, which chiefly affects the T and B-cell subpopulations and the specific antibody response to measles, in most cases distinguished between children who subsequently died or developed persistent pneumonia (> 6 weeks) from those who recovered. Seventy-seven percent of children with a lymphopenia (1) of < 2,000 cells/mm (to the power of 3) during the rash failed to recover, 30% died and 47% developed chronic chest disease. All the patients who died and many of those who progressed to chronicity failed to produce adequate complement-fixing anti-bodies. When depression of immunity was less severe (> 2,000 lymphocytes/mm3) recovery was more frequent and mortality insignificant. Sequential studies revealed that the severe quantitative defect in lymphocytes was transient in the majority. When this effect persisted for at least 15 days after appearance of the rash, it was nearly always associated with a poor outcome. In the group of children who finally recovered, there was a more rapid reversal of immunoparesis (2) than in those who died or developed chronicity. Severe lymphopenia (< 2,000 cells/mm3) as an index of clinically severe measles was uncommon in mild cases (5%) and was present in 9% of non-measles hospital infections.

1 reduction of white cells
2 the "paralysis" of the immune system

Vitamin A and Measles cont. on page 10

INSIDE THIS ISSUE

Page
14 - Lies and Damned Lies
17 - Vaccines & Anaphylaxis
20 - IOM Report
21 - Letters
25 - Newsclips
30 - Wakefield Update
28 - Heopathy for Children

Editorial

Edda West

VACCINATIONS - THE EROSION OF NATURAL IMMUNITY

Recently a young mother contacted me on the advice of the owner of her local health food store, who suggested I might be able to provide her with vaccine information. She recounted what had happened to her baby after a 'routine' vaccination, and wondered if I had ever heard of anything like this happening to other children. I told her I had met many parents over the years whose children have suffered adverse vaccine reactions, and that her story was sadly all too familiar.

Six months ago, her 20 month old baby started seizuring and collapsed while the family was out hiking on a mountain trail. The terrified parents thought their child was dying in front of their eyes. Five days earlier, the local public health nurse had injected the baby with 8 vaccines at the same time. One shot contained Pentacel,

Editorial cont. on page 6

VRAN NEWSLETTER

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

With thanks to Lisa Farr for the newsletter layout.

Statement of Purpose

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

VRAN's Mandate is:

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

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

VRAN website: www.vran.org

DISCLAIMER

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

VRAN NEWS

FUNDRAISING UPDATE

We wish to express our deep appreciation to the many VRAN members whose generosity of spirit has inspired you to respond to our fundraising appeal. To date, we are still far short of securing our operating budget for this year, which means a continuous appeal for fundraising help. This help can be in the form of direct donations to VRAN, where a donation of $150 or more also brings you the special bonus of Walene James' classic book, "Immunization – The Reality Behind the Myth".

We also feel that expanding our membership base is an important way of raising money. As a VRAN member, please consider helping us invite new members to join. If you sponsor 5 or more new members, we will send you a complimentary set of 20 newsletter back issues, a rich compilation of articles spanning 8 years. The complete set of 20 newsletters is a $60 value. For those of you interested in attracting new members, we will be happy to supply you with free VRAN brochures, and extra sample newsletters to give people an idea of the quality of information we publish.

Ideally, VRAN should have a fundraising committee whose focus is to create funding ideas, strategies and events. We would be most grateful to hear from members interested in helping us create a strong financial life line for VRAN.

The editorial article in this issue gives you a glimpse into the mechanisms by which vaccines skew natural immunity and increase children's vulnerability to infections. It is absolutely crucial for parents to come to grips with this knowledge, and understand the magnitude of the crisis at hand, because "the immunological integrity of our babies, children and future generations depends on it." (Hilary Butler)

Won't you please help us insure that this essential information remains accessible to all families who are seeking deeper understanding and a knowledge base with which to protect their children's health.

REMEMBERING MIKE WILSON

In the far reaches of northern Alberta, Mike Wilson waged a solitary campaign to educate people in his community about vaccine dangers. Mike Wilson passed away suddenly from a heart attack on December 25, 2001, leaving behind his dear wife Linda, beloved young son Kevin and extended family of grown children.

For years, Mike worked tirelessly raising vaccine awareness in his community, writing articles for local newspapers, distributing vaccine information materials, and ensuring that the public library was stocked with the best books on the subject. Mike was a passionate researcher - always on the lookout for new therapies and healing modalities that could potentially help his vaccine injured son Kevin and other vaccine injury victims. Mike worried about the large numbers of special needs children in his northern community who have been labelled as 'fetal alcohol syndrome' babies, many of whom he suspected are in fact also vaccine injury victims.

Only a few weeks before his death, Mike wrote us an ecstatic, hope filled

VRAN News cont. on page 3

VRAN News cont. from page 2

letter describing the remarkable progress 7 year old Kevin was beginning to make after undergoing a series of Hyperbaric Oxygen treatments some practitioners are finding helpful with cerebral palsy patients. Said Mike – "Kevin can now stand up on his own from a sitting position, he can reach out and coordinate two hands in unison, picking up a glass and drinking from it with minimal mess – first time he has had a glass in his hand in seven years and first time standing EVER! His awareness of the world around him is at least five fold, maybe more, and his walking is coming up to par. Kevin is 24 hours a day. Our time seems to be all used up before the day starts, but I am putting together many paragraphs and pages for Kevin's story. I know how important it is to get the story out!!" Thank you Mike, for all the passion and dedication you poured out from your deeply caring and loving heart, in the spirit of enabling families everywhere, to make safer and healthier choices for their children.

GETTING TO THE TRUTH OF THE MATTER - by Rita Hoffman

VRAN core member Rita Hoffman's one woman crusade to get to the truth of why her son developed life threatening anaphylaxis after vaccination has led her to the belly of the bureaucratic beast that protects corporate interests over children's health, and obstructs public access to vaccine adverse reaction information.

My anaphylactic child's life depends on our ability to read ingredient labels. Minute quantities of peanut, tree nut, sesame, milk, or egg have the potential to kill him. Food manufacturers put ingredient lists on their packaging. Most personal care products now carry ingredient labels and manufacturers that don't will readily answer ingredient requests when you contact them.

Why then, am I having difficulty finding out exactly what was injected into my child's body in the form of a government mandated vaccine? My Access to Information request to Health Canada for a 100% composition of the vaccine lots that my child received was answered with, "I regret to inform you that the exact composition of these vaccines cannot be disclosed to you as the information is protected under ATIA (Access to Information Act) Section 20(1)(a)(b)(c). This is a mandatory exemption which protects confidential business information. The Act, under Third Party Information, states, 20.(1) Subject to this section, the head of a government institution shall refuse to disclose any record requested under this Act that contains a) trade secrets of a third party; b) financial, commercial, scientific or technical information that is confidential information supplied to a government institution by a third party and is treated consistently in a confidential manner by the third party; c) information the disclosure of which could reasonably be expected to result in material financial loss or gain to, or could reasonably be expected to prejudice the competitive position of, a third party; or d) information the disclosure of which could reasonably be expected to interfere with contractual or other negotiations of a third party."

When I protested, Health Canada sent me the package inserts which seemed to list most of the ingredients in the Quadracel product (as shown in the VRAN newsletter June-Aug 2001, page 17), along with extremely limited information about the Haemophilus B (Hib) vaccine. The composition released regarding Act-Hib is "Haemophilus B conjugate vaccine contains purified capsular polysaccharide covalently bound to tetanus protein." Surely the Hib vaccine contains more ingredients than that. The fact that there have been at least four different

VRAN News cont. on page 4

DID YOU KNOW ?

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

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

VRAN News cont. from page 3

versions of the Hib vaccine complicates the question - what have these vaccines used as ingredients and adjuvants?

Dr. Viera Scheibner's article in December 2000's Nexus Magazine entitled "Adverse effects of Adjuvants in Vaccines" states, "There are several types of adjuvants*. Today the most common adjuvants for human use are aluminum hydroxide, aluminum phosphate and calcium phosphate. However, there are a number of other adjuvants based on oil emulsions, products from bacteria (their synthetic derivatives as well as liposomes) or gram-negative bacteria, endotoxins, cholesterol, fatty acids, aliphatic amines, paraffinic and vegetable oils."

**Chemical substances which are supposed to enhance the immune response to the vaccine, called adjuvants.*

If Health Canada is going to mandate these vaccines then they need to stop protecting the profits and trade secrets of pharmaceutical companies and come clean about what is being injected into babies.

A June 9, 2001 article entitled "List shows pesticides laced with unlabelled substances" in the Globe and Mail stated that "Pesticides contain a slew of unusual ingredients, ranging from peanut butter and cookies to cancer-causing agents, according to a federal list of the roughly 5,000 non-active ingredients found in Canadian pest and weed killers." A few days later on June 13, 2001 the Globe and Mail reported that Allan Rock would introduce legislation to require companies to list all toxic ingredients, plus those that may cause allergies or other health problems. Rock is quoted in the article as saying the legislation "will be intended to strengthen the regulatory capacity of government to make sure Canadians know what products are being used to control pests." At the very least current Health Minister Anne McLellan should introduce legislation ensuring parents and individuals are given a list of toxic ingredients and potential allergens in vaccines prior to administration.

My Access to Information request for a list of Adverse Reactions connected to the vaccine lot numbers that my child received was even more shocking. My child received 8 lots of vaccine between 1993 and 1995. The initial response from Health Canada was that "program officials involved estimate that it would take 120 hours to search for this information, which is not currently available on a computerized database. We also estimate that 5 hours would be required to prepare the records for disclosure. This means there is a potential $1200 fee (the standard rate under ATIA is $10 per hour) and we would require you to pay a 50% deposit. If you wish us to proceed with this task would you please submit a cheque or money order for $600 made out to the Receiver General of Canada."

I thought, this has to be a joke! To get a list of adverse events for 8 vaccine lots was going to cost me $1200! My response included "This is an absolute outrage. Our children's health is left up to non-computerized information that seems to have been just shoved willy nilly into files." Health Canada replied saying that there should be a computerized database available in the near future that may permit the kind of search you requested. I am to contact them in March for further details. It is clear that Health Canada has not made vaccine adverse event reporting or the documentation of such events a priority.

CANADIAN AUTISM CONFERENCE

The Montreal based autism society, ATEDM is hosting its third international conference on May 3-4, 2002. There will be many dynamic presenters, including Dr. Stephanie Cave MD, who has treated hundreds of children who have regressed into autism spectrum disorders following vaccination. Her presentation will include information on the history and characteristics of vaccines, the contents of various shots and the safety records to date. An important focus of her talk will be the link between autism and vaccinations. Another important presenter is Professor Boyd E. Haley who will talk about the neurotoxicity of ethylmercury (thimerosal), its ability to cause "rapid death of human neurons in culture" and it being a prime suspect for the etiology of autism. For conference details, please call 514-524-6114 or email: atedm@sympatico.ca

BRITISH COLUMBIA REPORT

- by Susan Fletcher

Enthusiastic VRAN member Susan Fletcher has taken on the role of watchdogging the B.C. medical establishment's vaccine policies. A formidable letter writer with the advantage of a science background and finely honed analytical skills, Susan is going for the proverbial "juggular" – challenging false statistics and unjustifiable expansion of the infant & child hepatitis B vaccine program.

Subsequent to my findings of false statistics in a flu vaccine promotion by medical health officer Dr. Paul Martiquet, I discovered his statements, that in the year 2000, "6,000 died as a result of flu or its complications" couldn't even be checked since Health Canada's flu mortality statistics for 2000 were not yet available! After complaining to the publisher of the newspaper where these stats could be read, I received an email written to the editor by Dr. Danuta Skowronski of the BC Centre for Disease Control Society (BCCDC) explaining the reasoning behind the statistics they use to describe influenza incidence and mortalities. Dr. Skowronski said "In the medical literature, P&I (pneumonia and influenza) mortality are used as the basis for comparing influenza severity and intensity from year to

VRAN News cont. on page 5

VRAN News cont. from page 4

year." She gradually increased her figures as the email lengthened until she finally said "We estimate that about 18% of the population is affected by influenza each year." This works out to 738,000 as of June 2001, quite a sum considering only about 10% of all influenza-like illness is caused by influenza virus.

Therefore, I decided to tackle BCCDC; on Dec 10, 2001 I wrote a letter to Minister of Health Colin Hansen noting my perception of inflated statistics and how they might impact government decision-making re vaccine funding as well as acceptance of the vaccine by the public. Copies were sent to Auditors General of BC and Canada, Premier Gordon Campbell, The Canadian Taxpayers Federation, members of several BC political parties, The Council of Canadians and The Canadian Centre for Policy Alternatives. The latter three groups have not replied, nor has the Minister of Health (maybe he's still reading the smallpox article I included with his!); the AG of Canada said it is not in her jurisdiction; Gordon Campbell forwarded his letter to Hansen; the AG of BC thought the subject to be out of his jurisdiction but did say "I intend to conduct audits of performance information in the health sector in the coming [emphasis mine] years..." (and this before budget cuts!!). Mark Milke said "the Canadian Taxpayers Federation does not become involved in campaigns against immunization." However, after I suggested VRAN members might be unwilling to contribute to his organization if they heard of this, he replied that the statistics problem was "a scientific battle" he is unqualified to judge. To this I said "...when it comes to that holy of holies, 'immunization', it seems nothing is too good. Why should BC taxpayers have to foot the bill for any and all immunization schemes the BCCDC dreams up, using their own inflated case and mortality figures to compute cost/benefit ratios?" Mr. Milke replied in two emails, one right after the other, saying he hadn't changed his position and that he thought that people should support his group even though they disagree with some of their policies.

Later I sent a similar letter concerning the questionable stats to Phil Hassen, CEO of the new Vancouver Coastal Health Authority, and eventually, via their Chief Medical Health Officer, Dr. Blatherwick, reached Dr. Skow.... herself. On Feb 21st Edda and I had a conference call with her and later wrote her a letter asking for references for her influenza figures as well as responses to 6 other 'bones of contention'.

The second major thrust has been the initiation of a petition for the withdrawal of the infant and childhood hep B vaccine programs in BC. At the annual health fair in Sechelt, I gathered 65 names and sent them off to Mr. Hassen. This ended up at Dr. Blatherwick's desk and although his mind is shut on the issue and, it seems, he is the person to make decisions re vaccinations for his health authority, we have had some very interesting back and forth re vaccinations in general. His last letter included a 1997 report of the Vancouver/Richmond Health Board which explains their rationale for requesting an infant hep B program. I have written a critique (see www.point2point.ca/index) of this dubious analysis and will be using same to fuel the petition! Currently I have petitions at health food stores and other locations on the Sunshine Coast and await your request for a petition form and one-page article on hep B vaccine (see the long version at www.suncoastcentral.com). Email me at susanfletcher@armourtech.com. LET'S GET THIS GOING ACROSS CANADA!

Finally, I'm in the midst of writing to (somewhat) renegade dentist, Dr. Hardy Limeback, to ask him to look at the connection between flourides and vaccinations. I'm telling him parents whose children are to be treated with topical flouride need to receive complete information about the risks of this procedure including the increase of risks if the children are vaccinated.

Petition

A petition to withdraw the hep B vaccination programs in British Columbia

WHEREAS there is a pressing need for healthcare funds
AND WHEREAS the hep B vaccine is very costly to purchase and administer
AND WHEREAS the hep B vaccine carries considerable adverse risks thereby increasing the demand for health care funds
AND WHEREAS the hep B vaccination programs in BC are inappropriately targeted to infants and children, age groups that are extremely unlikely to suffer infection from hepatitis B.

WE the undersigned respectfully request that the current infant and school child hepatitis B vaccination programs in BC be discontinured forthwith.

Signature	Name (printed)	Address

Editorial cont. from page 1

comprising 5 vaccines in one (DPTaP & Hib)*, while the other contained the triple live virus Measles, Mumps and Rubella vaccines (MMR).

*(Diphtheria, Polio, Tetanus, acellular Pertussis and Haemophilus Influenza B)

Speeding down windy mountain roads to the local hospital emergency room over an hour away from where they live, they prayed that their little boy could hold on, and survive the relentless seizures that wracked his little body, unaware that their baby was in the throws of a delayed vaccine reaction.

At the hospital, the baby was sedated with heavy doses of seizure control drugs, and remained hospitalized for many weeks before he eventually stabilized. He is back at home now, still on medication to prevent the seizures from breaking through. No one knows at this point if the seizure induced oxygen deprivation he suffered will lead to any permanent neurological damage. Only time will tell as he grows and reaches developmental milestones.

It has been a six month agonizing ordeal for this family. At first wondering if their baby was dying from a brain tumour, which was eventually ruled out, then after repeated questioning and speculation about what happened to their previously healthy child, the medical people reluctantly admitted that the baby had "possibly" suffered an adverse vaccine reaction. This was the first inkling these parents had that vaccines can cause life threatening trauma. None of the vaccine providers who had injected the baby, had disclosed any risk information whatsoever prior to this vaccination or previous ones he had received.

The old paternalistic model of the doctor knows best - "trust us, we know what's best for your child", hangs on as the authoritative influence that continues to dominate the mass mind. Most parents obediently, and trustingly submit their babies to routine multiple vaccinations, without question and without any prior information that would alert them to vaccine risks. Unless a child suffers a vaccine reaction, few realize that they have been denied the right to Informed Consent, or that vaccine providers routinely violate this foundation medical ethic which requires full disclosure of risks, **prior** to medical treatments that carry a risk of injury and death, as vaccines do. The rationale for violating core medical ethics in withholding vaccine risk information is that a frank disclosure might frighten some parents away. Better to lie and deny than to lose customers!!

Unreported in the Canadian media, all hell has broken loose in Britain over the MMR vaccine controversy. For months, media headlines have focused on the escalating tensions between government spindoctors who, despite the mounting evidence, insist there are no problems with the vaccine, and a mistrusting public who feel betrayed by government lies over the mad cow fiasco. More than a thousand families have launched a class action on behalf of children who have suffered neuroimmune injuries, autistic spectrum disorders and death following MMR vaccination. Vaccination rates have plummeted as parents try to figure out whether their children are better off remaining unvaccinated, and vulnerable to catching measles, or whether to opt for the single measles jab now being offered in private clinics all over the country.

If the pervasive climate of denial and deception surrounding vaccine risks and injuries weren't bad enough, adding insult to injury are elaborate PR campaigns hatched by vaccine policy makers to keep the public smartly in line and compliant with the ever increasing vaccine agendas - and aimed at keeping a tight lid on the audible rumblings that signal a vaccine rebellion brewing world wide.

Concurrent with eroding public confidence in vaccines, damage control is swinging into high gear. Determined to quash rising fears that multiple vaccines are crippling children's immune systems, the resident powerbrokers at the American Academy of Pediatrics (AAP) have spun a new manifesto that debunks any association with multiple vaccinations and the unprecedented explosion of debilitating chronic disorders affecting the immune and neurological systems of children today.

Published in the January 2002 issue Pediatrics, a new survey by Dr. Paul Offit and associates says that infants have strong immune systems from birth, are capable of tolerating thousands of vaccines, that vaccines don't weaken or overwhelm the immune system and urges us to believe that "by providing protection against a number of bacterial and viral pathogens, vaccines prevent the 'weakening' of the immune system.(1)

Reassuringly, they estimate that if a baby received all 11 available vaccines at once, this would "use up" only 0.1% of the immune system, and that the number of protein antigens* in these multiple vaccines is less today than was contained in smallpox vaccine in the past – only 130 proteins today, whereas there were 200 in smallpox vaccine. "Compared with the vast exposure children have to microbes in their environment and in their own bodies, Offit says, 'a vaccine is just a drop in the ocean'." (1) But

...the newborn immune system is very distinct from the adolescent or adult.

Editorial cont. on page 7

Editorial cont. from page 6

the most stunning, bend your mind statement is that an infant's immune system has the "theoretical capacity" to respond to roughly 10,000 vaccines at any one time. (2)

Hearing these unbelievable utterings by Dr. Offit on CBC's As It Happens on January 8 stopped me dead in my tracks. Say what? Ten thousand vaccines at the same time????!!!! How incredibly gullible and stupid they must think we are. Vengeful images came gleefully to mind - let's put his theory to practice and shoot him up with a few thousand doses of vaccines and see what happens to his immune system.

In light of disclosures made at recent Congressional hearings delving into conflicts of interest that permeate the highly lucrative field of vaccine development and marketing, we have to ask **why should the public trust anything coming from an appointed mandarin of the drug industry who has a financial stake in the vaccine market**, who holds a patent on a rotavirus vaccine, and who received money from Merck to develop this vaccine? Dr. Offit is paid by the pharmaceutical industry to travel around the country (U.S.A) and teach doctors that vaccines are safe. He is a member of the CDC's advisory committee on vaccines and voted to recommend adding the rotavirus vaccine to infant immunization programs in the U.S. despite preliminary studies that found major problems with this vaccine. (3) The rotavirus vaccine was subsequently withdrawn when numbers of infants developed severe bowel obstructions, and some died after vaccination.

For decades parents have been programmed to fear the hordes of pathogens poised to attack their children. And now we are being told, no problem - babies can easily handle all the bugs floating around, as well as a whole slew of injected, lab altered, genetically engineered viral and protein particles floating in a toxic brew of chemical additives and preservatives……….????? What is wrong with this picture? The first question that comes to mind is - if the infant's immune system is so mature and resilient, and capable of coping with oceans of microbes, why on earth do we need vaccines in the first place?

Taking a look at what other researchers have to say about the infant immune system, it's resiliency, it's fragility and whether vaccines have the potential to profoundly skew a baby's immune system, sheds a very different light on the question. Fundamentally, there seems to be a general consensus that there are functional differences between infant and adult immune responses, and that disruption to the immune system early in life can have life-long permanent effects.

"I would challenge any colleague, clinician or research scientist to claim that we have a basic understanding of the human newborn immune system. It is well established in studies in animal models that the newborn immune system is very distinct from the adolescent or adult. In fact, the immune system of newborns in animal models can easily be perturbed to ensure that it cannot respond properly later in life", said Dr. Bonnie Dunbar, Professor of Immunobiology with specialist work in vaccine development and autoimmunity for over 25 years, in testimony given to the U.S. Senate in May, 1999 where she appealed to the Senate for a moratorium on Hepatitis B vaccine, which she maintains is extremely dangerous, and carries the risk of serious debilitating side effects.

New Zealand researcher and vaccine educator Hilary Butler, has spent decades pouring over published medical literature unearthing data on the effects of multiple vaccinations on the human immune system, and believes that it is absolutely crucial for parents to come to grips with, and understand current immunological research because **"the immunological integrity of our babies, children and future generations depends on it."**

In her landmark position paper, The Role of Vaccines in SIDS, Butler explains the intricate workings of the infant immune system, its division into two broad areas of Th1 and Th2 cytokine* functions, and the sequential phases of maturation. Underscored in the research cited is that immunological learning **"is an absolute necessity, and these systems have evolved in the "anticipation" of appropriate inputs provided in an appropriate sequence after birth, and continuing throughout life."** (5) Butler emphatically highlights the critical role of breastfeeding which is designed to protect the integrity of the infant's early immune responses and ensures the rapid transition from Th2 to Th1 responsiveness.

* It is known there is a third cytokine group, but it's function is as yet unknown.

Th1 immunity, also known as cellular immunity, **is the primary mechanism in fighting all infections and cancer.** The Th1 system is the first line of defense that launches a clear sequence of events with a focus of "find that thing, collect it, show us what it is and at the same time destroy it." The other side of this cytokine relationship is the Th2 system, also known as humoral immunity, which is activated further down the line and governs the long term memory and antibody responses of the immune system. **"In order for there to be a long-lasting antibody response, there must be a strong Th1 response."** (4)

"The key to fighting infectious diseases is to have a strong Th1 immune system. The assistant to helping prevent a repeat attack is Th2. They work hand-in-hand, but a healthy immune system is Th1 focused, since "*search and destroy*" is the most needed capacity of the immune system in every day life".

Editorial cont. on page 8

Editorial cont. from page 7

Explains Butler – "When a mother is pregnant, her pregnancy is controlled by cytokines, and requires a suppression of her immune system with a predominance of Th2 cytokines in order not to reject her baby…… After the 'Th2 skewed' baby is born, the mother's immune system changes back to normal very quickly, and breast-milk quickly helps start the process of changing the baby's balance towards a Th1 dominance."

Immunoglobulin A (IgA) in breast-milk primes the baby's immune system, along with multiple other immune factors which stimulate the immune system, providing a buffer against many infectious processes, and enables the development of the baby's Th1 immune system. "Anyone who knows the medical facts cannot avoid the logical conclusion that breastfeeding is the single most important thing already provided to a woman that is specifically designed to ensure a rapid assisted transition to a Th1 immune system, and for the long-term health of her child."

"The first 24 months of life are the most crucial time for a baby to learn "natural" immunity. The portal of entry, and learning pathways of the Th1 system help teach and mature the immune system, and help to prevent both allergy-development and auto-immune disease. Inhaled and swallowed "antigens" of many different kinds are processed, with the help of immunological factors in breast-milk, the baby's cued-in immune system, through the mucous membranes and the various "layers" of the internal immune system, which then turns over to the Th2 system to produce an **end-point** called antibodies." (4) **"The second essential role of the information input that the immune system anticipates in the early months and years of life is in the fine-tuning of the T cell repertoire." –** (Immunology Today, March 1998)

Vaccinations injected into the body by pass the normal portals of entry, disrupt the "fine-tuning of the T cell repertoire", and disable the immune system from mounting a strong Th1 response. The 'be-all and end-all' goal of vaccination is to trick the immune system into making antibodies. But at what cost?

Vaccinations artificially manipulate the Th2 system and endanger the delicate natural balance of the cytokine system. A healthy immune system has a "bias" towards Th1. Published medical research makes it clear that vaccines can and do skew the immune system towards the chronically reactive Th2 system. **"People who have allergies, asthma, immune system problems and diseases with an auto-immune origin have what is known as a <u>Th2-skewed</u> immune system".** (4)

It was always assumed that vaccines were sort of the same as natural infection because they stimulate the immune system to produce antibodies, and antibodies were thought to be the definitive protection from disease. But after the disaster in Africa in the late 1980's, "when a trial of new high potency measles vaccine (Edmonston-Zagreb) caused hundreds, if not thousands of children to die as a result of immune suppression, scientists finally admitted that they didn't have the foggiest as to how the measles virus effected the immune system, **or how the vaccine effected the immune system in the body."** (4)

What they found was that along with various 'immunologic alterations' such as vaccine induced type 2 cell responses and suppression of type T1 cell responses, **<u>"immune suppression was most profound in infants with the highest antibody responses"</u>** (6) [emphasis mine]

Hilary asks - "Do you understand the implications of this? Simple. Plenty of antibody, at the expense of the ability to "search and destroy" - to fight other infections. And this is the key - the difference between Th1 and Th2 immunity, and the ability of a vaccine to skew the immune system abnormally - while still producing the measurable endpoint - antibodies."

Teresa Binstock, researcher in Developmental and Behavioral Neuroanatomy offers insight into other ways that vaccines can derail the immune system. Vaccination-induced neuropathy and intestinal problems occur in some individuals, including children plunged into the autism-spectrum soon after a vaccination. She explains that vaccination initiates a complex physiological process and cites the documented effect in humans infants after MMR vaccination, of a "prolonged pulse of endogenously created interferon gamma". (7)

"One of interferon gamma's most important effects is that of increasing permeability of tissues that normally have highly restricted permeability. Two such tissues are the intestinal tract and the blood-brain barrier. **Interferon gamma is now realized to increase permeability in both of these tissues, and the <u>increased permeability can have pathological significance</u>**………as a result, various macromolecules will be able to cross these barriers in extraordinary and not necessarily healthful ways." (7) [emphasis mine]

"Intestinal permeability increased by interferon gamma can lead to increased translocation of pathogens, and increased permeability of the blood-brain barrier is associated with a variety of pathologic states, ranging from central nervous system (CNS)-infiltration of peripheral pathogens, to CNS-entry of activated B-cells and T-cells of the human immune system." (7)

"By subjecting an infant to an MMR around the time of his or her 1st birthday, a physician not only causes the pre-toddler to have impaired immunity for several weeks or months thereafter, but this impairment in immunity occurs during what for some children

Editorial cont. on page 9

Editorial cont. from page 8

is an extended period of normally occurring "transient hypogammaglobulinemia of infancy", ie, a time between (a) the decline of maternal antibodies in the infant's blood, and (b) the gradual strengthening of the infant's own immune defenses." (7)

In other words, the practice of injecting children with triple live virus MMR during this time of waning maternal immunity is fraught with danger as the child's immune defenses are still immature, inherited immunity from the mother has declined, and the vaccine induced dose of interferon gamma weakens the protective intestinal and blood-brain barriers, increasing the child's vulnerability to pathogenic invasion.

The high dose measles vaccine injected into African infants, black and hispanic babies in Los Angeles, as well as Haitian infants, who were reportedly given 10 to 500 times the usual dosage, is a chilling example of the kinds of human experimentation vaccine developers in concert with various "health" agencies like the World Health Organization (WHO) and the CDC, engage in. This particular experiment set out to vaccinate babies under 6 months of age in order to over-ride their naturally acquired maternal immunity, with the resulting disastrous immune system failures of thousands of children. The high death rates in infants was at first ignored, and not until the mortality data was finally published in the Lancet in October 1991, was the experiment discontinued. (8)

The presence of protective maternal antibodies has been an obstacle to vaccine developers whose goal is to inject babies with as many vaccines as possible as soon after birth as possible. The presence of circulating natural maternal antibodies in babies has meant that some vaccines won't 'take' in the first year of life, which has been the case with measles vaccines. Finding ways to over ride this natural maternal immunity has been a challenge, but success is at hand for the purveyors of injectable pseudoimmunity.

Vaccine activist Karen Maidra writes – "According to an article in the January 1996 issue of Pediatrics, authored by the CDC, Johns Hopkins and Kaiser officials, (overriding maternal antibodies) will not be a problem in the future because all mothers will have been vaccinated and won't have maternal antibodies to give to their infants, and so all babies will be candidates for measles vaccination after birth. This is an obvious admission that officials plan to eliminate natural antibodies (which are permanent) from the human race and replace them with vaccine-induced antibodies (which are temporary), thereby securing a perpetually vaccine dependent (i.e. government dependent) populace. For what motive, other than financial benefit, would government agencies be developing programs with the sole intent of eradicating maternal antibodies?"

"the immunological integrity of our babies, children and future generations depends on it."

Today's generation of children is born to mothers who are less able to pass on protective maternal antibodies in that critical first year of life, because they themselves were vaccinated, and never experienced the benefit of childhood diseases from which they would have gained lifelong immunity. There is a progressive vaccine induced cross-generational immune deficit looming with ominous implications. Today's accelerating mass vaccination programs are biological weapons that have set in motion the decline and eventual extinction of natural immunity from the human race. In its shortsighted obsession with domination of the microbial world and a quick fix for every disease, science is dismantling the very core of our immunologic inheritance, previously passed on from one generation to the next to insure survival of the species. It is absolutely crucial for parents to come to grips with, and understand the magnitude of the crisis at hand, because **"the immunological integrity of our babies, children and future generations depends on it."** (4)

**Antigens are foreign substances capable of provoking an immune response directly at the inducing substance . An antigen can be anything such as a bacteria, virus, fungus, pollen, chemical, egg albumin, foreign serum protein.*

References:

1. Reuters Health: "Infants Can Handle Multiple Vaccines: Experts", by Amy Norton, Jan 7, 2002. Source: – Sandy Mintz website- see Scandals 1/25/02: http://www.vaccinationnews.com
2. Pediatrics 2002;109:124-129 Do Multiple Vaccines Weaken an Infant's Immune System?: view online at: http://www.pediatrics.org/cgi/content/full/109/1/124#R61
3. From the Opening Statement by Chairman Dan Burton, Committee on Government Reform titled: "FACA: Conflicts of Interest and Vaccine Development: Preserving the Integrity of the Process", June 15, 2000 – Sandy Mintz website- see Scandals 1/25/02: http://www.vaccinationnews.com
4. Hilary Butler: "Position Paper on The Role of Vaccines in SIDS" -presented at the Sixth SIDS International Conference, Feb. 11, 2000. Access on line at the Immunisation Awareness Society website: http://www.ias.org.nz - listed at the bottom of a menu selection entitled Miscellaneous Vaccines.
5. Ibid - pg 15 – quote from Immunology Today, 1998 Vol 19, No 3 pg 113
6. Ibid – pg 13 – quote from JID 1996; Vol 173, pg 1324-1325
7. Teresa Binstock: Research document and recommendation for Dan Burton, Representative from Indiana, House Government Reform Committee, August 3, 1999 regarding: "MECHANISMS OF VACCINATION SEQUELA - A Sampling from Scientific Literature". For the complete article and references go to:
8. Karen Maidra: "Vaccines: New Plague for a New Era"– published in the Journal of Degenerative Diseases (date unknown) – view the full article on line at: http://www.vaclib.org

Vitamin A and Measles cont. from page 1

In the latter it was unrelated to mortality. Among African children, there was a histocompatability-linked genetic susceptibility to the development of severe lymphopenia in measles associated with HLA AW32."

The authors go on to say (on pg 259) "It is likely that viral infections (such as influenza and other respiratory viruses) that predispose to secondary bacterial superinfection (especially by staphylococci) do so on the basis of immunodeficiency; it appears that superinfection with opportunistic bacteria, fungi, and protozoa is related to the immunoparesis induced by cytomegalovirus (CMV). The establishment of a number of viruses, Measles, EBV, HSV, and Hepatitis B viruses may also require a period of immunoparesis at onset of infection"

In *Infectious Diseases of Humans, Dynamics and Control* (Oxford Press, 1991) the authors state that "the severity of measles is greatly affected by the child's nutritional state".

In *Topical Doctor* (October, 1982, Part 2 pg 219) "Why measles makes so many children blind" J.J.M. Sauter says:

"The clinical picture in malnourished measles patients is very typical and entirely similar to that of diseased children suffering from severe vitamin A deficiency, i.e. xerophthalmia… the immediate favourable reaction to a single massive oral dose of vitamin A clearly indicate that these malnourished measles patients are suffering from vitamin A deficiency. Measles is nothing but the precipitating catalyst in this process, owing to its deleterious effect on all the epithelia, in particular on the conjunctival mucous-producing goblet cells."

The author also says that children with conjunctival xerosis (xerophthalmia stage XIA) treated with 100,000 international units (IU) of vitamin A for five consecutive days healed within two weeks with no corneal scars.

Immunodeficiency or Nutritional Deficiency?

These facts raise a set of questions in my mind. The first, most obvious, one is the one provoked by more recent studies which show that vitamin A so dramatically reduces the "immuno-deficiency" problems talked about by Chandra; are we talking about immunodeficiency, or nutritional problems? I think that immuno-deficiency comes into it, because my own problem (dysgammaglobulinemia which is a lack of IgA, excess of IgG to compensate) is very common - in some countries as high as 1 in 300, but that it isn't the whole story. Given that this is only one of 97 now known primary immunodeficiencies, what are the other odds? How do immunodeficiencies affect nutritional absorption? Could it be that "immuno-deficiencies" result in problems such as faulty fatty acid metabolism? Archie Kalokerinos has discussed with me the fact that his work showed that Aborigines appear to have a slightly altered liver enzyme system which actually puts them at risk of alcoholism and diabetes.

Vitamin A has been known as the anti-infective vitamin since the 1930's

In the *American Journal of Public Health* (October 2000, Vol. 90, No. 10 pg 1526 – 1529) Pamela Ching et al. discuss "Childhood Mortality Impact and Costs of Integrating Vitamin A Supplementation into Immunization Campaigns". In order to estimate the clinical effectiveness of vitamin A they used data from the Philippines and Vietnam, where childhood mortal-ity rates and vitamin A deficiency prevalence before and during vitamin A supplementation had been measured, and extrapolated the results on a broader basis using data for ten countries in 1998, and 14 countries in 1999.

The results state that 169,000 deaths were averted in 1998, and 242,000 in 1999, with an estimated 23% reduction in all-cause mortality (derived from a meta-analysis of eight randomised controlled trials which they comment "making vitamin A one of the most studied public health interventions").

And have they bothered to tell Joe Blogs this? (And, as an aside, think about this: if the World Health Organisation (WHO) says that the measles vaccination campaign saves one million deaths a year, what are they really saying? That they are covering up the fact that most of these averted deaths are actually chronic vitamin A deficiency, which up until recently they have refused to do anything about? Even though vitamin A has been known as the anti-infective vitamin since the 1930s?)

The study then goes on to comment that their estimates of the number of deaths averted are conservative and detail the reasons... they also comment that supplementation needs to be expanded to have ongoing positive health effects, but at the very minimum vitamin A should be integrated into polio immunisation days.

The general argument of the New Zealand Health Department is that vitamin A in this country is not an issue. I disagree. "Subclinical Vitamin A Deficiency: A Potentially Unrecognised Problem in the United States" by Deborah Stephens et al. (*Pediatric Nursing*, September-October 1996, Volume 22, No 5 pgs 377 – 389) is compulsory reading because it shows that America has these problems. The medical literature, in my opinion, makes it clear that New Zealand – and any other country that has complications and deaths, has a vitamin A deficiency, as well as multiple other nutritional deficiencies. Why is it that most of the problems with measles are in

Vitamin A and Measles cont. on page 11

Vitamin A and Measles cont. from page 10

children who either have immunodeficiencies, or come from a lower socio-economic strata? And frankly, watching some of the upper strata feeding their babies, doesn't fill me with confidence either.

Pediatric Nursing details a study done in Wisconsin, which found that 72% of children with measles had deficient levels of vitamin A, and the more severe the deficiency the more severe the illness and the complications. Another one analysed, a study in New York looking at children under two with measles, showed that 22% were deficient, and another 26% were borderline. The more deficient a child, the lower the level of measles-specific antibodies, and the higher morbidity and mortality. It also mentioned the American Association of Pediatricians (AAP) who recommend that vitamin A be given to measles children but only to those with an immunodeficiency, ophthalmological evidence of vitamin A deficiency, impaired intestinal absorption and moderate to severe malnutrition, eating disorders, or those who have recently immigrated from areas where high morality rates have been observed.

This is a somewhat stupid idea. Any child with a viral infection has photophobia. Some viruses pull out more vitamin A than others, but photophobia is a clinical sign of vitamin A deficiency. And show me a child with measles, rubella, chickenpox, and even a cold who is not at least slightly sensitive to light. They are all, to a lesser or greater degree, vitamin A deficient, because you only get photophobia at the point where your retinal blood levels of vitamin A become non-existent.

The response of health professionals to advice to give people with viral infections vitamin A is to remark about how toxic vitamin A can be. For some reason they don't understand the biochemistry of cellular use of vitamin A. Toxicity levels only apply to healthy people, whose body has no need of extra vitamin A. You can give a deficient person a dose of 200,000 IUs (the standard dose in Expanded Programme Immunisation (EPI) programmes), another of 200,000 the next dose and a third dose a week later, and they don't keel over. In infectious or deficiency states, there is no such thing as a toxicity dose, because it goes in one end, and is gobbled up.

An interesting comment is made at the end of the *Pediatric Nursing* article, which says that any child found to be at risk for vitamin A deficiency should also be considered high risk for other nutritional and health problems. That fits with the fact that vitamin A in third world countries decreases mortality for all diseases - but of course is not the whole answer, because these other related nutritional and vitamin problems haven't been dealt with along with vitamin A.

the severity of measles is greatly affected by the child's nutritional state

The other factor which has to be looked at is the fact that a bad diet makes viruses worse. Not only does poor diet weaken your immune system, it also makes viruses in the body mutate into more dangerous forms. The researchers of this study said that this is likely to be something humans deficient in selenium and other nutrients could be at risk of – and that their findings could extend to other viruses as well. Furthermore this study indicated that once the mutations had occurred, those with normal nutrition are more susceptible to the newly potent strain (8 June 2001 www.abc.net.au/science/news/health/HealthRepublish_309902.htm).

This fits well with historical evidence in the UK, which saw the ruling classes pay for the sanitation and safe water system which exacerbated diseases in the poor people. The rich and ruling classes knew that diseases caught from the poor were more dangerous. It was their desire to protect their own health, which led to the financing of public health in big cities in England (though the Health Department may wish to take the credit for this themselves, they were simply tagging on the end of someone else's idea).

The fact is nutrition is a big determinant of disease outcome. The sooner the Health Department applies this fact to their understanding of the bigger health picture, the sooner we could solve some of the major health problems in this country, not just measles.

While vitamin A has to be one of the best studied interventions, there is another aspect to this, which was brought up in the *British Medical Journal* (BMJ) (Volume 514, 1 February 1997, page 316) in an article titled "Managing Measles" which stated:

"What is surprising and rather disturbing, however, is the lack of published scientific information on issues that are central to developing a sound basis for managing measles. A recent review of clinical problems associated with measles has high-lighted the paucity of data on risk factors, aetiology [cause], natural course, and management (except vitamin A) of the common com-plications of measles."

Professor Hussey then goes on to talk about the fact that prophylactic antibiotics are not beneficial in reducing mortality, and about the unnecessary complications such as antibiotic associated diarrhoea, severe drug reactions and the emergence of drug resistant organisms.

There is a good article following Professor Hussey's (on pg 317) titled "Reducing Vitamin A deficiency" by Andrew R Potter. It states that "the elimination of vitamin A deficiency

Vitamin A and Measles cont. on page 12

Vitamin A and Measles cont. from page 11

ultimately will depend on raising living standards… reduction in poverty, improvement in housing, sanitation, water supply, women's education and primary health care… this doesn't just apply to third world countries." There are two sorts of poverty: monetary and educational. I have seen some very rich yuppies who nutritionally are educationally bankrupt.

So, for that matter, is the Health Department, who continue to tell us that fruit and vegetables will give us all the vitamins and minerals we need. Not so as the article (in the box below) from the *Daily Mail*, March 5, 2001, shows.

The Health Department's inability to understand why artificial fertilizers, sprays, and GE foods are potentially hazardous, in my opinion, reflects their inability to understand the true meaning of "health" and how a person functions within, and as part of, his total environment.

Even worse, it is reflected in their thinking about something as simple and beneficial as vitamin A use in measles, which they consider unnecessary.

Richard D. Semba, in "Vitamin A, Immunity and Infection" (*Clinical Infectious Diseases*, 1994; 19:489-499) really has his head screwed on. His article starts out "although vitamin A has been known as "the anti-infective vitamin since the 1920's…"

Did **you** know this? More importantly, does the Health Department know this? If not, why not? Who didn't tell you this? Why didn't they tell you this?

He goes on: "From human studies there are six general lines of evidence:

1) infectious diseases are associated with vitamin A deficiency
2) vitamin A deficiency is associated with increased morbidity and mortality from infectious diseases
3) specific immune alterations take place during vitamin A deficiency in humans
4) vitamin A and its metabolites are essential to T and B-cell growth and function
5) vitamin A supplementation enhances immunity in humans
6) vitamin A supplementation or fortification reduces severe morbidity and mortality from infectious diseases in children.

Please note, he is talking about ALL infectious diseases. And that vitamin A and its metabolites are essential to T and B-cell FUNCTION which is what

Fruit and vegetables are not as good for us as they were 50 years ago according to a scientific study. Modern farming methods mean that the amount of essential minerals in the food we eat has been reduced alarmingly. There is up to 75 per cent less calcium and 93 per cent less copper in fruit and vegetables, the study says. Runner beans, which used to contain a significant amount of sodium - vital for the working of the nerves and muscles- now have almost no traces of it at all.

The levels of other important minerals such as iron, phosphorous, potassium and magnesium have also plummeted. Nutritionist David Thomas said he was 'astonished' by his findings. 'Minerals have been recognised as being very important to our physiology, but the general public has no idea that there has been this dramatic decline in the levels of such elements in our food,' he said. His research allowed that broccoli has 75 per cent less calcium, which is essential for building healthy body and teeth. Carrots have 75 per cent less magnesium, which protects against heart attacks, asthma and kidney stones.

Spinach, famous as a good source of iron, was found to have 60 per cent less iron than it did 50 years ago. Mr Thomas said he believed the reduction in the mineral content in food was a result of modern farm methods which use massive amounts of fertiliser on the soil. The fertilisers encourage growth, but this is at the expense of the minerals which are important for good health. Mr Thomas said: 'We are made up of these substances. If they're deficient then the body cannot cope as well as it would otherwise.'

He based his conclusions on data from The Composition of Foods, a comprehensive study of the content of all major foods dating back to 1940. By comparing figures over a 50-year period he was able to plot certain trends. A similar analysis, comparing data from 1930 and 1980, was published in the British Food Journal in 1997. It compared 20 vegetables and found levels of calcium, iron and other minerals had declined significantly.

Professor Tim Lang, of the renowned Centre for Food Policy at Thames Valley University, said the results revealed an important trend which needed to be exposed. 'These are big percentages,' he said. 'The nature of production is altering what we are eating. Plant breeders have been trying to develop tomatoes and carrots and fruit that look nice, resist disease and can withstand being shipped halfway around the world.'

'They have been less concerned about the minerals in the food. We are dying prematurely of coronary heart disease and cancer and we are being told to cut down on fat and eat more fruit and vegetables. But at the same time they are changing the content of what we are eating. Mr Thomas runs a company called Trace Minerals UK, based in Sussex, which distributes a mineral supplement called Concen-Trace.'

Professor Lang said that despite his commercial interest, Mr Thomas had carried out a legitimate piece of research.

Vitamin A and Measles cont. on page 13

Vitamin A and Measles cont. from page 12
Chandra was talking about right at the beginning of this article. To resume he says:

"A deficiency of vitamin A may be associated with a variety of infectious diseases including diarrhoeal and respiratory diseases, schistosomiasis3, malaria, tuberculosis, leprosy, rheumatic fever, and otitis media."

So do you really need Prevnar – the new vaccine against Pneumonia??? Or is this vaccine, too, simply a cover-up for real preventive health about which doctors are either ignorant or that they just plain ignore?

Vitamin A Prophylaxis

The above quote is expanded in another article called "Vitamin A prophylaxis" (*Arch Dis Child*, September 1997; 77 (3) 191 – 194 online http://adc. bmjjournals.com/cgi/content/full/archdischild;77/3/191), by Alfred Sommer, Johns Hopkins School of Hygiene and Public Health. He says:

"Vitamin A appears to play an important part in growth and haemoglobin synthesis... affects iron metabolism reducing the severity of anaemia... restores the normally differentiated epithelia, providing a more effective barrier to infection; and up-regulating immune competence."

"For example, children admitted to hospital with severe measles who were randomized to vitamin A supple-mentation developed a far greater immune response than control subjects"

And get this: "We NOW KNOW [my capitals] that vitamin A regulated the expression of at least 300 different genes and that the nasogastric administration of vitamin A to deficient rats results in detectable alteration in gene products within an hour. Hence the dramatic clinical response observed in hospital and field studies has a readily demonstrable biological basis even if it is only partially understood."

There are now numerous questions you could ask. When we talk about diseases caused by genes, do we really mean that? Is immunodeficiency the fixed, immutable answer? Could the symptoms that I call immunodeficiency actually be caused by vitamin A deficiency (and other nutritional deficiencies)? The reason I ask is that, addressing those deficiencies has gone a long way to eliminating the clinical symptoms associated with my immunodeficiency.

He goes on to state that even "mild vitamin A deficiency increases morbidity among children, and sub-clinical vitamin A deficiency is associated with elevated morbidity and mortality" and "It is noticeable that high-dose vitamin A supple-mentation has reduced morbidity and mortality even among children with no clinical signs of vitamin A deficiency" and "Clinical trials suggest that Vitamin A supplementation may reduce the incidence of acute respiratory infections among low-birth weight infants and among children who are especially susceptible to respiratory infections"

Do they do that in neonatal Intensive Care Units (ICUs)? Of course not! And it also sends right out the window, the logic of the AAP in only recommending vitamin A to those with already diagnosed vitamin A conditions, doesn't it?

And how about this: "Animals with normal vitamin A status who are given additional vitamin A have less severe infection when challenged with a wide variety of pathogens" Well, if that applies to humans too, what are the implications of this?

He also says that: "the depression in circulating lymphocytes following surgery can be reversed by the administration of high-dose vitamin A to adults". Knowing this, you would think that this would be routine??? But no...

How about this: "Supplementation with vitamin A seems to override the immunosuppression associated with steroid therapy". You have to ask – which specific pathways do steroids knock out? Do they use steroids to suppress the immune system? If not, and immune suppression is a side-effect they don't want, have they recommended vitamin A supple-mentation? Not as far as I know...

Conclusion

To me the implications of this research on vitamin A, as well as the reduction in vitamins and minerals in fruit and vegetables grown commercially, under-scores how little they have done to research other vitamins in a broad context. Since it seems that medicine is driven by pharmaceutical companies, whose existence revolves around patent value, and Wall Street, the medical profession only support the hand that feeds them.

To me, because of the work I have seen showing that vitamin C is to lymphocytes, what petrol is to a car, I cannot conceive of NOT using vitamin C with vitamin A in viral diseases. If Vitamin A has such dramatic effects biochemically on a vast host of critical functions, regardless of whether you are deficient or not, what would happen if you got everything else right nutritionally as well?

That research clearly shows the benefits of vitamin A, in both avoiding and treating measles complications, is clearly and concisely provable in medical literature. That it is not universally adopted is, in my opinion, criminal. But, it also raises a whole new list of questions regarding the medical profession's inability to see the wood for the trees in terms of "real preventive health".

Note: With appreciation to the author for kindly permitting us to reprint her excellent article on Vitamin A and its health protective role in measles and other infectious diseases. The article appeared in WAVES, Volume 14, No. 2, 2001 – the newsletter of the Immunisation Awareness Society of New Zealand.

LIES, DAMNED LIES AND STATISTICS

Sue Claridge

Most of us are familiar with the idea that statistics may be manipulated in order to support a particular argument or point of view. We see this frequently in politics. In fact, sometimes the same set of statistics are used by people on opposing sides of a debate. We are often wary of statistics, the way in which they are presented and the arguments they are used to support, especially when used by certain sectors of industry or government. However, when it comes to the statistics presented by medical and health professionals we don't always apply the same level of distrust or the same powers of analysis. We usually just accept the message that the figures supposedly delivers. Afterall, health professionals wouldn't lie to us or mislead us, would they?

Statistics have become an important tool for anyone with an agenda to push. Medical and health professionals, pharmaceutical companies, and government agencies are not above the selective use and manipulation of statistics to support their campaign for 95% + vaccination rates in New Zealand. The ongoing MMR vaccination campaign is no exception.

There are several ways in which statistics can be manipulated:

The "blinkered" approach: where a small subset of figures are used to support an argument with no reference to the bigger picture.

Two forms of the "fudging" or "creative statistics" approach: where figures are used to make something look a lot worse than it really is, or alternatively to make it look a lot better than it really is.

The Blinkered Approach

Pro-vaccine propagandists do this by providing statistics (often in the form of graphs) that give only a small subset of figures, such as the graph from information sent out by the Immunisation Advisory Centre (IMAC) on the incidence of measles (Figure 1). The graph appears to show a substantial reduction in the incidence of measles since the introduction of vaccines. This is flawed in two ways.

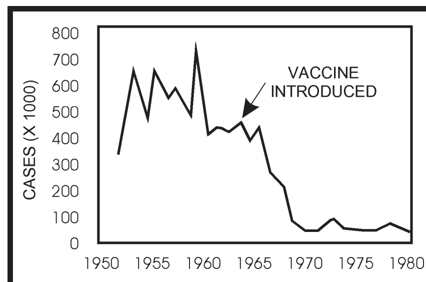

Figure 1 *The decline in cases of measles from 1950 to 1980. Graph from a paper supplied by IMAC*

Firstly, the notified number of cases is not a reliable indicator of trends in disease over time. Allan Phillips states in his paper that "statisticians tell us that mortality statistics can be a better measure of incidence than the incidence figures themselves, for the simple reason that the quality of reporting and record-keeping is much higher on fatalities".(1) In the absence of blood testing (rarely done because of the expense and time involved) the diagnosis of measles by health professionals is not always accurate. Also, there is sometimes a reluctance to diagnose disease in a vaccinated child. In addition, not all children are taken to the doctor when they have measles. There is little that a doctor can do to treat measles and many parents will keep their child at home and in bed, and treat with traditional methods – rest, tender loving care, chicken soup, etc. The death rate from measles is a much better indicator of its changing prevalence over time.

A greater flaw in the graph provided is that it gives no data before 1950. The incidence of, and death rate from, many childhood diseases, including measles, fell dramatically from about the 1880s through to the 1950s when widespread vaccination was introduced. If we look at the measles death rate in New Zealand from 1872 to 1996 (Figure 2) we see that there was a huge decline before vaccination was introduced. This can be attributed to improved living conditions and better isolation of children while infectious. We can also see from this graph that measles outbreaks naturally occur in cycles every few years. The shaded area shows the portion of time covered by the misleading IMAC supplied graph.

(You will also notice that on the IMAC graph the introduction of the measles vaccine is about 1964. However, a paper titled "New Zealand Immunisation Schedule History" on the Ministry of Health website states that the measles vaccine was introduced in 1969.(2) We have used the 1969 date from the above paper in our graphs.)

If we use a trendline (Figure 3) to smooth out the peaks and troughs in the death rate data from 1872 to 1996 we see that that the trend is similar to data from Australia, England and Wales, and the US (3, 9) (Figures 4, 5 and 6). This data is also reported by Obamsawin4 and Dew.(5) Again the decline was significant prior to any vaccine being used. It is clear that claims that the introduction of the measles vaccine in New Zealand has lead to a major reduction in incidence and death rate are over-stated at best; in reality this period of time represents the tail end of a decline that started many decades earlier.

The Fudging or Creative Statistics Approach

Vaccine manufacturers and the medical profession refer to the efficacy of a vaccine. "Fudging" to make something

Lies and Damned Lies cont. on page 15

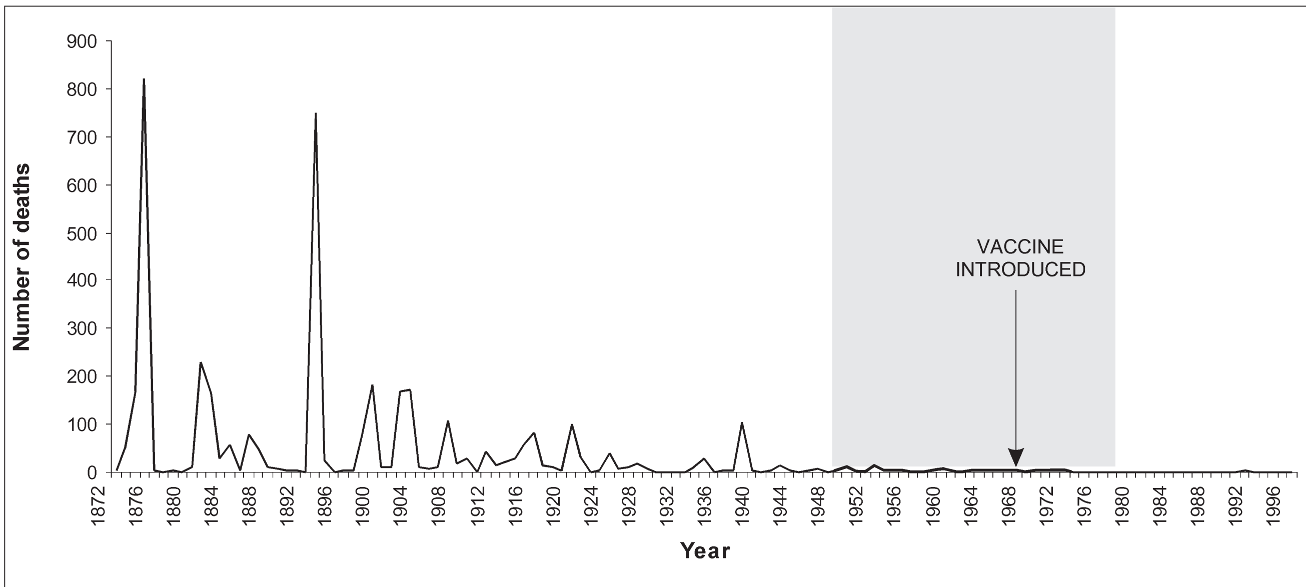

Figure 2 The measles death rate in New Zealand from 1872 to 1996. Source: H. Dept. P.J. Reports/O.Y. Books N.Z. Medical Journals

look better than it really is may be used with efficacy statistics. The Immunisation Advisory Centre claim that the MMR vaccination has an efficacy of about 95% (IMAC website:www.imac.auckland. ac.nz). They will say that if 95 out of 100 children vaccinated with MMR don't get measles (and five do) then the vaccine is 95% effective. But that is not true. What they don't tell you is how many children were actually exposed to the measles virus. If only ten of the 100 vaccinated children were exposed to measles and five got measles then the effectiveness of the vaccine is only 50%. We know that there are outbreaks of measles in highly vaccinated populations, such as those experienced in the United States where it has been documented that between 58 and 95% of measles cases have been in adequately vaccinated peopl. (3, 4, 5, 6)

The MoH also tell parents that there is only one chance in a million that their child will have a serious adverse reaction; in the Immunisation Choices brochure they state that the chances of a vaccinee suffering from encephalitis (swelling of the brain) is 1:1,000,000. The fact is that they have never done safety trials involving one million or more children. The one in a million is

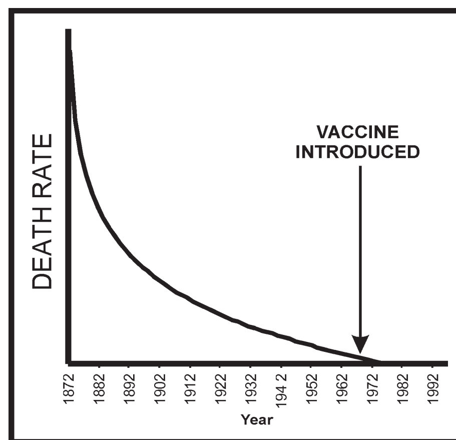

Figure 3 The New Zealand data from Figure 2 presented as a trendline, thus smoothing out the peaks and troughs.

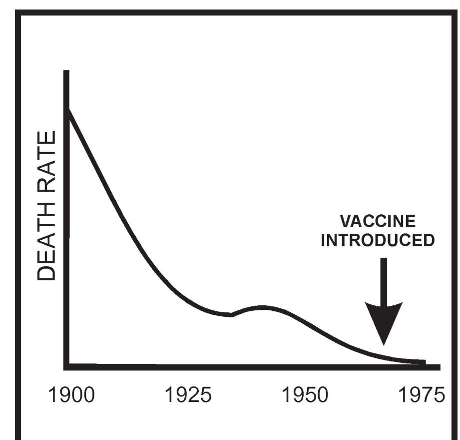

Figure 4 The measles death rate from 1900 to 1975 in Australia. From Sinclair, 1992. (9)

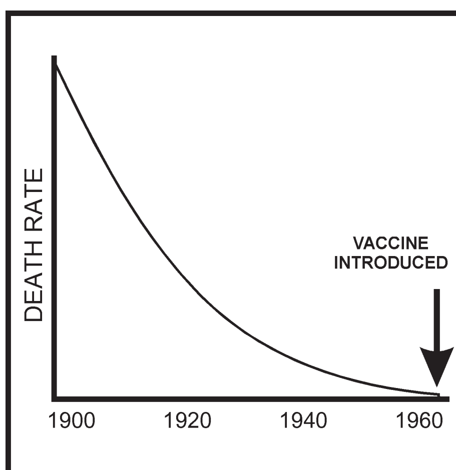

Figure 5 The measles death rate (children under 15) from 1900 to 1975 in England and Wales. From Sinclair, 1992.(9)

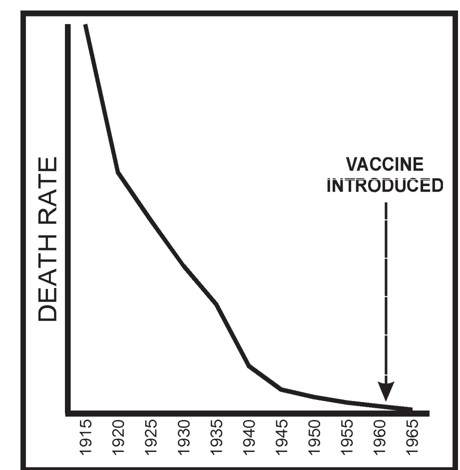

Figure 6 The measles death rate from 1915 to 1965 in the United States. From Miller, 1999.(3)

*Lies and Damned Lies*cont. on page 16

Lies and Damned Lies cont. from page 15
just a figure plucked out of the air. In reality, numerous experts have said that the safety tests on MMR involved too few children for too short a time (see pages 8 and 16). Dr Peter Fletcher said "Being extremely generous, evidence on safety was very thin, being realistic there were too few patients followed-up for sufficient time. Three weeks is not enough, neither is four weeks." "In almost every case, observation periods were too short to include the time of onset of delayed neurological or other adverse events," - Professor Duncan Vere .

of dying or being disabled by complications. The MoH *Immunisation Choices* brochure tells parents that one child in a thousand will get encephalitis and one in a thousand will die from measles. This is grossly overstated: "Doctors maintain that the [measles] inoculation is required to prevent measles encephalitis, which they say occurs about once in 1,000 cases. After decades of experience with measles, I question this statistic, and so do many other pediatricians. The incidence of 1/1,000 may be accurate for children who live in conditions of poverty and malnutrition, but in the middle- and upper-income brackets, if one excludes simple sleepiness from the measles itself, the incidence of true encephalitis is probably more like 1/10,000 or 1/100,000" - Dr Robert Mendelsohn, Paediatrician. While the death rate may be high in third world countries among impoverished and malnourished children, healthy New Zealand children are very unlikely to suffer complications let alone death. When children in New Zealand do die from measles the MoH are very reticent about supplying information about pre-existing conditions as with a child who is immuno-compromised (see page 12).

evidence on safety was very thin

When the medical profession are confronted with this argument they will argue that these "one in a million" figures come from post-licencing reports of adverse reactions. For example, the Medsafe datasheet on MMR II states that "post-marketing surveillance of the more than 200 million doses of M-M-R and M-M-R II that have been distributed worldwide over 25 years (1971-1996) indicates that serious adverse events such as encephalitis and encephalopathy continue to be rarely reported." That is hardly surprising given that most doctors refuse to acknowledge that vaccinations cause serious adverse reactions and that such reactions are grossly under-reported6, 7. Two National Vaccine Information Center (NVIC) investigations in the United States concluded that only about 10% of adverse reactions are reported8. Again, the statistics used by the MoH to support the use of the MMR vaccine hardly inspire confidence.

The second use of fudging is to make things look worse than they really are. With measles this is done by using statistics that make parents think that their children have a high chance

It must also be remembered that the "one in one thousand cases" statistic peddled by the MoH refers to reported cases. Most cases of measles are probably never reported and Kevin Dew5 states that "it has been estimated that the magnitude of the 1991 [New Zealand] epidemic was likely to be four times the reported figures."

Note: With appreciation to Sue Claridge, Editor of WAVES, the newsletter of the Immunisation Awareness Society (New Zealand) for granting us permission to reprint her excellent article from Volume 14, No. 2, 2001. The historical references illustrated in the graphs, although depicting measles decline in New Zealand, can be extrapolated to be relevant for other, developed areas of the world. Please refer to their website for many interesting and well researched articles: www.ias.org.nz

References

1 Phillips, Allan, 1996: Dispelling Vaccination Myths: An introduction to the contradictions between medical science and immunisation policy, Wildfire Magazine, April 1996, (re-printed in WAVES, Vol. 14, No. 1.) citing Darrell Huff, How to Lie With Statistics.
2 New Zealand Immunisation Schedule History, by Derek A Dow, MA, DipEd, PhD, Honorary Research Fellow, Department of General Practice, University of Auckland; Ossi Mansoor, MA, MSc, FAFPHM, Public Health Medicine Specialist, Ministry of Health, excerpted in this issue, page 11.
3 Miller, N.Z., 1999; Vaccines: are they really safe and effective?, New Atlantean Press, New Mexico, US.
4 Obomsawin, R. 1996: Universal Immunization: Medical Miracle or Masterful Mirage, Health Action Net-work Society, Canada.
5 Dew, Kevin, 1995: The Measles Vaccination Campaigns in New Zealand, 1985 and 1991: The Issues Behind the Panic, Victoria University of Wellington.
6 Neustaedter, Randall, OMD, 1996: The Vaccine Guide: Making an informed choice, North Atlantic Books, Berkeley, California.
7 Viera Scheibner, Ph.D., 1993: Vaccination: 100 Years of Orthodox Research Shows that Vaccines Represent a Medical Assault on the Immune System, Viera Scheibner, Australia
8 National Vaccine Information Center (NVIC), Investigative Report on the Vaccine Adverse Event Reporting System, cited in Dispelling Vaccination Myths: An introduction to the contradictions between medical science and immunisation policy, Wildfire Magazine, April 1996, (reprinted in WAVES, Vol. 14, No. 1.).
9 Sinclair, Ian, 1992: Vaccination – The Hidden Facts, Ian Sinclair, 5 Ivy Street, Ryde, NSW 2112, Australia.

Figure 1 The decline in cases of measles from 1950 to 1980. Graph from a paper supplied by IMAC.
Figure 2 The measles death rate in New Zealand from 1872 to 1996. Source: H. Dept. P.H. Reports/O.Y. Books N.Z. Medical Journals.
Figure 3 The New Zealand data from Figure 2 presented as a trendline, thus smoothing out the peaks and troughs.
Figure 4 The measles death rate from 1900 to 1975 in Australia. From Sinclair, 19929.
Figure 5 The measles death rate (children under 15) from 1900 to 1975 in England and Wales. From Sinclair, 19929.
Figure 6 The measles death rate from 1915 to 1965 in the United States. From Miller, 19993.

MULTIPLE VACCINES AND THE GROWING EPIDEMIC OF LIFE THREATENING ANAPHYLAXIS

Editor's note: For a number of years, long time VRAN member and founder of Anaphylaxis Action, Rita Hoffman has been combing the medical literature for clues as to why her son developed life threatening anaphylaxis following multiple vaccinations. Her search has led to many studies that link vaccines to immune system sensitization and dysfunction that may very well be at the root of this extreme, life threatening allergic condition. Rita has kindly shared with us the report she submitted to the recent Institute of Medicine (IOM) committe evaluating the question of the impact of multiple vaccines on immune system dysfunction.

Report re: Epidemic of Children with Anaphylaxis
November 6, 2001

Dear Dr. McCormick, Chair & IOM Committee,

Thank you for the opportunity to submit the following information for your review of the possible association between multiple immunizations in newborns and infants and immune system dysfunction. We are writing in particular about the potentially life threatening allergic response called anaphylaxis.

The exact numbers of children affected by anaphylaxis are difficult to pinpoint. A study in *Arch Intern Med 2001 Jan 8;161(1):15*-2, Anaphylaxis in the United States: an investigation into its epidemiology, concluded with "The occurrence of anaphylaxis in the US is not as rare as is generally believed. On the basis of our figures, the problem of anaphylaxis may, in fact, affect 1.21% (1.9 million) to 15.04% (40.9 million) of the US population." PMID 11146694

In June of this year an article by Associated Press Writer Jim Fitzgerald entitled Peanut Butter Wars Rage in Schools stated "Schools that haven't had a dangerously allergic pupil can expect one soon." And "peanut allergies among schoolchildren were 'barely on the radar' a decade ago, said Dr. Robert Goldman, a New York allergist and Immunologist who specializes in pediatric cases." "Now I'm seeing a tremendous number of cases," he said. "It seems like the incidence is really increasing. As to why, I don't think anyone in the world could tell you for sure."

In Canada, the Anaphylaxis Canada's Summer 2001 newsletter states that "20% of Canadians suffer from some form of allergy and approximately 4% of children and 2% of adults have developed a potentially lethal allergy to food."

The cover story in the September 2000 issue of *Professionally Speaking*, the magazine of the Ontario College of Teachers is "An Abnormal Response to Normal Things." The article begins with "Teachers have to be aware that allergies can kill. A growing number of children are at risk – and a well-prepared teacher can make all the difference." The article explains that "About a decade ago, the sudden surge in highly allergic children entering school systems across the province caught many educators off guard."

Why the "surge" in anaphylactic children entering school a decade ago? These children were among the first to receive an additional vaccination, Hib meningitis. Is it possible that the Pertussis and Hib vaccine, both shown below to cause allergic responses, are creating a hypersensitive immune system in some children? Has any study looked into what happens to atopy incidence and IgE levels when 5 vaccines are given concurrently in infants?

CAN VACCINES CAUSE FOOD ALLERGIES?

JAMA 2001 Apr 4;285(13):1746-8 Detection of peanut allergens in breast milk of lactating women states, "Most individuals who react to peanuts do so on their first known exposure"…………….and concluded "Peanut protein is secreted into breast milk of lactating women following maternal dietary ingestion. Exposure to peanut protein during breastfeeding is a route of occult exposure that may result in sensitization of at-risk infants." PMID 11277829

Women have been ingesting peanut protein while breastfeeding for decades. What has changed in the last 15 years to cause infants to develop life-threatening allergies to this legume? One change has been the vaccination schedule.

The *Int Arch Allergy Immunol* 1999 Jul; 119(3):205-11 Pertussis adjuvant prolongs intestinal hypersensitivity concludes: Our findings indicate nanogram quantities of PT (pertussis toxin), when administered with a food protein, result in long-term senitization to the antigen, and altered intestinal neuroimmune function. These data suggest that exposure to bacterial pathogens may prolong the normally transient immune responsiveness to inert food antigens. PMID 10436392

Does this study explain why babies and toddlers react on their first exposure to the peanuts or other antigens? The babies may have been sensitized by the vaccines to the proteins through breast milk or formula ingested at the time of vaccination. This would also explain why children are anaphylactic to a variety of proteins, such as different tree nuts, peanuts, egg, legumes, milk, seeds, etc., depending on what proteins the mother ate at the time of vaccination.

Vaccines and Anaphylaxis cont. on page 18

Vaccines and Anaphylaxis cont. from page 17

IS THE INTRODUCTION OF THE HIB VACCINE CONNECTED TO THE INCREASE IN FOOD ANAPHYLAXIS IN CHILDREN?

Rates of anaphylaxis have increased dramatically since the introduction of the Hib vaccine.

Clin Exp Pharmacol Physiol 1979 Mar-Apr;6(2):139-49 Comparison of vaccination of mice and rats with Haemophilus influenzae and Bordetella pertussis as models of atopy, states **"The Haemophilus influenzae vaccinated experimental animal provides a model that is possibly more related to human atopy than the Bordetella pertussis vaccinated animal."** PMID 311260

Ann Allergy 1979 Jan;42(1):36-40 states "To determine whether Haemophilus influenzae could be a factor in human atopy its effects were studied on the (para-)Sympathic Cyclic nucleotide-histamine axis in rats. Haemophilus influenzae vaccination induced changes in the cholinergic system compatible with higher cyclic GMP levels and enhanced histamine release. The authors suggest an involvement of the cholinergic system in Haemophilus influenzae vaccination effects. PMID 216288

Agents Actions 1984 Oct;15(3-4):211-5 entitled Bronchial hyperreactivity to histamine induced by Haemophilus influenzae vaccination states "……This suggests a **hyperreactivity** of the parasympathethic, cholinergic pathways as a result of H.influenzae vaccination." PMID 6335351

Eur J. Pharmacol 1980 Apr 4;62(4):261-8 entitled The effects of **Haemophilus influenzae vaccination** on **anaphylactic** mediator release and isoprenaline-induced inhibition of mediator release states "These results indicate an **increased sensitivity to antigenic challenge** and suggest that the functioning of beta-adrenoceptors was decreased as a result of H. Influenzae vaccination." PMID 6154589

DOES THE PERTUSSIS VACCINE CAUSE ASTHMA, ALLERGIES AND ANAPHYLAXIS?

Pediatrics 1988 Jun (81) Supplement - Report on the Task Force on Pertussis and Pertussis Immunization – extract states, For more than 25 years, it has been known that pertussis vaccine is a reliable adjuvant for the production of experimental allergic encephalitis.

Bull Eur Physiopathol Respir 1987;23 Suppl 10:111s-113s A model for experimental asthma: provocation in guinea-pigs immunized with Bordetella pertussis states, " Guinea-pigs were sensitized with killed Bordetella pertussis………the presence of the immediate type of immune response was verified by passive cutaneous anaphylaxis……B. pertussis not only alters adrenergic function but provocation in B. pertussis-sensitized guinea-pigs seems to be a good model for bronchial asthma. PMID 2889487

Pediatr Res 1987 Sep;22(3):262-7 Murine responses to immunization with pertussis toxin and bovine serum albumin: I. Mortality observed after bovine albumin challenge is due to an **anaphylactic reaction**……….the results of our experiments have established that the disease induced by coimmunizing mice with Ptx and BSA is due to an immediate type hypersensitivity…………PMID 3309858

Infect Immun 1987 Apr.;55(4):1004-8 **Anaphylaxis or so-called encephalopathy in mice sensitized to an antigen with the aid of pertussigen (pertussis toxin**), states, Sensitization of mice with 1mg of bovine serum albumin (BSA) or chicken egg albumin (EA) …………**induced a high degree of anaphylactic sensitivity** when the mice were challenged i.v. with 1 mg of antigen 14 days later. PMID 3557617

JAMA 1994 Aug 24-31;272(8):592-3 Pertussis vaccination and asthma: is there a link? A study of 450 children, 11% of the children who had received the pertussis vaccination suffered from asthma, as compared with only 2% of the children who had not been vaccinated. PMID 8057511

Allergy 1983 May;38(4):261-71

The non-specific enhancement of allergy. III. Precipitation of bronchial anaphylactic reactivity in primed rats by injection of alum or B. pertussis vaccine: relation of response capacity to IgE and IgG2a antibody levels. …..These results show that **injection of alum or B. pertussis vaccine without antigen can precipitate/enhance anaphylactic response capacity and production of specific and non-specific IgE and IgG2a**. PMID 6307077

CAN VACCINE ADJUVANTS CAUSE ALLERGIES AND ANAPHYLAXIS?

Requests for information on the types of adjuvants currently used in human vaccines have not been answered to date. We did find that adjuvants are used to create allergic animals for scientific study and also that peanut oil has been used as an adjuvant. Peanut is by far the most common food to cause anaphylaxis in young children. Is peanut oil, or a similar protein or portion of a protein used in human vaccines as an adjuvant or "protein coat" in the Hib vaccine? Aluminum has also been used as an adjuvant and is known to cause allergies according to the studies below. Could the adjuvants used in vaccines over the last 15 years be creating anaphylactic and allergic children?

J Allergy Clin Immunol 2001 Apr;107(4):693-702 Murine model of atopic dermatitis associated with food hypersensitivity states, **"Female C3H/HeJ mice were sensitized orally to cow's milk or peanut with a cholera toxin adjuvant** and then subjected to low-grade allergen exposure……………….An eczematous eruption developed in approximately one third of mice after low-grade exposure to milk or peanut proteins………………This eczematous

Vaccines and Anaphylaxis cont. on page 19

Vaccines and Anaphylaxis cont. from page 18

eruption resembles AD (atopic dermatitis) in human subjects and should provide a useful model for studying immunopathogenic mechanisms of food hypersensivity in AD." PMID 11295660

Allergy 1980 Jan;35(1):65-71 **Antigen-induced bronchial anaphylaxis** in actively sensitized guinea pigs. Pattern of response in relation to immunization regimen….guinea-pigs sensitized with small amounts of antigen together with **alum produced IgE** and IgG1 antibodies. PMID 7369497

Allergy 1978 Jun:33(3):155-9 Aluminum phosphate but not calcium phosphate stimulates the specific IgE response in guinea pigs to tetanus toxoid. **It is hypothesized that the regular application of aluminum compound-containing vaccines on the entire population could be one of the factors leading to the observed increase of allergic diseases.** PMID 707792

Pediatr Allergy Immunol 1994 May;5(2):118-23 Immunoglobulin E and G responses to pertussis toxin after booster immunization in relation to atopy, local reactions and aluminum content of the vaccines. The role of aluminium for IgG and IgE responses to pertussis toxin (PT), as well as for side effects, was investigated in 49 children with known atopy status………………the addition of aluminum to the pertussis vaccine was, thus, associated with a stronger IgG antibody response, but tended also to induce a stronger IgE antibody response. **The correlation between total IgE and PT-IgE, which was most prominent in children with atopy, indicates that the role of immunization for the development of allergy merits further studies.** PMID 8087191

Adv Drug Deliv Rev 1998 Jul 6;32(3):155-172 entitled Aluminum compounds as vaccine adjuvants stated, "Limitations of aluminum adjuvants include local reactions, **augmentation of IgE antibody responses**, ineffectiveness for some antigens and inability to augment cell-mediated immune responses, especially cytotoxic T-Cell responses. PMID 10837642

Annals of Asthma, Allergy and Immunology, Vol. 85, Number 1, July 2000 article T-cell subsets (Th1 versus Th2) includes Figure 7 on page 15 – "Factors responsible for the imbalance of the Th1/Th2 responses which is partly responsible for the increased prevalence of allergy in Western countries. Risk for atopy - Th2, increased exposure to some allergens and **Th2-biasing vaccines (alum as adjuvant)**."

Vaccine 1992;10(10):714-20 Parameters affecting the immunogenicity of microencapsulated tetanus toxoid states "As expected, incomplete Freund's adjuvant (IFA) proved to be a more potent adjuvant than peanut oil……………" PMID 1523381

Can J Comp Med 1985 Apr;49(2):149-51 compared 6 different adjuvants in swine including four mineral oil compounds, one peanut oil compound and aluminum hydroxide. PMID 4016580

C R Acad Sci Hebd Seances Acad Sci D 1975 Apr 7;280(13):1629-32 states…….. a stable water in oil emulsion can be produced by using metabolizable peanut oil with arlacel. When mycobacteria are added, a potent emulsified oil adjuvant is obtained which increases the immune response to BSA and to influenza vaccine. PMID 811378

ARE MULTIPLE VACCINES CAUSING OUR IMMUNE SYSTEMS TO FAIL?

Immunology Today, March 1998, Volume 19, p. 113-116 states, "**Modern vaccinations,** fear of germs and obsession with hygiene are depriving the immune system of information input upon which it is dependent. This fails to maintain the correct cytokine balance and fine-tune T-cell regulation, and **may lead to increased incidences of allergies and autoimmune diseases.**"

From the journal *Allergy* 1999, 54, 398-399, Multiple Vaccination effects on atopy, "An **increase in the incidence of childhood atopic diseases may be expected as a result of concurrent vaccination strategies** that induce a Th2-biased immune response. **What should be discussed is whether the prize of a reduction of common infectious diseases through a policy of mass vaccination from birth is worth the price of a higher prevalence of atopy.**"

Journal of Manipulative and Physiological Therapeutics, Feb. 2000; 23(2):81-90, Effects of diphtheria-tetanus-pertussis or tetanus vaccination on allergies and allergy-related respiratory symptoms among children and adolescents in the United States, **"The odds of having a history of asthma was twice as great among vaccinated subjects than among unvaccinated subjects. The odds of having any allergy-related respiratory symptom in the past 12 months was 63% greater among vaccinated subjects than unvaccinated subjects."** PMID 10714532

Thorax 1998 Nov;53(11):927-32 Early childhood infection and atopic disorder, stated "Interpretation of the prediction of atopic disorders by **immunisation with wholecell pertussis vaccine and treatment with oral antibiotics** needs to be very cautious because of the possibilities of confounding effects and reverse causation. **However, plausible immune mechanisms are identifiable for the promotion of atopic disorders by both factors and further investigation of these association is warranted.**" PMID 10193389

Epidemiology 1997 Nov;8(6):678-80 Is infant immunization a risk factor for childhood asthma or allergy? This study followed 1,265 children born in 1977. **The 23 children who received no DPT and polio immunizations had no recorded asthma episodes or consultations for asthma or other allergic**

Vaccines and Anaphylaxis cont. on page 20

Vaccines and Anaphylaxis cont. from page 19

illness before age 10 years; in the immunized children, 23.1% had asthma episodes, 22.5% asthma consultations, and 30% consultations for other allergic illness. Similar differences were observed at ages 5 and 16 years. PMID 9345669

Arerugi 2000 Jul;49(7):585-92, The Effect of DPT and BCG vaccinations on atopic disorders findings include, "**From these results we conclude that DPT vaccination has some effect in the promotion of atopic disorders…….** PMID 10944825

International Archives of Allergy and Immunology 121:1:2000, 2-9, Genetic and environmental factors contributing to the onset of allergic disorders. "The increasing prevalence of allergy in developed countries suggests that environmental factors acting either before or after birth also contribute to regulate the development of Th2 cells and/or their function. The reduction of infectious diseases in early life due to increasing vaccinations, antimicrobial treatments as well as changed lifestyle are certainly important in influencing the individual outcome in the Th response to ubiquitous allergens.

In conclusion, living with anaphylaxis is to be continually on guard for minute quantities of everyday food or other substances that may cause death. Keeping anaphylactic children safe involves the whole community including the child, parents, teachers, bus drivers, caregivers, friends and family.

It is our hope that the Committee will investigate the questions we have raised and will recommend further investigation into the connection between vaccines and this most distressing allergic disease called anaphylaxis.

Your time is greatly appreciated.

Respectfully yours,
Rita Hoffman
Anaphylaxis Action

MULTIPLE IMMUNIZATIONS & IMMUNE SYSTEM DYSFUNCION - IOM REPORT

Feb 21/02

Editor's Note: The Institute of Medicine (IOM) in the U.S. has, during the past decade, convened numerous committees to evaluate vaccine safety concerns. In some instances, the IOM has found evidence to support a causal relationship between some vaccines and neuro/immune injuries, whereas in other reviews has been unable to find sufficient evidence to conclude a causal link. Lack of evidence doesn't mean there is no association between a vaccine and injury. It means that the science hasn't been done to assess the risks. This most recent IOM review, attempts to allay growing fears that multiple vaccines given to infants today may be harming their immune systems.

The questions addressed were

1. Does the number of vaccines administered 'overload' the capacity of the infant's immature immune system, perhaps impairing immunity to other infections or altering the body's tolerance to self-antigens, and thereby contributing to a greater risk for allergic or autoimmune diseases? and

2) Is there a relationship between any of these proposed outcomes and the number, the route of administration, or the nature of the vaccines and vaccine antigens?

Following are critiques of the latest IOM report by PROVE president Dawn Richardson, followed by NVIC, the National Vaccine Information Center.

Dear PROVE members,

As many of you have seen in the media, the Institute of Medicine (IOM) has come out with their report on child vaccinations and autoimmune dysfunction.

It is important for parents to understand that IOM made their conclusions not from independent new research, but from a literature review of past studies. This does nothing to dispel parents concerns about studies funded by vaccine manufacturers or done by government groups with a huge stake in the results. Sure the panel members supposedly had no conflicts of interest, but the studies they used to review in many cases were done by people who did. Also, a good number of the members of the review panel who gave "constructive criticism" which influenced the content of the report have conflicts as well. In addition, researchers who have identified links between autoimmune conditions and vaccines were not allowed to present their findings and research to the committee (eg. Dr. Classen and his work linking vaccines with diabetes). The old expression "garbage in garbage out" definitely applies here.

Another major flaw to the past studies they reviewed was that they looked at children receiving a whole bunch of vaccines and then the differences in the incidence of the condition of question when they added one more vaccine that is not a scientific control - they need to be looking at overall incidence between fully vaccinated children and children who receive little to no vaccines by choice for a true picture. They rationalized that any study which would look at unimmunized children would present some challenges because "...non-immunized children typically differ on baseline characteristics from immunized children in ways that are not always measurable." In other words, parents who electively withhold some or all vaccines often make other

Immune System Dysfunction cont. on page 21

Immune System Dysfunction cont. from page 20

healthy decisions for their children and consequently, they are overall healthier than their fully vaccinated peers. This is not the first time I've seen this complaint and it always makes me laugh.

Probably the most patronizing and annoying statement in the report was that "a better understanding of parents' perceptions of risk and decision making may be necessary in order to prevent decreases in immunization rates and increases in vaccine preventable disease." The CDC spin doctors hardly need any more cuing. Shrugging off strong anecdotal evidence of vaccine harm that has not been adequately studied to a supposed problem in the perception of risks by parents will only further erode an already disintegrating trust in the public health system.

The quote by Dr. MarieMcCormick, chairwoman of the panel, in the New York Times article below sums up the "I never met a vaccine I didn't like" attitude quite nicely. When asked about asthma, Dr. McCormick said, "The evidence is not sufficient to say either yes or no." But, she added, asthma is a potential risk that has to be compared to "the very real risk of the disease for which children are being immunized." Tell that to the parents of children who have died from asthma or have to live with the limitations and drugs for asthma every day.

Even with these and other flaws, the IOM could not dismiss some safety concerns as you will see in the press release by NVIC below. In addition to some of the positive points outlined by NVIC, **what this report did was formally identify and confirm once again the failure of public health officials and vaccine manufacturers from doing adequate research into the risks of vaccination.**

Public heath is far more than a myopic fixation on high vaccination rates and low infectious disease rates. Parents are becoming too well educated and informed to settle for the modus operandi of shooting first and asking questions later.

Sincerely, Dawn Richardson,
President, PROVE (Parents Requesting Open Vaccine Education)
http://vaccineinfo.net/

...the failure of public health officials and vaccine manufacturers from doing adequate research into the risks of vaccination.

NVIC comments on the IOM Report

NVIC President Barbara Loe Fisher called the report "an important step in acknowledging the very real basic science research needs of our nation's mass vaccination system. We cannot continue to turn a blind eye to the growing minority of children who, for biological reasons, are not able to handle the increasing numbers of vaccinations routinely being given to all children.............. we are pleased that this IOM report has identified a number of areas in which vaccine adverse event and policy research should be reexamined," said Fisher. "We hope that both government and industry will pay attention to the signals given in this report and work with parents of vaccine injured children to come to a better scientific understanding of why, for some children, the risks of vaccination are 100 percent."

To view the full report:
http://National-Academies.org
and
www.iom.edu/imsafety

LETTERS

Dear VRAN,

My name is Dubravka Skrijelj and I have been living in Canada for nearly 5 years. I am a mother of three children. My oldest daughter was born in ex-Yugoslavia where she started with her vaccinations in 1994. There were not so many vaccines in my country like here, and those were not administered more than three at once. I know, the preservative thimerosal was not used in vaccines there.

When she was 15 months old, we moved to Germany and lived there for about three years where we applied to come to live in Canada. My daughter was perfectly healthy at that time. But our German family doctor insisted on the Hepatitis B shot when he found out we were moving to Vancouver. He told us that this is a place having the highest rate of Hepatitis B infections, and he scared me that my child could be in danger if exposed to infected children in regular day-care. So she completed hepatitis B and a flu shot just a few days before we arrived. She was 4 years old at that time. After a few days, she started to develop eczema for the first time in her life. She felt very fatigued and slowed down for almost six months.

Then, just before she started to go to kindergarten, our family doctor demanded to vaccinate her, telling us that she would not be allowed to go to school before having all the required shots. Actually, we came on that appointment to check her health and get some more ointment for her eczema. I asked what she must receive this time and the doctor said – “Oh, you know, just a regular DPT, don’t worry.”

But when we were waiting in her office, she brought two syringes and gave her the vaccines in both arms. I was confused and I asked her why

Letters cont. on page 22

Letters cont. from page 21

both arms at once, and she responded very arrogantly, saying that she is the doctor and she knows what she is doing because she checked her vaccination records, and my daughter hadn't received the MMR booster, and if I didn't know what she should receive before school, why am I asking anything!!

I was totally shocked because instead of giving me an explanation, she wanted to shame me!! At that time I didn't speak English very well to argue with her. I felt something was very wrong, and I asked her to put down in writing all the vaccines she had given to my child that day. She did so unwillingly after my insisting, but she didn't want to give any vaccine lot numbers. When I checked the vaccine record book, I saw that she had given my daughter SEVEN vaccines at once, and in them was the Pertussis vaccine given unnecessarily because my child was finished with that vaccine a year ago.

I was so angry and shocked because I had never experienced such disrespect and arrogant behaviour from any doctor before.

My daughter had a very high fever for a few days, and she felt very fatigued for at least two months after that. In the next week she started with wheezing which didn't stop and evolved into real allergies and asthma. Today at eight years old, she still has many allergies, but we've gotten rid of the asthma with the help of diet and herbs.

During the same month I had the argument with that family doctor, my younger daughter was only two months old, and I decided to visit a public health nurse instead of any doctor. But they used a fear tactic about "diseases around us" and they reassured me about the high quality of vaccines in Canada, telling me they are among the best in the world and that "we don't use bad USA's vaccines here".

So I started to vaccinate my second child, and she began to develop eczema which got worse and worse every time after each Pentacel shot (contains 5 vaccines in one shot – DPTaP &Hib). Even her nails started to curve as if she was losing significant vitamins or minerals from her body. After the third shot, when she was six months old, I decided not to vaccinate my children ANYMORE. She developed allergies too and her eczema evolved into open wounds and parallel with that she lost her speech. Last month she was diagnosed with mild autism and she is three years old now.

I also have a 13 month old son who has never been vaccinated and is a perfectly healthy baby. My husband and I have never heard about eczema or severe allergies or speech problems in either of our families as we looked back to six generations.

There must be some reason why only highly developed countries with the best performed vaccination programs have so many autoimmune disorders. I would say the same problem is widening wherever these unresearched vaccines are implemented.

If we live in a real democratic society, why are we not properly informed that vaccination is still an EXPERIMENT? As parents, we deserve to make a proper decision for our children. Instead of informed consent, we have so called health authorities who behave as administrators of orders created somewhere else. Is there any law in Canada that we must get informed consent about vaccines, or the right to be exempted from this vaccination experiment and whom to sue for poisoning our babies with mercury? Please give me any address or idea how to find out more about this.

Yours sincerely,

Dubravka S

* *

The March 2002 issue of Today's Parent magazine features a heavily biased pro-vaccine article that presents a superficial, and dumbed down version of the vaccine issue. Unmentioned is the plight of vaccine injured children, whose suffering remains obscured and whose voices remain unheard. This magazine has done a grave disservice both to new parents who have as yet to deal with the vaccine issue and the countless families whose lives have been destroyed by vaccine injuries. The article can be viewed online at: http://www.todaysparent.com/article.jsp?cId=923100

Today's Parent,

Letters to the Editor: February 19, 2002

Re: March 2002 Hot Shots,
Why Kids Need Vaccinations

It's been over 8 years since I have had the pleasure of reading Today's Parent. I used to love to get a hot cup of tea during naptime and read my latest issue. My life has changed. My youngest child, now 8, can be killed by minute quantities of everyday foods including milk, egg, peanut, tree nuts, kiwi, sesame and peas. My last eight years have been consumed with finding a cure for my child, as well as a never-ending quest to find out what happened to my son's immune system. Why does, just being in the room with raw egg, send his whole body into one massive itching hive? Why did a tiny smear of tahini on toast send him to the emergency room? Why do all of the children in his class of 26 have to leave their peanut butter sandwiches at home? Why is he not alone? Why, in the tiny community of Stirling, are there anaphylactic children numbering in the double digits?

A medical doctor from Russia practicing in Canada as a Naturopath gave me my first hint 7 years ago. Did he receive any vaccines as an infant?

Letters cont. on page 23

Letters cont. from page 22

When I replied that of course he received his vaccines, don't all babies? Knowing that he was born with a congenital defect in his urinary tract, undergoing surgeries and antibiotic treatments, as well as receiving 15 doses of vaccines in his first six months, all she could do was shake her head in sadness. It then hit me. Perhaps MY baby didn't need to be vaccinated while dealing with tremendous threats to his immune system.

This leads me to the reason for my letter. Have you printed articles in your magazine about peanut allergy? Why are we dealing with children with peanut allergy? Could vaccines be implicated? I'll let you decide if you choose to read the enclosed submission regarding the epidemic of children with anaphylaxis that was sent to the Institute of Medicine's Immunization Safety Review Committee in Washington, D.C. I **know** that vaccines were a cause of my son's immune system malfunction.

Now you can call me what your article calls a "vaccine critic". I am a proud core member of the Canadian group VRAN, the Vaccination Risk Awareness Network, Inc. This from a mother who religiously took her children to well baby visits to get protection in the form of vaccination. I was not told about serious side effects and I was not told that I had the option of not vaccinating my baby. And to say that there are no serious side effects is a lie.

The decision to forego vaccination is not taken lightly by most parents and usually comes about after agonizing research and discussions with doctors. Your one-sided article by Mr. Hoffman states, "That's why people who refuse immunization can usually do so with impunity." I resent that. And no, I am not relying on herd immunity to protect my children now. There are many alternatives to vaccination. Sadly, the medical community has focused on vaccination as the only method of disease control. Vaccination is not the only answer and I feel it is my duty as a parent to be prepared with alternatives.

I hear the saying "Follow the money" a lot these days. So I flipped through your magazine and found numerous full-page ads from pharmaceutical companies, including the ad promoting the new pneumococcal vaccine, Prevnar from Wyeth Ayerst. I also noted in your article that one of the medical doctors you quoted is a consultant to vaccine manufacturers. Hmmmmmm, I wonder if those Prevnar ads would be in your magazine if you presented a more balanced view on the vaccine issue?

Thank you for your time, and if you'd like to do an article on the vaccine connection to anaphylaxis give me a call.

Sincerely,
Rita Hoffman
Stirling, Ontario

* *

Paramedics Rebel Against Flu Shots

Ontario Paramedic Bill Kotsopoulos' solitary vigil in protest of forced flu vaccinations has inspired a nation wide rebellion amongst paramedics, and a recognition by unions that the right to informed consent must be protected.

February 28, 2002
Dear Friends of Vaccination Risk Awareness Network,

Someone said that " life was like a box of chocolates - you never know what you're going to get.'' Paramedics never really know what they are going to get on a call-to-call basis. We knew before entering our profession to expect the unexpected, but we were never prepared for the events that occurred on December 21, 2001. We returned to main base after completing a call and were invited to a Christmas luncheon provided by the Director of North Bay ambulance. There was food and drink, and a memo was posted that day, that was handed to us for our reading.

The memo stated that all Paramedics had to provide proof of an influenza inoculation or medical exemption due to contraindications of the vaccine. I could not use either of these options. Failure to comply with the newly amended ambulance act (2000) would result in the paramedic becoming " invalid for employment'' and suffer the consequences of an indefinite suspension. At the end of my shift, I was informed that my services were no longer required until full compliance with the mandatory flu vaccine legislation was met. My heart sunk. I could not believe that with less than twelve hours notice, a Canadian citizen could lose his career, income and livelihood with one stroke of a pen. Yes, life is like a box of chocolates.

The forty-five minute drive home to Sundridge was filled with many disturbing questions, and surprisingly some options as well. I lost my job over-night! What was I going to do about it? The bells started ringing and the light bulb went on - simple, a peaceful protest. Armed with a black magic marker and an old, used election sign (I believe in recycling), the words were scribed, " Paramedic fired over flu shot''. As crude as the sign may have been, it never took away the power of the written words.

I began my lone protest on December 22, 2001 informing all who cared to listen of the unjust treatment of one individual. Within hours, a photographer was taking pictures and the journalist was asking questions. Questions like, "What rights were being violated?'' "Don't get me going now'' I said jokingly with a smile. "My profession as a paramedic requires that I work under strict observance of the Health Care Consent Act of Ontario. When I provide patient

Letters cont. on page 24

Letters cont. from page 23

care that may include some form of medical treatment, I must, under law inform you what the treatment is, and I must receive a voluntary consent from you before administration of any drug therapy. These consent laws pertain to all citizens of Ontario, except paramedics whose rights have been suspended by the Ambulance Act. We could also talk about violating our precious Charter of Rights and Freedoms. Where is the right to life, liberty and security of the person in this mandatory legislation? Its not there - I looked'', I replied with a smile. It made front-page news and my life would never be the same.

Presently, my suspension still stands and it has lasted for over seventy days now. Life always has its problems, but if we look hard we can also find many blessings as well. What ensued after that first day of protest was quite a surprise. Word started to spread and support was flooding in. I was joined on my protest walk with other paramedics, dispatchers, nurses, and even the fire department drove by with their truck to show support.

Toronto paramedics had called to inform me that they were planning to arrive in busloads with picket signs in hand. I was never happier to see such a show of unity. A concerted effort between the Canadian Union of Public Employees and the Ontario Council of Hospital Union advised me that they were going to hire and pay for legal council. They have also launched a Charter challenge stating that a mandatory flu shot is unconstitutional, and is in violation of section seven of the Charter.

A recent conference in Toronto, brought paramedics together from across Ontario for the first time in our union's history. Also in attendance was the union president of British Columbia paramedics and the president of the Canadian Paramedic Association. What resulted from the two-day gathering of Canada's finest activists will go down in history.

An emergency resolution was put to the floor for discussion. It stated that: If the Minister of Health does not remove the mandatory vaccination clause in the ambulance act by June 20, 2002, all paramedics would not comply with the legislation for the 2002 "flu" season. There was unanimous consensus as the whole room stood in favour of the resolution. The five thousand Ontario paramedics would also be supported by British Columbia's five thousand members, in addition to another eleven thousand members of the Canadian Paramedic Association. An estimated twenty- one thousand medics speaking with a resounding voice, "NO to mandatory vaccination." If they suspend one of us, they will have to suspend all of us en masse.

It is clear that forced vaccination this is an erosion of our rights as citizens in this country. Our Consent laws are being drastically altered to the point that they remove our right to freely choose or reject medical treatment. Our civil liberties, as they are preserved in the Charter of Rights and Freedom are in jeopardy. These freedoms that we have are like "life preservers", that are being cut away. Let us encourage each other in our struggle to maintain these precious rights and health freedoms as we lay the foundation for our children's future.

Respectfully,

Bill Kotsopoulos
Sundridge, Ontario
bkotsopoulos@sympatico.ca

* *

February 1, 2002
Dear VRAN,

I am a Special Education teacher who has read the files of many students – many outline a reaction to immunization followed by autism, speech problems, “retardation”. My first interest in the matter arose after reviewing the student records, many of which indicated febrile seizures following the MMR at 18 months. Speech/Language/Developmental delays were documented after these episodes.

I have looked into a couple of situations where the parents were trying to take legal action. To date, none have been successful, or have been discouraged. I have also spoken with special ed teachers and consultants on the matter.

Reflecting on the experiences of the autistic/special needs students I have worked with, when I gave birth to my son, I felt very ill at ease in vaccinating him. Your foundation provided me with important information in the decision-making process.

I took my son to a physician at 4 months of age. The doctor was concerned that I was not vaccinating him. He said I must decide by 6 months. I have not returned for further check-ups. My son goes to a chiropractor once a month and makes extra visits for any “bugs”. He is in excellent health. It is getting easier and more comfortable now after deciding not to vaccinate.

The next hurdle will be entry to school. I can sign a waiver form. My only remaining concern is with tetanus. How much of a threat is it? Can it be treated with alternative medicine? Ever day I think of the grief of my students’ parents who had a ‘normal’ child prior to vaccination. It breaks my heart and renews my commitment to my son’s health.

I find your publications very inspiring and reassuring as I continue my quest for information. I realize there are some risks to my child by not vaccinating him, but I cannot stand the possible heartbreak of a vaccine-damaged child who was "normal".

Sincerely,
Barbara Williams Booker

* *

Letters cont. on page 25

Letters cont. from page 24

Health Board Vaccinates Child Despite Legal Exemption

Marie Turvey,
Chairman of Board of Health,
St. Thomas, Ontario

Dear Ms Turvey,

On December 13, 2001 The Elgin St. Thomas Health Unit gave my son, Simon Cody Blair, vaccines for Hepatitis B and Influenza. This was done in spite of the fact that I have a legal exemption form filed with the same health unit. The immunization of school pupil's act allows for parents to have a choice in regards to vaccinating their children as a "statement of conscience or religious belief". The "Canadian Charter of Rights and Freedoms" also guarantees this. It is true that the father of the child illegally signed a consent form for these shots. However I had made the health unit aware of this possibility when I attended the health unit and submitted the exemption forms for my children.

This incident highlights a serious procedural problem in the way the health unit is administering vaccines. The Health Unit computer clearly shows that my children are exempt. However this was never cross-referenced or questioned at the time of the shots. As a concerned parent and a registered nurse, I feel this issue needs to be addressed to ensure that the rights of other parents are not also breached. There must be a more accountable system put in place.

My other concern is that my son was lead to believe that he would be putting his family at risk of contracting Hepatitis B if he did not receive the vaccine. He told me that the video showed in school and a conversation with a nurse lead to this unreasonable fear. When I questioned the health unit of this, they admitted that they teach there is an increased risk but they were unable to provide proven rationale for this alleged risk. According to the Ethical Framework for Nurses in Ontario, under the heading of truthfulness, **nurses are required to provide balanced information and "omissions are as untruthful as false information"**.

Many health care workers and consumers are completely unaware that children are damaged by vaccines every year. There is indeed a risk in receiving them, which is why we are given the constitutional right to chose. I trust you will give this your immediate attention.

Sincerely,
Kelly Peterkin RN BScN

cc's: Dr. Sharon Hertwig, Medical Officer of Health, Peter Ostajic, Mayor of St. Thomas, Steve Peters MPP, Sandra Azawa RN, Elgin St. Thomas Health Unit

* *

Dear VRAN,

Enclosed is a cheque for my subscription to the VRAN newsletter for the coming year. The $5 extra is to help cover postage.

Keep up the good work!! Isn't it terrible how they are trying to vaccinate just about everyone for something, and people fall for it. Nearly all of my friends get the flu shot every year (I don't), and some are very ill after. I do volunteer driving for Seniors Outreach here in Maple Ridge, and I take seniors to doctors' appointments, hospitals, etc. And I blame the doctors mostly for putting pressure on these Seniors for the flu shots. One lady got the flu afterwards and was so ill she was hospitalized for 2 or 3 days, and when she asked her doctor why she should be so sick because after all she'd had the shot, he said "Well, you would have been much worse if you hadn't had it!!"

Lillian Campbell,
British Columbia

* *

NEWSCLIPS

Vaccines Increase Risk of Diabetes

Military immunization associated with increased risk of diabetes, especially in women. Risk includes Anthrax vaccine. Findings consistent with reports that Persian Gulf war veterans are at increased risk for Lou Gehrigs's disease.

Baltimore, December 27, 2001: Data published this week in Clinical Practice of Alternative Medicine shows that the rate of insulin dependent diabetes in those entering the US navy is about the same as controls but reaches up to 5.5 times that of controls in women, and 2.5 times that of controls in men by the age of 35. The findings are consistent with the US government data that Persian Gulf war veterans were about twice as likely to develop Lou Gehrigs's disease.

Dr. Bart Classen, an immunologist at Classen Immunotherapies, was an author of the paper. He has published extensive data that that vaccines cause insulin dependent diabetes, including data from a large clinical trial which provides proof the hemophilus vaccine causes insulin dependent diabetes in children. The data on the US sailors is the first data he has published linking development of diabetes to immunization of adults. The data was presented to Congress on October 12, 1999 at The Committee on Government Reform of the United States House of Representatives on the subject "Defense Vaccines: Force Protection or False Securities". Dr. J. Barthelow Classen was an expert to Congress and warned Congress that there were long term risks with receiving the anthrax and other military vaccines.

"The evidence indicates vaccines are one of the largest if not largest causes of insulin dependent diabetes in the US," says Classen. "We have published and presented extensive data support-

Newsclips cont. on page 26

Newsclips cont. from page 25

ing a causal relationship. Many smaller studies performed by others support our work." He cites a recent US government study that the combined effect of the hemophilus vaccine and the measles, mumps, rubella vaccine (MMR) may increase the risk of insulin dependent diabetes by 60%. "The US government's data support our findings that the MMR and hemophilus vaccines cause a large rise in the risk of diabetes."

Dr. Classen's research has been published in numerous journals and featured in national news reports. For the latest information on the effects of vaccines (including anthrax) on insulin dependent diabetes and other autoimmune diseases visit the Vaccine Safety Website Classen Immunotherapies, Inc.
Class@vaccines.net
http://vaccines.net

****

Riots in Algeria as vaccine kills seven babies
From The Telegraph - 26/12/2001

RIOTS swept through the Algerian town of Oued el Abtal after the deaths of seven babies who had received measles vaccinations.

Residents fought police and set fire to government buildings when the town's prefect arrived to attend the children's funerals.

Police fired warning shots in an attempt to disperse the crowd in the town near Mascara, about 225 miles west of Algiers.

The seven victims were between three and 18 months old. Three died immediately after receiving the injections last week as part of a vaccination campaign and four others died within an hour, witnesses said.

Dozens more were taken to hospital in a serious condition.

Local doctors claimed that the vaccine had passed its expiry date, but health authorities later denied this and said the vaccination had been administered incorrectly.

****

Most Children With a Negative or Unknown Varicella History Are Immune
Pediatr Infect Dis J 2001;20:1087-1088.

Editor's note: Here is a glimpse into the natural workings of 'herd' immunity that, confirms most children are immune to chicken pox by the age of 10, even when they have not exhibited signs of the disease. Only 8.4% of 10 year old children would not have developed immunity. "Prevaccination testing could identify children who are immune, but such testing could be difficult to implement and might reduce vaccine coverage", ***concludes the report, indicating that the commitment in the medical community is to proceed with vaccination programs, rather than identify those few who have not developed immunity. If the vaccinators have their way, the benefits of this natural herd immunity will be destroyed, as has happened with measles, where the majority of children no longer have the benefit of naturally acquired life-long immunity.***

Excerpted from a Reuters Health article December 14, 2001

"Dr. Bernard Duval, from Laval University in Quebec, and colleagues assessed the age-specific incidence of varicella among 2227 fourth grade students. A subset of children with negative or unknown chickenpox histories were tested for anti-varicella antibodies.

"The study was performed to determine the proportion of children that would need to be vaccinated in a catch-up program, the researchers state in the November issue of the Pediatric Infectious Disease Journal.

"The reported cumulative incidence of chickenpox at 10 years of age was 92%, the authors note. Furthermore, about half of the children developed chickenpox before entering kindergarten.

"Of the children with negative or unknown varicella histories, 63% had antibodies against the virus. Children with an unknown history were significantly more likely than those with a negative history to harbor anti-varicella antibodies (p = 0.002). In addition, children whose history was obtained by self-administered questionnaire rather than by a study nurse were more likely to demonstrate such antibodies (p = 0.023).

"If vaccination was based on the absence of a positive history ofvaricella, 8.4% of 10-year-old children would require vaccination, the researchers note. However, the current findings indicate that nearly two thirds of children without a positive history are actually immune.

"Prevaccination testing could identify children who are immune, but such testing could be difficult to implement and might reduce vaccine coverage. Follow-up telephone interviews with parents who report negative or unknown histories for their children may help identify children who are actually immune."

****

Autism Cases Continue to Skyrocket
January 25, 2001

With no changes in the diagnostic criteria for many years, and in a system that has been ascertaining autism since 1970, the California Department of Developmental Services (DDS) recently released the following data on the number of new cases of fully diagnosed DSM IV (Level One) AUTISM (NOT including other autism spectrum disorder such as PDD, NOS, or Asperger's, or other rare "autism like" genetic diseases):

1. An all time one year (1970-2001) record number of cases (2,725) were added to California's system in 2001.

Newsclips cont. on page 27

Newsclips cont. from page 26

This number represents a 20% increase in one year over the previous record year of 2000. The just completed 4th Quarter of 2001 (Oct. 4, 2001 to Jan. 3, 2002) also set an all time record for numbers of new cases for any 4th Quarter in the history of the system. During 2001, each of the four quarters posted all time record setting increases. **There were more cases of level one autism added in 2001 than in all of 1994, 1995 and 1996 combined.**

2. In 2001, for the first time ever in California's history, level one autism became the number one disability entering California's system...accounting for an astonishing 35% of all new intakes in 2001. A percentage that has exploded from historic levels of 3%. **Autism has surpassed mental retardation, cerebral palsy, epilepsy, and all other conditions similar to mental retardation as the number one disability entering California's developmental services system.**

3. California now has 16, 802 persons with level one autism in it's system. **It took 25 years (1970-1995) to add 6,527 cases. Unbelievably, it has taken ONLY 3 years (1999-2001) to add an additional 6,596 new cases. Simply put, what use to take 25 years now takes three.**

4. According to DDS, of the 16,802 persons with level one autism in it's system: 82% are male, 56% have NO mental retardation, and 80% were born after 1980... the beginning of the autism epidemic. **Amazingly, of the total number of persons in the system (16,802)....11,104 or two out of every three persons (66%) are children between the age of 0 to 13 years old.**

Data from Rick Rollens, co-founder of the MIND Institute at UC Davis, California. RRollens@aol.com

* * * * * * * * * * * * * * * * * * *

Abnormal Measles Serology and Autoimmunity in Autistic Children

Abstract 702: Journal of Allergy Clin Immunol 109 (1):S232, 2002 January

Immune factors such as autoimmunity may play a causal role in autism. We recently showed that many autistic children have autoantibodies to brain myelin basic protein (MBP) as well as elevated levels of measles virus antibodies. To extend this research further, we conducted a serological study of measles virus (MV), mumps virus (MuV), rubella virus (RV), cytomegalovirus (CMV), human herpesvirus-6 (HHV-6), measles-mumps-rubella (MMR), diptheria-pertussis-tetanus (DPT), diptheria-tetanus (DT) and hepatitis B (Hep B) and studied correlations with MBP autoantibodies.

Antibodies were assayed in sera of autistic children (n=125) and normal children (n=92) by ELISA or immunoblotting methods. We found that autistic children have significantly (p=0.001) higher than normal levels of MV and MMR antibodies whereas the antibody levels of MuV, RV, CMV, HHV-6, DPT, DT or Hep B did not significantly differ between autistic and normal children.

Immunoblotting analysis showed the presence of an unusual MMR antibody in 60% (75 of 125) of autistic children, but none of the 92 normal children had this antibody. Moreover, by using MMR blots and monoclonal antibodies, we found that the specific increase of MV antibodies or MMR antibodies was related to measles hemagglutinin antigen (MV-HA), but not to mumps or rubella viral proteins, of the MMR vaccine. In addition, over 90% of MMR antibody-positive autistic sera were also positive for MBP autoantibodies, suggesting a causal association between MMR and brain autoimmunity in autism. Stemming from this evidence, we suggest that an "atypical" measles infection in the absence of a rash but with neurological symptoms might be etiologically linked to autoimmunity in autism. (Supported by grants from the James Dougherty Jr Foundation, Unanue Foundation, Lettner Jr Foundation, Autism Autoimmunity Project and Autism Research Institute)

Vijendra Singh, Ph.D.
Utah State University
singhvk@biology.usu.edu

****

"Panel Urges Vaccinations Against Flu for Infants"

Excerpted from an article by Anita Manning - USA Today 02/21/02

A panel from federal Centers for Disease Control and Prevention said this week that flu shots for infants between the ages of six months and two years should be "encouraged" for the next flu season, and it plans to fully recommend annual flu vaccinations for children in that age group within the next couple of years.

The CDC's Advisory Panel on Immunization Practices (ACIP), which makes recommendations on federal vaccine policies, decided not to fully recommend yearly flu vaccinations for infants until certain practical details--such as insurance reimbursement issues and parent and doctor education policies--could be worked out, according to Dr. Keiji Fukuda of the CDC. Fukuda said that healthy infants under the age of 24 months face a higher risk of being hospitalized for flu-related illnesses than do older children.
http://www.immunizationinfo.org

* *

Vaccine Confidence Low Amongst Canadians

Toronto Star writer Prithi Yelaja reported that the Canadian Institutes of Health Research held a conference on January 19-20. A new survey found that only 57 percent of Canadians would take a vaccine recommended by the federal government.

Newsclips cont. on page 28

Newsclips cont. from page 27

The survey involved a random sample of 1,000 Canadians, polled from Jan. 3 to 16.

"Vaccines are a highly effective treatment. But there's a big knowledge gap for a large proportion of the population, which could hinder our ability to intervene quickly in the event of a bioterrorism event," said Dr. Paul Ritvo, a Cancer Care Ontario researcher who presented the survey. "This is all unprecedented for Canada. We've never had situations of immediate danger like that, so we need to prepare."

"Fifty-two per cent of respondents said vaccine safeguards are slack, while 40 per cent disagreed when asked if vaccines are medically effective. One-third didn't know what a vaccine is or why they received them as children, and 46 per cent said the idea of taking a newly developed vaccine, even if it had been carefully tested, made them anxious.

http://www.sihr.ca/news/latest_info/bioterrorism_e.shtml

* * * * * * * * * * * * * * * * * * * *

UPDATE: DR. ANDREW WAKEFIELD AND THE MMER CONTROVERSY

US Media Reaction to New Wakefield Study: News Blankout Almost Total

Commentary by Lenny Shafer of FEAT Families for Early Autsim Treatment
Feb. 7, 2002

Going into the third day since medical researcher Andrew Wakefield dropped a news concussion bomb with the publishing of his latest findings of measles virus in 83% of autistic children, there has been virtually a news black out in the US (and Canada). With a singular expectation, there has been no news in the press about the latest development of an issue in the UK that has drawn

in the government, the Prime Minister, his infant son, and at least 2000 families with late onset autism, the hyperbolic British press and the national health maintenance system into a raging public Health debate. The single report that we were able to find outside Europe and the rest of the world, is a Reuter's piece directed to professionals and not consumers. The article leaves autism out of the copy nearly altogether.

"It doesn't prove causation" agrees Barbara Loe Fisher of the National Vaccine Information Center, "but it does go a long way to show an association." In other word, we arguably have a smoking gun. The defenders can continue to argue that there is no solid proof of a connection between vaccines and autism. However, there is enough evidence for a serious hypothesis. Given this latest addition to the puzzle of autism's etiology, it is now time for our public health officials to finally shift their focus from spending the public's money on research designed only to defend vaccines, to research designed to get at the at the cause of autism.

The time is over for increasingly silly dismissals of the autism epidemic. The time is over to utterly ignore the eyewitness experiences of hundreds to thousands of parents who have seen the children slip away only after the injections. The time is over for simply insisting that there is no proof of a connection between certain vaccines and autism. This is not enough, for there is indeed plenty of evidence to suggest there might be. For public health officials to remain complacent in the face of this growing evidence is simply not acceptable. If our hypothesis about the causes of autism prove to be wrong as the defenders insist, for us it will be back to the drawing board, for we cannot join them in their complacency. But if they prove to be wrong one cannot imagine the consequences. For after we find the cause, treatment and cure for autism, there will be some matters of justice that wait.

* * * * * * * * * * * * * * * * * * * *

Wakefield, MMR & Autism – snipets from the British Press

Dr. Andrew Wakefield's latest findings continue to rock the medical establishment. The new study, released on February 4, was set up to investigate the presence of persistent measles virus in children with ileocolonic lymphonodular hyperplasia, a new type of bowel disorder which has been described in a cohort of children with developmental disorder. It revealed the presence of the measles virus in the gut of 75 of 91 autistic children with the variant form of bowel disease. Measles was found in the gut of only 5 out of 70 healthy children tested. This latest research will be published in the April issue of Molecular Pathology and can be viewed in full on the Internet at The MMR controversy been escalating since Wakefield and colleagues at the Royal Free published research in 1998,

Dr. Wakefield cont. on page 29

Dr. Wakefield cont. from page 28

the first to suggest the MMR jab could be a possible cause of autism and a new type ofbowel disease in children.

"The data confirm an association between the presence of measles virus and gut pathology in children with developmental disorder," Professor John J. O'Leary of Coombe Women's Hospital in Dublin and associates conclude. The authors suggest that the virus may act as an immunological trigger. In a statement, Prof. O'Leary stressed that the research did not set

out to investigate the role of MMR in the development of either bowel disease or developmental disorder, and "no conclusions about such a role could, or should be, drawn from our findings."

Some of the factors that prompted Wakefield to undertake his research. On analysing all the safety data since MMR's introduction, he concluded that safety tests were inadequate. He had already published research that he says showed that measles and mumps vaccines may cause inflammatory bowel disease. This work had led some parents of autistic children with bowel problems to consult him. Finally, the research on these children "observed a novel form of inflammatory bowel disease was occurring in children who had developed symptoms shortly after the MMR vaccine". Wakefield believes the findings are "consistent with the hypothesis that MMR is a contributory cause of autism and bowel disease in some children".

The heated controversy over the safety of the triple virus MMR vaccine has even embroiled British prime minister Tony Blair who, while insisting that the vaccine is safe, has refused to disclose whether or not his toddler Leo has received the vaccine, further contributing to an erosion of confidence in the shot in Britain. Dr. Wakefield has been forced to resign from his research post at the Royal Free Hospital in London. He is making plans to relocate to a private research facility in Florida where his research work will continue, partly funded by Visceral, a UK charity.

* *

Why I owe it to parents to question triple vaccine

Andrew Wakefield explains why he first warned of a possible link between the MMR jab and autism

The Sunday Herald, United Kingdom

'What I'm advocating is that in the presence of this question mark, a question mark that was put there by the parents, which we have corroborated in repeated studies -- while that question mark exists, at the very least, parents deserve a choice of how they protect their children against these infections, whether it be with the MMR vaccine or with the single vaccine.

'There is a very limited body of material bearing on the safety of the vaccine, but those studies were totally inadequate from the beginning. They looked at short-term outcomes three or four weeks after vaccination, but these children regress insidiously over weeks or months, and this is never ascribed to the vaccine by the attending physician .

'I sit across from you as the parent and you say: 'this is what happened to my child, they were developing normally, they had speech, language, social skills, they received their MMR vaccine and they developed bowel symptoms and their behaviour deteriorated, I lost them, the light went out'.

'You listen to that story, you don't buy into it, but you say: 'is there anything I can do to substantiate this in my job as a physician?' You investigate the symptoms and you find that there is an inflammatory bowel disease that has gone unrecognised in these children . So the parents were right . So when they say: 'I believe my child regressed after the MMR vaccine', do you take that seriously? Damn right you do .

'I don't believe that [single vaccinations would lead to a drop in take-up]. I think parents are well informed, they are not inherently anti-vaccine, nor are we. We have advocated throughout that children continue to be protected . But in the light of this evidence there is a question mark, and while that question mark exists, parents must have the choice over how they protect their children .

'What we have done is to show that the parents' story is valid. We have found measles virus highly in excess of developmentally normal controls in the diseased [bowel] tissue of children with autism, and not only in the diseased tissue but in the very cells in that diseased tissue that youwould anticipate if it were the cause of the disease. This is a very compelling observation that means, once again, that though causation has not been proven, there is sufficient anxiety that the parents must have a choice .

' What actually precipitated this crisis? What precipitated this crisis was the removal of the single vaccine, the removal of choice, and that is what has caused the furore -- because the doctors, the gurus, are treating the public as though they are some kind of moronic mass who cannot make an informed decision for themselves.'

For more information on Dr. Wakefield's work, please go to theVisceral web site at:
http://www.visceral.org.uk/

The new Wakefield article can be viewed at:
http://jcp.bmjjournals.com/cgi/content/full/55/1/DC1

More U.K. articles on the Wakefield controversy can be found at JABS website:
http://www.jabs.org.uk/

HOMEOPATHY FOR CHILDREN... BEYOND ANTIBIOTICS

By Jenny Calogeros-Smith

How many of us have sat at our child's bedside feeling helpless as the child suffers with repeated colds, fevers, respiratory complaints, painful earaches, etc. Not knowing if anything is seriously wrong and wanting to seek some sort of relief for our child, we may take her to see a medical doctor. Chances are likely that she will be given an antibiotic, cough suppressant, a decongestant or maybe you will be told everything is fine and advised to just give her a dose of acetaminophen to 'keep the fever down'. You do as advised, your child recovers only to relapse again shortly after. Now what? Another round of antibiotics? More drugs?

While we can appreciate that conventional treatment is necessary at times, many of us have felt disillusioned with orthodox medicines and have come to realize that in the long run the quick fix these medicines offer may cause more harm than good. Although conventional treatment may temporarily rid your child of the problem (the symptom), repeated use of suppressive therapies over time can weaken the overall vitality and hinder the immune system. Instinctively you may know that this constant drugging is detrimental to your child's well being and is not getting to the heart of the matter, yet what else can be done? As parents we do the best we know how for our children with the tools we have. This article simply offers another most wonderful tool: homeopathy.

Homeopathy is an effective, safe, and non-toxic alternative to the harsh drugs that are often given for simple acute conditions. This system of healing assists the natural tendency of the body to heal itself. In homeopathy tiny doses of natural substances are used to stimulate the body's own healing powers. It works 'with' the body instead of 'against' the disease facilitating true healing as opposed to the masking or suppressing of symptoms, which may be the case with some conventional therapies. Note some of the common names that speak for themselves such as pain 'killers', 'anti'-histamines, cough 'suppressants' to list just a few. Conventional medicine views the virus, allergen, or bacteria as the culprit and, therefore, attempts to attack it, whereas homeopathy views the person's susceptibility as the true cause, and, therefore aims to strengthen the individual who will then be less susceptible to these environmental stresses. Simply put, conventional medicine attempts to treat the disease, homeopathy treats the person who is sick, as an individual.

Of course children will get sick; it's par for the course, but each child is an individual and responds to the environment in an individual fashion. Because of this individual response, remedies are always selected individually. Being a truly holistic approach, homeopathy considers not only the nature of the physical complaint but also the mental and emotional state of the child. A successful prescription is based on the 'totality of symptoms'. For example three children with otitis media (middle ear inflammation) would likely each require a different homeopathic remedy. Child one has marked right sided ear pain that has come on suddenly. He is angry and irritable. His face is bright red, his pupils are dilated and his eyes look glazed. Although he has a high fever, he has no thirst. He feels better sitting upright and feels worse with motion. This child likely requires the homeopathic remedy Belladonna. Child two has pain in both ears. She cries with the pain, a weepy cry that evokes sympathy. She is clingy and feels better if held, pampered and rocked. Her pain is worse at night. She does not like stuffy rooms and prefers the windows open. This child likely requires the homeopathic remedy Pulsatilla. Child three is in extreme pain. She is very irritable, demanding and nothing satisfies her. She is weepy but in a loud, demanding way. One of her cheeks is bright red and the other is pale. Her pain is aggravated by exposure to cold air. Although sensitive to being touched, she is temporarily relieved by being carried. This child likely requires the homeopathic remedy Chamomilla.

There are many helpful reference books on the market for treating first aid situations and simple acute complaints homeopathically. Self-treatment is possible with education. Homeopathic remedies have now become more readily available and many health food stores and pharmacies (natural and otherwise) are now stocking a fair selection of them. However, if a condition is reoccurring often or has become chronic it is strongly advised to seek the help of a professional homeopath who will take a full case history and prescribe a remedy 'constitutionally'. On the other hand there may be occasions when certain urgent pediatric conditions demand immediate conventional treatment. In these cases, it would be wise to have a medical doctor prescribe a conventional drug immediately and then later have the child treated with the indicated homeopathic remedy.

Conventional medicine needs to be respected for what it can do, yet we must also be conscious of its limitations. Of course every healing modality has its place but why not start with gentler means and save the big guns as a last resort? Let us not forget what Hippocrates said, "first do no harm".

With appreciation to Jenny Calogeros-Smith, a Vancouver area Homeopath for her kind permission to reprint this article. Jenny can be reached at The Teleos Homeopathic Centre (604)708-2222 or by email:
jssmith@axionet.com
Website: http://www.teleos-homeopathy.cityslide.com/pages/page.cfm/31840

CIPRO cont. on page 32

CIPRO cont. from page 31

CIPRO cont. on page 33

CIPRO cont. from page 32

Newsclips cont. on page 34

Newsclips cont. from page 33

Newsclips cont. on page 35

Newsclips cont. from page 34

Newsclips cont. on page 36

Newsclips cont. from page 35

Newsclips cont. on page 37

Newsclips cont. from page 36

Smallpox & Homeopathy cont. on page 39

Smallpox & Homeopathy cont. from page 38

VRAN News cont. from page 3

RESOURCE & INFORMATION LIST

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

Immunization—The Reality Behind The Myth
by Walene James.

What Every Parent Should Know About Childhood Immunization
by Jamie Murphy

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

To order information packages, books, videos, or to subscribe to the newsletter, contact VRAN

P.O. BOX 169
WINLAW, BC
VOG 2J0

or call 250-355-2525
email: eddawest@netidea.com