

# VRAN Newsletter

January - March 2003

Vaccination Risk Awareness Network Inc.

## THE PARADIGM SHIFT IN MEDICINE AND SCIENCE

Taken from a talk presented at the National Vaccine Information Center Conference, September, 2002

By Philip F. Incao, M.D. - February 10, 2003

The word paradigm in present usage means the living model in our mind which we use to understand and explain the world. Our paradigm incorporates all of our basic assumptions about the nature of reality. It is our worldview, it's the lens through which we look at the world and it colors everything we see. This paradigm-lens is itself created and formed from the primal feelings living at the deepest levels of our heart and mind. Primal feelings are shared by all human beings, each of us having our own particular mix depending on our individual constitution and experience and on the culture in which we live. Most important in this inner mix of primal, basic feelings toward life and the world is whether love or fear rules. In ancient times the ruling paradigm was based on love for the world. Today our ruling scientific paradigm is based on fear of the world. At a deep unconscious level, but in medicine just below the surface, we live today in a fear-based paradigm. Because of this underlying fear, science and medicine assume that we must control, master and change nature in order to survive. The new paradigm now struggling to be born challenges us to develop the courage and selflessness to master and change *ourselves* in order to survive.

The ruling paradigm of a culture determines on what kind of

knowledge governments are based, on what kind of knowledge the education of children and the pursuit of science are based, in short on what kind of knowledge enlightened civilization is based. If we could ask a well-educated citizen of ancient times what kind of knowledge should form the basis of an enlightened civilization, the answer most certainly would be "well, of course, knowledge of the gods and of their will." The ruling paradigm shared by the peoples of the ancient world was God-centered and spirit-centered.

But all that changed, because human consciousness is in constant evolution and the human heart and mind never stand still. Paradigms are like living things which grow, reach maturity and then become old, over-ripe and prone to illness and decay. The ancient spirit-centered ruling paradigm in Europe had become institutionalized in the church and by the 1500's had grown old and corrupt, no longer able to keep up with changing evolving human consciousness.

Then came a mighty paradigm shift as western science was brought to birth by Copernicus, Galileo and Newton. The human mind and senses had gradually been losing their capacity to experience spirit as a concrete reality. After Galileo, the physical *matter* of

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## Editorial

Edda West

### IS FEAR OF FEVER HURTING OUR CHILDREN ?

As paradigms go in the world of disease management, there is none more deeply ingrained than the fear driven belief that without vaccinations we are doomed to attack from legions of killer diseases. It's shadow partner, "fear of fever" compels us to suppress fever whenever it arises and insures our captivity to monopoly, sickness oriented medicine. The medical/pharmaceutical empire flogs us with these tactics, imprinting fear in the collective psyche, the favourite tool with which they dominate the masses and usher us down the slippery slope of health breakdown and drug dependency.

Vaccinations and fever suppressants, along with the overuse of antibiotics and exposure to multiple chemical contaminants in the

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## VRAN NEWSLETTER

Vaccination Risk Awareness Network Inc.  
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Mary James, Leona Rew, Edda West, Frank Luschak

### VRAN Core Members:

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

With thanks to Lisa Farr for the newsletter layout.

### Statement of Purpose

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

### VRAN's Mandate is:

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

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

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

Deep appreciation goes to those VRAN members who have sent donations to help with this year's fundraising efforts. To date we have received \$4,025, which is **one fifth** of VRAN's yearly operating budget of \$20,000. Fundraising is an ongoing challenge and needs a committee of dedicated people to make this their special VRAN project. Please help us by donating your time, your ideas, and by organizing fundraising efforts in your area.

We are still offering Dr. Sherri Tenpenny's dynamic vaccine video as a bonus offer for your donation of \$150 or more. We also thank those members who have signed on with the Excel phone plan which we hope will be a long term fundraiser for VRAN. Virtually everyone uses long distance. By trying the Excel plan(s) you are helping VRAN and getting low, competitive rates at the same time. Please call or email Edda for more details: 250-355-2525 or [info@vran.org](mailto:info@vran.org) Edda and a few helpers will also continue to phone VRAN members asking for your help with this.

### VRAN Memberships Due For Renewal

Please remember that your VRAN membership is renewed yearly in January. Membership renewals have been trickling in, but many remain outstanding. Membership donations is what funds the costs of newsletter printing and mailing and is still our main vehicle for vaccine risk edu-

cation. We are suggesting \$35 for family membership and \$75 for professional. Thank you for taking the time to renew your membership.

### Annual General Meeting

VRAN's annual general meeting will be held by telephone conference from Winnipeg on Sunday, April 27. If you wish to participate, please call Mary James at: 204-895-9192

### Total Health Conference

With special thanks to VRAN members who so generously donated their time at the recent Total Health Conference in Toronto. VRAN was given a spot at the conference book table. Dr. Jason Whittaker, Josephine Solomons and Santo D'Agostino talked to conference attendees about vaccine risk issues, handed out brochures and sold some information packages. Their commitment and enthusiasm is greatly appreciated.

### BC REPORT, March, 2003 By Susan Fletcher

I've caught the attention of two high-profile organizations. The Troubadour Foundation was established by child entertainer Raffi to promote "honouring" of the world's children. I wrote a letter to Raffi, enclosed several vaccine articles and expressed my wish that we and others of like mind could "form a synergistic partnership to work towards rescuing our children's health." This package was delivered by hand and I soon received a warm reply from Troubadour manager, Caterina Geuer. She said they are aware of

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the problems I raised and, like us, are concerned. She told us about a new group, the 'Canadian Partnership for Children's Health and the Environment'. Edda has had a positive exchange with contact, Tonya Surman, who told her she would take her message to the group's first meeting March 5th. We will contact them again.

The second group I tackled was Rotary. A four page spread in a January newspaper said Rotary's main purpose is "to encourage high ethical standards" and that the 4 clubs on the 'Coast' (population under 30,000) were set to raise US\$12,000 during March to help in "Fulfilling our Promise to Eradicate Polio" and "immunize more than 2 billion children."

I decided another campaign was in order, wrote 'The Ethics of Polio Eradication' and Edda sent it out on VRANWEB and to others including the head of 'Polio Plus'. The latter sent articles on AIDS, BSE and the defunct NIH SV40 review, all of which I critiqued. My husband and I hand delivered 320 copies of 'The Ethics...' to local businesses; most people, even a couple of Rotarians, thanked us. To the campaign coordinator, Heather, I delivered thirty articles and a letter pointing out that Albert Sabin had publicly disparaged vaccines in 1985, the same year 'Polio Plus' began and he became Rotary's advisor. Heather said she would read all. In her next email she fingered WHO and UNICEF.

Things were quiet in March except for two ads asking for volunteers to work for a "Polio-Free World"....could it be that some of the troops rebelled?

Several people, on seeing my display at our Health Festival, remarked "Haven't they got it yet?!" Well, some have, ie the people who watched the Tenpenny video I've been showing. They thanked me for helping them "get

it". As for the rest of Canada ...step up all of you willing to help with a Canadian Tenpenny speaking tour!

If you wish to receive a copy of "Ethics of Polio Eradication" please contact Edda West at: [info@vran.org](mailto:info@vran.org) or call 250-355-2525

### **Manitoba News** **By Mary James**

On January 13, 2003, the CBC-National News camera crew along with producer Grazyna Krupa and health reporter Maureen Taylor were in Winnipeg, filming a mini documentary entitled, "Kicking the Sacred Cow of Vaccination."

The producers at CBC -National were aware that a growing number of parents are very worried about the severe adverse reactions to routine childhood immunizations that increasing numbers of children have experienced. They decided to investigate.

Twelve members of The Association for Vaccine Damaged Children were present for a two hour filming session. We were encouraged to voice our concerns with the present vaccination program and to share our children's stories of how they reacted to their childhood vaccinations. The interviewer encouraged us to share the reception we received from our family doctors and pediatricians once our child suffered a severe reaction to his or her vaccination. Every parent present had experienced the same total denial from their doctors that there was any connection, despite the fact that in some cases the child reacted by seizing within hours of the vaccination..

Gloria and Lawrence Dignazio were interviewed earlier in the day regarding their daughter Sara's reaction to her vaccination eight and one half years ago. Sara was diagnosed with a form of autism following her 18 month DPT-Polio

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## **DID YOU KNOW ?**

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

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

vaccination.

We were informed that the documentary would air sometime in February, unless the war in Iraq started, in which case the producer did not know when it would be broadcast. At any rate, we would be notified of the date well in advance. The producer asked us for pictures of our vaccine injured or deceased children, as she thought they would be incorporated into the documentary.

Much to our surprise and dismay, CBC Newsworld broadcast the Dignazio family portion of the documentary a few weeks ago on Health Matters, without notifying anyone. The Dignazio family found out about it when Sara's aide at school phoned to inform them that she had just seen the family interviewed on a health show linking vaccines with autism.

When the Dignazio family demanded an explanation as to why they were never informed of the broadcast, they were told by the producer, Grazyna Krupa that it was mistakenly aired as part of a feature on vaccines and autism for Health Matters. She assured them that the CBC-National had not yet broadcast the documentary. She informed us that the documentary would be a much shorter version than originally planned, and that it would not be as comprehensive as she had hoped it would be.

In fact, the documentary would focus only on Sara Dignazio and another family in Britain whose child also experienced autistic symptoms following her vaccination. Assurances were given to the family that they would receive advance notice when the documentary would be broadcast on CBC National News.

We still have not heard when it will be aired but will inform everyone on the VRAN email list as soon as we hear of the date. We also encourage you to write CBC

@ PO. Box 500, Station A, Toronto M5W 1E6, Attention Grazyna Krupa or email @ [krupag@toronto.cbc.ca](mailto:krupag@toronto.cbc.ca) demanding that CBC-National show the full documentary to Canadians.

On March 6, 2003, Mary James spoke to a University of Winnipeg class, in a course entitled, Health, Healing and Spirituality on the risks and adverse reactions of routine childhood vaccination. The VRAN newsletter and web-site was shared with the participants. The class was filmed and broadcast on Shaw cable television locally.

On March 16, 2003, Leona Rew and Mary James spoke in Selkirk, Manitoba to a group of parents about the vaccination controversy in an informal session. There were many questions and a great discussion followed. Special thanks to Terry Morriveau for arranging the meeting and for the group donation of \$100.00 for VRAN.

### **Alternatives to SARS**

Long time VRAN member and naturopathic physician, Dr. Verna Hunt has compiled a SARS Prevention Program, listing dietary recommendations, botanical medicine, supplements, essential oils and homeopathic remedies. You may obtain her recommendations via email: [info@vran.org](mailto:info@vran.org), or send a stamped, self addressed envelope to VRAN - P.O. Box 169, Winlaw, B.C. V0G 2J0.

**Our Appreciation to Vaccination Liberation** for producing their excellent Smallpox Alert which we've included as a supplement to this edition of the VRAN newsletter. We've had to reduce the size of the VRAN newsletter in order to accommodate the extra mailing weight of this supplement. You can also access the complete text of Smallpox Alert via the Vaclib web-site at: [www.vaclib.org](http://www.vaclib.org)

the universe assumed ever-growing importance for the mind, and for science. To understand the deep inner reality of matter became the quest of science, eventually leading to the unsettling conclusion by modern physics that the basis of all matter was after all non-material: *energy*. Things were coming full circle, as our paradigm, having shifted from spirit-based to matter-based, then shifted to energy-based in the 20th century.

The birth of western science was also the birth of a freer and more individualized human thinking. Galileo was a pioneer fighting for the freedom to think about reality in a way that respected no outer authority but respected only the truth as he saw it. He stood for the inviolable right of the scientist to follow one's own conscience, free from outside pressure. This fresh, young scientific paradigm represented by Galileo became mature over the next couple of centuries. It became well-established and institutionalized, and now has become entrenched and very powerful. Now the free spirits in science are again having a hard time. Their freedom to call it as they see it is again being curtailed; their academic freedom is threatened. And of course, today it's not the church which threatens freedom of thought in science, it is the system that institutionalized science has become which stifles individual freedom and creativity. Most Americans today believe that a scientist is free to pursue the truth as she or he sees it, free from any influence whatsoever. This is sadly not the case.

History is repeating itself. The corruption, immorality and tyranny of the church that fueled the Reformation in the 16th century are now happening in institutionalized and commercialized science and medicine. These are symptoms of a terminal illness in a paradigm that has already made its greatest

contributions to the evolution of humanity, and is now too old and inflexible to adapt to the changing consciousness of the 21st century.

It is human nature to resist change and to fear loss of control and a loss of security. But a paradigm that must limit human freedom of thought in order to preserve its power is not healthy, and in fact is dying, and needs to be honored and to be laid to rest. If change is to occur from the top down, then the day must come when it is the rule, rather than the exception that leading scientists love truth, and their freedom to pursue the truth, more than they fear the loss of their position and their material security.

When a paradigm dies, all of its gifts which have stood the test of time are honored, taken up and given fresh new life by the infant paradigm which succeeds it, just as in successive generations of human beings. Paradigm shifts are deaths and births unfolding a greater evolution.

We are at a crossroads, and the forces of change are moving in two opposing and irreconcilable directions. We have a choice between actively working for the birth of a more human-centered paradigm, or standing by while the present dying paradigm in biology and medicine further expands its world

domination. Today's institutionalized and commercialized biology and medicine will apply its knowledge of the underlying mechanisms of physical reality to create a mega-technology with ever increasing power over the forces of nature, both in the environment and in the human being.

Science will develop the 200 or so vaccines now in the pipeline, and will also increasingly develop and apply genetic engineering, gene therapy, cloning and a host of other things. It's often said that you can't stop progress, you can't put the Genie back in the bottle. That's true, it would be going backwards in human evolution to try to put the Genie back in the bottle. But the real point is, we need to have the awakened moral discernment to reexamine our concept of progress and *to understand just what kind of Genie we are dealing with, and we need to learn to master that Genie and not be its slave.* We'll never learn that until we develop the courage to stop fearing the world and to change our paradigm.

Change is inevitable, but the kind of change, the kind of progress that comes about can also happen from the bottom up. We, ordinary citizens can make change happen if we have the values and the vision, and if we have the courage to be activists for that vision and those values. A new more human-

centered paradigm in biology and medicine will be based on an ecological consciousness, affirming that we humans are intimately interconnected with and inter-dependent with all of creation. In the new paradigm, the freedom of thought of the individual scientist, the individual physician, and the individual client/patient will be held sacred and will be honored.

The basic assumption and attitude of the new paradigm will no longer be that we must control and dominate Nature in order to survive, but instead, that we must, with great humility, learn about and respect Nature's ways in order to live in harmony with her – in order for the human spirit to survive.

I am reminded of some lines by the poet-playwright Christopher Fry, from his play *A Sleep of Prisoners* – the title alone describes our modern consciousness very well :

**“Thank God our time is now when wrong comes up to face us everywhere, never to leave us until we take the longest stride of soul we ever took.”**

If humanity is to evolve in the direction of greater health and freedom, and if we are to avoid destroying ourselves and the world, then our new paradigm must be one that puts the human spirit at the center of medicine and of science.

***Medical Science Present Paradigm - Matter-based***

- ◆ Consciousness is a product of the physical body, and it plays no role in physical illness.
- ◆ Illness and healing are processes that follow physical laws.
- ◆ Vaccines most likely strengthen the immune system.

***New Paradigm - Energy-based***

- ◆ Consciousness is not a product of the physical body, and it plays a role in all illness.
- ◆ Illness and healing have a spiritual dimension to them which strongly influences the underlying physical processes.
- ◆ Most vaccines change the immune system to decrease the expression of acute inflammation and increase the expression of chronic inflammation.

**About the author:** Dr. Philip Incao is an Anthroposophic physician with a family practice in Denver, Colorado and has written many articles on children's health from a holistic perspective. He is a contributing author to a new book, [The Vaccination Dilemma](#) written by doctors, nurses and knowledgeable authorities on the vaccination debate. The book reveals an alternative health care system that removes much of the fear from childhood disease. The book helps parents to understand how illness serves a unique need for every child and embraces health creating philosophies like homeopathy, anthroposophy and encourages parents to trust themselves and their children's innate wisdom. Published by Lantern Books: [www.lanternbooks.com](http://www.lanternbooks.com), the book inspires trust in Nature's wisdom.

environment, are at the root of the decline in children's health and vitality, manifesting at large in the disablement of immune function, neurological function, and upsurge of chronic diseases in large segments of society today. Children in particular have been hit hard as they are the most vulnerable members of society. New evidence is now emerging that fever suppressant drugs may be another contributing factor to the explosive epidemic of neurodevelopmental disorders like autism.

As loving and caring parents, we naturally want to help our children feel better when the inevitable fevers, flus, colds and various illnesses arise in childhood. Many will reach for popular over-the-counter remedies to suppress fever and alleviate symptoms in the belief that these products are reliable, effective, and safe. But how safe are they really? And what are the risks when fever is suppressed and symptoms masked? Does fever have a critical function in fighting sickness that we have lost sight of?

There is plenty of scientific evidence validating the benefits of fever in fighting viral/bacterial inflammations and its important role in the healing process. Fever increases survival rate during infectious diseases - basic information that has yet to reach the majority of people who remain misinformed and misled by pharmaceutical and medical propaganda which still shamelessly advocates the use of antipyretic drugs at the first sign of fever. The myth that untreated fevers will lead to seizures and brain damage is perpetuated ad nauseam. Fever is maligned, misunderstood and seen as an enemy to be feared rather than an ally that signals the immune system gearing up for action.

Aspirin was once commonly used to suppress fever until it was linked to Reye's syndrome when given to children with viral infections like influenza and chickenpox. Reye's syndrome is

an often fatal disease affecting the brain and liver, a primary reason doctors switched to acetaminophen, which we now know to be the major cause of liver failure. One disaster after another!

Acetaminophen is such a common ingredient used in both over-the-counter and prescription medications, people may be unaware of its presence in the many popular brands of fever, pain, colds and flu medications. Health Canada recently issued an alert cautioning that the overuse of these over-the-counter remedies can lead to serious liver toxicity and death.

"Parents should be especially cautious when giving children any products containing acetaminophen. For example, the parent of a child with a flu-like illness may use one product to treat the child's fever and another to treat a runny nose, without realizing that both products contain the same ingredients. A recently published article identified acetaminophen overdose as **the number one cause of acute liver failure** in the US, and most of these overdoses were unintentional. Often, several preparations of the same brand (e.g. Tylenol Pain and Tylenol Sinus) or several medications for the same symptoms (e.g. Tylenol Cold, Neo-Citran and Sinutab) are found in the same household and, when used together, can result in an overdose." (1)

It is important to understand that fever is not a disease, but rather a symptom of an illness. Controversies surrounding the management of fever cause enormous anxiety in parents, often resulting in a knee-jerk, fear based reaction to kill the fever with drugs. As long as we remain captive to the medical myth that nature made a mistake in causing fever to arise during illness, our children will be put at risk. There is an urgency for us to re-examine our basic assumptions about the nature of fever and its evolutionary role in the survival of the species.

High fevers in some diseases like

measles and roseola are needed in order to discharge the virus. In a clinical study of 56 children during a measles epidemic in Ghana, Africa in 1967, it was standard practice to treat every case of measles with sedatives, antipyretics like aspirin and tylenol, cough suppressants, and also as needed with antibiotics. In the first half of the epidemic, 35% of the children died. But the treating doctors also observed that the children who survived were usually the ones who had higher fevers and more severe rashes than the ones who died. Although the ones who died seemed less sick than the survivors at the beginning of the illness, they then later got pneumonia and died.

At a vaccine risk conference in 2000, Dr. Philip Incao cited this study as an example of the vital role of fever. "The doctors began to think that the higher fevers and rash helped clear the measles virus from the body and enhanced survival. And so half way through this measles epidemic, the doctors revised their treatment and gave no sedatives, no aspirin or tylenol, nor cough suppressants, but still gave antibiotics, antimalarials and blood transfusions if needed. In this group, also of 56 children, only 7% died compared to 35% in the first group. This is a dramatic demonstration, and there are many others, of the vitally important basic principle that it is dangerous to suppress an inflammatory discharge."

"Hippocrates recognized this over two thousand years ago. In any inflammatory infectious disease, what is discharged out of the body can be frightening to look at, but that's not what kills us. What can kill us comes from the toxic effects of what's left inside the body and what's not being discharged."

"What I read in this study twenty years ago confirmed what I experienced in my own practice, that the children who produced higher fevers

and strong rashes, and good discharges of mucous and pus, were healthier and more robust and had stronger immune systems than the children who produced a low intensity of these symptoms. **These robust children in my practice, who vigorously externalized and healed their infections spontaneously, often without antibiotics, had little or no antibiotics, or antipyretics, or vaccinations in their lives.** And the other children who had had all their vaccinations, and lots of antipyretics, and antibiotics – who had had a lot of suppressive, internalizing medical treatments, these children never got high fevers. And these children were the ones who were more likely to have allergies and autoimmune problems.” (2)

The pervasive belief that fever is dangerous and must be suppressed disregards the scientific evidence demonstrating its beneficial role in inflammatory diseases. The immune system depends on the essential role of fever to accomplish myriad tasks when gearing up to fight infections. New Zealand researcher Hilary Butler has assembled an impressive list of citations from medical literature to prove this point. We are grateful for her work, and include these excerpts as an addendum to this article.

“Doctors do a great disservice to you and your child when they prescribe drugs to reduce fever” says Dr. Robert Mendelsohn, pediatrician and author of How To Raise A Healthy Child in Spite of Your Doctor. “Fever phobia is a disease of pediatricians, not parents, and to the extent that parents are victimized by it, doctors are at fault.” Parents are left to fear that their child’s temperature will keep rising unless measures are taken to control it. “They don’t tell you that reducing his temperature will do nothing to make the patient well or that our bodies have a built-in mechanism, not fully explained, that will prevent

an infection-induced temperature from reaching 106 degrees F (41 degrees C) (3)

Mendelsohn emphasizes that, **“Only in the case of heatstroke, poisoning, or other externally caused fevers is this bodily mechanism overwhelmed and inoperative.”** This would also include drug reactions and overdose.

**Fever: Your Body’s Defense Against Disease** is the title of chapter 7 in Dr. Mendelsohn’s book, and undoubtedly one of the best guidelines ever written for parents seeking a balanced and accurate perspective of the beneficial and defensive role of fevers in childhood. He condemns the useless and dangerous practice of fever suppression through drugs. “If your child contracts an infection, the fever that accompanies it is a blessing, not a curse. The spontaneous release of pyrogens cause the body temperature to rise, a natural defense mechanism needed to fight disease. The presence of fever tells you that the repair mechanisms of the body have gone into high gear. It is something to rejoice over, not to fear.” (3)

He counters the myth that high fever causes seizures. “Many parents are fearful of fevers because they have witnessed a convulsive seizure and believe that their child may experience one if his temperature is allowed to rise too high. **High fevers do not cause convulsions.** They result when the temperature rises at an extremely rapid rate and are relatively uncommon. It is estimated that only 4 percent of children with high fever experience fever related convulsions. There is no evidence that those who do have them suffer any serious aftereffects as a result.” (3)

“Fever produced by viral or bacterial infections will not cause brain damage or permanent physical harm. Fevers are a common symptom in children and are not an indication of serious illness unless associated with major changes in appearance and behavior or other additional symptoms

such as respiratory difficulty, extreme listlessness or loss of consciousness. The height of a fever is **not** a measure of the severity of an illness.” (3)

Numerous studies have shown that fever enhances the immune response by increasing mobility and activity of white cells called leucocytes which disable bacteria and viruses and remove damaged tissue from the body. A complex sequence of immune activities is activated by fever. Antiviral and antibacterial properties of interferon are also increased with fever. With a rise in temperature, iron is removed from the blood and stored in the liver, further disabling the rate at which bacteria can multiply. Studies of artificially induced fevers in laboratory animals infected with disease have shown that elevated temperatures **enhance survival**, while lowered temperatures **increase the death rate.** (4)

There is an exception however. When fever arises in a newborn baby in the first few weeks of life, there is a heightened level of caution. “Newborn babies may suffer from infections related to obstetrical interventions during delivery, prenatal or hereditary conditions, aspiration pneumonia from amniotic fluid forced into the lungs because of overmedication of the mother during delivery...and exposure to the legion of germs that abound in the hospital itself”, writes Dr. Mendelsohn who advises parents to seek medical help if a baby runs a fever in the first two months of life. Breastfeeding plays a critical role in preventing infections in infants. Breastfed babies are superbly protected from a vast range of pathogens and have a lesser risk of developing fevers in the newborn phase of life.

It is known that the blood-brain barrier is not intact until at least 6 weeks of life. This is why fever in very young infants, raises a big caution flag because of the ease with which pathogens, viruses/bacteria can gain access to the baby's brain/nervous sys-

tem creating a higher risk for meningitis. When medical help is sought for a feverish infant under 6 weeks of age, it may lead to invasive procedures like spinal taps, antibiotics, steroids and fever suppressants, which are also not without risk. If a parent disagrees with the course of treatment, they are likely to encounter hostility from the medical staff, as recently happened to a Boise area mother who lost custody of her 5 week old baby when she took her to the local ER for a check up.

The baby had been fussy and feverish all day, and the mother wanted to make sure everything was alright. She consented to blood tests, urinalysis, x-ray and I.V., but declined the spinal tap and wanted to wait for what the test results might show. She calculated that there was about a 95% chance her baby did not have meningitis and likely had the same cold the family had just gotten over. Her decision to forgo the spinal tap and antibiotics prompted the hospital to call Child Protective Services and the baby was taken from her. The doctor felt the child's life was in danger because the mother refused "life-saving treatment", despite the fact that the baby had improved significantly after some hours on I.V..

It would seem prudent to protect newborn infants during this early, vulnerable time from exposure to any situation, or procedures that would put them at risk of developing fevers. Yet, the majority of newborns and young infants are vaccinated in the first 6-8 weeks of life. Doctors know full well that the injection of vaccine cocktails containing a brew of viral/bacterial particles, foreign proteins, adjuvants and chemical preservatives will likely precipitate a feverish reaction in a large number of babies. They even anticipate this, and often advise parents to dose the child with "baby tylenol" prior to going in for the shot(s). And in the aftermath of vaccination, the standard reassurance given

to worried parents calling the doctor's office with a fussy, feverish newly vaccinated baby, is "It's perfectly normal – nothing to worry about. Just give the baby some tylenol."

In their determination to initiate vaccine agendas as soon as possible, there is a curious and willful blindness amongst doctors in the vaccine establishment. Why is there no concern about the impact of vaccine induced fevers in infants during this critical early period of life? Why is it that if a spontaneous fever arises in the newborn, it is viewed as a potential medical emergency, but if the fever is vaccine induced, it is brushed off as "normal" and parents are advised to suppress it with antipyretics?

The medical mindset that imposes vaccine schedules in early infancy violates a fundamental precautionary principle which disregards the fragility of the baby and the vulnerability of the immature brain/nervous system/immune system. Just look at the double standard operative here. On the one hand parents are cautioned to seek immediate medical help if fever develops in the newborn, yet are heavily pressured to submit their babies to multiple vaccines without regard for the fact that these injections are the primary cause of fever in young infants. Fever is knowingly induced during these early weeks of life, when all common sense and instinct should prevail to protect the infant from this outcome.

It is not only the vaccine induced fevers which raise a caution. While the fever signals the infant's immune response to the artificially implanted viral/bacterial and chemical agents he/she is forced to cope with, the bigger question is - what deeper affect do these toxic substances have, now that they have access to the blood stream, vital organs and the immature brain/nervous system? And what additional insult to injury occurs when the resulting fever is then manipulated

with antipyretic drugs preventing the normal mobilization of the immune system?

A new theory regarding a potential cause of autism is currently being explored by Dr. Anthony R. Torres, M.D., Senior Scientist and Director of the BioMedical Lab at Utah State University. His hypothesis questions whether fever suppression is involved in the etiology of autism and neurodevelopmental disorders.

Dr. Torres is investigating evidence suggesting that the etiology of autism involves infections of the pregnant mother or of a young child. "Most infections result in fever that is routinely controlled with antipyretics such as acetaminophen. **The blocking of fever inhibits processes that evolved over millions of years to protect against microbial attack. Immune mechanisms in the central nervous system are part of this protective process.**" (4)

"Pathological infections, including vaccinations, commonly result in fever. For example, 50-60% of young children develop fever after receiving MMR vaccine", and are routinely treated with fever suppressants. Many parents report their children slipped into autism following MMR shots. Dr. Torres has also found that "43% of mothers with an autistic child experienced upper respiratory tract, influenza-like, urinary or vaginal infections during pregnancy compared to only 26% of control mothers", suggesting that in some cases autism may be linked to the "sequella of pathogenic infections, especially those of viral origin." (4)

Suppressing fever during pregnancy and labour may effect the fetus as research has shown that acetaminophen "significantly decreased maternal and fetal serum IL-6", an immune factor the infant is incapable of producing at birth and depends on from the mother.(4) A press release



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(Oct./02) from the British Thoracic Society cautions that a recent study links paracetamol, an acetaminophen based drug similar to tylenol to childhood asthma when used by the mother in late pregnancy.<sup>(5)</sup>

The central nervous system and scores of factors in the immune system work synergistically to achieve optimum immune function. What affects one affects the other. Dr. Torres points to evidence that acetaminophen is an immunosuppressive agent. In highly technical language, he describes the complex activities launched by the immune system and the many signals relayed to control centres in the brain when the body is fighting pathogenic organisms. The activation of pyrogens stimulates the rise of fever and “production of various cytokines (immune cells) from organs in the viscera (gut)” – the gut being the primary and largest immune organ of the body. Key signals carried along the vagus nerve which connects the gut/brain immune pathways, and which are normally mediated by prostaglandins, can be blocked by antipyretics like acetaminophen, thereby derailing the complex sequences of immune signals that flow between the gut and the brain. <sup>(4)</sup>

Dr. Torres postulates that the blockade of fever with antipyretics, whether induced by infections or vaccinations, interferes with normal immunological development in the brain, leading to neurodevelopmental disorders in certain genetically and immunologically disposed individuals. The effects may occur in utero or at a very young age when the immune system is rapidly developing. <sup>(4)</sup>

Kathy Blanco, President of CHILD-SCREEN [www.childscreen.org](http://www.childscreen.org), herself a mother of autistic children, predicts that these findings will not be popular with mainstream medicine and are “potentially a public relations time bomb”. Searching for advice on fevers and vaccine reactions on the internet,

Blanco found that the majority advise, **‘If your child has a fever during a reaction to a vaccine, give them acetaminophen’.**

“This all too common advice may actually cause autism. However, if Dr. Torres’ groundbreaking theory proves true, it could be the means of saving thousands of children from becoming autistic.”

Currently, a tremendous amount of fear is being whipped up over the outbreak of SARS (severe acute respiratory syndrome) in this country. Health officials are in an uproar, even hinting that this may be the “Big One” – the pandemic they’ve been anticipating for years, even though it’s not influenza. Draconian quarantine measures are being implemented, and some sources are speculating whether this is a training exercise to test the population’s willingness to submit to quarantine in preparation for biowarfare attack. To date there has been no definitive identification of the pathogen, although there is speculation that it is a form of corona virus, the family of viruses found in the common cold. At one point it was thought it might be related to the paramyxovirus which is related to measles and canine distemper –there’s even speculation that chlamydia could be involved. The measles virus has been mutating and its footprint identified in some nasty cases of encephalitis and respiratory infections in Asia in recent years. Already plans are rolling to start vaccine development which is surprising since the virus or viral combination is yet to be identified.

Early reports described SARS as beginning with a dry cough that keeps getting worse, and that some people get headache, body ache, a “skyrocketing fever or blotchy rash on their bodies”, and as illnesses go, this one seems fairly “vicious”. Treatment? People are given a “battery of drugs – cocktails of antibiotics and antiviral medications”.<sup>(6)</sup> They’re probably getting

strong doses of fever suppressants as well.....which has left me wondering whether antipyretics diminished the immune capabilities of those who have died from SARS. Is this one of those diseases that needs a high fever to rally the immune system to optimal output? Are the aggressive medical treatments actually creating a higher risk of death?

Homeopathic and Naturopathic healing modalities have a long and trusted history in the prevention and treatment of epidemic diseases. One of the greatest antivirals known is vitamin C, which has been used with stupendous success in both the prevention and treatment of infectious diseases. Highly effective treatment protocols have been developed by administering ascorbates of vitamin C intravenously in critical situations and are documented in medical literature and accessible through Dr. Robert Cathcart’s website with links to Dr. Klenner, and Linus Pauling. <sup>(7)</sup> Intravenous vitamin C should be available for every patient facing acute and critical illnesses, but the current medical monopoly blocks access to this simple and highly effective treatment.

Writes health activist Croft Woodruff, “In the spring of 2000 I referred a young relative, who was suffering from an acute case of mononucleosis, to a medical doctor who administered four separate intravenous injections of vitamin C as sodium ascorbate over as many days. The results were quite dramatic. The patient recovered completely, albeit with a newly acquired respect for the power of vitamin C as a healing agent.”

Our mistrust of natural processes, and reliance on drug oriented medicine has obscured our understanding of the importance of childhood illnesses and the necessity of fever as a vital aspect of the maturation of the immune system enabling a strong & resilient found-

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dation of health to evolve. When we discard the old fears and lift the veil of ignorance, we are then empowered to see with our innate intelligence, the real picture unfolding in front of us - and recognize that the artificial manipulation of children's immune systems, via mass vaccination programs, indiscriminate use of antipyretics and antibiotics, rather than protecting, is threatening their health - their future.

The encouraging and wise words of Dr. Incao may help us shed old fears and embrace a new relationship to Nature - "Every childhood inflammation, every cold, sore throat, earache, fever and rash is a healing crisis and a cleansing process, a strong effort by the human spirit to remodel the body, to make it a more suitable dwelling. Anthroposophic and homeopathic remedies aid and promote this cleansing process and help the illness to work its way out of the body so that healing can occur."<sup>(8)</sup> In a personal conversation recently, Dr. Incao reminded me that - "It takes a while to free our mind from the imprisonment, and our need to adhere to political correctness for fear of being judged radical. Illness is part of life. It is not alien or abnormal and has to be accepted as a part of life. Every breakdown is a spiritual growth opportunity. We need to learn how to deal with and work through it - this is part of the new paradigm."

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### Sources of Complimentary and Alternative Healing Modalities:

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Sheri Nakken website - great links to homeopathic sources of information: <http://www.nccn.net/~wwwithin/vaccine.htm>

Alternatives & Antidotes to Infectious Diseases - Year end VRAN Newsletter, 2001, lists many alternative healing modalities - available electronically at: [info@vran.org](mailto:info@vran.org)

### **EXTRACTS FROM MEDICAL LITERATURE: TYLENOL, PARACETAMOL, IBUPROFEN etc.**

**Compiled by Hilary Butler**

**Could the increase in all forms of meningitis and other infectious disease complications and deaths be because for the last 40+ years, the first thing parents do at the slightest sign of temperature is push paracetamol? I believe so, because what you weren't told was this:**

"Not all fevers need to be treated but many physicians do so to relieve parental concern." (Eur J Ped 1994 Jun; 153 (6): 394-402)

"An elevation in temperature following bacterial infection results in a significant increase in host survival" (Science 1975 Apr 11; 188 (4184): 166-8)

"Many components of the nonspecific host defence response to infection such as leukocyte mobility, lymphocyte transformation, and the effects of interferon, appear to be enhanced by elevations in temperature that simulate moderate fevers. In addition, some evidence indicates that a fever in conjunc-

tion with the changes in plasma iron levels known to occur during infections is a synergistic host defence response." (Pediatrics 1980, No: 66 (5) : 720 - 723)

"Parental fever phobia and its correlates...surprising, higher socioeconomic status was not associated with a lesser degree of fever phobia...undue fear and overly aggressive treatment of fever are epidemic among parents of infants and young children, even among the highly educated and well-to-do. considerable effort will be required on the part of pediatricians and other child health workers to reeducate parents about the definition, consequences and appropriate treatment of fever." (Pediatrics 1985 June;75 (6) 1110-1113)

"There is no convincing evidence that naturally occurring fevers are harmful. In contrast, animal studies have shown that fever helps animals to survive and infection whereas antipyretic increases mortality. Moreover there is considerable in vitro evidence that a variety of human immunological defences function better at febrile temperatures than at normal one." (The Lancet, Volume 337, March 9, 1991)

"Many cytokines are endogenous mediators of fever including interleukin (IL) -, 1 beta, IL-6 and others. Tumor necrosis factor-alpha may be both an endogenous pyrogen and an endogenous antipyretic or cryogen." (Neuroimmunomodulation 1995 Jul-Aug; 2 (4):216-223)

"There is overwhelming evidence in favor of fever being an adaptive host response to infection... as such, it is probable that the use of antipyretic/anti-inflammatory/analgesic drugs, when they lead to suppression of the fever, result in increased morbidity and mortality during most infections; this morbidity and mortality

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may not be apparent to most health care workers..." Infect Dis Clin North Am 1996 Mar;10(1) : 1-20.)

Acetaminophen can induce pneumonia...These findings suggest that allergic mechanism was involved in the pathogenesis of the pneumonitis. Underlying immunological disorders may have enhanced the occurrence." Nihon Kyobu Shikkan Gakkai Sashhi 1997 Sep; 35 (9) 974-9) There are other reports of this as well... "the results suggest that lung disease (rheumatoid lung) associated with collagen vascular diseases may be exacerbated by drug-induced (acetaminophen) pneumonitis." Nihon Kyobu Shikkan Gakkai Sashhi 1997 Oct; 35 (10) 1113-1118)

"Despite our lack of knowledge about its therapeutic mechanism, it has been claimed to be a safe drug, especially for children... paracetamol syrup (presumably for children) is extensively prescribed in large volumes...There is mounting evidence that paracetamol is not the benign drug that it was formally thought to be... We would question the whole rationale of prescribing the drug in near epidemic proportions. If it is to be used as a placebo, then it is a very dangerous placebo... The whole place of paracetamol prescribing for children has been questioned. While there is little concern about its use in the short term as an analgesic, there is considerable controversy over its use as an antipyretic....there is little evidence to support the use of paracetamol to treat fever in patients without heart or lung disease. Paracetamol may decrease antibody response to infection and increase morbidity and mortality in severe infections...too many parents and health workers think that fever is bad and needs to be suppressed by paracetamol when, indeed, moderate fever may improve the immune response...the use of paracetamol in children with acute infection did not

result in an improvement in mood, comfort, appetite or fluid intake." (Family Practice, Volume 13, No 2, 1996 pgs 179 - 181)

"Fever is rarely harmful. Only extremely high fevers of 42.2C or 108 F or higher have been known to cause brain damage. Only fevers of 40.5C or 105F and higher need immediate attention, mainly because they are a clue that a serious infection could be present "(such as meningitis) (Sunday Star Times, May 3, 1998, C3) doctor's column.

"Paracetamol has no antipyretic benefits over mechanical antipyreses alone in ..malaria. Moreover, paracetamol prolongs parasite clearance time, possible by decreased production of TNF and oxygen radicals. " (Lancet 1997;350:704-709)

"The data suggest that frequent administration of antipyretics to children with infectious disease may lead to a worsening of their illness." (Acta Paed. Jpn 1994 Aug;36 (4) 375-378)

"Fever is an important indicator of disease and should not be routinely suppressed by antipyretics...fever may actually benefit the host defense mechanism...fever is short-lived and causes only minor discomfort...routine antipyretic therapy should be avoided but may be necessary in individual patients with cardiovascular or neurologic disorders."(Infect Dis Clin North Am 1996 Mar;10 (1) 211-216)

"Studies of bacterial and viral-infected animals have shown that moderate fevers decrease morbidity and increase survival rate" (Yale J Biol Med 1986 Mar-April; 59 (2) : 89-95)

"Antipyretic drugs are effective in diminishing fever, but have significant side effects and may suppress signs of ongoing infections" (Arch Intern Med 1990, Aug; 150 (8): 1589-1597)

Meningococcal Disease: "use of analgesics were associated with disease...analgesic use was defined as analgesics taken in the past 2 weeks, excluding, for cases, those taken for identified early symptoms of meningococcal disease. These analgesics were predominantly acetaminophen products.....because analgesics showed a stronger relationship with meningococcal disease, the use of analgesics may be a better measure of more severe illness than reported individual symptoms....we cannot exclude the possibility that acetaminophen use itself is a risk factor for meningococcal disease" (Ped Infec Dis, Oct 2000, Vol 19, No 10, 983-990)

"Antipyretics prolong illness in patients with Influenza A.... The duration of illness was significantly prolonged from 5 days(without) to 8 1/2 days (with). Pharmacotherapy 2000, 20: 417-422) Take two aspirin, prolong the flu - 2 January 2001 Anne Burke, HealthScout Reporter (also reported by Reuters medical news...) "Taking aspirin or Tylenol for the flu actually prolongs the illness by up to 3 1/2 days, say researchers at the University of Maryland. That is because fever may be the body's natural way of fighting an infection and taking aspirin or acetaminophen - the generic name for products such as Tylenol - may interfere with the process. "You are messing with Mother Nature," Says Dr Leland Rickman, an associate clinical professor of medicine at the University of California San Diego. "An elevated temperature may actually help the body fight the infection quicker or better than if you don't have a fever."

"Whatever you do, don't give aspirin or Tylenol to children who have the flu or any other viral illness", Rickman said

"These results suggest that the systematic suppression of fever may not

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be useful in patients without severe cranial trauma or significant hypoxemia. Letting fever take its natural course does not seem to harm patients with systemic inflammatory response syndrome, or influence the discomfort level AND MAY SAVE COSTS." (wow!!!) (Arch Intern Med 2001, Jan 8; 161 (1) 121-123)

Chickenpox treated with Tylenol/Ibuprofen provokes bacterial skin infections into fulminant necrotising fasciitis (Pediatr I(Pediatrics Vol 103, No 4, April 1999, 783-784 and 785-790) (Infect Med 1999 16 (5):307) Just two of many references for antipyretic induced complications of chickenpox. (In MMWR - May 15, 1998, Vol 47 No 18. All cases of Varicella related deaths were treated with antipyretics. No causal association was investigated or ascribed. The "solution" to the problem was considered to be mandatory vaccination.)

**Hilary Butler** – “What you do as a parent, is your choice. Make sure that it is an "informed" choice. Get the articles referenced, do a med-line search - retrieve any others. READ the whole articles. Give them to your doctor to read, and discuss them with him/her. Most importantly, if you feel your child has an immunodeficiency, get your child tested so that you know what you are dealing with. How a child handles any infectious disease is dependant upon the immune system inherited, nutritional status, life-style, environment and resultant stresses and how the child reacts to them. The choice is yours.”

*With appreciation to Hilary Butler and The Immunization Awareness Society, New Zealand for their permission to reprint this review, published in WAVES – Vol. 14, No. 4, 2002*

## **MEASLES IN THE VACCINATION AGE: IS IT NOW DEADLIER ?**

**By Sandy Mintz - September 13, 2002**

One of the statistics that is bandied about these days is that 1-3 out of 1000 die of measles in developed countries like the United States.

If that is the case, however, it begs the question, “Why?” Because, in the past, at least in the United States, the death rate from measles was considerably lower.

The Washington Post and others have reported that measles has become more deadly because the epidemiology has shifted to infants and adults, for whom the disease is more serious. As I stated in my 1993 [testimony](#) to the Institute of Medicine:

“We also cannot ignore the impact of vaccines on changing epidemiology when considering their risks and benefits. For instance, measles may have been made a more serious disease because of measles vaccination. Prior to widespread vaccination, once a population had been exposed to measles, few adults or infants contracted it, adults due to lifelong immunity and infants due to maternal antibodies. (Full text at website below) Now, adults AND infants are getting the measles, with serious consequences. I would like to include reference to a recent Washington Post article entitled:

“[Measles Still Menace to Infants: Vaccinated Moms Pass Less Immunity to Babies](#)’. In this article it was noted that although in 1976 3% of measles cases occurred in children less than one, today more than 25% do. The author also indicated that prior to vaccination, 3 to 4 million measles cases occurred with around 500 deaths. This would make the case-fatality ratio for that period between 1 to 2 per 10,000. In the years 1989, 1990 and 1991 combined, however, it was reported that around 55,000 people got the measles and 166 died, making the

case-fatality ratio dramatically higher at 3 out of 1,000. At this rate, fewer than 175,000 cases per year would be necessary to result in the same number of deaths which used to occur when there were millions of cases.”

While as reported by Elisabeth Rosenthal, in the New York Times in 1991, “Officials at the Centers for Disease Control note that the death rates may be somewhat inflated because mild cases of measles are probably not being reported.

Such underreporting would make death rates artificially high. [Atkinson](#) (of the CDC) said there may be twice as many cases nationally as have been reported.”

She went on to write: “But many doctors still believe the trend is real and alarming. ‘The death rates are clearly much higher this time around, and the hospitalization rate is extraordinary.’ said Dr. Samuel [Katz](#), professor of pediatrics at Duke University Medical School who is a measles expert.”

And as I wrote in an [open letter](#) to the producers and sponsors of NBC’s “[ER](#)”, which garnered many hundreds of signatures:

“An example of an unexamined ‘fact’ you presented to your viewers was the statement that 1 out of 500 measles cases die. Perhaps your sources did not explain this to you, but the U.S. measles death rate used to be far lower prior to vaccination. So if this statistic is correct, one should ask what is the likely reason for this increased measles death rate. The probable cause is that adults and infants, for whom measles can be quite serious, now get the measles, rather than children, for whom it is generally benign. (Please bear in mind that the

*Measles cont. on page 13*

Measles cont. from page 12

greater risk for adults and infants is not our opinion, but the opinion of many, including Dr. Sam Katz, one of the developers of the measles vaccine. In a chapter on measles vaccine in the Third Edition of 'Vaccines', he writes with two others: 'The risk of serious complications and death is increased in infants and adults.' And later, 'The highest risk of death was in children younger than 1 year and adults.'\*

\*It is interesting to note that in a 1990 article on measles vaccine, written by Drs. Walter Orenstein, Director of the National Immunization Program at the CDC, and Lauri Markowitz, one of the co-authors of both the 1990 article and the Katz article and formerly of the CDC, it was stated: '>From 1950 to 1959, an annual average of more than 500,000 cases and 500 deaths were reported. However, the true number of infections was estimated to be 10 times as high.' In other words, if only reported cases are considered, the death rate appears to be 1/1000. If you factor in the number of unreported cases, quite high during the era when measles was common, the death rate drops to 1/10,000. In the more recent Katz 'Vaccines' article, co-written with Redd and Markowitz, it says that the death rate is 1 to 3 in 1000 cases (pg.223), even though later in the article they say that there used to be, 'in the prevaccine era' (pg. 229), around 500 deaths among 4,000,000 cases (actually 1.25/10,000 cases). Either they are exaggerating the current death rate, or it has gone up. We submit that if the death rate has risen, measles vaccine is the cause, having changed measles epidemiology so that high-risk groups now more often get the measles. "

Thus it would appear that the measles death rate post-vaccination has indeed become higher.

Are we to take the fact that measles appears to have become more deadly to mean a higher death rate is a benefit

of vaccination? Or are we to acknowledge it as a risk?

If measles vaccine fails to control measles over time, i.e., the vaccine wanes and revaccination does not work, and at the same time the disease fails to be eradicated, is our future to be filled with large outbreaks and high death rates because measles vaccine has changed the epidemiology of measles in such a way that increased incidence among infants and adults is the result?

Wouldn't it be a good idea for us take our heads out of the sand and thoroughly investigate the benefits and risks of vaccination without presuppositions, preconditions, or the influence of those who seek to gain financially from their use?

#### About the Author:

Sandy Mintz, is a mother, health researcher and veteran vaccine risk educator. She has been widely acclaimed for her weekly "Scandals" column, a series of well researched and hard hitting articles that shed light on the far reaching health impact of mass vaccination policies.

For a broader perspective of the concerns raised in this article, you may access all supportive articles and background research by going to:

[http://www.vaccinationnews.com/Scandals/Sept\\_13\\_02/Scandal33.htm](http://www.vaccinationnews.com/Scandals/Sept_13_02/Scandal33.htm)

Sandy Mintz home site at Vaccination News:

<http://www.vaccinationnews.com>

## WHAT'S UNDER THE HUMP ?

**Public Health Service admits "substantial uncertainty" regarding vaccine safety**

**By Michael P. Wright**

*Mandated vaccinations, or vaccinations administered without the recipient's knowledge of risks, or fully informed consent, begs what is perhaps the most fundamental of all questions: Who owns our bodies? We believe that we are in control of our lives and, therefore, "own" ourselves. But, if someone outside of ourself has the authority to subject us to medical experimentation without our knowledge or fully informed consent, then we cannot logically argue ownership of ourselves any more convincingly than a laboratory animal, can we?*

An article entitled "The Complicated Task of Monitoring Vaccine Safety" appeared in the Public Health Reports of January/February 1997. This is a publication of the U.S. Department of Health and Human Services. The authors were Susan Ellenberg and Robert Chen. Below is an excerpt from their rather revealing synopsis:

"Vaccines, like all other pharmaceutical products, are not entirely risk-free; while most known side effects are minor and self-limited, some vaccines have been associated with very rare but serious adverse effects. Because such rare effects are often not evident until vaccines come into widespread use, the Federal government maintains ongoing surveillance programs to monitor vaccine safety. The interpretation of data from such programs is complex and associated with substantial uncertainty. A continual effort to monitor these data effectively and to develop more precise ways of assessing risks of vaccines is necessary to ensure public confidence in immunization programs."

*Under the Hump cont. on page 14*

The writers admit that the clinical trials of vaccines are not sufficient to identify and measure the risk levels associated with adverse events. In effect, the vaccinated population itself becomes an experimental group. They also admit that there is “substantial uncertainty” associated with interpretation of data from surveillance programs.

Further, the writers do not see any need to assess the belief that vaccines are effective and good for public health. They accept this view as a postulate. They see the questioning of vaccination programs by some members of the public as a problem, and the only challenge for them is to defeat the

skepticism.

For those who remain skeptical, consideration of problems of vaccine safety should take place with the common statistical concept of the normal distribution (bell-shaped curve) in mind. An old statistics book from my college days provides a good starting point for the argument:

*...it is interesting to note that a very large number of random variables observed in nature possess a frequency distribution which is approximately bell-shaped or, as the statistician would say, is approximately a normal probability distribution.*

~William Mendenhall

(Introduction to Statistics, p. 116)

In nature we have all kinds of measurable events and phenomena. Some humans are tall, some are short, but most are of medium height. Regarding adverse events to vaccines, some are very mild, and some are very serious. We can expect the normal adverse event to be somewhere in between. If all adverse events were known and scored by severity level, the results expressed as a graph most likely would form a bell-shaped curve. At one end of the curve would be the “rare” catastrophic adverse effects and at the other end the mild effects such as temporary redness and swelling without other problems. The big question is: **What do we have under the hump of the curve?**

The writers for Public Health Reports use the phrase “**known side effects**,” and assure us that most are “minor and self-limited.” Are there **unknown** adverse effects which develop later in childhood or adult life and

which have not been recognized as consequences of vaccination?

From what we know about normal distributions we would expect that in the middle would be the most common types of adverse events -- those less

serious than the rare catastrophes noted contemporaneously with vaccinations but still serious enough to be figured into the process of weighing risks versus benefits (if there are any) of vaccination.

*Under the Hump cont. from page 14*

I propose that the adverse effects include neurological damage from repeated doses of mercury and other factors in vaccines and that these problems manifest at a later stage of childhood development in the form of behavioral disorders and learning disability in many of our youth. This kind of adverse event has not been recognized by the vaccine-pushers in government and industry. It needs to be researched and the risk levels need to be measured.

#### **American public health agencies not interested**

Unfortunately, I learned at the 1996 CDC conference that the advanced medical diagnostic system I had designed to assess risk of HIV infections (which may also be applied to hepatitis B and chlamydia) did not have a chance of being implemented by American public health agencies. Other literature at the conference indicated that the big push was on for indiscriminate universal vaccination of infants for hepatitis B. Since the hep B virus is blood-borne and contracted by behaviors and risk situations that usually don't emerge until adolescence or adulthood, I think this practice is both wasteful and hazardous from the standpoint of adverse effects from vaccination. At the conference I noticed many booths of pharmaceutical companies.

#### **British vaccine-pusher calls me "Hopelessly wrong"**

In particular I remember one meeting in which there was a discussion about vaccine safety. During the question and comment period I made the statement that the decision to vaccinate for a particular disease should be based upon the comparison of two risks:

1. the risk of contracting a serious illness if not vaccinated; and
2. the risk of a serious adverse event if vaccinated.

I recall that two CDC officials

expressed stern disagreement with my statement. I was also told by an arrogant British doctor that I was "hopelessly wrong." Vaccine safety advocate Dr. Kristine Severyn identified him to me as being on the payroll of a pharmaceutical company. She is with the Ohio Parents for Vaccine Safety. This was a disillusioning experience.

There is much to criticize about the flaws in American medical culture. We are over-medicalized, over-diagnosed, over-drugged and over-vaccinated. A good argument was made along these lines by Richard D. Lamm, former governor of Colorado. It is entitled "The Ethics of Excess," and is in Public Health Reports, May/June 1996. No. 3.

#### **About the Author:**

Michael Wright is the inventor of an innovative medical diagnostic system designed to anonymously assess risk of HIV infections. It can also be applied to chlamydia and hepatitis B. It is a state-of-the-art system for use by computers for medical diagnostic decision support (MDDS). He was the first in the medical press to report using a system of this nature. His project report was published in the 1996 CDC conference abstracts.

Michael Phillip Wright AIDS dissent website readers can link to government websites confirming his grant history and publication record:

<http://members.aol.com/mpwright9/aids10.html>

<http://members.aol.com/mpwright9/aids.html>

Story excerpted from the Idaho Observer, - January 15, 2003. For the full story - go to:

<http://proliberty.com/observer/20030104.htm>

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## **LETTERS**

Ameeta Mathur,  
Hepatitis B Vaccination Program  
Director,  
Toronto, Public Health Department  
October 1, 2002

Dear Ameeta,

In October of 1999, my son Mark was a student at JB Tyrrell Senior Public School. We received notification that all grade 7 students would be immunized against Hepatitis B. There were mild side effects outlined in the literature provided. Unfortunately we assumed that the information had been well researched.

Mark received his first dose on October 23. Within days he developed nausea, fatigue, a croup like cough which required Emergency room intervention, headache and general malaise. These symptoms persisted on and off over the next two months. We were assured that although they began soon after the Hepatitis B immunization, there was no possibility that the two were related. Countless times we were told, "This is the safest vaccine on the market." The pharmaceutical companies have obviously been very effective at conveying their message.

By January, Mark was healthy again, attending school, playing competitive hockey. We were advised to get the second shot in the series, at a clinic at the Scarborough Board of Education. **Within 12 hours** of the second immunization, Mark developed severe nausea, fatigue, headache, photophobia and muscle pain. The croup like cough returned and he was treated twice in ER for severe respiratory distress. He developed dizziness and then an odd pattern of nausea and gagging that would last for several hours at a time. He was admitted to North York General Hospital and investigated by an Infectious Disease Specialist. We

*Letters cont. on page 16*

Letters cont. from page 15

were assured that he had contracted a virus. Despite exhaustive viral studies, no virus was identified. Mark was bedridden and did not return to school for 3 months.

I spoke to several nurses at the Toronto Public Health Department. I was told that they were not familiar with this type of adverse reaction. They had no information about medical support for this type of situation. They advised me to see my family doctor and made no attempt to follow Mark's progress.

Over the next three years, Mark missed countless days of school. He suffered from nausea, fatigue, arthralgia so severe he could barely walk to the bathroom, dizziness, headache, flushing, repeated bouts of gagging and multiple episodes of croup and asthma. Even in grade 9, two years after the initial immunization, he continued to suffer from the same odd pattern of symptoms and was absent for a total of 89 school days.

After being assessed by a number of physicians at The Hospital for Sick Children, he was finally diagnosed with Chronic Fatigue Immune Deficiency syndrome. What we had suspected all along was finally acknowledged. There have been **severe and debilitating** side effects from the Hepatitis B vaccine. In the medical literature, this phenomenon has been well documented. This was not an isolated incident.

In retrospect, as a mother with a baccalaureate degree in nursing, I realize how naïve it was to assume that the potential side effects had been adequately communicated. In the Compendium of Pharmaceuticals and Specialties, every medication has a complete listing, symptom by symptom, of side effects that have been identified, regardless of how rare. **How could a genetically engineered protein mixed with Thimerosal, a mercury based preservative, injected intramus-**

**cularly, have no significant side effects or risks?** Why aren't physicians suspicious when an unusual and unexplained illness follows vaccine administration? Why are these incidents not reported?

Since Mark became ill, I have done a great deal of research. I would hope that the Toronto Public Health Department takes responsibility for ensuring informed consent, communicating parents' rights to forgo immunization for reasons of conscience or religion, and for monitoring children where an adverse reaction is suspected.

All the potential risks of this vaccine should be clearly communicated. How many parents know what Thimerosal is? How do you expect them to know if their child has an allergy to this mercury based preservative? Given all the information available about its toxic effects, why is the Toronto Public Health Department allowing a vaccine, which still contains it, to be administered?

As a parent, I have watched my child suffer immeasurably. In light of increasing evidence that vaccines may be linked to a wide spectrum of neurologic and autoimmune disorders, I urge you to take your responsibility very seriously so that other children are not damaged by this vaccine. Be sure that children like Mark don't fall through the cracks.

Sincerely,  
Maureen Dragasevich

*Note: We thank VRAN member, Maureen D. for forwarding us the letter she wrote to Toronto Public Health, to which she has received no acknowledgement of any kind.*

\* \* \* \* \*

**CBC T.V's Marketplace Expose on Medical Ghostwriting (Intro to the segment)**

March 25, 2003 - "Medical ghostwriting. It's a world that could make your doctor prescribe the wrong

drug.... People with scientific backgrounds are paid to stay in the shadows and crank out favourable reports for drug companies. Then, drug companies get doctors to put their names on the studies - for money, prestige, or perks."

<http://www.cbc.ca/consumers/indepth/medical/index.html>

**Susan Fletcher responds**

"It is tragic that what used to be a noble and humanitarian pursuit, ie pure science, is being systematically trashed by the contemptible trickery of ghostwriters, the medical professionals who endorse their reports and, of course most of all, the pharmaceutical industry. With such a dragnet of deception how are we to trust even the "raw" data from research? How medical professionals and "scientists" can continue to mouth their reverence for the "god of science" while corrupting it to gain personal wealth and power is beyond me.

No greater deception has occurred than that of the vaccine industry where newborns are offered up as sacrificial lambs, their guardians brainwashed into thinking they are doing the right thing for their child and society. Neither they nor most of the medical profession who do the brainwashing, having themselves been brainwashed in medical school, have a clue that these children are participating in the real "safety study".

The whole of the world's population is gradually becoming increasingly immune crippled through vaccine-induced loss of natural and passive immunity and endangered by the threat of vaccine-induced pathogenic mutants. **WE SHOULD ALL BE UP ON OUR FEET IN OUTRAGE!**

Susan's response - Posted March 28, 2002 on Marketplace messageboard <http://interact.cbc.ca/cgi-bin/WebX?8@@.ee8a9dc.773a90fe>

Letters cont. on page 17



**Scott and Sheri Hunter share Kirk's Story - 3 years later**

**It's been a three year epic story of a battle-weary family persevering through difficult heart-ripping pain and medical ridicule against all odds.**

It amazes me how time has screamed by. Many of you in similar circumstances can relate I'm sure. Watching your child every hour of every day concerned that they might yet be ripped from your steadfast grip. Sleeping when you can, waking hundreds of times through the night to subtle changes in breathing patterns, suffering through toxic drug therapy your infant child won't take unless disguised in a meal, drugs designed to help that often can cause more trouble than the disease. Then realizing he refuses to eat because the food taste like drugs and still refusing to eat even when they are removed because of the association.

The emergency staff know you by name, you fight daily a host of health professionals, pediatricians, neurologists, that deny vaccine injury. You fight for occupational therapy, speech language pathology, physio, and understanding. All the while researching on your own the drugs, their side effects, alternative therapy, treatment options, traveling to city after city picking large professional brains too strained to really help. Trying to keep employed as the bills mount, losing income while a spouse becomes a full time caregiver.....\$'s for the Mayo clinic.....\$'s for non-recovered drugs and remedy costs, countless \$'s on gas and hotels, unrecovered respite care, special therapy devices, diet scales, processors, special organic food and drink....and don't even talk about diapers! \$\$\$\$!

Exhaustively meeting and e-mailing health administrators, policy makers, politicians, pharmaceuticals, media and governments...all the while working through depression, Paxil with-

drawal side effects and still trying to make time to be a "normal" family for the sake of our first son who is mostly left to fend for himself. Watching his parents struggle while his brother lapses into yet another intractable grand mal seizure, turns blue and the EMT's arrive for the second time in two months with oxygen. Only the heartiest of old friends still call. Family is scared to death to be within miles of the demilitarized Hunter house but eagerly offer unqualified help.

What a truly tragic story...it's surreal, beyond belief and it's happening to us. It's been three years and we're completely and thoroughly rung out.

The story is incomplete however. The rest has yet to be written as Sheri and I do all we can to influence the author.....we're writing a story of triumph and faith. Despite the odds our neurologist and statistics gave Kirk, he is making incredible progress. Not the kind you see as a casual observer but monolithic advances to the initiated.

After 16 months of 10 seizures a day (lasting 10-20min each), on daily drug therapy that included maximum doses of tegretol (carbamazepine) and clobazam (frisium) as well as a 4:1 ketogenic diet, we now have a 3 year old son that walks, runs, climbs stairs, laughs, eats regular food (gluten-lactose free) and causes his brother trouble. He is gaining weight and growing like a weed and most importantly.....drug free! He is not completely without seizures and doesn't yet talk but is developing despite the professionals' insistence it was a congenital condition possibly triggered by vaccine. They said he would cease to develop beyond the onset of seizures at 6 months. They were wrong!

His seizures were not congenital, they were a product of his own broken immune system hopelessly thrown into chaos by the vaccine. The reason I know this is a direct result of his successful therapy. Over two years ago we began seeing a homeopath in Winnipeg

by pure chance. While on an Ottawa bound flight in February 2000, my father spoke by accident with a woman who worked for the Manitoba Minister of Health. After hearing of our story she referred him to a courageous woman she had met attempting to change the way government sees homeopathic care... enter Dr. Leelama Nielsen. We decided to visit her as an after thought while attending my brothers wedding the following September 2000.

As Kirk's condition was aggravated by the stress of travel he was having 15 seizures a day several minutes long when we walked into the clinic. We were taken by surprise when Dr. Nielsen looked Kirk over and within minutes declared without tests he had a urinary tract infection. With equal haste she began showing unmeasured drops of Colubrina (a remedy) in his mouth, and when we began to protest....ours too. We were skeptical and afraid because previous attempts to help Kirk homeopathically were met with even more seizures. We left for Saskatoon the following day on a homeopathic regimen and Kirk went without a seizure for three weeks and had one seizure a month total for the next EIGHT following our visit ! He had previously not enjoyed a seizure free day since the vaccine injury in December 1999. We began to eliminate tegretol by Christmas, and by the following April he was off all drugs. We slowly weaned him off the ketogenic diet until completely by January 2002.

Today he has small seizures that are purposefully aggravated by remedies and has the occasional "bad day" as we continue to right the immunological ship. Dr. Nielsen's clinic now enjoys another 100 or so clients made up of friends, family and other injured children who have witnessed Kirk's progress. It's hasn't been easy as we still are strapped in every fashion. We can't yet imagine where the strength

and money will come from each and every day, but there are good days and weeks, and that for now is enough.

It is important to Sheri and I to tell others our story of hope knowing there is precious little out there. In no measure do we profess others might see the same results, but truly feel we must share the seeming miracle God and this woman have performed thus far. We cannot know what's ahead and it's very much two steps forward - one back. We can only pray things will continue to improve. We encourage those who would like to know more to contact us through Edda West at VRAN. For Kirk's original story, [Collateral Damage](#), visit [www.vran.org](http://www.vran.org)

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## **ALWAYS DO YOUR HOMEWORK**

**By Priscilla Pajda**

Lupus is a devastating autoimmune disease that no one should have to deal with, let alone a teenager with the rest of her life ahead of her. My name is Priscilla and I am currently 22 years old and have been coping with this life altering disease for the past five years.

As a teenager, I was active, energetic and healthy with no major health concerns other than the odd cold. I went to school, played the piano, worked a part-time job, and was a member of the Royal Canadian Sea Cadets attending and teaching various summer training programs. I was a happy girl enjoying my life and looking forward to new experiences. I was not expecting the subsequent events that changed my life after receiving the hepatitis B vaccination.

In grade eleven, my high school was running a mandatory hepatitis B vaccination clinic. We were all obligated to receive the vaccine. The school had provided us with an information package about the vaccine, which led my mother and I to believe that the vaccine was safe and that by taking it, it could only help. Nowhere amongst the two pages were listed any of the side affects associated with the vaccination. My mother signed the consent form and I received a series of three shots, the last was in April of 1997. Shortly after, I began to notice changes in my health.

In the summer of 1997, I was seventeen years old and attending a summer training course in Kingston, Ontario for 8 weeks. It was additional training offered by the Sea Cadet program which required a high amount of physical exercise. I was rather excited and up to the task; however, throughout the duration of the 8 weeks, I began to notice that I would bruise fairly easily, and most bruises, I was unable to explain what had caused them. I

began to notice that my nose would bleed frequently. Some episodes would last up to one hour. Weeks passed and I returned home to begin another school year. It was in the fall of that year that I was called into the emergency department because my nose would not stop bleeding. My family doctor had found a low platelet count in one of my blood tests from blood work to determine why I was bruising. At that point, I was diagnosed with ITP. I was first injected with platelets, which did not help, then later I was treated with high dose oral steroids, intravenous steroids and another form of treatment, which seemed to work well was IVIG (gamma-globulin). I went through several of the IVIG treatments, which seemed to improve my platelets and bring them from a dangerously low 2,000 up to an acceptable 50,000 (normal range from 150,000 to 400,000). I was taking a regular dose of oral steroids called Prednisone to keep my immune system under control so that my platelets would remain stable. This treatment seemed to work for a while; however, prednisone is an anti-inflammatory drug that suppresses the immune system. Soon after, I came down with a cold which caused another steep drop in my platelets and; therefore, I had to endure more aggressive treatment. At this point, my Oncologist had tested me for Lupus; the results had read that I was on the borderline of Lupus. The doctor had told me that Lupus was an autoimmune disorder and that I need not worry since I was only borderline. I listened to him and tried to move on with my life.

After hurdling over this first obstacle with my health, my mother and I had begun researching about my condition. Upon digging through various reports, we discovered one that linked the hepatitis B vaccination with various

*Do Your Homework cont. on page 19*

diseases such as multiple sclerosis, Lupus, ITP and the many more. If only we had received this information package before the vaccine, we would have been better informed and would have fought not to receive the vaccine.

For one year, my platelets were on a roller coaster ride, going up and down constantly. My mother and I even went to see an ITP specialist at McMaster University in London, Ontario. The doctor strongly suggested that I have my spleen removed, because he felt that this would be the best possible treatment. I decided, with the support of my mother that I would keep my spleen. I felt that removing my spleen would not be the answer.

I continued treatment with prednisone and began to notice the undesirable physical side effects of bloating and weight gain. This continued over the year and in the fall of 1998, I began to notice severe joint pain, migraines, nausea, which I thought were all symptoms of the flu. I soon realized that it was something much more serious. When I started to notice that my urine was turning red, that is when I visited my family doctor. Upon looking at the urine sample, she acknowledged that there was a problem and the test confirmed that my kidneys were in distress. Upon further testing in the emergency department, my Oncologist re-diagnosed me with acute Lupus Nephritis and I was hospitalized for the following four weeks. He later told me that the ITP was the beginning of my disease with Lupus. He also told me that this was grade four Lupus, the most aggressive form that attacks the body itself, in my case, the kidneys. Not only did I now have low platelets, but also my kidneys were now on the verge of shutting down.

The doctors tried all sorts of treatment from high dose steroids, IVIG and even cyclophosphamide (a form of chemotherapy). I had a bad allergic

reaction to the cyclophosphamide and I had to convince my doctors that I would not take any more of that drug. Over the next few weeks, my kidney function began to improve, enough so that I was able to be discharged from the hospital and go home. Due to the ill effects of the cyclophosphamide treatment and my medical condition, my muscle mass decreased as did my strength. It was difficult to walk and climb stairs. I was eventually rehabilitated and after three months of therapy and extra tutoring, I was able to return to school to complete my final year and graduate from high school.

Over the next couple of years, my disease seemed to be well managed. I was able to complete one year of studies at the University of Toronto; however, in October of 2000, my lupus flared up and I was admitted to the hospital yet again. This time around, the kidneys were hit even harder. I was experiencing renal failure. In order to save them, and myself, my doctors started me on kidney dialysis. In one week, I gained 50 pounds of water weight and ballooned out to the point where it felt like my skin was cracking. It was very difficult for me to walk and I was practically bed-ridden until the dialysis machine was able to remove a considerable amount of water from my body. To this day I have horrible stretch marks all over my body that may fade with time, but never go away. After spending three months in my hospital bed, I was cleared to go home; however, I would have to return to the hospital 3 times a week to be dialyzed for four hours each time. Needless to say, I was unable to complete my second year of university and I am still waiting to be healthy enough to resume my studies.

Although I am still being treated with prednisone, I have been taking a cocktail of other drugs; some to suppress my immune system, one to lower blood pressure and another to lower my heart rate. Some drugs I take are

to counter the effects of other drugs. I was concerned about the side effects I was experiencing from the various medications. I felt that the drugs alone would not cure me. I researched alternative methods to combine with my medical treatment. Over the next few years, I went to see iridologists, homeopaths and even a doctor that practices in environmental medicine. I changed my diet, taken herbal supplements and vitamins, anything that could possibly help. I even went to see a chiropractor and an acupuncturist to see if they could help.

Furthermore, the dialysis was physically and emotionally draining. I had no strength or energy to do anything. I was constantly miserable. I even changed my acupuncturist to one that used a different technique. While going to him for treatment, I also changed my diet. I avoided meat and animal products and continued to do so over the next 6 weeks. After 8 months of being dialysis dependant, I was able to stop dialysis. My doctors were amazed that I did not need anymore dialysis since my blood tests were relatively stable.

I know that my kidneys are severely scarred and could never be repaired; however, I am grateful that for the time being, I do not require dialysis. I closely monitor the status of my condition and continue to take my medication along with alternate forms of treatment. To conclude, I regret taking the Hepatitis B vaccination. I believe that if I refused the vaccine, I would currently be living a normal and healthy life. To this day, none of my family members have taken the Hepatitis B vaccination nor would they even consider it. After diligently researching the side effects of various vaccinations, they have chosen to decline the newly advocated Flu vaccine. My advice to anyone who is considering taking any sort of vaccination...please do your homework!

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# SHAKEN BABY SYNDROME

## A COVER FOR VACCINE INJURY

The father of a two month old Calgary boy, who suffered bleeding in the brain and retinal hemorrhaging, faced a charge of aggravated assault in connection with injuries discovered after the child was admitted to hospital for emergency care. The court was told that the baby was in good health at 7 a.m., then deteriorated later in the day and was rushed to hospital. Pediatric specialist in child abuse, Dr. Neil Cooper testified that the baby had all the “typical injuries associated with having been violently shaken.”

Under cross-examination by the defense lawyer Laurie Hnatiuk, Cooper said it is not uncommon for children to be shaken shortly after being immunized. **The baby had his two-month shots five days prior – because they become irritable and “people lose it easier” in those instances.**

(story reported in Calgary Herald, Nov.5/02) (1)

Child abuse “experts” in North America, UK, Australia jump on any case that involves brain swelling/bleeds and retinal bleeding as grounds for SBS prosecution. In their determination to prove child abuse, they refuse to consider evidence of vaccine complicity in brain injuries. Shaken Baby Syndrome (SBS) remains an unproven theory, yet is increasingly used to prosecute innocent parents whose babies succumb to life threatening vaccine injuries.

Writes Dr. Frederick H. Roy, M.D. in Ocular Differential Diagnosis, “increased intracranial pressure (from any cause) are listed as possible causes of retinal hemorrhages, as well as the DPT, polio, and MMR vaccines. Retinal hemorrhages have been caused by occlusion of the central retinal vein following a hepatitis B vaccine, and childhood resuscitation following events other than trauma.” (4)

Dr. Patrick D. Barnes, M.D., Pediatric Neuroradiologist, cautions about jumping to conclusions when diagnosing brain injuries - *“To date, there is no scientific basis that indicates how much, or how little force is necessary to produce traumatic injury to the developing CNS, (central nervous system).....The medical and imaging evidence, particularly where there is only CNS injury, cannot accurately diagnose presumed intentional injury.”* He goes on to say that there are many clinical features that may *mimic* abuse, which include.....*“accidental injury, certain coagulopathies, vascular diseases, infectious or post-infectious conditions (e.g. post vaccinal), metabolic disorders, neoplastic diseases, certain therapies, and some congenital and dysplastic disorders.”* (2)

Frighteningly, the Canadian Joint Statement on Shaken Baby Syndrome, an official policy paper endorsed by Health Canada and other agencies, is constructed on erroneous, and scientifically unsubstantiated presumptions that promulgate the SBS myth and ignores recent studies which disprove violent shaking as the sole cause of these type of injuries.(3)(5)

Dr. Harold E. Buttram, M.D. has, for several years intensely studied the field of SBS and followed the work of veteran physicians and researcher in this field. In his detailed rebuttal to the Joint Statement on SBS he shows that many of the premises and claims on which SBS accusations and convictions are being made are flawed and erroneous...*“if a large portion of SBS accusations are the result of misdiagnosis, as many are coming to believe, then we are witnessing a rapidly growing reign of terror against the families of English-speaking countries.”* (4)

The tragic case of Alan Yurko, wrongfully sentenced to serve life + ten years for the death of his baby boy as

a cover for vaccine induced injuries and medical malpractice is familiar to many. In the prevailing climate, this could happen to any one of us. Yurko is one of hundreds, possibly thousands of innocent parents who have been imprisoned for SBS which has replaced sudden infant death syndrome as a cover for vaccine induced injuries.

Despite being born premature and having a multitude of health problems contraindicating the administration of vaccines, the baby Alan was injected with the most reactive lot of DTaP vaccine, one of 810 vaccine “hot” lots reported to the U.S. Vaccine Adverse Event Reporting System (VAERS). Contributing to the baby’s death on admittance to hospital for “cardiac arrest and apnea”, were excessive doses of sodium bicarbonate and 8.8 times the amount of heparin recommended for an infant, causing bleeding of the brain and all the symptoms leading to the misdiagnosis of SBS.

More than two dozen autopsy mistakes have been identified which include listing baby Alan as black when he is white, a head circumference 10 cms less than when he was born, a detailed exam of non existent heart tissue as baby Alan’s heart and internal organs were “harvested” for transplants to other infants prior to autopsy.

Last December, two Florida men’s sentences were commuted when it was discovered an incompetent medical examiner incorrectly established the deaths of the babies in their care to be shaken baby syndrome. Since the release of those two men, local media interest in Yurko’s case has increased dramatically and Yurko supporters all over the world have been writing letters, sending emails and faxes, and making phone calls to those who could have a say in reopening this case. If Yurko’s appeal is heard and won, or sentence is commuted, a convincing precedent will have been set and other

*Shaken Baby Syndrome cont. on page 21*

innocent parents may be released from prison. Your supportive letters will greatly enhance Alan Yurko's chances for a successful appeal.

**Sample letters:**

<http://www.vaclib.org/news/dyurkoletter.htm#letters>

**Yurko website:** Research, articles, appeal documents:  
[www.freeyurko.bizland.com](http://www.freeyurko.bizland.com)

**Final Note: The Yurko Project is in desperate need of funds in order for the upcoming appeal trial to have the successful outcome we are anticipating.**

**Donations can be made at:**  
<http://freeyurko.bizland.com/donate>

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2. Patrick D. Barnes, M.D. Ethical Issues in Imaging Nonaccidental Injury: Child Abuse; Topics in Magnetic Resonance Imaging Vol. 13 No. 2 :85-94, Nov. 2002
3. Health Canada weblink to Joint Statement on SBS: [http://www.hc-sc.gc.ca/dca-dea/publications/jointstatement\\_web\\_e.html](http://www.hc-sc.gc.ca/dca-dea/publications/jointstatement_web_e.html)
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5. Brain Study Casts Doubt on Shaken Baby Deaths : The Telegraph 21/06/01 reports new study lead by Dr. Jennian Geddes, Journal Brain as reported in the New Scientist June 13, 2001  
[http://www.telegraph.co.uk/connected/main.jhtml?xml=/connected/2001/06/21/eenshak21.xml&secureRefresh=true&\\_requestid=150771](http://www.telegraph.co.uk/connected/main.jhtml?xml=/connected/2001/06/21/eenshak21.xml&secureRefresh=true&_requestid=150771)

# OOOPS - WHO LET THE CAT OUT OF THE BAG ?

*Editor's note: With appreciation to long time VRAN member Rita Hoffman for sending us this admission from allergist, Dr. Peter Vadas, Director of Allergy and Clinical Immunology at St. Michael's Hospital in Toronto when he appeared on Health on the Line - Discovery Health Channel, 2002. Says Rita, " Perhaps we are at least partly responsible for forcing these allergists to deal with the immune system carnage that has been caused by vaccination. It looks like they can't deny it any longer!!*

A. Haines: Welcome back. Joining us now is Dr. Peter Vadas, Director of Allergy and Clinical Immunology at St. Michael's Hospital in Toronto. Dr. Vadas has written numerous research articles about allergies. Thank you for being here.

P. Vadas: It's my pleasure.

A. Haines: I wanted to ask you first off, as an expert in this field, whether or not we are seeing more peanut allergies or is it just that there is more awareness?

P. Vadas: No, there is a combination of both factors. Generally speaking all allergies are on the rise in Western Industrialized nations and that includes food allergies in particular and peanut allergies specifically.

A. Haines: Why is that?

P. Vadas: Well, there are a number of factors, it's a little bit technical, but the easy answer is part of it has to do with the amount of consumption. There is more exposure to peanuts at susceptible ages and if you look at the amount of consumption then the pro-

portion of people with peanut allergy rises along with consumption but it's more than that. There are factors to do with how we vaccinate our kids very early on in life, how much drugs, antibiotics we give the kids early on in life all of which tend to predispose more towards allergy.

A. Haines: So do you think early vaccination is not a good thing?

P. Vadas: No, I think it's a wonderful thing. It's an absolutely crucial thing from the standpoint of public health to minimize the likelihood of severe infections, but on the other hand, one of the spin offs is that there are a certain proportion of the population that are going to be more prone to developing allergies as a consequence of that.

\* \* \* \* \*

*Says Rita, "The sad part is the interviewer left it at that. Further on in the show it showed that as many as 600,000 Canadians may be affected by anaphylaxis. All that immune system carnage for the so called "good of all". Between 1986 and 1990 there were 63 deaths in Canada from anaphylaxis. "A conservative estimate is that 2% of the population (approx. 600,000 Canadians) may be affected by potentially life-threatening allergies". - Source Anaphylaxis Network of Canada*

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## VACCINE REACTION REPORTS

Currently Canada has no accessible vaccine reaction reporting system, and Health Canada's unspoken policy seems to be to block the search for records of vaccine adverse reactions – to make it so difficult that only the most persistent will succeed in obtaining these records. The following is from the U.S. Vaccine Adverse Events Reporting System (VAERS). Please remember it represents between 1-10% of vaccine reactions that actually happen. The majority, 90% or more of vaccine reactions, injuries and deaths remain unreported and obscured. In Canada, death following vaccination is not counted in any official records that we are aware of, but hidden away and lumped into Sudden Infant Death statistics.

### Adverse Reactions reported to VAERS from 1999-2002, age 0-6 years.

Source: <http://www.medalerts.org/vaersdb/>

DTaP - 16,544 adverse reactions reported

Flu - 419

Hep - 13,363

Hib - 22,463

MMR - 18,680

OPV - 22,915

\*VARC - 11,246 (1995-2002)

### Deaths reported to VAERS from 1999-2002, age 0-6 years

DTaP - 394 deaths reported

Flu - 11

Hep - 642

Hib - 843

MMR - 110

OPV - 866

\*VARC - 34 (1995-2002)

\* VARC = Chickenpox vaccine

### Hospitalizations reported to VAERS from 1999-2002, age 0-6 years.

DTaP - 1,631 hospitalizations reported

Flu - 41

Hep - 1,840

Hib - 3,224

MMR - 1,736

OPV - 2,868

\*VARC - 576 (1995-2002)

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## NEWSCLIPS

### **Ontario Universal Flu Program a Dud**

A retrospective study of 5 Ontario hospitals published in the July, 2002 issue of Canadian Journal of Emergency Medicine found that “there was no significant correlation between influenza rates and Emergency Department volumes.” Data from 5 hospitals showed that, “during influenza season, acute respiratory diagnoses accounted for only 4.4% of ED visits and influenza for **only 0.34% of visits**. During the influenza season after the universal immunization campaign, ED visits increased at all sites. The study concluded that, “a universal influenza immunization campaign is unlikely to affect ED volume.” Since 2000, Ontario has spent over \$100 million on its “universal” flu vaccine program. <http://www.caep.ca/004.cjem->

[jcmu/004-00.cjem/vol-4.2002/v44-245.htm](http://www.cjem/vol-4.2002/v44-245.htm)

### **Childhood Vaccines Linked to Autism, Heart Disease - March 27, 2003**

A new study authored by Dr. Mark Geier, M.D., President of the Genetic Centers of America, appears to confirm the link between thimerosal containing vaccines and the proliferation of neurodevelopment disorders such as autism, speech disorders, as well as heart disease. Over the last 20 years, and since the widespread use of thimerosal in vaccines, autism rates have increased by more than 800 percent, from one in about 2,500 children in the mid-1980s to one in about 300 children in 1996. The findings of the study are published in the current issue of the Journal of American Physicians

and Surgeons For the complete article go to: <http://www.aapsonline.org>

Health Canada states that mercury based thimerosal, has been removed from 11 of the “routinely recommended” pediatric vaccines currently in use in Canada, but that trace amounts still remain in some from the manufacturing process. According to table 3 of Health Canada's statement on thimerosal, “many licensed vaccines contain thimerosal as a preservative”. Presumably these are for adult use. For the Statement on Thimerosal and vaccine tables, please refer to: <http://www.hc-sc.gc.ca/pphb-dgspsp/publicat/ccdr-rmtc/03vol29/acsdcc-1/index.html>

**Third death after smallpox shot, restrictions urged – Mar. 28/03**

The Centers for Disease Control and Prevention's Advisory Committee on Vaccine Practices (ACIP) held an emergency meeting to discuss two heart attack deaths, two incidents of heart inflammation, and three cases of chest pain in healthcare workers who had recently received the smallpox vaccine. The third death was a 55 year old National Guardsman who was found to have "substantial" heart disease. The virus used in the vaccine, vaccinia virus, is known to cause inflammation of the heart muscle and lining, so the cases of inflammation were not surprising, said Melinda Wharton of the CDC's National Immunization Program. Some experts speculate that the inflammatory reaction to the live virus might be triggering heart attacks or other problems in people already at risk. Excerpted from : <http://www.reutershealth.com/en/index.html>

#### **EPA Children's Health Report Altered**

Parents are questioning how a purportedly comprehensive report released by the U.S. Environmental Protection Agency (EPA), that clearly acknowledges concerns about mercury damage to the neurological development of fetuses, infants and children, can fail to mention vaccines, a major source of exposure to these vulnerable groups. They have accused the Environmental Protection Agency (EPA) of altering the report and failing to include vaccines as an important source of mercury exposure. Lyn Redwood, RN, President of SAFE MINDS and parent of a child who received 125 times his EPA allowable exposure to mercury from thimerosal containing vaccines, asks, "How can EPA caution pregnant women to avoid tuna that contains approximately 17 mcg of mercury, but remain silent on the fact that some infants were exposed to 237.5 mcg of mercury from their vaccines?" Parents are demanding the original EPA report be released immediately and that money be allocated for unbiased inves-

tigations into thimerosal and adverse neurological outcomes. <http://www.safeminds.org/>

#### **Vaccine Articles in Canadian Medical Association Journal**

The March, 2003 issue of the Canadian Medical Association Journal has published several interesting vaccine articles that offer a glimpse of the prevailing mindset and are available on line at: <http://www.cmaj.ca/cti/collection/vaccination?page=1>

Best of all is Susan Fletcher's bold and feisty letter to the editor, which the CMAJ has also posted on its website, and titled "**Why all the Chronic Diseases in Children? Canada Needs Rigorous Vaccine Studies**" Following is an excerpt from her letter:

"It is heartening to see that Health Canada and public health authorities are now starting to show concern about the dismal state of Canadians' health, especially young Canadians', and actively promote lifestyle changes. But with all the autism, learning disabilities, asthma, diabetes, etc afflicting so many of our children today it is imperative that we go beyond that and find and root the environmental and other factors that are causing this chronic disease. Vaccine information groups such as the one to which I belong have for many years suggested a connection between such disease and the use of vaccines, especially multi-dose vaccines. To date we have not seen any NIH reviews or vaccine trials that have had the validity to conclusively show that such a connection does not exist. In view of the tremendous amount of non-infectious disease in our children, I propose that, rather than lobby the federal government for additional universal vaccine programs, the CMAJ lobby the government to sponsor vaccine trials of unquestionable rigour so that once and for all we can determine whether or not vaccines are a source of chronic ill health in our children..... It's my guess that, if this were done, it might lead to a different "Enlightenment". To read Susan

Fletcher's complete letter go to: <http://www.cmaj.ca/cgi/eletters/168/5/533>

#### **Voices of Safety International (VOISI)**

A Voices of Safety International report has concluded that "Children who received all of the AAP recommended vaccinations were 14 times more likely to become learning disabled and 8 times more likely to become autistic compared with children who were never vaccinated." The research is based on the response from parents of approximately 1400 children. The children were divided into three groups: those who received "All", "Some" or "None" of routinely recommended vaccines. Report and research tables can be viewed at: <http://www.voicesofsafety.com/t1-ph-v50-2-research-addendum.htm>

VOISI is also working to set standards for newborn screening for immunologic fragility. In the first standard for screening the strength of a newborn's immune system before giving the Hep B shot, the results of a recent 1623 sample study showed that approximately 2 1/2% of newborns have hyper IgE, a sign of immunune anomaly. V50.3A - Standard to Delay Vaccinating Newborns <http://www.voicesofsafety.com/tl-ph-v50-3a-standard.htm>

#### **National Immunization Conference Victoria, B.C. - December, 2002**

A main conference theme was the development of a national immunization strategy which would co-ordinate vaccine agendas across Canada. On a humorous note, health officials are looking for chiropractors willing to forward the cause of vaccinations. There's also a rather humorous picture of the Queen waving a stick over Dr. Arlene King of the Planning Committee as if knighting her for vaccination deeds well done: [http://www.hc-sc.gc.ca/pphb-dgspsp/cnic-ccni/2002/dn-pq-02/20021202\\_e.html#a](http://www.hc-sc.gc.ca/pphb-dgspsp/cnic-ccni/2002/dn-pq-02/20021202_e.html#a)

## 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

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# THE SUM OF ALL FEARS

*by Kathy Blanco*

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# **FETAL ALCOHOL EFFECTS OR IMMUNIZATION EFFECTS?**

*by Diane Fuller*











