Winter 2004

VRAN Newsletter

Vaccination Risk Awareness Network Inc.

SHAKEN BABY SYNDROME OR SCURVY?

By C. Alan B. Clemetson, M.D.

There has undoubtedly been a grave miscarriage of justice in the conviction of Alan Yurko of Orlando, Florida, who was accused of "shaken baby syndrome" and was sentenced to life imprisonment for murder. The error seems to have arisen because of fashionable adherence to a diagnosis now in vogue, and from a desire to blame one single preventable occurrence for an infant death. Everything is supposed to be preventable nowadays.

Surely Alan held his 10-week-old son by the heels and slapped him on the bottom after he began wheezing, spat up, and stopped breathing, but he did not cause his son's death: he was trying to resuscitate him.

Actually, the infant died from a concatenation of circumstances, having been born prematurely, weighing 5 lbs. 8 oz., of a malnourished mother with several medical problems. After becoming pregnant, she became sick and remained so during her pregnancy, often to the point of dehydration, going from her original weight of 130 lbs. down to 120 lbs. at one point, and finally coming back to her original weight of 130 lbs. at the time of delivery. She said she was too sick to take her prenatal vitamins.

When one considers that the currently recommended weight gain for pregnancy is 25 to 30 lbs., it is clear that she was malnourished, and so was her unborn child. The infant had several medical problems, including respiratory distress syndrome, pneumonitis, and also jaundice, which was still evident four weeks after leaving hospital. His health was further impaired when he received six inoculations (for diphtheria, whooping cough, tetanus, influenza B, oral polio vaccine, and hepatitis B at eight weeks of age.

Actually, the autopsy findings of subdural hemorrhage, four broken ribs, severe anemia, and a few bruises are characteristic of Barlow's disease, or infantile scurvy, but that diagnosis went out of fashion many years ago, so no blood analysis for vitamin C or for histamine was conducted. The prosecutors suspected both parents, but Francine Yurko refused to implicate her husband, and Alan Yurko refused to plead guilty to a lesser charge, because he knew he was innocent.

Undoubtedly, many others have also been wrongly convicted on equally flimsy evidence, sometimes just because there were petechial hemorrhages in the retina at the back of the eye, or because the fatal event occurred more than the usual 3 to 7 days after the inoculations.

Undoubtedly, child abuse does occur, and we are all alarmed when we hear about an infant with bruises and broken bones, but we must appreciate that there are genetic disorders such as osteogenesis imperfecta, fragilitas osseum (brittle bone disease), other metabolic disorders, and also nutritional states like Barlow's disease, which can be mistaken for child abuse.

Shaken Baby or Scurvy cont.on page 5

INSIDE THIS ISSUE

page

PUSHING THE VACCINE AGENDA - AT ANY COST

By Edda West

"What's occurring here is a cover-up under the guise of protecting the vaccine program."
Mark Geier, MD, Ph.D (1)

Vaccines are THE most protected class of drugs in the world. Medical monopoly's big guns are ever poised to shoot down any heretic who steps out of line to question the vaccine paradigm. Even worse if you have sound evidence that points to a real problem – like British gastroenterologist Andrew Wakefield who has just suffered another series of attacks in the

Vaccine Agenda cont. on page 7

VRAN NEWSLETTER

Vaccination Risk Awareness Network Inc.
P.O. Box 169, Winlaw, B.C. V0G 2J0

Coordinator and newsletter editor: Edda West
info@vran.org 250-355-2525

With thanks to Lisa Farr for the newsletter layout.

Statement of Purpose

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

VRAN's Mandate is:

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

VRAN publishes a newsletter 3 to 4 times a year as a means of distributing information to members and the community. Suggested annual membership fees, including quarterly newsletter and your on-going support to the Vaccination Risk Awareness Network:
$35.00—Individual $75.00—Professional
We would like to share the personal stories of our membership. If you would like to submit your story, please contact Edda West by phone or e-mail,as indicated above.

VRAN website: www.vran.org

DISCLAIMER

The contents of this publication reflect the opinion of the authors only, and are not 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 qualified health practitioner prior to making any decision which may affect the health and welfare of that individual or anyone under his or her care.

VRAN NEWS

VRAN Annual General Meeting

The VRAN annual general meeting as announced previously in the Fall 2003 Newsletter, was held on March 13 via telephone conference. In attendance were Mary James, Leona Rew, Rita Hoffman, Susan Fletcher, Dr. Jason Whittaker, Scott Hunter and Edda West.

Elections were held as required and several new Board members were welcomed and a new position was created on the Board.

VRAN AGM Executive Vote Went as Follows:

Mary James re-elected for another term as VRAN President. Rita Hoffman elected as Vice President Edda West re-elected for another term as Secretary-treasurer. Jason Whittaker elected to the VRAN Board of Directors and also elected to a new position as Director of the VRAN Speakers Bureau. Gloria Dignazio, elected to the Board. Leona Rew and Frank Luschak remain as Directors.

Welcome to the new board members. Your contributions in time, energy and creativity to vaccine risk education are deeply appreciated!!

We'd like to take this opportunity to thank out going VRAN Vice-President Leona Rew for her contributions these past 3 years, and for the many years she has worked so hard in Manitoba, speaking, writing, organizing public and political meetings and activities and working to raise awareness at the legislative level. Thank you Leona for the many, many years of incredible work you have done that resulted in Winnipeg often being the epicentre of vaccine awareness in Canada!!! Leona co-founded the Association for Vaccine Damaged Children with Mary James in the 1980s and worked with Mary urging the Manitoba Law Reform Commission to investigate vaccine damage which resulted in the Commission publishing recommendations for a "no-fault" injury compensation in 2000 entitled "Compensation of Vaccine-Damaged Children."

Agenda Items Discussed:

-Vaccine Reaction data base. We discussed the frustration of inaccessibility to Health Canada's adverse vaccine reaction records. No one knows what these numbers are in Canada. Edda suggested we start a project to obtain Health Canada's acumulated adverse reactions reports via access to information requests. It was pointed out that this would be a lengthy and frustrating process, that the vaccines and formulas have changed and that people are more interested in knowing about reaction data on current vaccines. A case in point is the time it took CBC to obtain Health Canada's adverse drug reaction reports. It took them 5 years to obtain the data which is now posted on CBC website with the "Disclosure" show. Scott Hunter has investigated the vaccine adverse reactions reporting system and feels it is hopeless – that we are better off gathering our own numbers via a data base we set up. Scott reiterated that we need to shake the vaccine system on the "Benefit/Risk" claim. The "benefit" claim is not based on an effective reporting system and the data is not accessible to the public. We need to

VRAN News cont. on page 3

VRAN News cont. from page 2

gather our own vaccine reaction/injury numbers as recent injuries are what people are interested in. "The only truth is what we create."
VRAN member Daniel Moser has been working on a vaccine reaction data base and has put considerable time and effort into it, and Scott has volunteered to work with him to help get it up and running. We discussed what is needed in a data base, and agreed that primarily it must be user friendly. One member offered financial help for the data base if needed.

-Grassroots Advertising: Rita Hoffman suggested that we ask VRAN members to "adopt" a local paper and place small ads encouraging people to report reactions and injuries to VRAN's reporting system. If we have people across Canada buying small inexpensive ads, we would begin to have more visibility, people would check our website, where we could direct them to the reaction/reporting page, enabling us to develop a more realistic idea of the frequency of adverse reactions.
Leona suggested we look into advertising on bus benches. These don't cost a lot to rent and the ads are in large, prominent letters.

- Media Guidelines: Jason Whittaker wants to develop "how to talk to the media" guidelines. Mary James is going to find a book she read that spells out specific strategies that enable small groups to get their message across to the public.

-VRAN website needs to have a counter installed so we have an idea of how many people visit our site. Jason talked about the tracking system on his website and how useful it is in giving an idea of what people are interested in. Edda will talk to Maggie Teiner, our webmistress and ask her to install a tracking device.

-Finances: Edda reported on VRAN finances. We've had a good early fundraising season with members donating a little over $8,000 since our appeal went out with the last issue of the Newsletter in December. We still have a ways to go to meet our yearly budget objectives of around $20,000. Creating new "revenue streams" was discussed such as approaching other wholistic health professions to participate on our website. Both Jason and Scott offered to put thought and energy into creative fundraising/revenue initiatives.

FUNDRAISING

A big THANK YOU to the VRAN members who responded so generously to our fundraising drive. At this point (mid March), we're about half way to meeting our operating budget for this year. Please remember that your 2004 VRAN membership is due now at the beginning of the year. At this point we have nearly 350 active members, many of whom still need to send in this year's membership donation. This will help shore up the budget, and if you've been meaning to make a fundraising contribution as well, we'd sure appreciate this additional support. As well, we keep hoping to find members interested in helping with ongoing fundraising projects. Please contact Edda if you're able to volunteer your time.

NEW PARENT PACKAGE

Much appreciation goes to Susan Fletcher for creating a new comprehensive information package specifically for new parents. This is something that has been needed for a long time, and asked for by many. Susan has spent over a year researching and writing the text for this package. The introduction to the vaccine issue is particularly excellent and we have formatted it in booklet form, which is included with this newsletter. Hopefully it will wet your appetite to order the whole package which includes many more excellent articles. See back cover of this Newsletter for pricing details. We know you will want to share this with neighbours and friends in your community who are about to become new parents, or already have babies and young children. Concerned grandparents will love it too!!

DPT PROJECT

Rita Hoffman has been working for over a year now to create a comprehensive index of the infant vaccines that have been licensed for use in Canada since the early 1970's. With the help of her husband John, she has gathered product monographs from medical libraries for DPT, DPTP, and DPTaP + Hib vaccines and documents the detailed history of these vaccines, which includes vaccine ingredients, and specific recommendations that accompanied them at the time of use. It is a monumental work that will enable people to easily reference the past 30 years use of these products. Look for this large new information source on the VRAN website soon. Thank you Rita for putting your awesome energies into this project. It is an historic piece!

BLOW TO ONTARIC CHIROPRACTORS

VRAN wants to take this opportunity to thank the many Chiropractors across Canada who have supported vaccine risk education for so many years, and who have shown their solidarity to our work through memberships and generous donations. The practitioners who adhere to the classical chiropractic philosophy of "vitalism" in human health have always been at the forefront of enlightening their patients about the risks inherently associated with vaccination. However, their philosophy and commitment to core chiropractic principles is under attack by their own governing body.

For a number of years, the Chiropractic College of Ontario (CCO), the governing body of Ontario Chiropractors has been threatening to change the rules governing the scope of practice – a change that would prohibit licensed practitioners in Ontario from communicating any vaccine

VRAN News cont. on page 4

VRAN News cont. from page 3

information whatsoever to their patients. Last fall VRAN members mounted a letter campaign and let the CCO know that the public's access to a "balance" of information about vaccination would be severely compromised under the proposed changes. On February 10th of this year, the CCO Executive voted 9 to 4 in support of a ruling that will effectively gag Chiropractors from offering any verbal or written information about vaccination to their patients.

Dr. Diane Meyer, long time VRAN member and vaccine risk educator attended the fatal meeting and offered these words:

"In my opinion there was a deliberate plan in the way that the vote was quickly pushed through after lunch. It happened way too fast. A future meeting will discuss the addendums. Those who support the right to educate patients must be in full force for the next CCO meeting. There is no way to know how that meeting would have gone if there were 40 passionate and professional DC's there.

Our great profession is slipping away right through our fingers. It is obvious to me that the medical/pharmaceutical industry has quite a lot of influence on our leaders. While our Boards sit with glazed eyes doing what is "good for the public" our ability to serve the public through Chiropractic is being diminished and embraced by the very medical world which has fought so hard against us. Folks, if this keeps up it is clear to me that we will not survive. We will bit by bit be diminished to symptomatic low back technicians... nothing more... nothing less.

I cried that day. Mostly for my patients, both now and in the future. But I also cried in shame of the destruction of the legacy that our Chiropractic forefathers left for us to guard in the Sacred Trust. This issue is not only one of vaccination but where will the issue stop? Can we speak about antibiotics? surgery? tympanotomies? nutrition? Tylenol? etc. .....it is one of principle, ethics and freedom. We are looking into legal avenues as well as further letters and so on...If our voices are silent who will/can speak?

VRAN members wishing to support a Chiropractic initiative to counter this new restrictive ruling can contact both Dr. Steven Silk, President of the Chiropractic Awareness Council at: chiroman@bmts.com or Dr. Diane Meyer at: kidsdc@idirect.com

In Loving Memory of Doug Toner

My dear friend Doug Toner passed away suddenly on November 21, 2003. Beloved husband and partner of Dr. Carolyn DeMarco, Doug's sudden and unexpected passing didn't allow for any proper goodbyes, and family and friends still can't believe he's actually gone forever. A profound sense of loss and sadness lingers and it still feels shocking that his life was cut short so abruptly.

Doug was a strong presence in many lives - a one of a kind character whose burly and robust character filled a room with booming conversation peppered with outlandish Hungarianesque humour – a heritage he carried with pride. Doug was a man who met life full on. He was "way out there" – one of those genius types who knew something about everything, whose knowledge of history, politics, finances, music, science was light years beyond most people's ken.

Doug had a special gift for mentoring young people. His big heart enabled him to meet young folks at their own level and offer guidance as a loving friend and brother. Doug had the kindest and softest heart for children - he adored them, and every kid who knew him loved uncle Dougie.

Doug was an expert computer technician and web designer – and rescued me countless times from computer breakdowns during critical newsletter deadlines. He enthusiastically hosted the VRAN website and worked his magic to ensure that our new website launch would be a smooth and seamless transition. Our next project was going to be transferring all the back issues of the VRAN newsletter onto CD as a fundraising project.

Doug was a wonderful craftsman who delighted in salvaging and recycling vintage wood - planing, sanding and oiling it to its former brilliance, bringing the deep rich grain shining back to life again. He crafted everything from new window frames to gorgeous cabinets. His beautiful blue eyes would light up with delight when working with old wood of size and dimensions no longer milled today. And he loved to cook. Doug could whip up a delicious meal in no time, and insist you stay for supper if you happened to drop by which I always appreciated immensely as cooking isn't a particular love of mine.

Doug was my Good Samaritan neighbour - the trusted friend I could call on when I needed a "man's" advice with technical stuff, or repair problems around my house, or loan of a pump to water the garden. The tailgate on the back of my truck had been tied up with binder twine for a couple of years. He just showed up one day , took it apart and put it back together - good as new! Just a few weeks before he died, Doug gave me the most precious gift. With great care, he transferred old brittle audio cassettes of my long deceased beloved grandmother onto CD - an irreplaceable record of her memories of farm life and agricultural practices in Estonia in the early years of the last century. Thank you Doug for your friendship, your kindness and above all that abiding generosity of spirit with which you embraced us. Farewell dear friend – your loving memory will always live in my heart.

Shaken Baby or Scurvy cont. from page 1

It is said that ignorance is bliss; this may be true for those who give evidence in our law courts with such conviction, following the standard teaching of the day. We should all keep an open mind and consider the possibility that the standard teaching may be wrong.

Barlow's Disease

In the first half of the twentieth century, many infants with bruises, broken bones, and sores that would not heal, were correctly diagnosed as having infantile scurvy, or "Barlow's disease", and recovered quickly when treated with orange juice. Now people don't want to believe that malnutrition still occurs in the Western World, so one or other of the parents or a caregiver has to be accused and possibly convicted of child abuse, without any blood analysis for vitamin C. Sores that will not heal are seen as cigarette burns and reported in newspapers as such. Barlow's disease used to occur even in the homes of the wealthy, sometimes due to the custom of boiling cow's milk to kill the germs of tuberculosis, sometimes due to feeding of a commercial "malt soup", the alkalinity of which destroyed vitamin C, and sometimes due to ignorance of the need to provide an orange juice supplement for bottle-fed infants.

There are even records of such an infant suffering a complete fracture across both femoral bones of the thigh in hospital, when a nurse lifted the heels in the gentle act of diapering a scorbutic infant. Luckily, it did not occur at home, for even then someone would have been suspected of child abuse. Part of the problem now arises from the child abuse laws, which require immediate reporting of any suspicion of child abuse, so that even the natural pigmentation of the "Mongol Spot", just above the natal cleft, was suspected as child abuse when a young mother brought her baby to our hospital for advice because it was not thriving. One of the nurses rushed to the phone to call the child abuse authorities. Before long, the nurses were presenting the infant to each other, to social workers, and to the doctors, as, "This is the child abuse case." The physician who first sees the infant can have his or her opinion prejudiced by such hysteria, before making an examination.

What has happened to the practice of medicine? Our duty as physicians is to make a well-considered diagnosis and to provide advice with compassion, not accusation and vilification. Soon parents will be afraid to take their children to the emergency room of a hospital after a fall for fear that some "expert" will find petechial hemorrhages in the eyes and label the parents as child abusers. The social workers are in an unenviable position, for they can be damned if they do, and damned if they don't, remove a child from parental custody. Even more perilous is the job of infant care providers and pre-school teachers, who have so often been embroiled in totally unreasonable litigation, like the McMartin pre-school family, who endured a new version of the Salem Witchcraft Trials.

Popeye. A Case of Classical Adult Scurvy

Ignorance is bliss. Not many people are aware that "Popeye the Sailor Man" was a well-recognized character to be seen around any English seaport in the days of sail. The protrusion of one eye was due to a hemorrhage behind the eyeball (a retrobulbar hemorrahge) due to scurvy; this was only one of many hemorrhages beneath his skin and elsewhere; he should be recognized as a symbol of suffering who deserves our compassion and not a comic cartoon character for people to laugh at. He is a young man who looks old beyond his years, due to scurvy. He would have had foul breath due to his infected bleeding gums. His pipe juts up in front of his face because he has lost all his teeth to scurvy, and he is holding his pipe between his upper and lower gums.

Clearly, he has returned from a long sea voyage where he lived on food held in storage, and maybe as many as half of his shipmates died of scurvy. We are told that his arch enemy "Bluto" has gone off with his woman "Olive Oil" and his child "Sweet Pea", but he does not have the strength to fight Bluto until he has been fortified with spinach. Of course, it is vitamin C-rich fresh greens or fruit that he needs, not canned spinach that has lost its vitality, but his misery has been exploited and transformed into an advertising cartoon. In fact, we may conjecture that these poor men received little respect at the time, for the phrase "scurvy knave" persists in our literature.

It will be about a week before his bleeding gums are healed when he gets oranges, lemons, limes, tomatoes, or lettuce, but it will be several weeks before his strength is restored. The bleeding gums, which are so characteristic of adult scurvy, are not seen in toothless infants, so the diagnosis is easily missed. Infection causes local vitamin C deficiency, and vitamin C deficiency predisposes to infection, so a vicious cycle develops. Clearly, it is the bacteria in the crevice between the tooth and the gum that cause a local infection leading to the foul mouth and the swollen, bleeding gums of adult scurvy. This does not occur in edentulous infants.

Borderline Vitamin C Deficiency

There is a wide separation between frank scurvy and perfect health, and this is becoming more and more apparent as we learn about the underlying defects in vitamin C deficiency.

Bleeding from the smallest blood vessels, the capillaries and the small venules, is the principal manifestation of the disease; this is due to a weakness of the blood vessel wall and not the result of any defect in the blood coagulation system. Several tests have

Shaken Baby or Scurvy cont. on page 6

Shaken Baby or Scurvy cont. from page 5

been used to measure capillary fragility, the strength or weakness of the small blood vessels, by counting the number of small pinpoint hemorrhages or petechiae produced by suction on the skin of the arm or by venous occlusion, but these tests for vitamin C depletion are rendered unreliable by the fact that so many other conditions such as thrombocytopenic purpura, measles, and scarlet fever also cause capillary fragility and petechial hemorrhages. Only by chemical analysis can we tell for sure whether petechial hemorrhages are due to vitamin C deficiency or to something else. The word scurvy is used only for the almost complete absence of vitamin C from the blood and tissues, when fibroblasts and the related osteoblasts, chondroblasts, and odontoblast cells can no longer manufacture collagen, the foundation matrix for connective tissue, bone, cartilage, and tooth dentin, respectively. But we now know that lesser degrees of vitamin C depletion cause the accumulation of histamine in the blood, and this causes weakness of the capillary blood vessels by separating the cells of the vascular intima from one another.

Histamine accumulation dissolves the intercellular cement; this increase in the blood histamine level begins as soon as the blood plasma vitamin C level begins to fall below the normal level of 1.0 mg/100 mL; frank scurvy does not occur until the vitamin C level falls to one tenth of that value.

The plasma vitamin C status of the general population is much poorer than is generally appreciated, being below 0.7 mg/100 mL in 34 percent of ambulant people in Brooklyn, New York1; below 0.5 mg/l00 mL in 30 percent and below 0.2 mg/100 mL in 6 percent of people attending a Health Maintenance Organization (HMO) clinic in Tempe, Arizona.2 Likewise, the National Health and Nutrition Examination Survey3 for the years 1988-94 revealed plasma vitamin C (or ascorbic acid) deficiency (<0.2 mg/100 mL) in 12 percent of Caucasians, 15 percent of African-Americans, and 9 percent of Mexican-Americans. So we must not assume that small capillary hemorrhages in the retina are due to child abuse; they could be due to vitamin C depletion or to many other factors which increase the blood histamine level.

Vaccinations and Inoculations

We now know that vaccinations and inoculations cause increased blood histamine levels, as can many systemic infections and other illnesses, so an infant already low in vitamin C will have its blood histamine level further increased by any such insult. Undoubtedly, this accounts for the fact that vitamin C supplementation markedly reduces the risk of death following immunization or vaccination in rats, mice, guinea pigs, and human infants; vitamin C reduces the blood histamine level.

Medical Prejudice

Physicians are just like other people: they believe only what they want to believe, and they are spoon-fed by the major medical journals. It would seem that the editors of most medical journals do not want to publish any article discussing the risks of inoculations. They would like to see a higher percentage of children being immunized, and they are afraid that any talk of risks could frighten parents away. I submitted a review of the literature proving quite conclusively that vitamin C can be used to reduce the risk of death or brain damage following inoculations, both in animals and in human infants, but nine of the major English language medical journals refused to publish it. The reviewers must be unaware that vitamin C deficiency still occurs in the modern world. My article was eventually published by the open-minded editors of *The Journal of Orthomolecular Medicine* (Volume 14, no. 3, pages 137-142) in 1999. Unfortunately, this excellent journal has, as yet, a relatively small circulation, so the truth is not yet well known.

Infant Nutrition

Bottle-fed infants need a vitamin C supplement with their milk diet, and this can be readily provided by giving them a bottle of orange juice every day, as one hundred grams of fresh orange juice contain about 49 mg of vitamin C. Nowadays, the fashion is to give them apple juice, instead of orange juice, but apple juice contains only 1 mg of vitamin C in the same volume of juice. So, unless the parent knows to buy apple juice with added vitamin C, there can be a risk of vitamin C deficiency.

Another problem to be considered is that the white blood cell or leukocyte C level is halved within 24 hours after the development of a head cold, and even more during the healing of an injury. Moreover, heavy metals like mercury and even excesses of copper or iron can deplete vitamin C stores, so one has to wonder about the effect of the mercury-based additive thimerosol used as an antiseptic in some pediatric inoculants. Suffice it to say that it is probably wise to postpone vaccinations and inoculations for any premature or sickly infant; moreover, a 500 mg vitamin C supplement should be given in orange juice before or at the time of an inoculation to any healthy infant. Extensive studies have been conducted to ascertain the presence or absence of toxicity for each individual inoculant, but now that we recognize the toxic effects of elevated blood histamine levels resulting from inoculations, we must consider the additive toxic effect of all the inoculants taken together. So many inoculants are given together nowadays.

Moreover, the parents should not be held responsible for "shaken baby syndrome" just because an infant convuls-

Shaken Baby or Scurvy cont. on page 7

Shaken Baby or Scurvy cont. from page 6

es or dies with petechial hemorrhages in the retina within a week or two after receiving the usual inoculations. Even some American soldiers going to the Gulf War suffered grievous consequences following the battery of inoculations they receive. Elevated tissue histamine levels cause asthma, hay fever, nettle rash, or angioneurotic edema, but elevated blood histamine levels cause endothelial damage and capillary fragility throughout the body.

Laboratory Analyses

Very few hospital laboratories routinely do blood plasma analyses for vitamin C, and any spot analyses done by special order can be very unreliable. One of the reasons for their unreliability is that vitamin C (ascorbic acid), crystals or powder, is hygroscopic and can double its weight with moisture.

So when one compares test results with internal or external standards, it is essential that the ascorbic acid standard powder be dried over calcium chloride in a desiccator for a week or so, without heating. Otherwise, the results of analysis can give falsely high values.

This article was first published in the Journal of Orthomolecular Medicine (2002) 17(4):193-6. We thank both Dr. Clemetson and Dr. Abram Hoffer, Editor of the Journal of Orthomolecular Medicine for their kind permission to reprint this article.

References:

1. Clemestson, C. Alan, Vitamin C, CRC Press, Boca Raton Florida, 1989
2. Johnston, Thomson: Vitamin C status of an outpatient population. J Am Coll Nutr, 1998; 17(4):366-70.
3. The Third National Health and Nutrition Examination Survey 1988-94 (NHANES III) http://www.cehn.org/cehn/resourceguide/nhanes.html

For detailed information and updates on the Yurko case and other innocent parents falsely accused: http://www.freeyurko.bizland.com/albayatisum.html#sectionI

Vaccine Agenda cont. from page 1

media, setting off hysteria in medical circles. It is a déjà vu of other heroes of times gone by who discovered profound truths, only to be denounced and vilified by the dominators of the era.

Wakefield's discovery of a new bowel syndrome in children who regressed into autism after vaccination with the measles, mumps and rubella (MMR) vaccine and subsequent findings of measles virus in the gut of many of these children has enraged vaccine authorities world wide, as it has shattered confidence in the safety of the triple virus vaccine. His study published in The Lancet in 1998 resulted in a steep decline in uptake of MMR vaccine in England., and ripples of dissent have spread to North America. Worried that some children might be at risk of injury from the triple virus vaccine, and in the absence of proof of long term safety of the MMR vaccine, Wakefield suggested that parents should have a choice of single, monovalent vaccines, which British authorities refused to provide through the national health service, driving many families to order the single measles vaccine from other European countries.

This time round, the furor has been whipped up by British journalist, Brian Deer who, in a derogatory article in the Sunday Times, accused Wakefield of multiple conflicts of interest in his autism/bowel syndrome research and has personally vowed to "destroy" him. Alan Rees, European vaccine activist and parent of an autistic child has had run-ins with Deer - "He has it in for vaccine victims for some reason and has previously written a scurrilous piece about Margaret Best, the Irish mother who proved her child's severe disability was caused by vaccines, and whose courage and persistence in getting compensation for her son have inspired me and many others to keep going. He's a bit like one of those creepy things you find under rocks and seems to dislike being interviewed himself, though keen to stick the knife into others."

Dr. Wakefield has been able to refute every accusation and stands strong by his research. His only error having been poor timing in the disclosure of funding received by The Royal Free Hospital research trust from the British legal aid commission to investigate the presence of measles virus in the gut of a group of autistic children. Many of these families are also are part of a large class action law suit against the MMR manufacturer in England. This second study is quite separate from the original one published in the Lancet around which false allegations of conflict of interest have arisen. (2)

In a letter to the British Medical Association Journal, veteran vaccine risk researcher Hilary Butler hit the nail on the head - "If vaccine manufacturers are so sure of their products, they should have the confidence not only to fund the studies required, but to allow the appointment of a panel of doctors equally split down the middle. One lot with "vested interests" and the others, the likes of Andrew Wakefield whose "vested" interests lies with the children, rather than with a vaccine. Parents should also be allowed input into study protocols.....You would think that if everyone's primary goal was "first do no harm" then these three groups would have no trouble working together. Do I think it might happen? Only when pigs grow wings." (3)

In defense of Dr. Wakefield, Barbara Loe Fisher, director of the National Vaccine Information Center in Virginia offers these words – "The extent to which the forced vaccination proponents have gone to smear Andrew Wakefield and the meticulous biological mechanism research he has conducted into MMR-vaccine associated autism is in direct proportion to the

Vaccine Agenda cont. on page 8

Vaccine Agenda cont. from page 7

fear they have that his hypothesis is correct: MMR vaccine can cause a persistent vaccine strain measles virus infection in genetically vulnerable children that leads to chronic inflammatory bowel disease and autistic behaviors. It is unfortunate they are so frightened of the scientific truth Dr. Wakefield is pursuing that they find it necessary to behave like a band of thugs out to score a hit."

" For the past 22 years, [we] have watched babies die and be horribly crippled by vaccine reactions while officials in industry, public health agencies and medical organizations have refused to support the kind of biological mechanism research that Dr. Wakefield is doing so that parents and doctors can have more information about children at high risk for suffering vaccine reactions and find ways to spare their lives. Parents around the world are not fooled by the ignorant, inhumane behavior of forced vaccination proponents, whose zealous defense of one-size-fits-all vaccine policies injure and kill innocent children. The truth will shine bright and clear in the end."

Speaking from his heart at the Power of One Autism rally in Washington, Andrew Wakefield shared this inspiration - "We are in the midst of an international epidemic. Those responsible for investigating and dealing with this epidemic have failed. Among the reasons for this failure is the fact that they are faced with the prospect that they themselves may be responsible for the epidemic. Therefore, in their efforts to exonerate themselves they are an impediment to progress. I believe that public health officials know there is a problem; they are, however, willing to deny the problem and accept the loss of an unknown number of children on the basis that the success of public health policy - mandatory vaccination - by necessity involves sacrifice. Neither I, nor my colleagues subscribe to the belief that any child is expendable. History has encountered and dealt with such beliefs. You, the parent's and children, are the source of the inspiration and strength for our endeavours; our quest for truth through science - a science that is compassionate, uncompromising and uncompromised. I do not mean to stir you to mutiny, but be assured that armed with this science it is in your power to force this issue, in your pediatricians office, in Congress, in the Law Courts. Keep faith with your instincts - they have served you well." (4)

Within the context of "modern medicine", the vaccine wars have ebbed and flowed for over two centuries. Under the most punitive British laws in the 19th century, large numbers of parents were willing to be imprisoned rather than submit their children to vaccination because they experienced and saw the devastation and disease caused by enforced smallpox vaccination. Today's vaccine war wages a campaign of fear and intimidation against families who choose not to vaccinate - threats of loss of custody of children are not unusual by aggressive and well funded "child protective services". Nightmare scenarios of parents and caregivers accused of child abuse and imprisoned when children succumb to injury or death from vaccination are widespread in North America.(16) Manipulated and corrupted by the powerful profit driven pharmaceutical industry, medical science is aloof and indifferent to the cataclysm it has perpetrated. "This society is going to be in big trouble – we cannot have a whole generation of people damaged the way this is happening" said geneticist Dr. Mark Geier at the recent IOM meeting on vaccines and autism. (12)

At the forefront of the vaccine/autism debate is of course the role of thimerosal, the toxic mercury based preservative used for decades in vaccines. A recent investigation by Insight magazine highlights the mercury/thimerosal scandal. Speculation is rife that the U.S. Centers for Disease Control and Prevention (CDC) is embroiled in conflicts of interest & data manipulation after releasing a study titled *"Safety of Thimerosal-Containing Vaccines: A Two-Phased Study of Computerized Health Maintenance Organization Databases"*. The study was published in the November 2003 issue of Pediatrics. It concluded that "no consistent significant associations were found between TCVs [thimerosal-containing vaccines] and neurodevelopment outcomes." Critics scoff at such a conclusion. "Sure," laughs one, "they say you can't eat tuna because the level of mercury you ingest isn't good for you, but there's no health risk associated with injecting high levels of mercury directly into a newborn baby?"(5)

The lead author of the study, Thomas Verstraeten, was an employee of GlaxoSmithKline, the pharmaceutical giant and vaccine manufacturer, when he submitted the study for publication. The first phase of the study "actually revealed a significant association between TCVs administered to infants and who later developmental abnormalities such as speech and language delays and neurodevelopment problems in general, such as tics and the alleged hyperactivity symptoms of attention-deficit disorder and attention-deficit/hyperactivity disorder. However, this conclusion was not included in the final draft; and was only made public afterward when Verstraeten's notes were revealed in another forum. The notes, not published with the CDC study, showed that the "relative risk" for autism was 2.48 times higher for children who received 62.5 micrograms or more of mercury from TCVs by 3 months of age. (5)

U.S. Congressman Dave Weldon,

Vaccine Agenda cont. on page 9

Vaccine Agenda cont. from page 8

MD has taken up the fight on behalf of families who believe their children's neurodevelopmental disorders have been caused by the mercury in vaccines they received and has vowed to get to the truth of the matter. Weldon summarizes: "The CDC produced an article by Dr. Verstraeten, published on Nov. 3 in Pediatrics. Dr. Verstraeten is a former CDC employee. Since 2001 he has worked for GlaxoSmithKline - a vaccine manufacturer. While working for the CDC in 2000, the first version of Dr. Verstraeten's unpublished study found an association between higher thimerosal exposures and neurodevelopment disorders, including autism. Between 2000 and 2003, Dr. Verstraeten and co-authors manipulated and stratified the data so much that each of these associations magically disappeared."(5)

"I'm just very concerned that we're not going to get answers as long as there are careers at stake. You know there are people at the CDC who have been involved in the vaccine program who didn't recognize the amount of mercury they were giving kids, and now they're in the process of investigating themselves. Meanwhile a lot of these investigators bounce to and from the drug companies. I think it all is very, very murky and very suspicious." (5)

This veteran member of Congress puts it plainly: "We're not going to get answers to these questions until Congress or some outside group starts pouring through this information. But it's very coincidental that they added the hepatitis vaccine, the HiB vaccine and the chicken-pox vaccine - they added all these additional childhood vaccines around the time when the autism rate started to skyrocket. Then when you actually sit down and do the calculations, according to the Environmental Protection Agency [EPA], they were giving these kids very toxic levels of mercury. I mean as a 150- to 200 pound adult the EPA says you're not supposed to take in more than one microgram per day. **They were taking little seven and 10 pound babies and pumping 50 and 75 micrograms of mercury into them in one shot.** That's like giving an adult 1,000 micrograms. And, on top of that, the World Health Organization says mercury is 10 times more toxic in children than it is in adults. It's horrifying." (5)

Mark Geier, M.D., Ph.D., president of the Genetic Centers of America was also interviewed by Insight. He and his son, David Geier, are consultants on vaccine injury cases. On examining the CDC's Vaccine Safety Data Link (VSD), they found a "mega" difference between two groups of children who had been injected with either "three consecutive thimerosal-containg DTaPs or three consecutive thimerosal-free DTaPs. The rate of autism in the children that got more than three doses of thimersoal-containg DTaP vaccines was much, much higher. **More than 20 times higher.** Almost all the children that have autism in that group were the ones that got the thimerosal-containing vaccine. The more thimerosal, the greater the cases of autism." (5)

Mark Geier says, "Believe us, there is no scientific issue here. This is fraud. The CDC and the FDA [Food and Drug Administration] know what is happening. They just can't admit it because it is one of the worst things ever to have happened to this United States. If a terrorist had done this, we wouldn't attack them, we'd nuke them. We're talking about one in eight children in the U.S. that currently are in special education, and that number is going to change to about one in five. What percentage of our young population can we destroy before we realize how serious this is?" (5)

On February 5th of this year, advance release of another new mercury study made front page headlines across Canada. Titled *"A Link Between Thimerosal and the Brain: Can Vaccines Affect Central Nervous System Function?"* - the study will be published in the April issue of Molecular Psychiatry. (6)

Writes Sharon Kirkey of the National Post, "After assuring parents that additives in vaccines don't cause brain damage, scientists have found what they believe could be a "smoking gun" linking these additives to autism and attention-deficit hyperactivity disorder in children. In tests on human brain cells, researchers found two natural chemicals - one compound that stimulates cell growth and also dopamine, which transmits nerve signals -- are both key to a process in the brain called methylation. Methylation helps DNA work properly and is crucial to the normal development of the brain." (7)

"The team found thimerosal, ethanol and the metals, lead and mercury all interfere with methylation. What's more, thimerosal did so at doses 100 times lower than a child would receive after a single shot with a thimerosal-containing vaccine. "It was by far the most potent," said investigator Dr. Richard Deth, a professor of pharmacology at Northeastern University in Boston." (7)

While Canada phased out most thimerosal containing vaccines given to children by 1997, except for hepatitis B and influenza vaccine, it is of little comfort to families whose children were subjected to repeat doses of the neurotoxin and who as a result, suffer a wide spectrum of developmental disorders and neurological injuries that will affect them for the rest of their lives. In Canada, the burden of vaccine injury is particularly grim as there is no compensation system to help defray the often daunting costs incurred by families who struggle to meet their children's therapeutic needs – needs that are often not covered by the health care system or recognized as vital to help improve their health and ability to cope with life.

Vaccine Agenda cont. on page 10

Vaccine Agenda cont. from page 9

In Canada, there is NO mandatory reporting system of vaccine reactions and injuries. Canadian health officials have NO idea what the real numbers of vaccine reactions and injuries are in this country, and they don't want to know! Vaccine reaction records are closely guarded by Health Canada and virtually inaccessible to the public. When this most recent study linking thimerosal to the disruption of critical sequences of brain chemistry hit the media, the 'good old boys' vaccine experts jumped to damage control in defense of thimerosal and the almighty vaccine program. Not one word of concern – not one phrase uttered in sympathy for children who may have been affected.

Canada is one of the few Western nations without a vaccine injury compensation program, except for the province of Quebec, which has paid out minimal sums to a few oral polio and DPT vaccine injury cases. Health officials in the rest of the country have simply swept vaccine injuries under the carpet and pretend they don't exist. In contrast the U.S. government has to date, paid out in excess of one billion dollars to vaccine victims.

The Canadian judicial system is stacked against vaccine injury victims who must prove both causality and negligence, and are given access only to a trial by judge rather than a jury of peers. The fundamental conflict of interest inherent in a trial by judge whose salary is paid by the same government that funds mass vaccination programs as their number one disease prevention measure, insures that vaccine injury cases are virtually impossible to win in this country. The absence of successful vaccine injury court challenges in Canada enables vaccine authorities to repel any movement toward the establishment of a humane and just vaccine injury compensation system.

A document published in the Canadian Paediatric Society's journal applauds the work of IMPACT - the Immunization Monitoring Program set up to provide *"selected surveillance data on vaccine-preventable diseases and (possible) adverse reactions to*

Vaccine Agenda cont. on page 12

A link between thimerosal and the brain: Can vaccines affect central nervous system function?

According to new research from Northeastern University pharmacy professor Richard Deth and colleagues from the University of Nebraska, Tufts, and Johns Hopkins University, there is an apparent link between exposure to certain neurodevelopmental toxins and an increased possibility of developing neurological disorders including autism and attention-deficit hyperactivity disorder. The research – the first to offer an explanation for possible causes of two increasingly common childhood neurological disorders.

Deth and his colleagues found that exposure to toxins, such as ethanol and heavy metals (including lead, aluminum and the ethylmercury-containing preservative thimerosal) potently interrupt growth factor signaling, causing adverse effects on methylation reactions (i.e. the transfer of carbon atoms). Methylation, in turn, plays a significant role in regulating normal DNA function and gene expression, and is critical to proper neurological development in infants and children..

In their work, the scientists found that insulin-like growth factor-1 (IGF-1) and the neurotransmitter dopamine both stimulated folate-dependent methylation pathways in neuronal cells. At the same time they noted that compounds like thimerosal, ethanol and metals (like lead and mercury) effectively inhibited these same biochemical pathways at concentrations that are typically found following vaccination or other sources of exposure. The work of Deth and his colleagues helps to explain how environmental contact with metals and administration of certain vaccines may lead to serious disorders that manifest themselves during childhood, including autism and ADHD.

"Scientists certainly acknowledge that exposure to neurotoxins like ethanol and heavy metals can cause developmental disorders, but until now, the precise mechanisms underlying their toxicity have not been known." said Deth. "The recent increase in the incidence of autism led us to speculate that environmental exposures, including vaccine additives might contribute to the triggering of this disorder."

Additionally, the scientists recently obtained more insight into the mechanism by which thimerosal interferes with folate-dependent methylation. It acts by inhibiting the biosynthesis of the active form of vitamin B12 (methylcobalamin), which is of particular interest because doctors treating autistic kids are having good success with the administration of methycobalamin.

Citation source: Molecular Psychiatry 2004 Volume 9, www.nature.com/mp
Contact: Aimee Midei at moleculapsychiatry@mednet.ucla.edu

Vaccine Agenda cont. from page 10

immunization." The document also reveals some disturbing back room dealmaking by health officials. (8)

"The origins of IMPACT trace back to the late 1980's when societal concerns about the safety of whole cell pertussis vaccines for children were reaching fever pitch. As a potential safety valve, federal and provincial Deputy Ministers of Health considered a vaccine injury compensation plan. While the merits of such a plan were recognized, the Deputy Ministers were distressed to find that accurate estimates of vaccine-related injuries were unavailable. Fearing that they were signing a blank cheque, they chose not to fund a compensation plan, but instead funded a major eight-year initiative to improve vaccine safety surveillance and documentation of attributable injuries." (8)

But IMPACT has failed to honestly evaluate and document vaccine related injuries, and has done nothing to help vaccine injured families obtain justice. It is a national disgrace that Canadian vaccine victims continue to be relegated to obscurity by a system hell bent on maintaining the status quo at any cost. The document is full of doublespeak and suggests that the IMPACT program's real intention is to track children who contract "vaccine preventable" diseases and to insure that children presenting with vaccine reactions are laundered into the "coincidence" zone. *"Vaccinators should report postimmunization adverse events to local public health authorities using the prescribed provincial or territorial reporting form. Such reports are collated nationally and carefully considered as evidence of vaccine safety."* (8) Evidence of vaccine safety?? Say what? Your child has just suffered an adverse vaccine reaction, and when the report is made, it is held up as evidence of vaccine safety!!! How perverse is that?

The CDC estimates that 4.9 million women of childbearing age in the U.S. - that's 8 percent, have unsafe levels of mercury in their blood. The people hit hardest and most vulnerable are newborn infants and young children. Mercury crosses the placental barrier and once in the fetus can also cross the blood brain barrier. Every year over 630,000 infants are born with levels of mercury in their blood so high they can cause brain damage. (9)

Someone once said, "The sign of a species having gone quite mad is when it turns on its own young". We face an unfathomable societal catastrophe where government/political cronyism protects the excesses of the military/medical/industrial complex at the expense of millions of children world wide who will succumb to mercury poisoning. In a letter to the journal Pediatrics Dr. Geier critisizes policy makers for soft pedaling the mercury issue - "In fact, several documents recently obtained from WHO (World Health Organization) state that it is their policy to *lobby strongly for* maintaining thimerosal in childhood vaccines for the foreseeable future because they say it is necessary for use in third world countries and if it is removed from US vaccines, these countries may refuse to use thimerosal containing vaccines." (10)

From in utero exposure of mercury leaching from mothers' toxic amalgam fillings which mainstream dentistry still insists on implanting into people's mouths, to the continued widespread use of thimerosal containing vaccines in many countries and in particular the developing world, to widespread contamination of the food chain even in unindustrialized remote areas like the Canadian arctic, children's exposure to the highest doses of mercury in the first two critical years of life when the neurological system grows and unfolds according to specific time sequences of development encapsulates mercury poisoning as a global public health emergency without historical precedent.

Governmental/political allegiance to industrial profiteering turns a blind eye to the devastating effects of mercury contamination on the environment and human health. The largest source of overall mercury contamination is from coal-fired power plants. Under pressure of heat, the mercury which is naturally bound in coal is released into the air when the coal is burned to generate energy in electrical power plants. It is then dispersed on wind currents and rains down to contaminate water, the earth and the food chain.

Under pressure from the energy industry, which resists the installation of mercury emission controls, the U.S. Environmental Protection Agency (EPA) recently announced its intention to weaken its own earlier proposal that would have required a 90 percent reduction in mercury pollution by power plants by 2008. Now it will delay implementation of even these weaker requirements until 2018, leaving a whole new generation of children needlessly at risk (9)

Reducing mercury emissions would cut into industry's profits. Nothing is permitted to stand in the way of the bottom line. Industry's profitability must not be hampered by environmental/safety restrictions, regardless of the extreme urgency to protect the health of present and future generations. The message is very, very clear. It is profits before people – profits before health – profits before life. And society's most basic right to a poison-free, healthy environment, is trumped by corporate greed whose tyranny ensures the neurological destruction of a significant segment of society.

"Death by Medicine", a new blockbuster meta-analysis reviewed thousands of medical journal analyses and government statistics to conclude that monopoly/pharmaceutical/profit driven medicine has a farther reaching and more destructive impact on human health than we could have ever imagined. Dr. Carolyn Dean MD, a lead

Vaccine Agenda cont. on page 12

Vaccine Agenda cont. from page 11

author of Death by Medicine was our family's wonderful wholistic physician many years ago when my children were young. Dr. Dean & associates' review of the damage monopoly medicine inflicts on society at large is sobering indeed. Never before have such comprehensive statistics on the multiple causes of iatrogenic disease (doctor caused) been combined in one analysis. (11)

Their conclusion is "The American medical system **is the leading cause of death and injury** in the United States." Iatrogenic events which include "medical error" involving drugs, surgery, and unnecessary procedures, is the number one killer at 738,000 annual deaths. Undoubtedly a review of Canadian stats would offer proportionately similar results. This study dovetails with and expands on Dr. L.Leape's well known study, Error In Medicine, (JAMA. 1994 Dec 21;272(23):1851-7) which calculated that the human toll in medical mistakes annually was equivalent to three jumbo-jet crashes every two days. (11). The Death by Medicine report shows that the **equivalent of six jumbo jets are falling out of the sky each and every day!** (11)

Although the authors have not included an analysis of the iatrogenic role of vaccines in this grim scenario, important questions immediately arise in relation to the effect of mass vaccination programs on human health in the long term and the cost to society as a whole.

1. What are the **real** costs to society of vaccine induced injuries and death, taking into consideration the vast range of neurodevelopmental and autoimmune disorders that have skyrocketed in the past few decades and parallel the rise in the number of vaccines injected into children?

2. What percentage of the explosion of diseases like childhood diabetes, asthma, analphylaxis, neuroimmune disorders, autism spectrum disorders, learning disabilities, epilepsy/seizure disorders, etc. is triggered by multiple vaccines started in early infancy?

3. What are the long term medical costs of treating these people, including the cost of custodial care for the hundreds of thousands of brain injured individuals over a lifetime? To my knowledge these calculations have never been done.

The authors of Death by Medicine conclude, "When the number one killer in a society is the health care system, then that system has no excuse except to address its own urgent shortcomings. It's a failed system in need of immediate attention. What we have outlined in this paper are insupportable aspects of our contemporary **medical system that need to be changed--beginning at its very foundations**." (11)

In the meantime, how can society protect itself from a medical system that is clearly out of control and is seriously threatening public health? One thing is sure, the people who run this system have long ago sold out to the drug lobby. Massive legislative changes to Canada's Food & Drug Act are underway and will give the pharmaceutical industry new powers of self-regulation shifting the burden of proof of drug safety from the manufacturer to the public. Drugs will be presumed safe unless someone can prove there is harm – same standard as with vaccines!! Federal MP Svend Robinson reports that the powerful US lobby group (PhRMA) is "allotting an additional million dollars in its lobbying budget toward 'changing the Canadian healthcare system' which will pave the way for direct consumer drug advertising. (14, 15)

On the Global scene we are witnessing the destruction of the natural health supplements industry by monstrous forces starting at the World Health Organization level, whose Codex Alimentarius Draft Guidelines for Vitamin and Mineral Supplements and the European Union's Food Supplements Directive are systematically planning to outlaw a majority of vitamins and natural food supplements within the next few years. If we the people don't stand up and derail this process, not only we will not be able to obtain the supplements so many people rely on to maintain health, but what is left will be controlled by Big Pharma who will gouge us to the max.. Already in some European countries Vitamin C in doses higher than 250 mg tablets can only be obtained by prescription and prices have increased more than tenfold! (13)

World wide, destructive agricultural practices have altered the content of nutrients in food so drastically, that most commercially grown, non-organic food no longer sustains health or life. We must step outside the current sickness engendering medical paradigm and re-vision the meaning of true health and what we need to do as individuals and collectively as a society to stop the magnitude of destruction unfolding. The first step is to release the fear of this or that disease – to grasp the most basic truth - that health is a creative process that requires us to be engaged in everything as fundamental as working towards agricultural reform to insure that food is grown by organic methods that support life, to protecting water & air from industrial/chemical contamination, to stopping the Global Pharma movement that plans to sabotage our right to nutritional supplements.

Dr. Mathias Rath, MD, scientist and international health freedoms activist offers these encouraging words- *"We live in historic times. Mankind is currently undertaking one of the great movements in its history: The liberation of our health from the yoke of a medicine driven by the 'business with disease'. It is the liberation of our bodies and health towards natural medicine that prevents commercialism and eradicates diseases effectively without harmful side effects. Together we are writing history."* (17)

References:

1.Dr. Mar Geier, MD - Statement at IOM Safety Review on Vaccines & Autism Feb.9/04 http://www.universityofhealth.net/PR/3304PRUSNOMHearing.htm

2.Lancet review of Wakefield allegations: http://image.thelancet.com/extras/statement20Feb2004web.pdf

3. Hilary Butler letter to BMJ: http://bmj.bmjjournals.com/cgi/eleters/328/7438/483-a#52356

4. Andrew Wakefield: Power of One Rally, Washington DC, April /02 – www.child-screen.org

5. Insight Magazine: CDC Study Raises Levels of Suspicion, Kelly O'Meara http://www.insight-mag.com/news/573542.html

6.Molecular Psychiatry: Link Between Thimerosal & the Brain http://www.nature.com/cgitaf/DynaPage.taf?file=/mp/journal/vaop/ncurrent/abs/4001476a.html

7.Sharon Kirkey, National Post-Feb.5, 2004: Study Links Vaccine to Autism

8.Canadian Paediactirc Society Journal: November 2002, Volume 7, Number 9 Assuring vaccine safety: A celebration of 10 years progress with the IMPACT project http://www.pulsus.com/Paeds/07_09/sche_ed.htm

9.Protect Our Kids from Mercury: http://www.moveon.org/mercury/mercury-resources.html

10 Mark R. Geier, MD, Ph.D., David A. Geier of Medcon, Inc. Letter to Pediatrics, 12 March 2004, Parents' worries about thimerosal in vaccines are well founded!: http://pediatrics.aappublications.org/cgi/eletters/112/6/1394

11.Death By Medicine - Dr.Mercola's website at: Part 1 http://mercola.com/2003/nov/26/death_medicine.htm Part 2 http://mercola.com/2003/nov/29/death_by_medicine.htm

12. Mark Geier,MD statement at IOM hearing: http://www.univerrsityofhealth.net/PR/3304PRUSNOMHearing.htm

13. The Observer: Special Investigation, Feb. 29, 2004: Nil By Mouth , by Rose Shepherd http://observer.guardian.co.uk/magazine/story/0,11913,1157031,00.html

14. Svend Robinson, "Canada Getting Out of the Business of Health Protection?" Feb 6, 2004 http://www.taxtyranny.ca/images/HTML/Health-Protection-Update.html

15. Canadian Health Coalition for Health Freedom: http://www.canadiancoalition-forhealthfreedom.ca/

16. Shaken Baby Syndrome or Medical Malpractice by Mohammed Ali Al-Bayati, Toxicologist & Pathologist http://www.freeyurko.bizland.com/albay-atisum.html#sectionI

17. Dr. Mathias Rath: Dr. Rath Health Foundation: http://www4.dr-rath-foundation.org/PHARMACEUTICAL_BUSINESS/index.html

MEDICAL PIONEER - A TRIBUTE TO ARCHIE KALOKERINOS,MD

"Ascorbic acid, the universal detoxifier and tolerance factor, can be placed in its true position as an important weapon against disease."

When Archie Kalokerinos' book Every Second Child was published in 1974, a veil was lifted on the mystery of Australia's aboriginal infant deaths. For eight years, Dr. Kalokerinos worked among the aborigines of Collarenebri, yet despite all his efforts he was powerless to turn around the high death rate. In despair, he left his practice for a few years to work in Australia's opal fields at Coober Pedy, and lived in close contact with the aborigines. This experience triggered new insights into their special physical and dietary needs, and on returning to Collarenebri in 1967 he found their vitamin deficiencies and immunological problems showed themselves in strange and treatable ways.

Dr. Kalokerinos discovered that most of these children suffered from infantile scurvy, (acute Vitamin C deficiency), with deaths resulting from this deficiency precipitated by vaccination of infants who were suffering from colds or minor illness. Dr. Kalokerinos achieved a dramatic drop in the infant mortality rate in Collarenebri and rescued countless infants from the brink of death by supplementing with Vitamin C or administering Vitamin C injections in acute cases. He also stopped vaccinating babies who were unwell. The cures with Vitamin C seemed nothing short of miraculous, and are documented extensively both in Every Second Child and his autobiography, Medical Pioneer of the 20th Century. And even though Dr. Kalokerinos has demonstrated conclusively that Vitamin C can largely prevent the greatest killer of infants in developed countries - Sudden Infant Death Syndrome (SIDS), the majority of the medical world remains in disbelief.

"The matron was convinced that the diagnosis was meningitis so she prepared a lumbar puncture. I had however, seen this problem before. Lumbar punctures performed by me had been negative and the infants died....the trauma of inserting a needle….might result in a haemorrhage that might cause spinal cord paralysis. So I decided to give an injection of vitamin C. I probably gave as many as 6 injections, each 100mg. After half an hour Mary was normal. It was hard to believe, but I had performed a miracle!...I found that any viral infection, including measles and hepatitis, could be dramatically 'cured' by administering Vitamin C intravenously in big doses--provided that treatment was commenced early." (Medical Pioneer p.175)

In his chapter on Sudden Infant Death Syndrome in "Medical Pioneer", Kalokerinos explores the multiple factors that can predispose a child to SIDS - environment, diet, deprivation of breastfeeding, genetic influences, medications, including some antibiotics, antihistamines and iron supplements can introduce problems.

"Antibiotics can alter the nature of organisms in the gut that are normally essential for life. Gastrointestinal immunity is then affected and a vicious cycle can commence. Antihistamines, sometimes used in cough mixtures and as anti-allergy medications, can result in respiratory disorders including respiratory arrest. Antihistamine-containing cough mixtures should never be given to infants or children." (p. 180)

"Apart from the failure to breastfeed,……. various factors can alter the distribution of lactic acid type bacteria, E.coli and other gram negative organisms in an infant's gut. Exposure to heat or cold, stress of any sort, an

Medical Pioneer cont. on page 14

Medical Pioneer cont. from page 13

infection, (bacterial or viral), some medications, especially antibiotics and iron mixtures, and the administration of vaccines, can result in an upward migration of E.coli organisms in the gut, gut immune problems, and a change in the distribution of the many different species of "gram negative' (and 'gram positive') organisms in the gut." When the gut balance is thrown off, and there are insufficient antioxidants such as zinc, selenium and vitamin C, large amounts of endotoxin produced by the "gram negative" organisms can be released into the blood stream, resulting in fatal endotoxic shock, the mechanisms of which Kalokerinos explains in detail.

"Endotoxin disturbs the blood vessels in the brain in several ways. The blood vessel walls become damaged, the so-called 'blood-brain' barrier is broken, endotoxin leaks through to the brain cells, brain reserves of Vitamin C are quickly used and a deficiency of Vitamin C in vital parts of the brain results in a cessation of function. Apnea and possibly death can follow."

"The role of vaccines, particularly the whole-cell pertussis vaccine (still used in many countries) can be understood when it is realized that this vaccine contains a variable and uncontrollable amount of endotoxin that is injected and absorbed, unaltered, into the blood. It does not even go first to the liver where attempts to detoxify it could be made. If an infant happens to be particularly sensitive to endotoxin when the vaccine is injected, brain damage or death can result.

It is apparent that any infant with gastrointenstinal problems, abnormal organisms, intestinal parasites, loose bowels resulting from the use of antibiotics and malabsorption of food (including lactose intolerance) – is liable, when further stressed, to produce endotoxin and this can end in SIDS."

"If the vitamin C status of an infant is boderline, the administration of a vaccine, particularly (but not only) pertussis vaccine, can result in endotoxaemia. This results in a severe reaction to the vaccine, a tremendous increase in the need for Vitamin C, and the precipitation of some of the signs and/or symptoms of acute scurvy. The onset of this may be so rapid that the classical signs of scurvy may be absent. Sudden death, sudden unconsciousness, sudden shock, or sudden spontaneous bruising and hemorrhage (including brain and retinal haemorrhages) may occur. Haemorrhage and bruising in such cases can be wrongly attributed to the "battered baby syndrome".

"It would appear that many different diseases may be treated with the specific nutrient Vitamin C. So maybe a new mindset needs to be set in place where clinicians consider specific disease conditions such as inadequate Vitamin C levels rather than just specific diseases alone."

Cautions About Calcium Ascorbate – a form of Vitamin C

By Hilary Butler

"Don't use Calcium Ascorbate – ever! It is also widely marketed as 'Ester-C'. There are very good reasons why - not least of which is how it is metabolised in the body. Calcium Ascorbate is a no no. I learned the hard way. Brief description. In order to metabolise ascorbate, the Vitamin C needs a sodium ion. It splits into two compounds, one of which is used, the other excreted. The basic biochemical unit of the cell is the sodium ion. If you use Calcium Ascorbate, the calcium sheers away, and sodium is pulled from the nearest cell with it in it. Once the ascorbate is split, the first thing it does is to chelate out the calcium, which should not be there. Then what you have left, is what is available. That is why you rarely get diarrhoea with Calcium Ascorbate, because you have to use far more of it to do what **Sodium Ascorbate** does.

So how did Ester C (Calcium Ascorbate) become supposedly the best? I don't know. I do know my facts now though, because Archie Kalokerinos explained them to me, as have a couple of biochemists. I needed to know, because when Archie sorted out my arthritis after the rubella vaccine, he didn't put a label on the form of Vitamin C he gave me. I didn't know what it was. So when I ran out, I went to the health shop, and asked for "the best".

Within 9 months, I was in deep trouble and rang Archie to ask if this stuff was supposed to kill me (had a severe sodium deficiency, which was stuffing my immune system even worse than normal!!!). He asked what was on the bottle, and when I read out Calcium Ascorbate - well - I'm sure he would have boxed my ears if he was in the same room. Just joking. He's very calm and gentle, is Archie. Anyway, he explained that I would need to salt everything in sight for a while, and never take Calcium Ascorbate again. Hypercalcemia makes cancer cells grow like billie-oh... "

Dosage Guidelines for the use of Vitamin C : Ascorbic Acid or Sodium Ascorbate

Linus Pauling, winner of the Nobel Prize for his work on Vitamin C estimated that human adult requirements for health maintenance are between 1000 to 5000 milligrams daily, far more than the 60 mg recommended by the National Research Council. During illness, the need for Vitamin C increases dramatically.

- Sodium ascorbate powder is best for children & for breastfed babies. It is buffered and not sour tasting.
- Recommended dosage rate is between 200 - 375 mg per kg of body weight over a day, but the actual dose

Medical Pioneer cont. on page 15

Medical Pioneer cont. from page 14

depends on the individual. If bowels get loose, reduce the amount.
- As an example, if your baby weights 5 kilos, you can give 1000 to 1875 milligrams over the course of the day.
- If you're calculating body weight by pounds, 1 kilo = 2.2 pounds.
- One-quarter of a level teaspoon is approximately 1,000 mgs
- One good pinch equals about 250 mgs, if you want to use the vague method.
- Express some breastmilk, dissolve the vitamin C in it. Using a plastic dropper, drip it into the inside of her cheek until all in, or get it into her as she breastfeeds by inserting the dropper into the corner of the mouth.

You should start to notice a significant difference within 24 hours.

Resources:

Dr. Robert Cathcarct, M.D. "I would agree with Kalokerinos and Klenner that crib deaths are often caused by sudden ascorbate (Vitamin C) depletions. The induced scurvy in some vital regulatory center kills the child. This induced deficiency is more likely to occur when the diet is poor in vitamin C. All of the epidemiologic factors predisposing to crib deaths are associated with low vitamin C intake or high vitamin C destruction." http://www.mall-net.com/cathcart/

Dr. Cathcart's extensive website also gives sources for obtaining Vitamin C injection materials for health care practitioners.

Irwin Stone for a complete history of Vitamin C with acknowledgements by Linus Pauling: http://www.vitamincfoundation.org/healing.html#INTRO

Quotes-vitamin C & crib death: http://www.whale.to/m/quotes24.html

Additional sources:
http://www.whale.to/p/vitc.html
http://doctoryouself.com/cathcart_thirdface.html

Vitamin C Foundation: http://www.vitamincfoundation.org/mega_1_1.html#HOLFORD

RUBELLA VACCINATION- UTILITARIANISM & HERD IMMUNITY

Excerpted from Immunization: History, Ethics, Law and Health
By Catherine Diodate
Additional Perspectives by Dr. F. Edward Yazbak

Utilitarianism and herd immunity are central correlative concepts in this discussion on mass immunization. Utilitarianism refers to the belief that the greater value (utility/usefulness) of a certain act or rule must be that which secures the greatest benefit for the greatest number. Herd Immunity refers to the level of disease resistance of a community or population. Herd immunity is associated with mass immunization by virtue of the belief that if high percentages of a population or community are adequately immunized against certain diseases, virtually all persons will be protected from disease.

Immunization against rubella presents an interesting example of both the utilitarian rationale behind mass immunization and of the sometimes perverse effects of inadequate immunity thresholds and of achieving targeted immunity thresholds but within the wrong herd population. Mass rubella immunization, perhaps one of the clearest examples of immunization for utilitarian purposes, is meant to offer protection, *not to the vaccine recipient* but, to fetuses in utero whose susceptible mothers may contact an infectious carrier. Although contact with the rubella virus does not always result in congenital rubella syndrome (CRS), the fetus of a non-immune mother who comes into contact with the virus during the first trimester of pregnancy may be at risk. For all other populations, "rubella is …a benign disease that does not justify prevention by vaccination."

To determine the herd immunity threshold for rubella immunization, health care professionals needed to consider whether it was more effective to inoculate young children (*reducing the risk of infection*) or whether to concentrate inoculations on adolescent girls prior to child bearing age (*decreasing the number of susceptibles*).

It appears to be the current practice in Canada, the United States, and the United Kingdom to immunize children soon after their first birthday thus reducing the circulation of the wild virus among children. This method for creating herd immunity has been described in the following way:

Mass childhood rubella immunization programs…….designed to produce "herd immunity" are intended to prevent the spread of rubella to one "herd" – susceptible women of childbearing age – by creating a high level of immunity in another "herd" – young population groups.

Vaccinating children en mass against rubella is not justified by any significant health benefits accrued by the children themselves. Instead, inflicting some measure of pain and risk of adverse events (e.g. arthritis, autism, etc.) on this one target population has been justified by the greater utilitarian good proposed for another population.

It was determined that an 80-85% rubella vaccine threshold coverage is called for in order to induce herd immunity. Theoretically, unless the number of immunes reach the targeted goal, either by contracting the disease naturally or by vaccination, a "proportion of women of reproductive age [remain] susceptible to the virus and the number of ….cases of congential rubella syndrome actually increase[s]." While this may be true for inadequate immunity rates, it appears that ade-

Rubella Vaccination cont. on page 16

Rubella Vaccination cont. from page 15

quate vaccine-induced herd immunity rates may result in the same perverse consequences.

In the United States, the number of CRS cases reported for 1969, the year the rubella vaccine was licensed, was 31; that number represents a nearly three-fold increase in cases reported for each of the three preceding years. Certainly, as the above theory suggests, the initiation of rubella immunization, which would not reach herd immunity rates within the first year, could have resulted in an increase in CRS. Oddly enough, and perhaps unpredictably, the number of CRS cases did not decline in the following years *despite* widespread vaccination. In 1970 and 1971, CRS cases soared to 77 and 68 respectively. In fact, the number of CRS cases remained at very high levels (30-62 per year) for over a decade before they returned to the pre-vaccine rates. Quite simply, this method of protecting one "herd" by creating immunity in another "herd" failed dismally.

Initially, the vaccine had "little or no impact on the number of [rubella] cases reported" but, even when incidence rates fell into decline during the 1970's there was no concurrent progressive decline in CRS until the early 1980's. What actually happened is that rubella infections became less common in young children but appeared more frequently in older adolescents and adults which posed a greater health risk for women of reproductive age. In 1980 Dr. Cherry, a member of the Advisory Committee on Immunization Practices, explained that "essentially we have controlled the disease in persons 14 years or younger but have given it a free hand in those 15 or older." **Contrast this with the fact that naturally occurring rubella epidemics, in the pre-vaccine era, "produced immunity in about 80% of the population by 20 years of age**" and it becomes evident that, by targeting the wrong "herd", this immunization strategy produced the opposite results of those anticipated. Furthermore, from 1970-1988, Britain adopted the strategy of immunizing only adolescent girls and susceptible women and, while this strategy did not decrease the number of rubella cases, CRS cases decreased, albeit slightly. Similarly, from 1979-1982, the US adopted this same strategy and by 1981 there was a significant decline in CRS cases. Even though the US returned to the childhood vaccination strategy, both rubella and CRS cases continued to decline, except for occasional divergences. It has been suggested, however, that the more recent decline in CRS may be attributed to other significant "hidden" factors such as a fall in the fertility rate and the **more frequent use of therapeutic abortions post-exposure.**

It seems fairly clear that even if herd immunity thresholds are reached, but they are not reached in the proper populations, the results are disastrous and contrary to the goals of the herd immunity theory. If only susceptible women of childbearing age were targeted for immunization against rubella, it is unlikely that the US would have experienced such a dramatic increase in CRS cases. Furthermore, this strategy would have conformed more closely to the utilitarian ethic in a variety of ways. The vaccine-related costs, pain and adverse events would have been less burdensome overall. If the naturally acquired disease continued to produce immunity in 80% of the population, then only a small percentage would require immunization, fewer individuals would suffer discomfort, pain and adverse events from the vaccine and the associated costs. It seems fairly clear that if vaccine-derived herd immunity really is an utilitarian benefit, then the target populations must be appropriate or else the result is disastrous.

The Following excerpt is from: Vaccination, Rubella and Congenital Rubella Syndrome: Separating Fact from Fiction

By F. Edward Yazbak, MD

"From 1982 to 1992, approximately 30% of cases [of rubella] occurred in each of three age groups: < 5, 5-19, and 20-39 years… However, since 1994, persons 20-39 of age have accounted for more than half of the cases. In 1997, this age group accounted for 77% of all reported cases. Most persons with rubella in this age group were born outside the United States, in areas where rubella vaccine is not routinely given". Whatever the reason, it is alarming that rubella, a childhood disease, is now occurring more frequently in susceptible women. It can be argued that if the women in that group had contracted rubella as children, when the disease is fairly benign, they would have acquired solid lifetime immunity. This appears to be supported by the fact that in 1969, when the rubella vaccine was licensed, there were 57,686 cases of rubella (reported) and 62 (0.1%) cases of CRS while in 1997, there were 181 reported cases of rubella and 9 (5%) cases of CRS.

A study from Greece by T. Panagiotopoulos T. et al. published in the British Medical Journal (BMJ 1999;319:1462-1467) reports that:

❊ MMR has been administered to children in Greece since 1975

❊ In 1993, the incidence of rubella in young adults was higher than in any other recent year

❊ That there were 25 serologically confirmed cases of CRS {24.6/100 000 live births, largest since 1950) that year.

❊ *"With low vaccination coverage, the immunization of boys and girls aged 1 year against rubella carries the theoretical risk of increasing the occurrence of congenital rubella"* wrote the authors.

Rubella Vaccination cont. on page 17

Rubella Vaccination cont. from page 16

An argument one hears often is that toddlers must be vaccinated because if they are not, they can come down with rubella and infect their susceptible pregnant mother or teacher. Clearly the best way to prevent that dangerous situation is to make sure that the female adult herself is immune not all the children around her.

Susceptible pregnant women in their critical first trimester may be exposed not only to children but to infected adults and especially healthcare workers. The following abstract of a study by Dr. Walter Orenstein , now Chief of the Vaccine Immunization Program at CDC describes such potential risks.

Rubella vaccine and susceptible hospital employees. Poor physician participation. Orenstein WA, Heseltine PN, LeGagnoux SJ, Portnoy BA serosurvey of 2,456 high-risk employees of the Los Angeles County-University of Southern California Medical Center showed that 345 (14%) were susceptible to rubella. Of 197 seronegative personnel followed up for participation in a vaccination program, 105 (53.3%) were vaccinated. However, only one of the 11 known susceptible obstetrician-gynecologists was vaccinated. Thirty-eight seronegative employees who were vaccinated with RA 27/3 rubella vaccine were queried four to six weeks after vaccination and compared with 32 unvaccinated seropositive control subjects. Although the reaction rate was 50% among vaccinees and 3% among control subjects, each vaccinee lost only an average of 0.2 workdays compared with 0.1 workdays for control subjects. The high rate of susceptibility to rubella among hospital employees supports the need for screening. Although vaccine reactions are common, they are generally mild. Means must be found to ensure greater employee acceptance of vaccine.
PMID: 7463660, UI: 81120098 JAMA 1981 Feb 20;245(7):711-3

Although it is highly advisable that all mothers be immune to rubella, maternal immunity does not always guarantee that the fetus will not develop CRS:

"Two children developed congenital rubella infection when their mothers had been proven to be satisfactorily immunised against rubella before the affected pregnancy. One child was severely affected with heart lesions, brain damage, severe deafness, physical retardation, cataracts and rubella retinopathy. The other child had moderately severe sensorineural deafness and a mild reduction in visual acuity due to rubella retinopathy" Bott LM, Eizenberg DH.
Aust N Z J Ophthalmol 1991 Nov;19(4):291-3

"We report a case of a patient who had a subclinical rubella infection in the first trimester of pregnancy which resulted in the delivery of a baby suffering from congenital rubella. Rubella virus vaccine, live attenuated (Cendevax) vaccine had been administered to the mother nearly three years before, with proven sero-conversion from a rubella haemagglutination-inhibition titer of 1:10 to 1:80." Bott LM, Eizenberg DH.
Med J Aust 1982 Jun 12;1(12):514-5

"A 2 1/2 year-old girl was found to have congenital rubella syndrome. She presented with microcephaly, mild developmental delay, partial sensorineural deafness and cerebellar atrophy. Blood titers of rubella hemagglutinin were 1/256 and 1/512 (exclusively IgG). She had not had rubella, nor had she been immunized against it. The mother had been immunized against rubella 4 years before her pregnancy with this girl and 2 years later blood hemagglutinin titers were 1/32 and 1/64. She was neither exposed to nor suffered from rubella during the pregnancy" Miron D, On A, Harefuah 1992 Mar 1;122(5):291-3

"No population studies have evaluated the effectiveness of screening and vaccinating *susceptible individuals in reducing the incidence of CRS. Of the 21 CRS cases reported in the U.S. in 1990, 71% of the mothers had a positive serologic test, while 43% gave a history of vaccination"* Carolyn DiGuiseppi, MD, MPH, US Preventive Services Task Force. January 1994

Dr. Yazbak has studied the problems that arise when rubella susceptible women are revaccinated both prior to conception and postpartum. *Autism is there a Vaccine Connection?* Overview and case histories of women who were injected with rubella vaccine and whose children subsequently developed autism spectrum disorders is a "must" read. (see link below)

"The routine administration of a live virus vaccine booster, during the postpartum period, to previously vaccinated women who have remained rubella-susceptible, should be reconsidered. It is likely that continued rubella susceptibility in these women, is not due to a problem with the vaccine, but with the woman herself, and therefore it seems reasonable not to attempt to correct it by the administration of more boosters.

Some re-vaccinated mothers are developing unusual problems, and many remain rubella-susceptible. Their children also appear to have an inordinate number of difficulties of their own. Twenty out of twenty five families (80%) in this study have children with autism."

Autism : Is there a vaccine connection? Part I
http://www.garynull.com/Documents/autism99b.htm
Part II
http://www.garynull.com/Documents/autism99b2.htm

References:

1. Catherine Diodati- Immunization: History, Ethics, Law and Health, pges 14-19. Published 1999 by Integral Aspects Inc. Book available for purchase from VRAN
2. Excerpt from Dr. F. Edward Yazbak's article titled VACCINATION, RUBELLA AND CONGENITAL RUBELLA SYNDROME: Separating Fact >From Fiction
3. Health Canada article access to Rubella Blind Deaf Association http://www.hc-sc.gc.ca/pphb-dgspsp/dird-dimr/vpd-mev/rubella_e.html

RUBELLA IN BABIES & PREGNANT WOMEN

By Hilary Butler

In 1973 at the age of 19, my then boss told me to go and have a rubella vaccine, because my records showed I hadn't, and rubella was going around. He didn't want me off work, since we dairy-herd testers worked 24 days on, rest of the month off. Anyone who got sick was a pain in the neck.

Being a conforming dutiful employee, I trotted off, had the jab and carried on working. Within three weeks I had carpal tunnel syndrome and very sore joints which, I was told, was the price you pay for doing something as stupid as full-on gymnastics in earlier years. The carpal tunnel was operated on, and the joints settled down into a pattern of progressively worsening and "learning to live with it" each winter and "freedom" in the summer.

In August 1980, having got married, my then doctor (an American), on hearing of the prospect of "pregnancy", made me have a blood test. Happily, he told us that since I had beautifully high levels of rubella antibodies, I could go ahead and get pregnant, so I did.

At about 8 weeks pregnant I got as sick as a dog, and couldn't figure it out, so went to the doctor who took a blood test. I didn't think of rubella, because I had "immunity", but did discuss "viral infections" with a friend of mine who was a midwife. She explained several things, the most important of which at that time was that ALL VIRUSES CAN CAUSE DEFECTS.

The medical people use an acronym called TORCH to define these defects. This acronym stands for:

T = toxoplasma gondii O = Other viruses (HIV, herpes simplex chicken pox, human parvovirus, Treponema pallidum, measles, mumps...) R = Rubella C = Cytomegalovirus H = Herpes simplex	In order of severity of the first 5 1 = HIV 2 = Cytomegalovirus 3 = Toxoplasma gondii 4 = Rubella 5 = Chickenpox, etc.

My friend explained that the reason all these different 'nasties' could cause almost identical defects was that viruses pull Vitamin A out of the system. If you feed a pregnant dog a diet deficient in Vitamin A (but no viruses) you will get TORCH defects in the puppies. If children in Africa who are malnourished get measles, they can go blind (as can babies born with congenital rubella effects, except in babies the blindness is permanent.). But the blindness in malnourished children is reversible with Vitamin A. The reason for these defects in babies is that in the first few weeks that a baby is forming, cells divide very quickly. One of the nutritional keys to proper cell division is vitamin A, and if a mother contracts any virus, the body uses that Vitamin A to fight the infection… but the baby keeps on forming – minus one essential building block.

The problem with this Vitamin A information is that the studies done on animals are old, and have not been recently corroborated, nor have any studies been done on pregnant women. I don't suppose they thought it worthy of study.

According to the medical literature, if a pregnant woman gets rubella in the first 4 weeks of gestation, 30 – 50% of babies run the risk of congenital malformations. Infection between the fifth and eighth week gives a risk of 25%; and during the ninth to twelfth weeks it is 8%, giving an overall risk in the first trimester of 20%(1).

The logical thought, to me, is not, "That is high, have the jab", but, "How is it that 80% of babies come through rubella in utero, in the first trimester, with no problems? What went wrong in the babies who had deformities?" I believe that diet and Vitamin A in the mother is the answer.

But this line of thought was not "there" in my first pregnancy because I had not even considered that the vaccine-produced antibodies might not work. I was sick, and all I knew then was that if any virus could cause defects, something had to be done. So, at 8 weeks, really sick, funny rash, glands up on back of neck and behind ears, the shot-gun approach was used…vitamin A, B, C, D, E, F, G, H,…the lot.

Another blood test was taken at the next antenatal visit, but I felt fine, and nothing further was said during the pregnancy. Neither did we think to ask.

I enjoyed the winter during that pregnancy. No joint-pain – what a way to go. And Ian was born with no signs of any "TORCH" problems.

But what a rotten winter the following one was! However, by the next winter No 2 was on the way. Another pain-free fantastic winter, bouncing around like a spring donkey, which is pretty hard to do when you carry like

Rubella in Babies cont. on page 19

Rubella in Babies cont. from page 18

an elephant with twins!

The winter after David's birth was so bad that a lot of time was spent in tears (won't use painkillers), and the two following it were not that much better. In desperation, when David was four, I went to my GP with a whole load of questions like:

1. Why does this "arthritis" only come in the winter?
2. Why did it start after the rubella jab?
3. Why does it stop in the summer?
4. What is the solution?

His only reply was to question 4. "Get pregnant every year."

I lost my rag and stormed out of his rooms taking my file. In the car, I decided to have a read, and staring up at me were the blood tests done when I was pregnant with Ian. I had had rubella. I went back in and asked the doctor why he hadn't told me. His response ensured I never went back. So I found another more sympathetic (I thought) GP. (My second thought was to query how was it that someone who, a few weeks before the pregnancy, could have "immunity" then get rubella when pregnant?)

The new GP had no idea where to start with my "arthritis", so ticked everything in the immunology boxes on the basis that if something abnormal came up , we'd look at that and figure from there. I went to the medical library and ran a Med-line search on every relevant word for rubella, only to find lots of cases of carpal tunnel syndrome and arthritis following the use of the rubella vaccine. I also found documented cases of women with laboratory proof of immunity who caught rubella while pregnant, and some of their babies had congenital rubella.(2,3,4,5,6,7)

I knew that this was common with cytomegalovirus but not with rubella. My GP's response was that this was so rare (1 in a million!) that no one he knew of had come across this. Later, when I went to teach gymnastics, and the subject came up during one of the Health Department's 'scareness' campaigns, I found that three of us within the gym club had had the same experience. I hadn't realized that 3 million women lived in Franklin District!

In the meantime the GP decided that the tests showed an "immunodeficiency" so maybe the vaccine was not the culprit. (Usual tactic – blame the patient). So my file and all my tests were sent to the rubella expert in America. He sent a nice letter back saying that since I was in New Zealand, and not the States and so couldn't sue anyone, he could easily confirm that my arthritis was actually rubella vaccine-induced, but I should take heart, because had I got it "naturally" it would have been much worse. Do something about it? No – just learn to live with it.

Ian and David both got rubella in their second year – diagnosed not by the doctor, who couldn't tell, but by the Plunket nurse on the basis of low fever, swollen glands behind the ears, and a rash that did not leave a stain. The rash of English (red) measles leaves behind a brownish stain on the skin for a few days, whereas rubella comes and goes with no difference on the skin. If you're dealing with mild symptoms which could be either, this browning, or lack of, might clinch the diagnosis.

The question of whether or not my children could pass it on to other pregnant women never came up, for several reasons. The first was that it was my policy never to take my babies anywhere if they were lethargic, or grizzly, or I knew they were sick. Secondly, in an area where most women were tested, immune or vaccinated, why should the issue even arise? The conventional wisdom is "immunity means you won't get it" and at that time it was never questioned.

During the last measles vaccination campaign I started to look for data of how much rubella was around now, but could find very little information on this. The "experts" aren't studying it. After all, why should they with a vaccine to stop it all? In the past, all they studied was the levels of 15-year-olds who had natural immunity. That has not been done now for nearly 20 years. So, last year, this parent got caught out, to my embarrassment. I really should have known better. After all, I had just written an article on rubella! Hmmm….

Ian got sick. Very strange, I thought. Definitely a virus, with him not liking the light (in goes the Vitamin A and Vitamin C), bit of a mild headache, didn't want to eat, mild sore throat. Just a low temperature and sleeping a lot. Sort of nothing much, but not right. Then he said, "What's this rash, Mum?" I took one look, and straight away felt around the neck and behind the ears, and there were the telltale glands. And no, the rash did not leave a stain.

Rubella. I had just written about it, and missed the obvious! Why? Because it never occurred to me that the children would get it twice. And where did he get it from? I never found out. Could have been anywhere, anyone – even a casual contact with a recently vaccinated child in Woolworth's.

I rang the doctor's surgery, detailed the symptoms, progression etc, and they agreed it was most likely rubella. I really wanted some blood tests done this time, because I wanted proof, but was laughed off the phone. Waste of resources, he's not going to die, etc – same excuses as when David had measles the second time – so I haven't the "proof" I'd really have liked.

So, in answer to the issues raised in the letter in Wavelets (Immunisation Awareness Society Newsletter):

Every pregnant woman should make it her business to find out her immune status for rubella, even if previously vaccinated. Even so, this does not

Rubella in Babies cont. on page 20

Rubella in Babies cont. from page 19

guarantee immunity.

Every pregnant woman should know that every virus could cause TORCH. It is her responsibility to ensure that her diet is such that she can fight off any virus without depleting nutrients needed to build a baby. Damage done at this stage is irreversible.

No one knows how much rubella is around at any one time. You can't tell when a child might get something. Or, for that matter, an adult. My husband taught in schools with "mumpy" children for years but didn't catch mumps until the age of 63.

Every parent who decides not to immunise their children should, out of fairness to everyone else, keep a close watch on their child. If they are not 'all-go' as normal, don't take them out, or risk exposing visitors to them.

When discussing risks, ask your parents how you fared with rubella as a child. Amongst my children, and my friends, rubella has proven to be nuisance value only. Subclinical infections with no symptoms, but which give immunity are estimated at 25%(1).

The risks to normal children from rubella are remote. Complications from rubella are rare, with the following observed in large epidemics where virus load is heavy:

Transient arthralgia/arthritis – Rates vary from epidemic to epidemic – London, 1962; 33% in 40 female adults, 6% in 34 males; Bermuda, 1971; 24% under 11 yrs, 52% in 11 yrs and over(1).

Encephalitis – usually cited at 1 in 6,000 cases(1).

Purpura (reduction in platelet count) complicates rubella in rare instances. Most patients become symptom-free in 2 weeks and platelet count returns to normal values. May last from weeks to months(1).

Prognosis – "…the prognosis is almost uniformly excellent. Rubella is one of the most benign of all infectious diseases in children. However, the rare complications of encephalitis and thrombocytopenic purpura may alter the prognosis. Many reported deaths attributed to rubella infection reflect errors in diagnosis".(1)

The likelihood of a baby becoming congenitally deformed is mother-dependant, in that her diet (Vitamin A, folic acid) and how many weeks pregnant she is are the important factors. After all, **80% of pregnant women who catch rubella in the first trimester do not have babies with congenital deformities**.

This leads to another problem not mentioned in the letter. What happens if a mother finds out at the beginning of her pregnancy that she is not immune? This is becoming more common, as children who were vaccinated as babies, and again when they were 11, often lose their immunity. The standard line from the Health Department is that the two shots result in immunity for life. This is not true. A problem also exists where some doctors, if a young mother has a history of vaccination, do not test for immunity. They should, regardless.

If you are told that despite being vaccinated, you are no longer immune, you will be offered a vaccination immediately after your baby is born. In my opinion there are some very good reasons why you should not do this.

In mothers vaccinated 2 – 4 days after birth, significant amounts of infectious rubella virus is shed from nasopharyngeal secretions and in the breastmilk for two to three weeks after vaccination, although a period of 34 days has been noted in the literature. Infectious virus was recovered from 56% of babies, none of whom showed any clinical evidence of rubella. 25% developed transient antibodies to rubella virus which became undetectable after 18 – 20 weeks. (9)

So breastfed babies can mount a response to virus from their mothers, but the response is not sustained. Natural, long-term immunity is not acquired. Possible reasons for babies not developing permanent immunity are that babies are selectively competent to mount immune responses. That competence is age dependent, with certain immune components only reaching adult levels at about 8 yrs of age. Research using the measles virus shows very clearly that babies' immune systems are quite different to adults,10 and that there are some viruses and bacteria which a baby might fend off, but will not develop immunity to, in the early months.

If a mother vaccinated with the rubella vaccine can excrete significant quantities of rubella virus, can vaccinated infants also excrete virus? I think so. Usually parents with babies have pregnant friends, but never have I heard anyone query whether their vaccinated 15-month-old could pass the rubella virus on to a pregnant friend or her children. This possibility also needs considering since, to be consistent, parents who vaccinate their children should make sure they are quarantined from all pregnant women or her children for at least 21 days. In reality, this is never going to happen, because mothers who vaccinate assume their child is "clean".

So where did Ian get rubella? Who knows – but Ian got sick just over three weeks after the local area had had their Form 1 MMR shots. Co-incidental or causal? With an excretion time of virus up to 3 weeks after vaccination, and an incubation time of around 14 days, I'd say the timing was impeccable.

The following comprehensive review of rubella in pregnant Danish Women (1975-1984), by M. Mitsch, was published in the Danish Medical Bulletin in March1987 (34:46-49). It is one of the largest studies ever done. Its results are summarized in the following table.

Rubella in Babies cont. on page 21

Rubella in Babies cont. from page 20

DANISH MEDICAL BULLETIN MARCH 1987
A study of pregnancy outcomes of 1346 women serologically identified with rubella between 1975 and 1984.

Group 1	**Group 2**
623 chose abortion	672 chose to continue pregnancy
	113 lost to follow up
No further data - assumed no foetal autopsies	559 total
	35 aborted spontaneously
	4 stillbirths
	Total foetal deaths = 39 (6.97%)
623 deaths	520 live births - cord samples taken for rubella testing
	111 had rubella specific IgM (21.34% infec tion rate)
	14 of those were infected prior to 12 weeks and 7 of those had serious malforma tions (6.3% of 111)
OUTCOME:	OUTCOME: 513 normal
0% healthy child outcome	91.77% healthy child outcome

The Danish study concluded:

1. Not all foetuses are infected (21.34%)
2. Not all infected foetuses have malformations (6.3%)

Recommendations:

1. Therapeutic abortion offered prior to 12 weeks (50% malfor mations)
2. In case of fertility problems, thor ough evaluation is necessary
3. An estimated 80% healthy foetus es are aborted if all women abort, therefore foetal blood test should be offered to conserve life.

Rubella in Babies and Pregnant Women by Hilary Butler is reprinted from the Immunisation Awareness Newsletter, Waves - Vol 11, No. 4

References:

1. Krugman's "Infectious Diseases of Children" 1998, 10th Edition, pg. 403-413.
2. British Medical Journal, 16 May 1987, pg. 1277-78
3. Medical Journal of Australia June 12, 1982 pg. 514-515
4. New England Medical Journal, 1988:319, pg. 1415-1416
5. Communicable Diseases Report, 1991:1 (R5), pg. 7-9
6. Pediatric Infectious Diseases Journal, 1994:13, pg. 812-815
7. Pediatric Infectious Diseases Journal, 1997:16, pg. 249-251.
8. Medicine International, No 51, March 1988, pg. 2107-2110.
9. Journal of Infectious Disease 1982: 145:5, pg. 655-666.
10. Nature Medicine 1996: 2(11), pg 1250-1354.

VACCINES AND AUTISM - IOM TESTIMONIES

The following excerpts from presentations to the Immunization Safety Review Committee meeting at the Institutes of Medicine (IOM) in the U.S. on February 9, 2004 are examples of the level of vaccine inquiries currently taking place in the U.S. In contrast to the many vaccine safety reviews undertaken by the IOM since 1991, similar vaccine inquiries have never been undertaken in Canada. In this country, legislative hearings have not been convened on the topic of vaccine reactions, injuries, or compensation to victims. Vaccine reaction data bases are closely guarded by Health Canada and virtually inaccessible to the public. In Canada, there is no mechanism by which the public can appeal for any accountability on vaccine injuries. The official stance amongst Canadian vaccine policy makers is to closely guard the status quo by maintaining an impenetrable stonewall on the issue.

This meeting focused on vaccines and autism. There was a range of scientific information presented on thimerosal, MMR and autoimmunity by Dr. Boyd Haley, Dr. Jeff Bradstreet, Dr. David Baskin,Dr. Mark Geier, Mady Hornig and Dr. Vijendra Singh. Other scientists presented information attempting to refute any link to vaccines and autism.

Following is the statement made by Barbara Loe Fisher on behalf of the National Vaccine Information Center:

"My name is Barbara Loe Fisher and I am co-founder and president of the National Vaccine Information Center, which has represented parents of vaccine injured children since 1982. Today we join with the third genera-

Vaccines & Autism continued on page 22

Vaccines & Autism cont. from page 21

tion of parents in the past 22 years to ask for scientific acknowledgement that vaccines can cause some healthy children to regress physically, mentally and emotionally after vaccination and be left with brain and immune system damage, including autism.

As the mother of a son brain injured by the DPT vaccine in 1980, I remember that back then no scientific body had ever analyzed and published information about vaccine risks for the public. The National Childhood Vaccine Injury Act of 1986 asked IOM do that. The reports you have published since then have been historic documentation of the fact that vaccines can cause brain and immune system dysfunction in some children. And you have been the first scientific body in the world to call for more credible basic science research to answer outstanding questions about vaccine risks.

That being said, you know from our testimony before your committees over the years that we have not agreed with all of your conclusions. Dr. Harris Coulter and I were the first to report vaccine induced autism in our 1985 book DPT: A Shot in the Dark , which was used by your 1991 committee as a reference. However that committee declared that DPT vaccine-induced encephalopathy could not cause autism, an early conclusion which was later called into question by IOM's 1994 reanalysis of the National Childhood Encephalopathy Study (NCES) because many of the DPT damaged children in that study had autism spectrum disorder symptoms.

While you said in 2001 that it is biologically plausible that vaccines could cause autism, causation was once again rejected. In coming to that conclusion, we question the preferential treatment given to published retrospective epidemiological studies over strong clinical and biological mechanism evidence.

What you do at this critical moment in time may well determine vaccine safety research priorities in this country, including whether or not studies will be funded to find out which children are genetically vulnerable to vaccine reactions, so their lives can be spared. We hope you will do what needs to be done, to not only foster public trust in the impartiality of the Institute of Medicine but to light the way for the medical community to do the credible scientific research that will prevent future generations of children from suffering the kinds of vaccine damage that our children have suffered over the past quarter century."

Biological Evidence of Significant Vaccine Related Side-effects Resulting in Neurodevelopmental Disorders: A brief excerpt from a presentation made by Jeff Bradstreet MD, ICDRC

"Evident for many individuals experienced with these issues, is the data supporting unprecedented levels of neurodevelopmental and immune disorders within the last two decades. The prevalence has risen to the point that many believe it has reached epidemic proportions. Our group of researchers and clinicians, have hypothesized that a subset of neurodevelopmental and medical disorders including: encephalopathy with autistic features, a unique inflammatory bowel disease, along with speech, learning and sensorimotor dysfunction, represent the manifestations of injuries related to vaccine components, especially mercury in the form of thimerosal and measles virus from the MMR. Part of this hypothesis has been the existence of specific genetic vulnerability of environmental susceptibility cofactors.

Dr. Bradstreet presented "compelling" data representing the "detection of MV (measles virus) in the inflamed GI biopsies, the circulating lymphocytes and the CSF (cerebrospinal fluid) in a significant number of children whose parents reported autistic regression following MMR. Measles virus is rarely detected in controls and the only positive control we have obtained for our CSF study has both lymphoma and leukemia. All other leukemia patients did not have measles virus in the CSF. Where [virus] strain specificity can be determined it is nearly 100% of vaccine origin."

"As has been eloquently demonstrated by Landing et al, (Pediatric Pathology and Molecular Medicine 21:321-342, 2002), the organization of the six layers of the human neocortex [of the brain] undergoes repeated and dynamic changes during the exact time when a known neurotoxicant (ethylmercury) has been and is continuing to be administered. Strides to reduce thimerosal in vaccines have been partially successful in the youngest children, but incompletely understood potential risks remain in older children who are still being exposed through Diphtheria/Tetanus boosters, Influenza and other vaccines. Since no market-ready alternative for MMR exists in the US, this is a more challenging issue until new options emerge [such as] ….a nasal measles vaccine in development and expected within 2-3 years. No safety data is available, nor will be available for some time."

"A crucial question relates to what makes a child susceptible to a possible adverse event to MMR vaccine. Possible risk factors are beginning to emerge in the histories of affected children including: familial autoimmunity, pre-existing dietary allergy/intolerance, vaccination with MMR while unwell, including current or recent antibiotic administration, and receipt of multiple simultaneous vaccine antigens, with the associated potential for immunological interference, particularly for mumps upon measles virus. The growing burden of infant vaccines may increasingly skew the immune response away from optimal anti-viral immunity towards a

Vaccines & Autism cont. on page 23

Vaccines & Autism cont. from page 22

dominant T-helper cell type 2 repertoire. The rapid increase in numbers of children with dietary allergy, itself associated with reduced CD8 cell numbers, prolonged viral infections and familial autoimmunity and increasing antibiotic use in infants over the last 10-15 years, suggest that the number of children who may be at risk of aberrant responses to atypical infectious challenges will have risen in the last decades."

"When combined with our data and that published or presented by others in different forums, the evidence is substantial that this type of genetically predisposed individual would be expected to encounter difficulty with vaccine constituents, particularly mercury and aluminum. Equally important to evaluating thimerosal toxicity issues and susceptibility risks are nutritional factors, e.g. micronutrients, protein quality, vitamins, essential fatty acids and antioxidants. Neither the previous IOM proceedings, nor epidemiology available regarding vaccine safety take these factors into adequate consideration"

Excerpt from Statement by Vijendra Singh, Ph.D, Associate Professor of Neuroimmunology, Center for Integrated Biosystems, Utah State University

Full statement can be viewed at: http://autismautoimmunityproject.org/

"Leading scientists in the field commonly believe that the viral infections trigger autoimmune responses and eventually lead to organ-specific autoimmune diseases. In autism, the trigger mechanism is not known but viral infections have been suspected. Viruses can enter the brain through the nasopharyngeal membranes or induce an autoimmune response against the brain, thereby impact the development of the central nervous system (CNS). Since the onset of the disorder is quite early on in life, viruses might serve as teratogens (agents that cause developmental malfunctions) etiologically linked to autism. Children with congenital rubella had certain autistic-like behaviors. Some autistic children did not make antibodies to rubella vaccine even after the repeated rubella immunization. Few cases of autism have also been described among children with congenital cytomegalovirus (CMV) infection.

Recently, we took a novel approach of studying viral etiology in autism [7-9]. We raised two simple questions: First, do autistic children harbor abnormal virus serology (antibody levels) and, secondly, is there a correlation between virus serology and brain antibodies. We studied immune response to viruses by measuring the level of their antibodies. For this purpose, we measured antibodies to five viruses: Measles virus, mumps virus, rubella virus, CMV, and human herpesvirus-6 (HHV-6). To our surprise, we found that the antibody level of only the measles virus, but not of the other viruses tested, was significantly higher in autistic children than the normal children In addition, we found an interesting correlation between measles antibody and brain autoimmunity, which was marked by myelin basic protein (MBP) antibodies. These two immune markers correlated in 90% or greater autistic children, suggesting a causal link of measles virus with autoimmunity in autism. But the serology to other viruses and other brain autoantibodies did not show this correlation. This was a very important finding that prompted us to postulate a temporal link of measles virus in the etiology of the disorder To that end, it is also noteworthy that the immune manifestations of measles virus infection are quite similar to the immune abnormalities in autistic children, indirectly pointing to an etiological link of measles infection in autism."

Excerpt from the Statement of Rep. Dave Weldon, M.D. Member of Congress before the Institute of Medicine

On the Mercury-Vaccine-Autism controversy

"I am very disturbed by the continued number of reports I receive from researchers regarding their experiences in pursuing these answers. It is past time that individuals are persecuted for asking questions about vaccine safety - we have recognized error before in the case of live polio, whole-cell pertusiss, and rotavirus vaccines. Many have described encountering apathy from government officials charged with investigating these matters, difficulty in getting their papers published, and the loss of other research grants.

...individuals are persecuted for asking questions about vaccine safety ...

Others report overt discouragement, intimidation and threats, and have abandoned this field of research. Some have had their clinical privileges revoked and others have been hounded out of their institutions. An example of the latter is Dr. Andy Wakefield who has described to me how the intellectual climate at the Royal Free in London became intolerable for him and he was forced to depart.

Virtually all of his ongoing research now has to be privately funded, while those seeking to disprove him receive government money. Mind you, half of Dr. Wakefield's theory has been proven correct and accepted in the medical community. Hundreds of children with regressive autism and GI dysfunction

Vaccines & Autism cont. on page 24

Vaccines & Autism cont. from page 23

have been scoped and clinicians are seeing the inflammatory bowel disease he first described. The NIH is finally funding an attempt to repeat Dr. O'Leary's findings of measles RNA in Wakefield's biopsy specimens, though I am disappointed it has taken this long. A clinician in New York was poised to repeat Wakefield's work two years ago, but he ultimately was refused by his IRB and then subsequently had his clinical privileges withdrawn.

This atmosphere of intimidation even surrounds today's hearing. I received numerous complaints that this event is not a further attempt to get at the facts but rather a desire to sweep these issues under the rug. I shared these with Dr. Gerberding. Last week she called me to assure me that this is not the case. She informed me that she wants to meet with me and some of the parents, clinicians, and researchers to work with them to get

the proper answers." (Dr. Gerberding is new head of the Centers for Disease Control & Prevention (CD)

"I was assured by Dr Gerberding over a year ago that she would welcome outside researchers into the Vaccine Safety Datalink (VSD). It then took me over a year to secure access for independent researchers. Once in, it was quickly discovered that if you sort the VSD looking at the children who in 1997 and later received thimerosal-free DTaP versus those who received thimerosal-containing DTaP, **there is a dramatic statistically significant increase in autism for those receiving thimerosal**. Unfortunately, the CDC has hampered further research, by refusing to make available post-2000 data.

A thorough medical literature search yields thousands of articles on thimerosal many of them delineating its highly toxic nature, including several recent studies reporting that thimerasol is as toxic as methylmercury. Amazingly, some of these have actually been published by government officials. Yet other officials claim the toxicity of thimerosal

is unknown, or not likely harmful. In 2001 you concluded that "exposure to thimerosal-containing vaccines could be associated with neurodevelopmental disorders." I urge you not to retract from this conclusion, but to build upon it.

Your recommendation in 2001 that there be an immediate effort to end the administering of thimerosal containing vaccines to infants was wise. Unfortunately, it was ignored. Existing stocks and new lots of such vaccines were administered to millions of infants. Furthermore, the CDC is poised to recommend thimerosal-containing flu vaccine to 6, 7 and 23 month old babies. Some recent literature gives me further reason for concern:

There is very little science to back up claim of no harm. In fact, a review of the medical literature appears to show just how harmful thimerosal is. Even Dr. Neal Halsey's evaluation of the Pichichero (Pediatrics 2003) data found toxic exposure levels in some children. In 2001 you recommended studies to compare children receiving thimoersal with those who did not. You urged a monitoring of the prevalence of neurodevelopmental disorders as thimerosal was removed.

Unfortunately, government officials have done neither. Outside researchers have made some progress, but they have been hampered in gaining adequate access to the VSD. MMR and Autism With regard to MMR and Autism, I urge the Committee to build upon its 2001 conclusions and recommendations. A strong signal from you could lessen the intimidation obstructing this research. You concluded that since the MMR was mandatory it was the responsibility of the government to ensure its safety, even if hypothesized adverse outcomes are rare. I concur.

As with thimerosal, my concerns about MMR have not subsided: . The NIH is presently funding an effort to duplicate Wakefield. Vaccine strain measles virus has been identified in the inflamed GI tract of children with regressive autism . Measles virus antibodies have been found in the cerebrospinal fluid (CSF) of children with regressive autism. Rechallenge cases of children with regressive autism have been observed and documented. The medical community has largely accepted a new form of bowel disease in children with regressive Autism. Federal research funding has not been directed to investigating many of your MMR research recommendations.

Also, a significant shortcoming of today's meeting is that Dr. Wakefield was not invited. In 2001 you found that cases of MMR "rechallenge" would provide evidence in favor of causality. It is my understanding that Dr. Wakefield has developed such a case series. The lack of an invitation is puzzling.

CDC Built-In Conflict of Interest

While I have considerable respect for Dr. Gerberding, I am concerned about the ability of the CDC's National Immunization Program to objectively investigate this matter. The CDC has a built-in conflict of interest that is likely to bias any reviews. CDC is tasked with promoting vaccination, ensuring high vaccination rates, and monitoring the safety of vaccines. They serve as their own watchdog - neither common nor desirable when seeking unbiased research. This has been a recipe for disaster with other agencies. Congress recently saw the wisdom of splitting the FAA because its dual functions left it conflicted between promoting flying and regulating the flying public.

In the aftermath of the Space Shuttle Columbia accident, The Gehman Commission found that a critical problem in the Shuttle program was that

Vaccines & Autism cont.on page 25

Vaccines & Autism cont. from page 24

the same individuals were responsible for flying the shuttle on time and flying it safely.

This same conflict is inherent in the CDC. Unfavorable safety reports lead to lower vaccination rates. An association with between vaccines and autism would also force CDC officials to admit that their policies irreparably damaged thousands of children. Who among us would easily accept such a conclusion about ourselves? Yet, this is what the CDC is asked to do. Also, the relationship between the CDC and vaccine manufactures has become extremely close. Given these facts, studies conducted for or by the CDC should be re-evaluated with in this context. Evaluating how best to eliminate this conflict of interest would be a worthwhile endeavor for the IOM. I urge the IOM to take this matter under review.

Further undermining my confidence in the CDC's ability to monitor safety is the experience I had in assisting an independent researcher gain access to the VSD and what we have discovered subsequently. The CDC erected excessive barriers and has imposed severe limits on access to the data. Researchers are not provided data collected beyond December 2000 - seriously limiting the ability to provide for independent research to observe the effects of the removal of thimerosal. The IRB approval process forces researchers to receive approval from as many as 7 IRBs - each with its own requirements. CDC places strict limits on what data is available to researchers, access to the complete database is virtually impossible, and the data is made available on an inadequate PC.

Raw datasets used by the CDC to conduct their studies are not made available to independent researchers - only altered datasets are provided, thus the CDC's work cannot be evaluated by outside researchers. Does science not demand the ability to fact check and replicate work?

Conclusions To summarize:

Last week, Dr. Gerberding shared with me that she would be devoting additional time personally to this issue and that she believed the research should not end with this meeting. She indicated her desire to see this research continue and emphasized that we should let the truth prevail, regardless of the consequences. I urge you to build on the recommendations and findings of possible associations established in your 2001 reports on MMR and Thimerosal.

There are increased reasons for concern.

❊ The evidence of persistent measles infection in the GI tract and CSF of children with regressive autism continues to expand and further research should be encouraged.

❊ Many of the research recommendations you set forth in your 2001 reports have been ignored by federal research agencies.

❊ Results of the Wakefield duplication study will not be known until this summer.

❊ Studies conducted by or in conjuction with the CDC should be considered in the context of the CDC's inherent conflict of interest.

❊ Neither the entire VSD, nor the datasets used by the CDC for their studies are being made available for independent review.

❊ More investigation is needed to answer these questions with the degree of certainty that science demands."

For additional astute comments on the IOM meeting by Dr. F. Edward Yazbak. MD, read his article: Studies that Count, Studies that Don't http://autismautoimmunityproject.org/yazbak_studies.html

LETTERS

Dear VRAN,
January 30, 2004

I have a question. I just recently lost my grandfather, He was 81 years old. He was sick with a cold but other wise healthy, he was given a flu shot and later that day he had difficulty breathing. He passed away that same night. Could it have been a reaction to the flu shot ?

Angela Wallace

Dear Angela,

I am so sorry to hear of your grandfather's sudden and unexpected passing. Every year, we hear accounts of healthy seniors dying shortly after a flu shot. Unfortunately, there are no legal requirements for vaccine providers to keep records of people who die shortly after injection with flu vaccines which enables health officials to keep vaccine related deaths hidden.

Similarly, we have many accounts of children sustaining severe injuries when vaccinated during a minor illness. In Canada, child deaths following vaccination are NEVER recorded as an adverse reaction, even if death occurs within hours of the shot, but are lumped into and hidden in the Sudden Infant Death (SIDS) category.

In recent years, much information has emerged suggesting that a large segment of the population suffers from vitamin C deficiency. Adequate vitamin C plays a critical role as an antioxidant and antiviral in neutralizing many pathogens and toxins. During illness, the need for increased amounts of vitamin C rises markedly. The end result can be catastrophic for an individual already vitamin C deficient who, when suffering from a viral/bacterial infection, is then bombarded with vaccine toxins. Indeed, death can ensue, as has been amply demonstrated by numerous

Letters cont. on page 26

Letters cont. from page 25

researchers. You may also be aware that the flu vaccine contains the mercury based preservative, thimerosal, which is a known neurotoxin. Vaccination is an invasive medical procedure which carries a risk of injury and death - and when given to a person already fighting an infection, the risk rises, especially if that person is vitamin C deficient.

I've attached an article by Dr. Alan Clemetson, MD on the critical role of vitamin C as essential for the detoxification of histamine which can be caused by numerous factors, including infection, lack of sleep, stress and vaccination. The injection of foreign proteins contained in vaccines can lead to dramatically elevated histamine levels, a well recognized cause of capillary fragility and increased risk of brain hemorrhage.

I do hope this information is helpful to you.

Very sincerely,
Edda West
VRAN - Vaccination Risk Awareness Network Inc.

* *

Dear Edda,
Feb. 10, 2004

I'm sending along my membership dues – I really do try to be on time, but life has a way with getting in the way. Flu shots were highly promoted this season at my place of employment, in the newspaper, on t.v. commercials. "Highly promoted", of course is the polite way of saying the vaccines were "shoved down my throat at every turn." Scare tactics and guilt inducers were the tools used – and, my goodness, the shots are free! Far into the flu season, the media is saying there's still time to get in on this deal – and clinic hours are posted everywhere!

I passed upon the "deal", thank you very much! Many of my clients and co-workers got the flu despite buying into the vaccine program. That their illness was "milder" due to "partial protection" is debatable. They were sicker than me!

My oldest daughter is in grade 7 this year. Hepatitis B vaccine time. Interesting that public health are now keeping records this year, health & vaccine reaction history and lot numbers. A few years ago when my son passed through this grade, they kept no records – only the number of shots given and not specifically to whom. This improved record keeping amused me – impressed me even, but not enough for me to "bite".

I have daily reminders at home how a vaccine can change your life forever. My youngest daughter is autistic and can be very aggressive. My smashed nose bent permanently to left is what I see each morning in the mirror. Rage attacks and chaos is what I experience in my house. An unsympathetic, interfering public is what I experience outside my front door because my daughter's disability is invisible to those who don't know her. Support from the government is what you have to fight for each year and physicians become annoyed with me when I shun their vaccines.

It's a hell of a lifestyle I walked into the day I allowed my youngest to have her routine vaccines. Our family has been slowly drowning in sorrow every since. We hang onto the hope that one day recognition and apology will be delivered. Thank you VRAN for helping people understand this issue.

Sincerely,
Judy Williams
St. Catherines, Ontario

This is a card Judy keeps in her purse to inform people who offer unsolicited advice on her daughter's behaviour problems

My daughter suffers from a cluster of serious brain disorders. The complexity and the consequences of these conditions would not be obvious to you.

Many times I have been approached by strangers and store staff with regard to my daughter's behaviour. Many times my response to her (or my apparent under-response to her) has been judged by those who have no idea of the scope of the problem. Please know that I have much experience with her as her parent; that the normal parenting techniques that you might suggest to me do not work with a child in this condition; that your store policies are unenforceable for a child like this (until we find the right medication). I have ongoing consultation with professionals and her behaviour therapist. Your interference makes my already difficult job as her parent that much more difficult. In fact, interference such as this escalates her behaviour and sets her off. This leads to a rage attack that threatens the safety and security of everyone around her. The meltdown may not happen here in the store, but it's coming.

My aim right now is to quickly complete my necessary shopping, keep my daughter away from your attention (which fuels her), and get us all to safety so that it doesn't happen in this store (or when I'm behind the wheel, as it has in the past).

Please respect that I am the most qualified person here to handle her….and that leaving her home was not an option today.

Letters cont. on page 27

Letters cont. from page 26

Dear VRAN,
Feb. 15, 2004

I just finished reading your web page. And I just wanted to say thank you for the information.

My son is 17 years old. He has Lennox-gastaut syndrome (seizure disorder) microcephaly, c.p and is severely retarded with no speech. He has been through every test and had every cause ruled out. The doctors' explanation was: "Sometimes things just happen." I gave up looking for reasons WHY this happened to my son. Then last year, for some reason I put in Rhogam and seizures in the search bar on my computer...Boy was I surprised! Then I started looking up mercury poison...My son has the classic symptoms!!

So I called another mother I know who has a child with Lennox (her child had died last year at age 16) She told me to have my sons baby hair tested..(I'm glad I was one of those moms who saved her baby's hair). His baby hair at age 7 months had mercury levels of 13.78! A healthy adult is 1.58. I felt sick to my stomach. All these years of the doctors telling me that "Things just Happen". My son can not go through chelation because he is on seizure medicine, and I also read that mercury damage is irreversible. He has never eaten fish, (he has to eat pureed foods) Never had a filling.

I am so disgusted that my child and other children were poisoned and the government allowed it to happen! Well from a mother that has been pained with a child that will always need 24 hour medical care. Thank you for writing on this subject.

Sincerely,
Donna Arnold

Reply to Donna

Many thanks for contacting VRAN and for sharing the heartwrenching story of your son's profound disabilities, and the suffering your son and whole family have endured these many years. A number of questions always come up when we hear from families who suspect vaccine injury. What was his health profile at birth and in the first few months of life before any vaccines were given? Was he developing normally, meeting all milestones, and then at some point you began to notice problems? Did the disabilities develop over a period of time, or sudden and dramatic in onset? Do you recall anything unusual after his vaccines, such as high pitched inconsolable screaming, high fever, staring spells, long sleeps he couldn't be aroused from? At what age were vaccines started? What vaccine combinations did he receive and at what age? Any records of vaccine brand names and lot numbers? At what age would you say he became severely disabled? Where in Canada do you live?

At some point, you might be interested in reading about the effects of the whole cell pertussis vaccine, which is what your son would have received, and which has been implicated in many cases of severe neurological injuries and well documented in A Shot in the Dark by Barbara Loe Fisher & Harris Coulter. The mercury content in vaccines is one aspect of vaccine damage amongst others, and has only recently come to light as having been present in exceedingly toxic doses in childhood vaccines. Historically though, pertussis vaccine has been the main one implicated in vaccine damage cases. I suspect your son suffered both from mercury poisoning as well as severe reaction to the whole cell pertussis vaccine.

I was shocked to read some years ago in Dr. Harris Coulter's excellent book: Vaccination, Social Violence, Criminality: The Medical Assault on the American Brain, that pertussis vaccine has been used for years to induce experimental allergic encephalomyelitis (EAE) in laboratory animals and which can cause demyelination or incomplete myelination in the brain. Says Coulter (pge 159) "…..**pertussis vaccine is the preferred "adjuvant" in experiments to produce allergic encephalomyelitis**..... U.S. vaccination authorities seem steadily oblivious to the danger of injecting children with an "adjuvant" which , of all those known to the world of biochemistry, has the most pronounced ability to produce allergic sensitization."

We encourage all parents who contact us with a suspected vaccine injury that they write a detailed chronology of all the events that happened leading up to the child's disability, and ensuing impact on the development and health. Our goal is to present to the government & public, a record, including the individual stories, of all the families who have suffered the heartbreak of seeing their once normal babies sink into intractable chronic disabilities and neuroimmune disorders after being injected with the recommended vaccines.

I look forward to hearing from you again, and should you wish to speak to me in person, you can contact me at 250-355-2525..

Very sincerely,
Edda West

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

RE: Hepatitis B Vaccine Injury
Jan. 28, 2004
Dear VRAN,

I believe it was about 2 years ago, I was referred to you. I recall having spoken to you on the phone and then you sent me some information as well as contact info of a lawyer named Ron Strike in Ontario.

I had the hepatitis B vaccine that was recommended to me by my family

Letters cont. on page 28

physician, Dr. Erlick (who is now the head of the OMA). He stated that there was an epidemic in 1995 and that he thought I should get it. At that time, I didn't know what I know now, and trusted the medical profession, and did agree to take it. I was a very healthy individual, enjoyed life and lead a very active life. I had so much energy and was so vibrant until I got the shot.

I noticed with the second shot, I started getting viral infections that I had never got all my life. I recall I got bowel problems, flues, vaginal stinging, eye problems, stress related problems where I would get so agitated for no reason at all. My bowel problems were so severe and would drive me up the wall. I believe that this vaccine affected my liver and depressed my immune system. These symptoms were getting worse. I got pregnant in 1996 and my hormones were playing hell. I miscarried my child at 3 months. I have never been sick all my life and everything started to get worse. I developed major neurological symptoms, digestive problems, cognitive problems, muscle aches and pains, dizziness, numbness, tingling, swelling, vision problems, bladder and bowel problems and in other words every part of my body had a dysfunction.

I am presently on a disability income and this in not sufficient to survive. I cannot tolerate meds and therefore had to resort to nutritional therapies as advised by my physician. This aggravates my illness as you would know that financial problems builds up more stress and this in turn exacerbates my symptoms.

I believe that like in the US where there is a compensation fund for the vaccine injury victims, there should be a fund set up here too, where people could be compensated. I have a paper written by Dr. Bonnie Dunbar who has proved the connection between this vaccine and those affected. I now hear that she cannot be reached and that she is in some part of Africa.

I am sure as a joined force we can do something. For me to gather all the info is too stressful and this makes my illness worse. I would like to speak with you regarding this. Shall call you one of these days?

Tammy de Silva

****

Shot in the arm: The chiropractic dispute over childhood vaccinations

When CBC Marketplace aired this segment on January 20, 2004, it brought an avalanche of protest over the shoddy treatment of the issue and the shadow it cast over the Chiropractic profession. It's biased editing is an absolute blot on CBC's journalistic integrity. Instead of a sincere effort to explore critical vaccine issues relevant to every parent today, it turned the show into a Chiropractor bashing free-for-all. The Market place discussion forum is still on line and to date it has posted nearly 400 letters, many from parents whose children have been adversely affected by vaccines, and many intimidating and nasty letters from provocateurs on the pro-vaccination side. Following are a few posts:

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

Letter from Anne Urquhart:

I just watched your item on vaccinations and my response is this: I have never accessed the services of a chiropractor, but I've had a couple of unusual and distressing experiences with my own children following childhood vaccinations. My eldest son was vaccinated for measles, mumps, etc. as a toddler, some 19 years ago. He became mildly ill with something that looked very much like old fashioned measles. I took him to my doctor who informed me that he couldn't possibly have measles because he had been vaccinated for this illness. I specifically asked the doctor if I should limit his exposure to others. He instructed me that such precautions were unnecessary.

My son infected 3 others with measles, including 2 adults who became gravely ill. (Another G.P. diagnosed the other 3 with old fashioned measles). My younger son had grave problems with the pertussis component of the booster vaccinations beginning with his first vaccination almost 16 years ago. As a result of his last booster that caused a rapid spike in temperature, resulting in many febrile seizures, and, extreme swelling of the leg in which the shot was administered my G.P. He then prescribed a pertussis free booster prior to his enrollment in public school.

When I contacted Public Health asking for some advice and information regarding his reactions to the boosters I was not assisted. In fact after the last booster, I was advised over the phone by a Public Health nurse that she had never heard of such a severe reaction. In my alarm I drove him to the Issak Walton Killiam Hospital's Emergency Department in Halifax, some 100 kms away from my home to be told by the attending physician that febrile seizures and extreme swelling of the vaccinated limb are common side effects among children. I believe that it may be useful and helpful to parent consumers for Marketplace to examine the safety and effectiveness of childhood vaccinations aside from the issue of chiropractic advice. Thank you.

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

Letter from Helene Matte, Gatineau, Quebec

I too am a mother who believes that her child has had a severe reaction to an MMR vaccine. One month after this vaccine my daughter started having seizures. She had a cluster of 7 seizures. Many tests were administered and no cause was found. I was told

Letters cont. on page 29

Letters cont. from page 28

that a reaction to an MMR vaccine could not be the cause since a reaction should be within two weeks. Nothing was reported. I believed them.

After the MMR booster 6 months later, she had a second cluster of seizures of approx. 70 seizures this time. I do not need any more convincing. Nothing will be reported on my daughter's experience because it was not a reaction within the 2 week norm. I know that I gave birth to a perfect child with an APGAR of 10 and now at age 4 she is epileptic. The reporting of incidence of immunization injuries is so strict that a case like my daughter's will never be reported. How many others are like my daughter? We can never know.

* *

Letter from Heidi Johl:

Your program on childhood vaccinations was incomplete! You ignored the most important reason parents are against vaccinating their children: the INGREDIENTS:
listed in the Compendium of Pharmaceuticals and Specialties available at every pharmacy and in every doctor's office, and itemized on the package insert included with the vaccine!!

- ❊ formaldehyde, a known carcinogen, 27 ppm in every shot
- ❊ aluminum phosphate, a neurotoxin, 1.5 mg
- ❊ thimerosal, a derivative of mercury and a neurotoxin, .01% and vari ous other substances that are of questionable value. These ingredi ents are administered to tiny bodies not able to complain about aches or pains, whose immune systems have not matured enough to handle the many doses of toxins (a mini mum of 23 vaccines in the first 18 months of life) and whose parents are not able to understand the body language of their ailing children until it is too late.

When a thinking person adds up the amount of toxins circulating in the body, it is not difficult to see that this can cause serious health problems either immediately (like SIDS, food allergies) or sometime in the future (autism, ADD, diabetes mellitus, cancer, MS, etc.). Vaccines change the pattern of exposure of children to common childhood pathogens. The immune system becomes skewed and susceptible to viral diseases in adulthood.

You ignored the most important reason parents are against vaccinating their children: THE INGREDIENTS . . .

In the 1960s, as an elementary school teacher, I was expected to recognize learning disabilities and childhood diseases. In a school of over 400 children, we never had a case of autism, peanut allergy or ADD. Only many years later in the 1990's did these problems come to light in the classroom. My parents' generation, my generation and my children were never vaccinated and are immune for life because we were allowed to have the diseases at an early age. Today we are also aware of the use of vitamins C and A in alleviating the symptoms of most of these diseases and should encourage the use these instead of serious toxic substances.

Toxins in the environment are difficult to handle, but toxins directly injected into the body must have consequences! No one knows the long-term consequences of injecting foreign proteins into the body; no one is making any structured effort to find out. Detailed monographs of the vaccines will give warnings such as: "As with any vaccine, there is the possibility that broad use of (name of the vaccine) could reveal adverse reactions not observed in clinical trials." Our children are guinea pigs who cannot speak for themselves. When a health problem arises some time after the vaccination, doctors rarely associate these with the injection and do not, as they should, report the problem as an adverse reaction. The monograph then reports that "A cause and effect relationship between these side effects and the vaccination was not established."

Had you done honest reporting without showing your bias against vaccines and chiropractors:

- ❊ You would have involved the parents, the real experts on this topic, who have banded together because of their sad experiences
- ❊ You would have consulted doctors and paramedics who know that the vaccines are an assault on our children and many of whom will not vaccinate their own children or be vaccinated themselves against the flu.
- ❊ You would have explained to the public that VACCINATIONS are NOT MANDATORY in Canada and presented the laws proving this.
- ❊ You would have found that some children, in spite of having been vaccinated, can still contract the disease. This can be disastrous especially if the doctor does not recognize it and fails to treat it appropriately.
- ❊ You would have investigated very carefully the pharmaceutical industry's financial benefits versus our children's health benefits. The public, including the health care providers, have been made to believe in vaccinations through irresponsible scare tactics orchestrated by the pharmaceuticals.

As a former teacher, a mother and grandmother, I am concerned with the health of our children. I consider this non-chalant, uninformed assault on

Letters cont. on page 30

News Clips cont. from page 29

our most vulnerable a serious form of abuse. Your programme failed to help the parents, but worse, the children who cannot speak for themselves!

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

Letter from Donna Barker

As a mother who did my due diligence before deciding whether to vaccinate my son or not, there are a number of statements I would like to challenge the Marketplace research and editorial crew on:

First, the statement by Jason Busse that "there have been very large comprehensive studies…to see if there's any higher rate of autism in (vaccinated) groups than in children that have never had the vaccines and there simply isn't."

In fact, although many studies have been done on the possible connection between the MMR vaccine and autism, to my knowledge, no study has ever been undertaken with regard to any vaccine that compares the relative health of a population of vaccinated versus non-vaccinated children. If such a study has been done, I would love to know where it can be found.

Busse also drew an analogy, claiming that showing parents the possible side effects of vaccines is like "describing the entire airline industry based on one crash." The analogy doesn't fit however. When a plane crashes and kills or injures even eight people in a remote town in Ontario, all Canadians hear the news and enquiries are launched to determine why the plane crashed.

In the case of vaccine injury and death of our children, this never happens. Information from the US Vaccine Adverse Effects Reporting System database indicates almost 200,000 adverse effects reports since 1990. Even with an estimated maximum of only 10% of the adverse vaccine reactions being reported to the government in the US, there were nearly 25,000 VAERS hepatitis B reports from July 1990 to October 31, 1998, showing 439 deaths and 9,673 serious reactions involving emergency room visits, hospitalization, disablement or death. This means that according to estimates by the FDA 4,390 deaths from this one vaccine alone could easily be possible when applying the estimated reporting of only 10%.

That's the equivalent of five jumbo jets filled with American Hep B-vaccinated babies that just crashed. Where are the headlines? Where's the inquiry into the Hep B vaccine??

...no study has ever been undertaken with regard to any vaccine that compares the relative health of a population of vaccinated versus non-vaccinated children.

Third, in the segment about the pertussis vaccines at the London, Ontario school Wendy Mesley indicated that "last year there were nine cases (of whooping cough) in the city – and at least one was a student who had not been vaccinated." Am I the only one who picked up the unstated fact: - that means that eight of the nine cases were in children who HAD BEEN VACCINATED against whooping cough…isn't that an interesting story? 89% of vaccinated children contracted the disease. Yet parents are lead to believe that vaccination confers immunity, thus it's other moniker, "immunization." Why didn't Wendy ask the next obvious question: how well do vaccines actually work?

I'm sad at the approach that was taken in this investigative piece. But not surprised. It was just under a year ago that "The National" ran an in-depth story on vaccinations with a focus on the measles vaccine. That story was filled with hum-dinger lines such as, "In their hearts most parents know vaccines are safe…. that the chances of something going wrong are only one in a million."

Unfortunately, the statistics at the World Health Organization (a pro-vaccine organization if ever there was one) indicate that the odds of a child having a severe adverse reaction from the measles vaccine alone is 368 – 429 per million. http://www.who.int/ith/chapter06_18.html#table64

Add up the hospitalizations (11,916) and deaths (2,900) that the US VAERS database notes between 1999 and 2002 for diphtheria, pertussis, tetanus, mumps, rubella, hepatitis B, chicken pox, polio, hib and flu vaccines together and you get 14,816 children who became so sick due to a vaccine reaction that they required hospitalization or a casket. http://www.medalerts.org/vaersdb/ And that's NOT taking into account the fact that just 10% of vaccines events are even reported...

So, explain to me why chiropractors aren't allowed to provide parents with advice on an alternative way to keep our children healthy… and why CBC journalists are so eager to maintain the status quo when it comes to the vaccination issue.

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

To view the transcript or video of the Maketplace segment: http:/www.cbc.ca/consumers/market/files/health/vaccines/pg_one.html#

To read viewers responses, debate still ongoing on the discussion forum at: http://forums.cbc.ca/webx?14@162.JB9UaTylTAB.0@.ee8a9dc.773d76f5/0

DR. McCANDLESS ON THIMEROSAL & AUTISM SPECTRUM DISORDER

For anyone who did not attend the science section of the Oct. DAN! [Defeat Autism Now! Conference] in Portland, you might want to review the PP presentations of Dr. Richard Deth and Dr. Jill James (on the ARI - DAN! site) and their research on the effects of thimerosal on the methylation system and the ramifications of this on autism. As we are pulling in excellent and well-qualified scientists such as Dr. Boyd Haley, Dr. Deth, and Dr. James to explore the thimerosal connection, the evidence becomes more and more irrefutable that a certain subset of children have not been able to handle the thimerosal that was injected into them in early infancy. The resulting injury to the methionine synthase system and its resulting devastation to glutathione and the immune and nervous system is elegantly spelled out by their findings. The benefits we clinicians are seeing as we address these methylation defects are being more and more elucidated by what these researchers are bringing to us.

I agree with other commentators on this issue that the thimerosal struck the first blow (of course after the predisposing genetics), setting off the immune and gut impairment (well-known and well-documented effects of ethylmercury). Then come the frequent infections, increased antibiotics, and finally the inability to handle the onslaught of triple live vaccines in the MMR and the ensuing inflammation and autoimmunity that besets most of our children as they get their diagnosis in their second year of life. (if then!).

Yes, there are rarely kids who get autism without vaccines, but in my seven years of working with ASD children, I would say that 90-95% of kids I see or know of as a clinician follow the pattern of Hep B plus the other 20 or so vaccines they get by the time they get the MMR, after which the immune system can no longer sustain them and the characteristic picture we call ASD becomes clinically apparent. The immune system, gut, and endocrine systems are damaged, and in different degrees in each child, making the clinical picture extremely complex and difficult to treat. Mercury doesn't just sit there waiting for us to send in a chelating agent to remove it. It has already damaged many enzyme systems and cellular patterns that are difficult to repair whatever we do, and autoimmune processes are daunting and hard to treat.

As a physician happily ignorant until my granddaughter was given the diagnosis of ASD 7 years ago, I have become completely disenchanted with my professional colleagues called "mainstream," most of whom receive all medical education after medical school by pharmaceutical reps who tell them the latest prescription they can write. Politicians who are grandly supported by the most profitable industry in the world are definitely not interested in an epidemic disorder that most likely has been caused by the pharmaceutical industry and gets helped mainly by dietary and nutrient methods. While the pharmaceutical companies persist in deceiving and distorting and the politicians deny or remain ignorant of the scientific facts pouring in now, we parents/grandparents and devoted clinicians will continue to make headway in finding ways to improve the health of our ASD children (and adults) who keep me going in this fight)

JMcCandless@prodigy.net
Dr. McCandless is the author of
"Children With Starving Brains"
ARI – Autism Research Institute:
http://www.autism.com/ari/

CHICKENPOX IN CHILDHOOD PROTECTS LATER IN LIFE

By Dr. Sherri Tenpenny

By attempting to eliminate an essentially harmless childhood disease, we are going to create a disaster of epidemic proportions. This is the "first glimpse" of things to come: vaccines to treat problems caused by vaccines.

Chickenpox is a mild infection of childhood caused by the varicella zoster virus. A self - limiting disease characterized by fever, malaise and an itchy, vesicular rash that covers the entire body, chickenpox usually resolves within 4 - 5 days, leaving the child with lifetime immunity. With vaccination by Varivax®, the duration of protection from varicella infection by is unknown.[1]

Shingles is thought to be caused by the reactivation of the same chickenpox -- causing virus, varicella -- zoster. It is generally a disease of the elderly but can also develop in insulin - dependent diabetics and those who have immunodeficient diseases such as AIDS and leukemia. A shingles outbreak can be triggered by the stress-emotional or physical-or by certain medications, including steroids [ex: prednisone], chemotherapy and radiation.

Unlike chickenpox, a shingles outbreak is anything but benign. The first sign is usually unilateral tingling, itching, or stabbing pain on the skin. After a few days, a red, blistering rash appears that is severely painful rash that can last for weeks. At its peak, symptoms range from a mild itch to intense pain.

When the outbreak resolves, it can leave numbness, skin discoloration and permanent scars. Serious complica-

Chickenpox continued on page 32

Chickenpox cont. from page 31

tions, including facial paralysis, hearing loss, or encephalitis (inflammation of the brain) can occur, and if the infection includes the eye, the result can be glaucoma, cataracts or even permanent blindness. There are a few medications available to treat shingles such as antidepressants, anticonvulsants, and topical agents. The severity and duration of an attack of shingles can be somewhat reduced if treated early with the antiviral drugs acyclovir (Zovirax), valacyclovir (Valtrex) or famcyclovir (Famvir). However, none of these medications "cure" shingles.

Approximately 20% of shingles cases can result in post - herpetic neuralgia. This condition manifests as unrelenting pain that can persist for years after the initial rash has healed. There is no conventional treatment for post - herpetic neuralgia and even the strongest pain medications are rarely helpful.

Vaccinating children with the chickenpox vaccine will cause the pool of wild virus to die out. Adults who had chickenpox as a child need to be re-exposed to the wild virus to keep any residual dormant virus in check. It is estimated that currently as many as 2 in every 10 persons may be affected by shingles in their lifetime. Without this exposure, the number of people who will contract shingles is anticipated to increase substantially. The solution appears to be the development of another vaccine.

Not to miss an opportunity, a large study is underway for the development of the shingles vaccine. The National Institute of Allergy and Infectious Diseases (NIAID) is currently testing a shingles vaccine in clinical trials in conjunction with the National Institutes of Health (NIH.) The Shingles Prevention Study is part of a nationwide collaborative effort between the NIAID, Department of Veterans Affairs (the VA), and Merck. It should be noted that Merck is also the manufacturer of Varivax®, the chickenpox vaccine.

This double - blind study will test a vaccine similar to Varivax®; however, the experimental vaccine contains a larger amount of the weakened varicella virus. If a participant was given the placebo during the trial and the vaccine is later found to be "successful," the person will be offered the shingles vaccine at no charge at the conclusion of the study.[2] A nice perk for participating as a human test subject.

...there seems to be little logic when it comes to the development of new vaccines.

None of this makes sense. Wouldn't the logical solution be to STOP the chickenpox vaccination and allow this mild virus to do its job?

However, there seems to be little logic when it comes to the development of new vaccines. The vaccine industry believes that the widespread use of vaccines to prevent infectious diseases is "one of the greatest public health achievements of this century" and plans are in place to create a vaccine to treat every type of conceivable ailment. One of the goals set forth in the NIAID Strategic Plan it to:

"Explore opportunities for vaccine development in less traditional areas, including therapeutic vaccines for the management of chronic diseases; vaccines for the control of autoimmune diseases; and vaccines for special circumstances of public health concern, such as bioterrorism."[3]

So, a shingles vaccine to treat a problem caused by the chickenpox vaccine is only the beginning. Here are three examples of dozens:

1) The Allergy Vaccine: for cypress pollen and food allergies. Seven product candidates are in clinical trials with two more at the preclinical stage.[4]

2) The M.S. Vaccine: A USC - invented vaccine for multiple sclerosis (MS)[5]

3) The Rhematoid Arthritis vaccine: RAVAX® is thought to inhibit the disease -- associated T cells that cause rheumatoid arthritis, and prevent further damage in patients suffering from the disease.[6]

Even the most cursory review of vaccine package inserts and the medical literature will show ample evidence that the side effects of vaccines can cause allergies. The hepatitis B vaccine has been implicated in the development of both M.S. and rheumatoid arthritis. The list goes on and on.

However, with NIAID's proposed budget of $4 billion for fiscal year 2003 [7], it is likely we will see more and more "designer vaccines" to treat a myriad of diseases -- in fact, there are more than 200 vaccines currently in the pipeline. It remains to be seen what additional medical disasters will created by this massive immunological experimentation.

This article is reprinted from Dr. Mercola's website where references are also available:
http://www.mercola.com/2002/may/29/chickenpox_vaccine.htm

Additional reading about complications of Varicella:
Chickenpox: Why Do Children Die?
"Following each regimen of antibiotics, analgesics, or steroidal medications their condition grew progressively worse. The doctors responded to each new symptom with yet another drug, until the children died."

http://www.mercola.com/2001/mar/17/chicken_pox.htm

NEWSCLIPS

Canada to set up bird flu vaccine centers

This year's flu propaganda has been revved to an unprecedented fever pitch with dire predictions of influenza pandemics blaring from multi-media sources. Outbreaks of bird flu in B.C. chicken farms have health officials on edge. Canada plans to set up eight vaccine centers by this summer to deflect a "disaster scenario" of a deadly bird-flu outbreak that could kill thousands was announced on March 4.

The network of eight vaccine centres is funded by the Canadian Institutes of Health Research and will be located in Vancouver, Calgary, Winnipeg, Toronto, Montreal, Quebec City, Ottawa and Halifax. These facilities will be linked to the National Centre for Foreign Animal Diseases in Winnipeg and the Immune Response Monitoring Laboratory at the University of Montreal, and could vaccinate as many as 400 people a day against the disease, said Brian Ward, chief of infectious diseases at the McGill University Health Center.

"According to the Canadian Health Ministry, a pandemic could potentially result in between 9,000 to 51,000 deaths in Canada if a vaccine was not available. Rapid vaccine evaluation is part of the Health Ministry's plan for reducing illnesses, minimizing deaths and maintaining social order during the next flu pandemic."
http://news.xinhuanet.com/english/2004-03/05/content_1347084.htm
www.chinaview.cn 2004-03-05 11:13:07

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

"Poorly Protective" Vaccine Leads to Increase of Whooping Cough

Whooping cough has been on the rise in Canada for a number of years despite high vaccination rates. An article in the Pediatric Infectious Diseases Journal - 2003 Jan;22(1):22-7 offers an explanation for the resurgence of the disease. An assessment of hospital records in Quebec between 1983 – 1998 showed that "mean annual incidence of pertussis before 1990 was 3.8 cases per 100,000 population which increased to 37.2 thereafter. Infants had the smallest increase (2.7-fold) when compared with children between 1 and 19 years who experienced a 9 to 15-fold increase and with adults (22.5-fold). Ninety percent of hospitalizations occurred in children <5 years of age. The proportion of cases in 0- to 4-year-old children decreased, whereas it increased steadily in all other age groups during the entire study period."

"Between 1990 and 1998 the median age of cases shifted from 4.4 to 7.8 years. **Pertussis affected predominantly children who were immunized with a vaccine introduced in the mid-1980s.** The evolution of the age distribution of cases paralleled the aging of this cohort with a slow but steady drift of disease from early childhood to adolescence." The analysis concluded that "The sudden increase in pertussis incidence in Canada can be largely attributed to a cohort effect resulting from a poorly protective pertussis vaccine used between 1985 and 1998.
Source: PMID: 12544404 [PubMed - indexed for MEDLINE]

Editor's Note*: As so aptly observed by one vaccine risk activist - "All that brain damage and death for a "poorly protective pertusiss vaccine". All of this information is painting a pretty sorry picture!!"*

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

Scientist Who Advanced Immunology Dies at 98

Excerpt from an article by Anahad O'Connor – The New York Times, Jan. 22/04

"Dr. Merrill W. Chase, an immunologist whose research on white blood cells helped undermine the longstanding belief that antibodies alone protected the body from disease and microorganisms, died on Jan. 5 at his home in New York City at age 98."

Dr. Chase made his landmark discovery in the early 1940's while working with Dr. Karl Landsteiner, a Nobel laureate recognized for his work identifying the human blood groups. At the time, experts believed that the body mounted its attacks against pathogens primarily through antibodies circulating in the blood stream, known as humoral immunity. But Dr. Chase, working in his laboratory, stumbled upon something that appeared to shatter that widespread tenet."

In trying to immunize a guinea pig against a disease using antibodies he had extracted from a another pig, he found that blood serum did not work as the transfer agent. "Not until he used white blood cells did the immunity carry over to the other guinea pig, providing solid evidence that it could not be antibodies alone orchestrating the body's immune response."

"Dr. Chase had uncovered the second arm of the immune system, or cell-mediated immunity. His finding became the groundwork for later research that pinpointed B cells, T cells and other types of white blood cells as the body's central safeguards against infection. "This was a major discovery because everyone now thinks of the immuneresponse in two parts, and in many instances it's the cellular components that are more important," said Dr. Michel Nussenzweig, a professor of immunology at Rockefeller. "Before Chase, there was only humoral immunity. After him, there was humoral and cellular immunity."

Dr. Chase's breakthrough set in motion the research that helped redefine the fundamental nature of the immune system.. "People never anticipated that there would be something other than antibodies. It was an amaz-

Newsclips continued on page 34

Newsclips cont. from page 33

ing finding." said Dr. Ralph Steinman, a professor of cellular physiology and immunology at Rockefeller.

Dr. Chase has published at least 150 scientific papers.
http://www.nytimes.com/2004/01/22/nyregion/22CHAS.html

* *

Contaminated Oral Polio Vaccine in Africa

For a number of months news bulletins from Africa have reported concerns of contamination of oral polio vaccine in widespread use in various regions. In Nigeria there were concerns that the vaccine contained antifertility hormones and some areas of the country refused to allow distribution of the vaccine. Dr. Haruna Kaita, Dean of the Faculty of Pharmaceutical Sciences, Ahmadu Bello University Zaria conducted extensive tests on samples of oral polio vaccines. Using state of the art diagnostic tools, the tests were conducted in laboratories in India. "Some of the things we discovered in the vaccines are harmful, toxic; some have direct effect on human reproductive system" said Dr. Kaita.

Dr. Kaita presented his findings to all parties involved in the vaccination program. "We circulated it to everybody for further analysis because we were sure of our results….. now they agreed that the vaccines they have been giving to our children for the past 4 years when the polio campaign started were contaminated, but what is the government going to do about those who have been trying to bury that fact from the people. Would the importers of such contaminated be left to go free? What plans has the government put in place to help the children who have given these toxic and contaminated vaccines in case they start reacting to them? Are we going to allow this to be swept again under the carpet like the Kano MININGITIS Trovan test just because the children involved are from poor parents?"

Excerpt from All Africa Global Media
http://allafrica.com/stories/200403080104.html

* *

Moms who breast-feed reduce infants' asthma risk

An Australian study published in 2002 has found that infants who are breastfed for 4 months of longer are significantly more protected from developing asthma. The beneficial hormones, enzymes and growth factors, enhance health and reduce infections, respiratory illness and diarrhea in babies.

"Dr. Wendy H. Oddy, of the Telethon Institute for Child Health Research in Perth, and colleagues evaluated asthma outcomes of more than 2,600 infants that they followed from preterm to age 6 years. Mothers answered questions about their own asthma status and how long they breast-fed, if at all."

"The risk of childhood asthma increased by 28% if exclusive breastfeeding was stopped and other milk was introduced before the infant was 4 months old, the authors report in the July (2002) issue of the Journal of Allergy and Clinical Immunology. This was true regardless of whether the mother had asthma."

"Given our findings, we continue to recommend that infants with or without a maternal history of asthma be exclusively breast-fed for 4 months and beyond," the authors conclude. Asthma remains an incurable chronic illness, and death from the disease is highest among children aged 1 to 4 years - an age group accounting for about half of all asthma-related emegency department visits."

http://www.whale.to/a/breast5.html

Data Reveals Threat of Shingles Epidemic From Vaccine Use; Health Officials Threaten Legal Action Against Researcher
October 1, 2003

The European journal, Vaccine (Volume 21, Issue 27/28, Oct/03) has devoted eighteen pages to three reports by U.S. researcher Gary S. Goldman, Ph.D. identifying an impending threat of a shingles epidemic due to mass vaccination with varicella (chickenpox) vaccine. Goldman has been gathering data on the effects of chickenpox vaccine since 1995. The analysis revealed that "that when chickenpox disease was significantly reduced in a population, there was an unexpectedly high number of shingles cases among unvaccinated children with a previous history of chickenpox. Shingles is a painful blistering rash that is potentially dangerous in the elderly.

In 2000, after hearing reports that school nurses were seeing cases of shingles in children for the first time, Goldman suggested that shingles be added to the active surveillance project he was working on. After two years of shingles data collection, he documented the adverse effects that might well be associated with the universal varicella vaccination program.

"Complications from shingles, which is caused by the reactivation of the chickenpox virus that lies dormant in the body, result in about three times the number of hospitalizations and five times the number of deaths as those from chickenpox disease."

While the vaccine suppresses chickenpox disease, children and adults no longer receive benefit of the natural boost to their immune systems that they received from periodic exposures to the disease, thereby greatly increasing the risk of shingles both in children (who rarely developed it in the past) and adults. If all children were vaccinated, adults who have had chickenpox would no longer be protected

Newsclips continued on page 35

Newsclips cont. from page 34

against developing shingles. Goldman predicts that a large-scale increase in shingles incidence will soon become manifest among adults – a group more susceptible to serious complications.

"Vaccine manufacturers plan to license a booster "shingles" vaccine to substitute for the boosting that naturally occurred when chickenpox disease was previously circulating in the population. "This will likely lead to endless disease-and-cure cycles," says Goldman. "Varicella vaccination would have been less problematic if all children had the opportunity to gain natural immunity and only those still susceptible at twelve years old were vaccinated."

On communicating with U.S. health officials about the release of his findings, Goldman was threatened with legal action if he published the manuscript in the medical literature. He said, "Whenever research data and information concerning potential adverse effects associated with a vaccine used in a human population are suppressed and/or misrepresented by health authorities, not only is this most disturbing, it goes against all accepted scientific norms and dangerously co promises professional ethics."

Flesh-eating Disease (Group A Strep) in Children & Anti-inflammatory Drugs

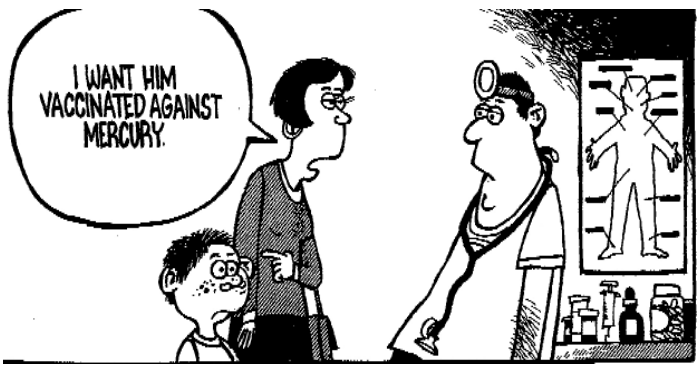
Pediatrics. 2001 May;107(5):1108-15. Lesko SM, O'Brien KL, Schwartz B, Vezina R, Mitchell AA.

"Between June 1996 and September 1998, 52 cases of invasive Group A Streptococcal (GAS) infection, including 21 with necrotizing soft tissue infection, and 172 controls with uncomplicated primary varicella (chickenpox) were enrolled in the study. Risk of invasive GAS infection was increased among children who were nonwhite, living in low-income households, exposed to varicella at home, or had a persistent high fever. Antipyretic (fever reducing medication) regimen was associated with several measures of varicella illness severity among the controls. The risk of necrotizing soft tissue infection was not associated with the use of ibuprofen before the development of signs or symptoms of this complication. **Risk of any invasive GAS infection was increased among children who had received ibuprofen**, but not acetaminophen use. Subgroup analyses revealed that the **risk of invasive GAS infection was increased only among children who had received both acetaminophen and ibuprofen**."

Conclusion: "These data do not support the hypothesis that nonsteroidal antiinflammatory drugs, or ibuprofen in particular, increase the risk of necrotizing GAS infections. A statistically significant association was observed between nonnecrotizing invasive GAS infection and ibuprofen use; however, because of potential confounding, the meaning of this unexpected result is unclear. Nonetheless, these data suggest that parents use ibuprofen or ibuprofen together with acetaminophen to treat high fever and severe illness, which seems to identify children at high risk for invasive GAS infection."

Editor's note: *As has been pointed out by Viera Scheibner, Ph.D on many occasions, the data found in so many scientific studies are often turned around to conclude the opposite of what has been discovered. This study is a case in point. It concludes with contradictory and confusing statements that on the one hand indicate an association between group A strep with use of these drugs while on the other hand denies the finding and encourages parents to continue using both drugs together!!*

The suppression of fever in infectious diseases is inherently risky as has been well documented in measles, where fever suppression increases the risk of morbidity and mortality. Fever enhances the immune response by increasing mobility and activity of white cells which fight bacteria, viruses, and toxins, and remove damaged tissue from the body. The routine recommendation of fever suppressants in childhood illnesses works against natural defense mechanisms and literally sabotages the immune response needed to overcome the disease. Perhaps the children who developed flesh-eating disease did so precisely because their fevers were suppressed with these drugs.



Shaken Baby Syndrome cont. from page 35

Shaken Baby Syndrome continued on page 37

Shaken Baby Syndrome cont. from page 36

IMMUNIZATION INFORMATION ON THE INTERNET

Compiled by: VRAN (web site hosted by Freedom of Choice in Health Care: <http://www.freedomofchoice.org>)

Eagle Foundation
http://www.eaglefoundation.org
Canadian organization in support of vaccine injured families.

WHALE Vaccination Resource
http://www.whaleto.freeserve.co.uk/vaccines.html
Excellent site.

New Atlantean Immunisation Resources
http://www.new-atlantean.com/global/vaccine.html
A good list of resources; global pro-choice vaccine groups books, tapes and videos.

Vaccination Information Paradigm
http://www.cco.net/~trufax/vaccine/vacindex.html
Very good information, updated regularly.

Sebastiana's Medical Journal listings of vaccine risks
http://www.omen.net.au/~pienaar/index.html

National Vaccine Information Center
http://www.909shot.com
Excellent site run by the largest N.A. group.

Attachment Parenting & Natural Nurturing & Vaccine Links
www.geocities.com/Heartland/Fields/2460
Excellent site offering concepts that create health in the family and access to Vaccination OneList network.

Natural Immunity Network
http://www.i-wayco.com/niin/index.html

Concerned Parents for Vaccine Safety
http://home.sprynet.com/sprynet/Gyrene/Home.htm
Excellent site—links to many others.

Informed Parents Home Page
http://www.unc.edu/~aphillip/www/vaccine/informed.htm
Excellent site—well researched.

Immunisation Awareness Society
http://www.ias.org.nz
Excellent site—offers international research.

FEAT (Families for Early Autism Treatment)
http://www.feat.org

Dr. Harris Coulter's Website
http://home.earthlink.net/~emptherapies/

Leading edge Research Group: The Biological Manipulation of Human Populations
http://www.trufax.org/menu/bio.html

Center For Complex Infectious Diseases—info re. stealth viruses & Dr. John Martin's research
http://www.ccid.org

Tetrahedron — AIDS, Ebola, vaccines, Gulf War Syndrome
http://tetrahedron.org/

International Advocates for Health Freedom — John Hammell
http://www.iahf.com/index1.html
Networking between health freedom activists

Health World Online- Discussion Forums on Vaccines
http://www.healthy.net/

Vaccination Information & Awareness—Links to many sites
http://www.access1.net/via

Vaccine Safety Website—Dr. B. Classen
http://vaccines.net/risks.htm

Australian Vaccination Network
http://www.avn.org.au/
This group is forging ahead with legal actions challenging government violation of informed consent laws.

MEDICAL INFORMATION & PRO-VACCINE LINKS:

WHO & Communicable Diseases Surveillance
http://www.who.int/emc/

Vaccine News Updates— Immunization Briefs
www.infoinc.com/imnews2

Vaccine Weekly Magazine—For the medical world
http://www.holonet.net/homepage/1v.htm
Covers new vaccines.

Infectious Diseases in Children
http://www.slackinc.com/child/idc/199805/vaccine.htm#speclink

Immunization Action Coalition—Pro-Vaccine site
http://www.immunize.org/

Achoo & MD
http://www.achoo.com
Consultation source for travel vaccines

Medscape—Online medical info
http://www.medscape.com √

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)

SIX REASONS TO QUESTION VACCINATION

By Walene James

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

*Vaccination is not mandatory anywhere in Canada.

TEN REASONS TO JUST SAY 'NO' TO VACCINATIONS

By Walene James

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

Philosophical questions:

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

~Walene James

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

RESOURCE & INFORMATION LIST

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

Immunization—The Reality Behind The Myth
by Walene James.

What Every Parent Should Know About Childhood Immunization
by Jamie Murphy

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

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

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

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

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

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

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

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

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

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

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

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

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

The Immunization Resource Guide
by Dr. Zoltan Rona, M.D.
to order call:
1-877-920-8887

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

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

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