

Variance

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Vaccination Risk Information & Alternatives Resource Group

NEWSLETTER

WINTER-SPRING 1996

AN OVERVIEW

The Measles Vaccine

- by Meg Edwards & Edda West -

Many years ago Dr. Mendelsohn predicted a "medical time bomb" when he spoke of vaccination campaigns. Now, one year after the measles vaccination campaign in Britain, The London Times has echoed his prophetic remarks by calling the mass vaccination "a catastrophic time bomb".

From February to June the Ministry of Health in Ontario will carry out a mass immunization program against measles. They are responding to the World Health Organization's decision to eradicate measles world wide. Canada has already had a one shot measles vaccination policy in place for years, but in response to the WHO campaign a second dose of the measles vaccine is now seen as essential for elementary and high school students.

Many parents are questioning the wisdom of the second shot. If the first shot was meant to confer lifelong immunity then why is there need for a booster? If the vaccine is effective then why do epidemics still occur? What is the possibility of damage from the vaccine? And why, if the medical books state that measles is a relatively benign childhood disease, are we going to so much trouble to eradicate it?

When these questions are posed to the medical authorities the answers given are often less than satisfactory. For example they will explain the need for more vaccines by suggesting that improper storage of the

vaccine in the past may have made it less effective (Canadian Immunization Guide). Sometimes doctors will blame immigrants for bringing wild viruses into the country. None will admit the medical fact that children who experienced serious complications because of the measles virus were weakened by other medical conditions (Murphy, What Every Parent Should Know About Childhood Immunization). And it is very difficult to get an acknowledgement that vaccines can have adverse effects in significant numbers of children.

According to Judy Kates, of the measles hotline from The Connaught Laboratories, most other countries have a two dosage vaccine. She claims that children who have not been vaccinated are more likely to be involved in measles outbreaks. She also says that incidence of measles has decreased since the second dose vaccinations were implemented in the United States. However no double blind test results or scientific studies were offered to substantiate her theories.

If you look to your local public nurse or

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STATEMENT OF PURPOSE

Variance was formed in October of 1992 in response to growing parental concern regarding the safety of current vaccination programs in use in Canada and generally in North America. We are now a public information and resource group with a commitment to helping other parents protect their children from the risk of current vaccination programs. We also act as a "watchdog" organization that gathers and shares information from both local and international sources.

Variance maintains that the injection of toxic and viral materials into vulnerable infants and young children is not a health creating measure. We hold the belief that all parents are entitled to draw on a broad information base when deciding on drugs offered their children and in particular drugs that carry potentially serious health risk factors. **VACCINES ARE SUCH DRUGS.**

Variance offers counsel to concerned parents who do not feel adequately informed and who wish to gather additional information to facilitate an "informed decision". Variance helps parents identify adverse reactions to vaccines and advises them of legal requirements of doctors to report adverse reactions. Variance also

advises parents whose child has reacted adversely and that adverse reactions should precipitate the parent to take a cautious stance if considering revaccination. Variance is committed to support people in their fight for health freedom and to maintain and further the individual's freedom from enforced medication.

Variance is committed to facilitating the gathering and dissemination of relevant information and resources that contribute to the creation of health and well being in our families and our communities:

Variance maintains subscription to medical journals and other publications, and keeps in touch with experts and groups of a similar purpose around the world to providing a means of tracking relevant research and its results and any other pertinent information. •

Variance publishes a newsletter regularly as a means of distributing information to members and the community. •

The Measles Vaccine - An Overview (Continuation)

pediatrician for information about the vaccine you may be disappointed. A prepared pamphlet on the measles vaccine will be quoted and the standard assurance that vaccine reactions are rare will be offered. You may be told that the benefit to the general health of mankind is worth the risk to the individual.

The Canadian Immunization Guide (1989) gives a mixed message about the measles vaccination. It states that "Since the introduction of the vaccine, the incidence has declined markedly and transmission of measles virus has been substantially reduced in Canada, making elimination of indigenous measles a possible goal for the country. However, the incidence of disease in recent years has varied from the lowest ever reported in 1983, (934 cases) to approximately 15,000 in 1986 and this emphasizes the need for immunization of all susceptible individuals and intensive surveillance and control measures for outbreaks."

It is clear that the vaccine is not able to keep up with the measles virus. Measles epidemics are increasing and infect the vaccinated as well as the unvaccinated. The general health of the population may in fact be harmed by vaccinations and not the other way around. You may subject your child to an ineffective and dangerous vaccine for the

good of the community only to add to the community health bill when your child comes down with adverse reactions, or develops chronic health problems.

Many books have been written about the ineffectiveness of vaccines, and there have been scores of scientific links between vaccines and immune-repressive infections and allergies. Most of the controversial information written about vaccines can be found in the medical journals written by, and for, doctors. Dr. Vera Scheibner's **VACCINATION: 100 Years of Orthodox Research** shows that Vaccines Represent a Medical Assault on the Immune System, for example, is based on 30,000 pages of medical papers.

The measles virus is well known to doctors and has predictable patterns. In Murphy's precise investigation of vaccines he argues that the measles virus is nowhere near being eradicated. "The rise in measles cases that occurred from March to June coincided exactly with the months when measles is historically most prevalent in the United States, and has been for the last sixty years or more. In addition, 1947 to 1967, measles epidemics of varying intensities have consistently occurred in Chicago about every two years, both before and after measles vaccines were introduced".

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EDITORIAL

The recent strong armed and relentless push by Ontario medicrats to revaccinate every child with a second dose of measles vaccine has many parents outraged. In speaking to hundreds of parents across the province, what we are hearing is a lot of anger and concern that the government has overstepped it's boundaries and that its blatant use of coercion, fear tactics and disinformation designed to frighten people into complying with their agenda, is actually backfiring. There is a collective gut reaction of resistance echoing throughout the province as parents begin to ask hard questions - e.g. What about the Hep. B shots that all the young teens got recently and how will this live measles vaccine being given so soon after affect them. What are the long term possibilities of these viruses somehow combining to create new health problems?

In gathering material for this newsletter, our volunteer parents spent countless hours trying to track down government sources in an attempt to get a clear picture of the mortality rate from measles in Ontario and Canada. We were told by an official at the Ministry of Health that "death is not the issue- rather it is the cost" The primary concern is with the overall cost which includes medical cost of treating children with measles, employee hours lost in the work place when kids get sick, and lost school days. This campaign has been spearheaded by the World Health Organization and it's agreement with signatory countries such as Canada to "eradicate measles by the year 2000" and is the real reason for the relentless push to revaccinated every kid in the country. In reviewing the actual numbers of measles cases in Ontario in recent years, and the possible post measles related complications resulting in death, the statistical probability is closer to 1 in 10,000 cases, which seems to be more in line with British and German experience.

In analyzing government information sheets sent home to parents, our parent's committee is very concerned with the way in which the dangers of measles as a dis-

ease is grossly exaggerated, and the risks and side effects of the vaccine are minimized. It is our opinion that it would be impossible for any concerned parent to make an informed decision based on this material. For this reason, we have committed this newsletter to an analysis of the measles issue to enable parents to develop a broader information base and to facilitate informed choice.

Every parent in Ontario is guaranteed the right to refuse any or all of the vaccines considered as "mandatory" for school entry.

The wording in the notices sent home with your child is deliberately confusing to make it appear as if you have no choice but to agree to vaccinate your child this time with a second measles shot. The Immunization of School Pupils Act contains the clause which guarantees everyone the right to refuse any vaccine for reasons of conscience, religion, and in some cases for medical reasons. For example, you may choose to get a blood test for your child to prove there are circulating antibodies from a previous vaccination or resulting from natural measles. Your doctor will sign the medical exemption if antibodies are found.

VARIANCE has been swamped with calls from concerned parents from all over the province who are worried that not enough information has been given them about the risks associated with this vaccine, the side effects, the effectiveness and an uncomfortable feeling that they are being bullied into compliance. And the fear that is being planted in the children.....Public Health of Toronto has circulated a rather vile propaganda sheet to all schools that outlines announcements to be made on the public address system.

"You will need to have proof that you have had two shots when you return to school in the fall" "If you're over 14 you can sign your own consent so come down to the office, get a form and see the

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INTERNATIONAL VACCINATION INFORMATION AND NEWSLETTER GROUPS

What Doctors Don't Tell You

4 Wallace Road, London,
England, U.K.
N1 2PG

Immunization Awareness

P.O. Box 56048
Dominion Road
Auckland

National Vaccine Info Centre
(Dissatisfied Parents Together)
512 West Maple Street, #206,
Vienna VA, 22180
U.S.A.

Health Care Reform Group

P.O. Box 421
Glebe, New South Wales, 2037.
Australia

The International Vaccination Newsletter

Krekenstraat 4, B3600, Glenk,
Belgium.
Attn: Dr. Kris Glanblomme

The Informed Parent

19 Woodlands Road,
Harrow, Middlesex, England
HA1 2RT
Tel/Fax: 0181 861 1022

Ohio Parents for Vaccine Safety

251 West Ridgeway Dr.,
Dayton, Ohio - 45459
Tel/Fax: (513)435-4750

Vaccine Information & Awareness

PO Box 203482
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EDITORIAL

nurse at the clinic”.....”Measles is a serious disease that is easily spread from person to person”..... “ Do you know measles can cause pneumonia and inflammation of the brain. Some people even die from measles complications.” One of the most disturbing aspects of this brainwashing is that the Consent to Treatment Act has no minimum age so technically, a child of any age could be manipulated to agree to be vaccinated.

Parents have called us saying that their children are terrified of getting the shot and of not getting the shot as they've been told they will not be able to go to school without it. Many children fear they will die without the shot. One mother writes “ My 9 year old son came home from school and said he would die if he did not receive the measles shot ! I plan to keep my kids home on the days the shots are being



“Any action that is dictated by fear or coercion of any kind ceases to be moral”

(Mahatma Gandhi)

administered at our school.....I don't want to expose my children to the fear and anxiety most children experience when being given a needle.” Fear is the oldest and most frequently used tactic with which governments manipulate the public into complying with vaccination drives.

In Ontario, the CONSENT TO TREATMENT ACT is intended to protect the public from being exposed to medical treatment without prior knowledge of all the risks and side effects. This Act requires that prior to any medical treatment, that full disclosure of the risks and side effects of the treatment must be made, and that consent to the treatment must be given voluntarily, and “not obtained through misrepresentation or fraud.” Furthermore, the law stipulates that “a consent that has been given may be withdrawn at any time.”

In reviewing the information released by the Ministry of Health in it's measles campaign, there is a glaring absence of full dis-

closure of all the risks and side effects of this vaccine. Additionally, the coercive methods being used by local public health departments under the direction of the Ministry of Health to pressure parents to sign consent forms without a real opportunity to gather adequate information on which to base an informed decision, may be in violation of the Consent to Treatment laws in Ontario.

This issue has already cropped up in Britain . Legal action is being initiated by families whose children developed various disorders such as epilepsy, rheumatoid arthritis, Guillain Barre syndrome, encephalitis and postviral fatigue syndrome after the 1994 massive measles & rubella campaign in that country. Richard Nicholson, writer and editor of the Bulletin of Medical Ethics says that “The inaccuracy of the parents' leaflet is so great that some lawyers believe that every parent of a child injected during the campaign could successfully sue the government for assault, since no valid consent could have been given on the basis of that information.” Nicholson goes on to say that the government had evidence that “side effects of measles immunization to be at

least five times more common than previously thought . (Lancet 1995,345: 367 569). They also confirmed a Finnish study showing that one child in 30,000 develops thrombocytopenic purpura, a potentially life threatening bleeding disorder after measles immunization. By withholding that information from doctors and parents alike, the department of health ensured that many side effects were not recognized as such.”

If you are choosing to defer vaccination for your child, the exemption form is available from your local Public Health Unit and must be provided to you upon request. As a further insult, the tyranny of the “mandatory “ vaccination law requires that the form must be notarized since the parent's signature is not deemed valid without this additional inconvenience and expense. The fee charged by a Notary Public or lawyer will range from \$5 to \$25. A “Commissioner of Oath” at your City

Hall will witness it for free. If you have already signed and sent in your consent form, and wish to change your mind, you can do so at any time. Simply inform the school and let them know you will be exercising your right to exemption as provided by the Immunization of School Pupils Act. In the event of a measles outbreak, your unvaccinated child may be excluded from school for the duration of an outbreak, unless you can prove by blood test that your child has circulating measles antibodies, or has had a prior certified case of natural measles.

The exclusion clause is a highly prejudicial and punitive measure aimed to inconvenience those families who choose to defer from vaccination. There is not a shred of evidence that an unvaccinated child poses a risk to a vaccinated child, nor that the unvaccinated child harbours the disease and spreads it to others. The rationale for excluding the unvaccinated child, according to the authorities, is for her/his own protection. Yet parents who choose to defer from vaccines are generally in favour of their children getting measles in childhood so that they will develop life long immunity. Even one case of measles at a school is considered an outbreak and many families have found their children barred from school for weeks at a time as measles runs it's course among the vaccinated children. By barring the unvaccinated child from school during an outbreak, a valuable opportunity of exposure to measles is denied that child, who would normally benefit by developing lifelong immunity and who would also carry passive immunity on to the next generation. Since natural immunity acquired through exposure to the disease is the only true immunity that will endure for life, preventing unvaccinated children from the opportunity of acquiring lifelong protection is a stunning example of the narrow minded, flawed and obsolete perspective of orthodox medicine. Many parents have expressed a desire to network with each other and develop a “measles party” grapevine so that their unvaccinated children can visit homes where measles is happening. Please let us know if you wish to network in this way, and be involved in setting up communication links. •

What if my child gets measles?

by Edda West

Measles, once an ordinary childhood disease, that every mother and grandmother was expected to know how to deal with, has been reshaped into a dangerous, and fearful threat since the widespread use of the vaccine.

We were assured that the vaccine would "eradicate" this "dreaded" disease by 1982 and that we would no longer have to worry about our kids getting sick. We allowed ourselves to be lulled into a false sense of security, believing naively that the experts would take care of us. How could we have predicted that not only would the vaccine not eradicate measles, but that it would shift the natural epidemiology of the disease putting young adults and infants at higher risk of catching it, with an increased potential for more serious consequences than in the by gone era when every kid got it as a normal part of life.

We have been taught to fear and distrust our natural bodily processes. In birthing our babies, we gave up our confidence and power to the expert obstetrician who turned birth into a 'high tech' medical event, displacing the gentle wise woman ways of the midwife. We were discouraged from breastfeeding for fear that our own milk was inadequate nourishment for our babies, and believed that scientifically prepared formulas marketed by pharmaceutical companies were the preferred, modern way.

As we handed over the management of our health to the medical/pharmaceutical monopolies, we came to believe that our babies couldn't possibly be expected to thrive, let alone survive without the expert advice and most importantly, the multiple vaccines given on a rigorous schedule by the friendly pediatrician. And fever, once a natural part of early childhood, was recast as the archenemy to be relentlessly suppressed with over the counter drugs and a steady diet of antibiotics - rather than supporting the child with healing herbs, cooling sponge baths and the tried and true homeopathic remedies that mothers have

used for centuries.

Probably the first and most important fear to work on releasing is fear of fever.

Fever is a natural ally that is part of the body's defense mechanism. During the course of an illness, the release of pyrogens causes the temperature to rise, which also stimulates the activity of white blood cells to help destroy bacteria and viruses. In the most simple terms, fever in the normal course of an illness is essential to burning out the sickness. To drastically "kill the fever" is to work against the body's own healing mechanism. According to Dr. Mendelsohn the exceptions are fever induced by heatstroke or poisoning, where medical emergency help is definitely required. (Please refer to Dr. Robert Mendelsohn's book *How to Raise a Healthy Child ...In Spite of Your Doctor*, and his excellent chapter on fever management.) A common theme that runs through the alternative literature on measles management emphasizes the importance of allowing symptoms to be expressed and cautions about the dangers of suppressing fever, cough and rash which may lead to the development of complications such as bronchopneumonia.

Measles can come with a very high fever, and the child can be quite ill even delirious when the fever starts to climb. My friend Mary who has six children, all of whom had the measles a few years ago, said that probably the most important thing she did for her children was to stay really close to them, to be attentively and lovingly avail-

able through the healing crisis - to make sure that they were getting plenty of fluids and that there was no danger of dehydration.

Measles comes in several stages. First symptoms may be chills, slight fever, cough, sneezing, runny nose, and sometimes pains in the head and back. The eyes may be red and sensitive to light. The child will experience a general feeling of malaise. The fever rises each day and may get as high as 40° - 40.5° Celsius by the third or fourth day. A rash will start at the hairline, and within 36 hours will spread over the whole body. Small red spots with bluish white centers the size of pinheads appear on the inner cheeks and gums, opposite the first molars. These "Koplik's" spots are a confirming symptom of measles. Initially, the rash is red, grain like spots which gradually enlarges into mottled patches, and then changes into a dull, brownish colour. The child may feel sensitivity to light and be more comfortable in a darkened room. During this phase, the symptoms get worse. The cough becomes hacking - throat becomes sore and the pulse is full and rapid. This phase may persist for 4 or 5 days. The third stage is convalescence. The rash gradually fades, although sometimes a pinkish tinge remains for a while. The fever comes down. Average recovery time for measles is between one and two weeks.

A troubling aspect of the relentless drive by North American medical authorities to ram more and more vaccines into our collective blood streams is the absolute denial that children, and society as a whole, can benefit from the natural occurrence of a disease such as measles.

The Swiss doctors write " The deep reaching disease process associated with measles can, on the the other hand, also have positive effects on the child. If children overcome the disease through their own powers of resistance, this helps the immune system to mature and builds resistance against other diseases of childhood and adult life. Parents, teachers and attentive doctors have always found that chil-

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What if my child gets measles?

dren can take an important step forward in development as a result of a childhood disease. Partly inherited diseases such as eczema, asthma and the tendency to develop infections in the respiratory tract can in particular be improved or healed by measles." Artificial measles infection was used as a treatment for Nephrotic syndrome (a kidney disease) until the sixties at the University Children's Hospital in Basel. Additionally, "Many medical practitioners are also aware that cancer patients have had strikingly few childhood diseases in their medical histories. This relationship has already been attested in numerous scientific studies" and they quote Dr. G. Schulz member of the Hamburg regional association for cancer control and research who wrote in 1969 that "authoritative authors tend to say more and more often that the development of cancer may quite possibly have been given a boost in certain cases through the repression of febrile conditions, which is in line with medical advances in recent years."

"The development of complications depends significantly on the age and health of the child, and also on treatment. Much has been forgotten today about how to deal with childhood diseases. Instead of supporting the child's powers of resistance, the tendency is to suppress fever and treat the symptoms, which is not always without its dangers."

Dr. Bob Witsenburg, a Dutch practitioner,

has written about his experience in a children's ward in Ghana, West Africa where children, in a reduced state of health and often suffering from malnutrition, anemia and malaria, are at particular risk from measles. In an article published in the Journal of Anthroposophic Medicine, Vol.9(3), Dr. Witsenburg talks of his experience with a severe epidemic in 1967/68, and the "marked differences in mortality at a hospital in Ghana were found to be due to different methods of treatment."

What he and his colleagues found was that the children who were most aggressively treated with sedatives, antipyretics (fever reducing substances), antitussives (cough suppressing), antihistamines had a much higher mortality rate than the group of children whose symptoms were allowed to become severe, with "high temperatures (40-41°C persisting for 3-4 days, severe exanthema (rash) subjectively feeling very ill) were found to have the best prognosis. 35% of the children who were given the standard, more aggressive treatment died, compared to the second group where high fever was allowed to manifest, resulting in a significantly reduced mortality rate of 7% "This led us to realize that the symptoms and signs, especially the pyrexia (fever) signaled activation of defense reactions that would give a successful outcome. Both the exanthema (rash) and the expectoration (cough) would appear to be effective eliminatory measures on the part of the organism." Dr.

Witsenburg concluded from this "that antipyretics are contraindicated. Antitussives (cough suppressants) inhibit expectoration and may therefore make bronchopneumonia more likely, particularly if purulent secretions cannot be coughed up."

Dr. Witsenburg writes that "Eliminations via the skin, and secondarily via the lungs, also play a crucial role in measles."—hence the importance of the rash being able to express and the lungs being able to expel phlegm. His course of treatment included fluids, bedrest, diet and expectorants given on a routine basis to help cough up phlegm. Antibiotics were used where indicated for bronchopneumonia, and additional appropriate treatment was employed if children were suffering from anemia and malaria.

With orthodox medicines' obsession to kill fever, and suppress symptoms, a serious question could be asked: "when measles related complications develop—do the complications arise as a result of mismanagement of the disease, where aggressive suppression of symptoms drives the virus back into the organism to further intensify the disease process?"

In an article entitled "Measles Retrospective Analysis in a Pediatric Practice", Dr. Karl Reinhard Kummer, an

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Become a member of VARIANCE

Volunteers are
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- * Researching and writing articles
- * Organizing public meetings
- * Networking with vaccine awareness groups worldwide
- * Sharing the newsletter with friends

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What if my child gets measles?

Continued

Anthroposophic physician, discusses his experience with 251 children treated for measles in his practice. His perspective includes both physiological and psychological aspects. "The evolution of an illness is greatly determined by the initiative and certainty shown by parents. This transfers to the child. With measles in particular, children tend to be weepy and psychologically unstable, so that a protective environment is an important part of treatment"....." Treatment was essentially anthroposophic and homeopathic, e.g. giving Pulsatilla and Pneumodoron 1 and 2. Almost all children were given expectorants. Strict bedrest was considered most important. The exanthem (rash) was enhanced by means of external applications. One child who had pneumonia was given an antibiotic. Children with otitis (ear infection) did not require antibiotics. The incidence of diarrhea and vomiting was remarkable, but probably does not rate as a complication. 60 children had the accompanying condition for up to one week, 19 took longer to recover."

Feedback from a majority of these parents testified that children often exhibit positive physical and mental changes after measles....."

"Made remarkable progress in development of body, mind and spirit, bursting with health and energy"....."Fine motor functions more developed"....."Big step forward in development, physically evident in growth and new teeth"....."Movements now full of energy; will power has been strengthened"....."More independent"....."Has grown a bit calmer; observes things more intently"....."Altogether calmer and more balanced"....."Remarkable improvement in ability to concentrate."

Dr. Kummer found that children needed less medical care after measles than before. "It is possible that the parents' increased confidence plays a role in this. After coping with an illness that was a strain on everyone, the physician is called only in cases of serious need." However,

most parents expressed the importance of communication with a knowledgeable and supportive health care practitioner when measles did occur.

According to Joy Gardner, author of an excellent book on natural healing entitled *Healing the Family*, she discusses the use of both vitamin C and A. One of her sources is Adelle Davis who recommends 1,000 to 2,000 mg. of vitamin C every two hours and says that "measles causes a great deficit of vitamin C and causes the vitamin A requirement to skyrocket."

Joy Gardner recommends 10,000 I.U. per day for children under ten and 20,000 I.U. for older children. Vitamin A is available in halibut liver oil or cod liver oil capsules. A wonderful natural source of Vitamin A is fresh carrot juice.

British Herbalist Anne McIntyre has an excellent section on measles in her book, *The Herbal for Mother and Child*. "As in all infectious diseases with a fever, you need to support the body's efforts in throwing off the illness, which will help the body to resolve the infection quickly and without complications". She recommends garlic perles(capsule), vitamin C and echinacea to enhance the immune system and offering herbal teas, selected from such tried and true botanicals as camomile, catnip, elderflowers, linden blossoms, peppermint and yarrow. A standard brew is one to two teaspoons of the herb to 1 cup of boiling water - let steep for 10 minutes and offer to the child frequently.

She recommends sponge baths for the fever, or hand and foot baths, using cooled teas selected from herbs like camomile, elderflowers, calendula, marshmallow and red clover. A few drops of essential oils of camomile, eucalyptus or lavender diluted in tepid water can also be used for sponge baths. She recommends Burdock and peppermint tea, given every two hours to help the rash come out. "For sore, inflamed eyes, infusions made from boiled or distilled water with camomile, elderflowers, eyebright or calendula to bathe the eyes. Use cotton wool and apply the tea, using a new piece for each eye."

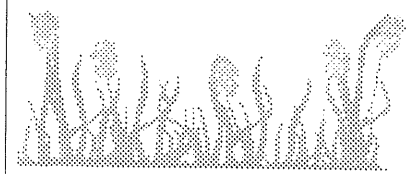
"If the child is irritable or restless, and has trouble getting comfortable give plenty of camomile or catnip tea. If the child is unhappy and clingy, add pasque flower to the mixture." And again, emphasis is on plenty of fluids, especially with high fever to avoid dehydration. Remember, a sick child will not be able to drink large quantities of fluids at once. Offer the fluids every 10 15 minutes so that the child keeps sipping liquids frequently. She also recommends that no solid food be given - "just fruit and vegetable juices or soups, until the fever has gone and the child feels a bit better."

Your naturopath or homeopath will be able to make recommendations for the use of homeopathic remedies to help your child through the various stages of measles.

Numerous excellent books on homeopathic remedies are available as well. For example *Homeopathic Medicine for Children and Infants* by Dana Ullman and *Homeopathic Medicine at Home* by Maesimund Panos and Jane Heimlich. These sources outline some of the standard remedies that may be used, depending on the symptoms presenting in the child. Aconitum, Apis, Belladonna, Bryonia, Euphrasia, Gelsemium, Kali bic, Pulsatilla are ones that are frequently recommended.

All things come in cycles, and a strong vision to rediscover nature's healing ways will empower us to seek out the knowledge and wisdom of our foremothers and will enable us to break free of the rule of the "experts".

As we embrace the vast treasury of the many healing modalities available to us today, we can reclaim responsibility for the wellbeing of our children and our families, and we will find our fears transforming into the confidence that we have the power to strengthen, enhance and protect our children's health. •



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NEWS AND CLIPS

FAREWELL TO PATRICIA

Patricia Howes, sweet little daughter of Nancy and Larry Howes passed away on January 10, 1996. She was eleven years old. She was born on October 12, 1984 a full term, healthy baby, developing normally until her first DPT shot at two months. She went from being a content and happy baby to crying constantly, disturbed sleep patterns, and startle activity which increased and was subsequently identified as continuous seizure activity. Every known test was done to try to determine what was wrong every known drug was tried to control the seizures all to no avail. Patricia had suffered irreversible brain injury as a result of reaction to the vaccine a beautiful little girl, robbed forever of any hope for a normal, healthy childhood. Reaching beyond the tragedy that had struck their beloved child, Nancy and Larry became one of the founding families of The Association for Vaccine Damaged Children and have worked for years consoling, comforting, and counseling other families whose children's lives have been destroyed by vaccine reaction. Our heartfelt condolences go to the Howes family in this time of bereavement.

THE EAGLE FUND

An appeal has gone out to all Canadians of good will who understand the potentially destructive effects of childhood vaccinations. In Winnipeg, yet another Canadian child has been brain damaged following a "routine" vaccination. A neuro immunological diagnosis at the Mayo Clinic has confirmed that three year old Sara Dignazio had suffered demyelinating encephalitis, or inflammation of the brain. At 18 months of age, Sara was a bright, energetic and happy little girl. Sara had had previous adverse reactions to the first three shots - rashes, high fever and screaming spells. Her parents were told this was normal, and not to be concerned. Sara did not recover from the fourth shot. She screamed and screamed in excruciating pain and then "the switch turned off". Sara does not speak now and engages in repetitive and stereotypical behaviors and is labeled "PDD" Pervasive Developmental Disorder.

A courageous group of Winnipeg Chiropractors have initiated a nation wide appeal known as the Eagle Fund to help raise funds to defray the staggering costs of a law suit that has been launched by the Dignazio's on behalf of their daughter. Upon successful completion of the suit, the funds will be repaid by the Dignazios. The newly restored fund will then be available for other Canadian families with vaccine injured children to apply to for assistance in initiating legal action and compensation for destroyed health and lives. For further information about the Eagle Fund, please contact Dr. Raymond Shupena at (204) 885 5516, or Dr. Gerry Bohemier at (204) 233 3060, or by writing to The Eagle Fund Inc., 154 Provencher Blvd., Winnipeg, Manitoba R2H 0G3.

REVERSE TRANSCRIPTASE FOUND IN MEASLES VACCINE

The Nov/Dec 95 issue of The Vaccine Reaction informs us that "Swiss scientists have reported finding an enzyme, reverse transcriptase in the live measles and mumps vaccine which has been traced back to chickens whose cells are used to create the vaccines. Reverse transcriptase (RT), which copies RNA into DNA, has also reportedly been detected in yellow fever and some influenza vaccines prepared in chicken embryo cells. Reverse transcriptase is linked to retroviruses, "a class of viruses which can permanently alter the genes of the cells they infect." AIDS is a retrovirus. Merck & Co. is trying to find out if the RT activity in the vaccine is caused by contamination of an avian leukosis virus which is found in some birds and which is also linked to a "leukemia like illness." In the meantime, according to the Washington Post Dec. 9, 'The World Health Organization has reviewed these findings and has concluded that these vaccines should

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continue to be used to prevent the diseases against which they are directed.' The Centres for Disease Control denies 'any evidence of a virus which can be transmitted to and replicate in humans.' "

The article goes on to say "Independent researchers have started to express concern that using animal tissues for production of human vaccines, especially live vaccines such as MMR and polio could be facilitating the inter species transfer of viral infection from animals into man causing as yet undetected and unevaluated negative health effects on humans. Of particular concern is the fact that transfer of the whole animal virus into man does not have to take place in order for latent viral infection and genetic change to occur. If portions (genes) of animal viruses are introduced into humans, they have the potential to interact differently with each individual's immune system and DNA and cause disease."

DR. VIERA SCHEIBNER

Australian research scientist, Dr. Scheibner stopped over in Toronto on her way to Montreal to testify on behalf of Dr. Guillaîne Lancot who is being persecuted by the Quebec medical authorities for her criticism of the orthodox medical establishment in her book entitled *The Medical Mafia*. Dr. Scheibner had come from Winnipeg where she had met with the Dignazio family to give her expert opinion and analysis of the events leading to little Sara Dignazio's neurological injury. Nearly 200 people gathered to hear Dr. Scheibner's lecture at the O.I.S.E auditorium on Dec. 9/95. Her lecture was an incredibly rich outpouring of the wealth of information she has gathered over the years on vaccine risk and injury. Her book, entitled *Vaccination: The Medical Assault on the Immune System* and her video tape *Dangers and Ineffectiveness of Vaccinations* are both available from the Consumer Health Organization of Canada (416) 222 6517.

ONTARIO CHILDREN REACT TO MEASLES VACCINE

The measles vaccination campaign has just begun, but already we are hearing of Ontario children suffering shock and collapse from the vaccine. One source reported that as of Feb. 15/96 there have been

eleven children who suffered severe adverse reactions in York region, eight of whom had to receive adrenaline which is given when anaphylaxis develops. In the Peterborough area, five students had to be taken to the hospital from adverse reactions, and in Peel area another 9 needed medical help from adverse reactions. And the campaign is just beginning. The medical authorities are downplaying the reactions and generally suggesting that the kids are reacting from fear. Says Peterborough area medical officer of Health Dr. Garry Humphreys "the reactions could be related to anxiety about the needle itself or were actually adverse reactions to the vaccine." An anaphylactic reaction can be a life threatening condition with specific symptoms that require specific medical treatment. It is difficult to understand how any confusion can arise between ordinary

fainting and a severe allergic reaction.

ADVERSE REACTIONS TO HEP.B VACCINE

Ohio Parents for Vaccine Safety newsletter (summer/95 issue) reports that "Approximately 12,000 adverse event reports associated with hepatitis B vaccine were received by the federal government's Vaccine Adverse Events Reporting System (VAERS) between July 1, 1990 and November 7, 1994.

Although many of these reports were from infants who had received other vaccines at the same time, a large fraction of these reports were from adults who had received only hepatitis B vaccine. •

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The Measles Vaccine (Continued)

Measles is a universal disease present on all the continents and according to Dr. Richard Moskowitz: "In the United States and many other countries, centuries of adoption and 'herd immunity' have slowly and painfully transformed it into an ordinary childhood disease with non-specific mechanisms in place to help deal with it effectively. The permanent immunity acquired in recovering from the natural disease thus represents a net gain for the total health of the human race".

The same cannot be said for the vaccine. A vaccine does not enter the body through the natural portals of the nose and mouth. It is injected directly into the blood stream in a mixture of chemicals and animal protein and viruses. According to Judy Kates, the measles vaccine being used this February is the same one used in the MMR shot. It is made of the measles virus, (a weakened virus created in 1952), cultivated on a chicken embryo, and preserved and stabilized by neomycin (a trace antibiotic), polymixin B (a trace antibiotic), phosphate buffered saline, sterile water and Tween 80 (a stabilizer).

When the vaccine enters the body the mixture of chemicals, live virus and animal protein can have a severe effect on the immune system. The Canadian Immunization Guide warns that some children may have an anaphylactic reaction to the egg protein. It also

VARIANCE

is committed to continuing the work started in 1982 by The Committee Against Compulsory Vaccination - to provide information and support to people seeking information about vaccine risks and freedom of choice in health care and to uphold the courageous work done by The Association for Vaccine Damaged Children who came together to support each other despite the unspeakable tragedies of their injured children and their remarkable and effective legislative efforts that changed laws to help protect future children from vaccine damage.

warns that people who have shown an anaphylactic reaction to neomycin should not have the vaccine. How are you to know how your child will react?

As well, there are documented cases of dangerous viruses being carried in the animal proteins used in vaccines. In many cases the

The massive deployment of the Measles vaccine may be altering the epidemiology of the disease and the ecological balance between the virus and humans to such an extent that the breakdown of our collective natural resistance would leave us to face the kinds of deadly epidemics that decimated native populations when first exposed to measles by europeans migrating to North America.

viruses carried by the animal protein (calf, chicken embryo, or monkey serum) are not discovered until too late. The SV-40 virus that was lurking in the oral polio vaccines used in the Belgian Congo in 1958 is now being blamed by some researchers for AIDS.

Furthermore, the measles vaccine cannot exactly duplicate the effect of the wild virus on the immune system. The long term ramifications of triggering a 'false' response from the immune system are serious. Many scientists now believe that the measles vaccine drives the virus deeper into the body. Recent epidemics in the United States have occurred in adolescents and young adults. The virus is more serious in older ages and complicated further by the atypical symptoms created by the vaccine.

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extent that the breakdown of our collective natural resistance would leave us to face the kinds of deadly epidemics that decimated native populations when first exposed to measles by europeans migrating to North America.

"Measles occurs irrespective of and despite vaccination", writes Dr. Scheibner, "the major difference between then and now is that, due to vaccination, we now have atypical measles, an especially vicious form of measles resisting treatment, and the so-called 'mini-measles' with underdeveloped rash, which exposes children in later life to dangers of chronic diseases, including cancer."

Dr Scheibner's studies of the medical journals has uncovered information about the severity of atypical measles in the 1960's. In atypical measles the rash appears first on the feet and palms and then moves towards the body. In many cases the children developed pneumonia which resisted all treatment. The children affected had been vaccinated with a killed measles vaccine 5-6 years earlier.

"Despite these worrying occurrences, other authors published articles on the benefits due to measles vaccinations. Against all the evidence, measles vaccines continued to be described as effective and safe by some, yet at the same time, the medical literature was teeming with reports of the ineffectiveness of measles vaccines and of serious local and systemic reactions to them". (Scheibner)

By contrast the natural immune response to measles confers long term health benefits. When the immune system reacts to the measles virus with a fever, rash and watery nose and eyes, it is expelling the virus from the body. "The natural recovery process 'primes' the organism to respond promptly and efficiently to other microorganisms in the future. Indeed, the ability to mount a vigorous, acute response to infection deserves recognition as being indispensable to the maturation of a healthy immune system". (Dr. Moskowitz)

Prior to the vaccine, measles was regarded as an ordinary disease of childhood, with very low risk in healthy, well nourished children. Getting the measles naturally provided lifelong immunity. Mothers passed on strong protective maternal antibodies which safeguarded young infants from contracting the disease in the early vulnerable months of life. Today, this natural cycle has been broken and altered by the vaccine creating a

Continue on next page

The Measles Vaccine (Continued)

new spectrum of high risk groups.

At one end are the infants whose mothers are unable to develop adequate protective antibodies because they themselves were vaccinated, and at the other end are the teens and young adults whose vaccine induced temporary immunity has begun to wear off. Both groups are at higher risk of complications should they get the disease than if it were allowed to occur naturally in childhood. In Britain, where many parents are rejecting the vaccine precisely for these reasons, networks have sprung up and people are getting together for "measles parties", so that kids can get exposure, get the measles and develop lifelong immunity.

In accordance with this line of thought a large group of Swiss doctors have recently formed a working committee questioning the Swiss Health Department's policy of mass vaccinations against measles, mumps, and rubella. The group of doctors are arguing that childhood diseases are an important developmental milestone in the maturation of the immune system.

In the position paper published by the Swiss doctors entitled Medical Objections to a Continued MMR Immunization Campaign in Switzerland, they report that after extensive research "it is clear that the aim of eradicating these three centuries-old childhood diseases in Switzerland is not attainable" and that the "danger is that mass immunization of infants will destroy the natural resistance of children to such an extent that dangerous epidemics will result". The paper cites the United States as an example of the failure of the MMR vaccine. Despite a 95 % vaccination level, the numbers of cases of measles in the higher risk group of adolescents and infants has been increasing dramatically and mortality is rising.

Dr. Mendelsohn in his book, "How To Raise a Healthy Child In-Spite of Your Doctor", lists some of the known side effects of the vaccine. "The measles vaccine is associated with encephalopathy and with a series of other complications such as SSPE (subacute sclerosing panencephalitis), which causes hardening of the brain and is invariably fatal. Other neurological and sometime fatal conditions associated with the measles vaccine include ataxia (inability to coordinate muscle movements), mental retardation,

aseptic meningitis, seizure disorders and hemiparesis (paralysis affecting one side of the body). Secondary complications associated with the vaccine may include encephalitis and multiple sclerosis, anaphylactic shock, Reye's syndrome, Guillain-Barre syndrome, blood clotting disorders, juvenile-onset diabetes, and even a relationship with Hodgkin's disease and cancer".

Last year England experienced the same measles epidemic scare that we are encountering in Ontario. One year later doubts about the efficacy and advisability of the mass vaccination campaign are being raised from some unlikely quarters. The article reports on the aftermath of the largest measles vaccination campaign undertaken in Britain. Several hundred children have suffered serious adverse reactions, some have been left with epileptic disorders.

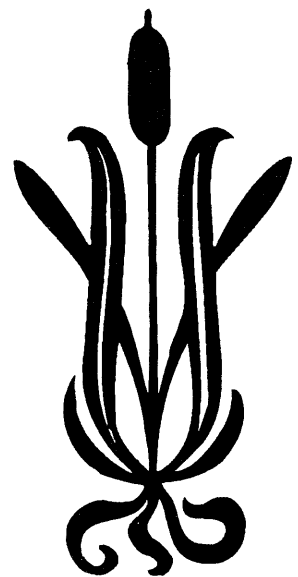
The article reported on research being done by the Inflammatory Bowel Disease Study Group at the Royal Free Hospital School of Medicine in North London. A significant increase of Crohn's disease in the past twenty years, notably in young children, has lead to a study that has linked the measles vaccine with the intestinal disease. Crohn's disease is caused by the failed response of the immune system to some persistent virus in the blood vessels of the bowels. The virus from the measles vaccine can establish itself in human tissue, lie dormant for years and eventually cause an inflammatory reaction. One of the significant aspects of this study is that in comparing rates of the disease in a vaccinated group to one that had contracted measles naturally, the unvaccinated group had significantly lower incidence of the disease. Measles vaccine is given to toddlers between 12 and 18 months, when the immune system is still developing. **"For reasons not yet clear, exposure to the measles virus at this younger age hugely increases a person's vulnerability to Crohn's as well as to autism."**

The article goes on to report that Dr. Reed P. Warren and his colleagues at Utah State University "have discovered that the measles virus tricks the immune system into attacking the body's own myelin". Myelin is a fatty substance that protects and insulates the central nervous system, developing in stages during the first 10 years of life. Infants are born with very little myelin. If myelination is

disrupted or damaged and the nervous system is shortcircuited, this may well be a root cause of learning disabilities, as well as autism. It is estimated that the incidence of autism is 1 in 1,000 children in the U.S.

Vaccination tampers with two unknowns - the human immune system and the disease itself. With the measles vaccine we have seen some interesting results. The mass immunization programs have wiped out measles to some extent: it is now difficult to find wild measles outbreaks in the age group of children where it was once expected. (Approximately 2-10 years). But this was achieved with a rather larger count of vaccine damage, both immediate and long term, than we are being led to believe. Contrary to the Public Health Nurse's casual assertion, it is not difficult to find parents whose children have suffered vaccine damage.

Most doctors agree that "Measles is a self limiting infection of short duration, moderate severity, and low fatality, which has maintained a remarkably stable biological balance over centuries" (Langmuir 1962). Measles is a mild childhood disease, especially in children who are healthy. Unsanitary conditions, an impoverished diet and constant stress will tax the immune system and make the disease more difficult to fight. It seems logical that a weakened immune system would be equally taxed by vaccines. Unfortunately the vaccination campaigns continue to increase even as the evidence of vaccine damage mounts.



Tetanus and Anti-Fertility Drugs

Reprinted with permission of the Vaccine Information & Awareness Newsletter, Summer 1995 edition.

There is mounting evidence that women in Third World countries are unwittingly being used as guinea pigs in an experiment to test a tetanus vaccine laced with an anti-fertility drug, according to the head of an international pro-life organization.

Fr. Matthew Habiger, Ph.D., OSB, president of Human Life International (HLI), Gaithersburg, Maryland, called for a congressional investigation of "reports that millions of women in Mexico and the Philippines have unknowingly received anti-fertility vaccinations under the guise of being inoculated against tetanus."

He reports that the governments of Mexico and the Philippines, under the direction of the World Health Organization (WHO), have been conducting the large-scale tetanus vaccination programs. The tetanus vaccinations, ostensibly given to combat neo-natal tetanus infections, also contain human chorionic gonadotrophin (hCG), a naturally occurring hormone essential for maintaining pregnancy. The laced vaccine results in the formation of antibodies against hCG that will attack subsequent pregnancies.

The first discovery that tetanus toxoid vaccines contained the hCG hormone was made in Mexico in the autumn of 1994, when members of the *Comite Pro Vida de Mexico* (Pro Life Committee of Mexico) became suspicious of the protocols for the Mexican campaign: All males were excluded from the program and only women of reproductive age (15-45) were to be vaccinated.

The *Comite* obtained vials of the tetanus vaccine. When analyzed by chemists they were found to contain hCG hormones as well as the tetanus toxoid. The Mexican *Comite*, a member of Human Life International's World Council for Life and Family, a global coalition of pro-life pro-family organizations, alerted HLI about the tetanus vaccine. HLI in turn reported the facts to its World Council members and HLI affiliates in more than 60 countries throughout the world. Soon, additional reports of tetanus toxoid vaccines laced with hCG hormones began to trickle in from the Philippines, where more than 3.4 million women were recently vaccinated against tetanus. Similar reports of hCG hormones being found in tetanus vaccine came from Nicaragua, which conducted its own vaccination campaign in 1993.

Habiger, summed up the known facts concerning the tetanus toxoid vaccination campaigns in Mexico and the Philippines. "Only women are vaccinated, and only the women between the

ages of 15 and 45. (In Nicaragua the age range was 12-49). "But aren't men at least as likely as young women to come into contact with tetanus? And what of the children, including females? Aren't they also at risk? Why are these groups excluded from the vaccination campaigns?" asked Habiger.

*Human chorionic gonadotrophin (hCG) hormone has been found in the vaccines. "It does not belong there," Habiger noted. "In the parlance of the O.J. Simpson trial, the vaccine has been 'contaminated.'" *The vaccination protocols call for multiple injections - three within 3 months and a total of 5 altogether. "But, since tetanus vaccinations provide protection for 10 years or more, why are multiple inoculations called for?" Habiger asked.

*The WHO, the driving force behind the vaccination campaigns, has been actively involved for 20 years in the development of an anti-fertility vaccine utilizing hCG tied to tetanus toxoid as a carrier - the exact same coupling as has been found in the Mexican-Philippine-Nicaragua vaccines. Allied with the WHO in the development of an anti-fertility vaccine (AFV) utilizing hCG with tetanus and other carriers, have been the United Nations Fund for Population Activities (UNFPA), the United Nations Development Program (UNDP), the World Bank, the Population Council, the Rockefeller Foundation, the All India Institute of Medical Sciences, and a number of universities, including Uppsala, Helsinki, and Ohio State. The U.S. National Institute of Child Health (NICHD) and Human Development of the U.S. National Institutes of Health (NIH), Bethesda, Maryland, was the supplier of the hCG hormone in some of the AFV experiments.

"At the moment, we only know the basic facts," said Habiger, "but things look mighty suspicious that massive campaigns may be underway to vaccinate women against future pregnancies. If that is in fact the case the situation is absolutely unconscionable, with the women victims being treated as nothing more than uninformed, unwitting, unconsenting guinea pigs." "The appropriate Congressional offices are being made aware of this situation," Habiger said. "At this point we feel there is enough evidence to warrant an independent investigation. If the allegations are true, Congress should issue the strongest possible public condemnation of such massive human rights violations and impose sanctions, including a cutoff of funding to the UN agencies and other parties involved."

THE VACCINATION DECISION

- by Santo D'Agostino -

It is said that the most difficult thing is the analysis of the obvious. Our deeply felt assumptions about the world are sometimes buried so far beneath the surface of our conscious awareness that we hardly recognize them as our assumptions, much less question them.

This has its good points - we would be paralyzed if we questioned *everything*. But the danger is that we continue to hold on to cherished beliefs even when we are faced with strong evidence that they are wrong. Thomas Kuhn wrote about this phenomenon in the context of science in his book *The Structure of Scientific Revolutions*. He used the word *paradigm* to mean the fundamental assumptions, viewpoints, rules, and habits that help us to perceive the world and make sense of our perceptions. Used in this sense, as a kind of perceptual framework, paradigm is becoming part of the jargon of the business world. So is the idea of paradigm shifting: When faced with new information that doesn't fit our paradigm, are we able to modify our paradigm to accommodate the new information? Kuhn talks about Einstein's Theory of Relativity as an example. Some of the great older physicists of the early twentieth century, who grew up learning a different paradigm for physics, were able to adapt quickly to Einstein's new ideas, absorbed them, and wielded them with great facility. Many others were so rooted in older ideas that they died without ever having been able to make the shift necessary to understand the new vision. Younger physicists learned Einstein's revolutionary ideas much more easily as they were less set in their thinking.

An important point that Kuhn makes is that paradigms can act as filters - we may not even be able to consciously see

something if it doesn't fit into our way of looking at the world. Denial is a general example of this. As the many examples from the worlds of science and business attest, shifting to a new paradigm is difficult for everyone, regardless of their intelligence.

On 9 December 1995, I heard a lecture by Viera Scheibner wherein she presented evidence from medical journals that vaccinations were both dangerous and ineffective. In a number of cases Dr. Scheibner remarked about curious pattern: the authors of a paper began by saying that they would present evidence of the dangers of vaccines, then they presented their data, but by the end of their paper they concluded that we must continue to vaccinate, or even to redouble our efforts to vaccinate. What happened? Did they forget everything they had done and written by the end of the paper? No, I believe this is a *prima* example of being stuck in a paradigm, in this case one that is no longer valid or helpful.

When it comes to vaccinations, the paradigm that most people have is that they are a boon to humankind; that they have wiped out disease, that they are safe and effective; that they are essential to public health. Indeed, some people believe they are perfect, with a faith verging on religion.

The history of vaccinations shows that they have maimed and killed many people, especially children. I believe that vaccines are dangerous; ineffective; are not responsible for the decline in infectious diseases; and far from protecting public health, they endanger it. I believe that, like many standard medical treatments, if vaccines were invented today

they would not be approved. I shall elaborate on these thoughts in the following; you should not construe my comments as medical advice.

Apparently many school officials and health-care workers are under the mistaken impression that vaccination is mandatory for attendance at Ontario schools. This was the case when the current law was passed in 1982, but after pressure from concerned parents and legal action by some parents whose children were severely injured by vaccines, the law was amended in 1984. So by signing a standard exemption form (available from health units, the Ministry of Health, and some schools) parents may have their children attend school without having them vaccinated.

Knowing that vaccinations are no longer compulsory, how do we decide whether to have our children vaccinated or not? Of the many questions we need to consider, I believe the following four to be the most important.

1. Are Vaccinations Harmless?

A growing body of evidence suggests that typical vaccines have both long-term and short-term side effects that range in severity from mild to death, including high fevers, inconsolable high-pitched screaming, seizures, breathing difficulties, allergic reactions, long-term allergy disorders, SIDS (crib death), learning disabilities, encephalitis, encephalopathy, MS, arthritis, leukemia, and many others.

Vaccines contain a wide array of toxic substances. Typical vaccines contain the following inorganic poisons: formaldehyde (known to be carcinogenic), thimerosal (a mercury compound), aluminum phosphate, aluminum potassium sulfate, sodium phosphate, and so on. I imagine that most people would want

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compelling evidence of the safety of this chemical soup before drinking it - I require much stronger evidence of safety before I shall allow these toxins to be injected into the bloodstreams of my children.

Besides these poisons, the "active" component of a vaccine, usually viral material, is present in massive quantity. According to current understanding of immune function, we are born with a fixed number of T-lymphocytes, which serve as the "memory cells" of the immune system. When one of these cells encounters an invading virus, it experiences changes so that it will be able to rapidly manufacture antibodies specific to that type of invader. However, the T-cell can never react to any other kind of invader, since it can never produce any other type of antibody. Because the viruses in vaccines are present in such massive quantities, there is concerns that our reserve of T-cells may be severely depleted by vaccinations, and that consequently our long-term immune capacity may be compromised.

The last half of the twentieth century has seen a dramatic increase in the incidence of childhood chronic diseases such as cancer, arthritis, cerebral palsy, MS, and so on. Asthma in particular is widespread. Now, correlation does not prove causation, so it would be invalid (with our present state or knowledge) to blame vaccines for all of the increase in these diseases. Many other factors influence their incidence, such as environmental pollution, nutrition, etc. However there are documented mechanisms by which vaccines could cause such diseases. This, together with the correlations, makes my alarm bells go off. From a public health standpoint, it would be prudent to hypothesize that vaccines do cause the aforementioned diseases and then carry out research to test this hypothesis.

Let's set the argument of the previous paragraph in personal terms. If you knew that vaccines were perfectly effective in protecting your child from infectious diseases, but that they increased the

probability of your child getting cancer by 10%, would you have your child vaccinated? What if the increase in probability were 5%? What if it were 50%? Now I just pulled these numbers from my hat - *nobody* knows what the actual numbers are! Maybe it is 0% but who knows? And when I realize (see the next section) that vaccines are far from effective and have a pile of other side effects, I feel nauseous. I think to myself, let's not vaccinate one more child until we really know what the long-term dangers are.

But there is much more to the story. Since virus cultures that are used to make vaccines are typically grown in animal tissue (for example, monkey kidneys, chicken embryos, rabbit livers, calf and horse sera) vaccines are certainly contaminated with both animal cells and an unknown number of animal viruses. Since these foreign antigens are injected directly into the bloodstream, they may insinuate themselves into human DNA, and may lie dormant in our organs for years (proviruses) before becoming virulent and causing autoimmune diseases.

Indeed, standard theories of AIDS suggest that HIV is a mutation of SV40, a virus that infects African Green monkeys, and the mechanism for transfer from that monkey species to people is unknown, although biting has been suggested. A more plausible hypothesis is that the polio vaccines (which were grown in the kidneys of African Green monkeys) were contaminated with SV40. There is very good evidence to support this hypothesis. So we need to face the strong possibility that our hubris has caused AIDS.

Finally, SIDS (crib death) is one of the leading causes of death in developed countries for children under 6 months of age. Microprocessors connected to breathing monitors have made detailed records of breathing stress in infants, and have provided clear evidence that vaccines are a cause of SIDS. Apparently the immune systems of infants are not sufficiently well-developed to cope with the massive shock from vaccines.

Countries that have delayed vaccinations until two years of age have had a decrease in infant mortality.

It would take a long book just to summarize all the evidence of the dangers of vaccines that have been published in peer-reviewed medical journals. But no amount of scientific evidence can match the anguish of parents whose children were born perfectly healthy and have been brain-damaged by vaccines.

2. Are Vaccinations Effective?

The evidence that vaccines produce immunity is weak, whereas it is well-established that infectious diseases contracted naturally do confer life-time immunity. A reasonable conclusion is that the only true immunity is natural immunity.

The measles vaccine is a good example. In Ontario we have one of the highest compliance rates in the world and yet we have the highest measles rate in the western world. A good common-sense hypothesis is that the measles vaccine is not effective; if so, what guarantee is there that vaccinating again will help? Wouldn't it be wise to look at alternatives? The rise in atypical measles in fully vaccinated children is also very disturbing: are we trading a benign childhood disease for a dangerous teenage variant that the vaccine itself may have created?

There is much evidence that during outbreaks of infectious diseases roughly the same proportion of vaccinated children becomes ill as unvaccinated Children, and on average the illnesses are about as severe whether the children are vaccinated or not. So vaccinations by and large do not decrease the incidence or severity of infectious diseases.

An important question is: for unvaccinated children who don't become ill during outbreaks of infectious diseases, *why*

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don't they become ill? People who maintain good nutrition, reduce the stress in their lives, use homeopathic remedies and vitamins to make illnesses benign, and so on, think they know the answer to that question. It is important to carry out research to verify or falsify these ideas, for if vaccines are not effective, we need public health policies in place that will help all parents effectively care for their children.

When our family doctor was trying to convince us to give our babies the Hib vaccine, she showed us evidence that the vaccine produced a high "titer" of antibodies - in other words, lots of antibodies were produced by children who got the vaccine. This kind of evidence is typically given in medical journals as proof of efficacy. However research shows that there is no correlation between antibody production and immunity, as determined by tracking the vaccinated children to see if they actually get the disease. Of course this makes sense, because presence of antibodies is evidence of *infection* not evidence of *immunity*. (In AIDS tests one tests for the presence of antibodies to HIV; if they are found, we say that the person is infected with HIV, not immune to it.)

3. Are Vaccinations Responsible for the Decline in Infectious Disease?

"Everyone" knows that vaccinations have wiped out diseases, but where is the evidence for this? In fact, infectious diseases had declined precipitously long before vaccinations were in common use.

Diseases such as tuberculosis, chicken pox, scarlet fever, typhus, typhoid, and plague have declined or nearly disappeared in developed countries even though there have never been vaccines for them in common use.

According to the World Health Statistics Annual, 1971-1976, Volume 2, there has been a steady decline in infectious diseases "in most 'developing' countries regardless of the percentage of immunizations administered in these countries. It appears that generally improved conditions of sanitation are largely responsible for preventing 'infectious' diseases."

Besides improved sanitation, other researchers have concluded that clean water supplies, improved personal hygiene, better nutrition (including greater consumption of fresh fruits and vegetables), less crowded living conditions, and better ventilation have all contributed to the decrease in incidence and severity of infectious diseases.

The assumption that vaccine are a great boon to humankind is so deeply rooted in us collectively that it blinds us.

For example, after the polio vaccine was introduced in the 1950s doctors began diagnosing polio as viral or aseptic meningitis. Although the total number of polio and meningitis cases remained about constant (showing that the vaccine was not helpful), the number of reported polio cases dwindled to near zero (making it look as if the vaccine was marvelous).

There was no conspiracy at work here. Health officials later admitted that doctors simply assumed that children vaccinated for polio couldn't possibly have the disease, so they reckoned it must be meningitis. Nevertheless, the vaccine still gets credit for wiping out the disease. The paradigm is an effective filter here.

-Vaccinations are not magic bullets.

4. Are Vaccinations Essential to Safeguard Public Health?

I believe that our society's allegiance to vaccines is partly due to the wide-

spread belief in the "sniper" model of infectious disease. Look at the language we use-we say "I caught a virus" or "I was hit with a virus." It's as if we were in a crowded city square when a sniper on a roof-top begins to shoot. The unlucky ones get shot, just as the unlucky ones "catch" a virus and get ill. But, in reality, when a virus is "going around," it's extremely likely that it infects nearly everyone. It is not luck but the ecology of one's body that determines whether one gets ill and how ill one gets. Have you been eating well? Have you been sleeping well? Are you under psychological or physical stress?

For example, during the most recent polio epidemic in the 1950s, tests of stools or throat swabs in some villages in the U.S. showed that practically everyone was infected with polio virus. Yet only about 10% showed ally symptoms of illness at all (flu-like symptoms) and only a fraction of those with symptoms had paralytic symptoms. Once again, the important question is why were almost all of the infected people able to stay healthy?. Some medical doctors of that era suggested that proper diet would protect people from polio, particularly staying away from refined sugar and ingesting a sufficient amount of vitamin C. (Benjamin Sandler, M.D., publicized his low-sugar diet in North Carolina and the number of polio cases decreased from 2402 cases in 1948 to 214 cases in 1949, while the number of cases in the rest of the U.S. increased.)

There are natural health traditions that view some childhood infectious diseases, such as measles, as blessings. They are considered to be beneficial in helping the immune system to mature in a natural way and in balancing the growth of the child's internal organs. In those traditions children are cared for so that the diseases can run their course without harming them. One senses that the children are guided to grow towards harmony. Contrast this with our prevailing attitude: we wish to eradicate infectious diseases. Our goal is to wipe out, to kill, to destroy. We are ever at war. And

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viruses are not elephants; we have nearly succeeded in wiping out the latter, but to think that we can wipe out microbes that number in the myriads per cubic centimetre of the biosphere is folly.

If one makes such a shift in point of view, away from a focus on the infectious agents, and towards a focus on the ecology of the body, then one seeks to maintain a healthy body, not to eradicate viruses. The public policy issue then shifts from "How can we vaccinate everyone, and if that doesn't work how can we vaccinate more often, harder, and for more diseases?" to "How can we help people to maintain good general health? How can we help children to get proper nutrition? What can we do to make life less stressful for people?", and so on. Right now our public health policy makers are one note Charlies: Afraid of polio? Vaccinate the children. Afraid that pregnant mothers might get rubella? Vaccinate the children. Afraid that intravenous drug users and the sexually promiscuous might get hepatitis? Vaccinate the children. Afraid that our vaccinated children are still getting measles? Vaccinate the children again.

And so the war goes on. And as in any war, the children are suffering.

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I believe that vaccines have been maiming and killing children throughout the history of their use. People have not been made aware of the extent of the killing; the extent of the maiming is not fully known. I consider vaccines experimental drugs that have not been properly tested and are not being properly tested. In the absence of convincing evidence of their benefits and in the face of disturbing evidence of their risks, I believe the prudent action is the conservative one -- not to vaccinate.

In the past, governments in many parts of the world have waged terror campaigns to coerce people to vaccinate.

This is reminiscent of totalitarian regimes and is repugnant to those who believe in democracy. Parents are ultimately responsible for the care of their children, and each decides how best to do this. The onus is on vaccine proponents to provide compelling evidence of their safety and efficacy, but then respect the right of parents to make the final decision. Our health-care providers should help us to make informed decisions by giving advice, information, and support whatever we decide to do, not by terrorizing us, threatening us, or flinging guilt. Decisions based on fear are rarely wise.

For those who say that each child must be vaccinated to guarantee the health of all children, I say first that the evidence to support this is weak. Second, if vaccinations really do what their proponents say they do, if your children are vaccinated they will be protected even if mine are not vaccinated. Finally, the Hippocratic oath does not say, "Let's do a societal cost benefit analysis" or "A certain amount of death and suffering is OK provided it is for the greater good." The Hippocratic oath does say, "First do no harm."

I began by talking about paradigms, and there is a wider paradigm that is outside the scope of this discussion, but which is worth further thought. The prevailing paradigm of the western world in this century is that technology is the solution to all of our problems. Indeed some writers have referred to technology as our god. There were ancient peoples who sacrificed children to their gods and we look back on them with horror. We are sacrificing our children -*unconsciously*- and to which god? The god of vaccines? The god of modern medicine? The god of technology? The people of the next century will look back on us as barbarians.

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If you have already vaccinated your children and are concerned about subtle

harm, you may wish to ask a naturopath about homeopathic nosodes for vaccine damage. If you have already vaccinated your children and are beginning to feel guilty about it, please don't. Let's focus on the present instead of the past and let's do what we can do *now* to help our children maintain vigorous good health, whether they were vaccinated or not.

No doubt there are some parents who, after reflecting on all the arguments pro and con, will decide to vaccinate their children. They don't need to be judged or criticized. It is every parent's right to interpret the evidence as they will and to make the best decision they can to benefit their children. Whatever you decide to do, to vaccinate or not, God bless your children and keep them well.

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Here are some references to books that I have found helpful:

Immunization: The Reality Behind the Myth, by Walene James (There is a new 1995 edition)

How to Raise a Healthy child in Spite of your Doctor, by Dr. Robert Mendelsohn

A Shot in the Dark, by Harris Coulter and Barbara Loe Fisher

Vaccinations The Rect of the Story (Selections from Mothering magazine)

You may also like to join **VARIANCE**, a wonderful group of parents who are interested in the vaccination issue. If so, write to Edda West, 814 Shaw St., Toronto, M6G 1M1.

Santo D'Agostino
20 February 1996

VARIANCE RESOURCE & INFORMATION LIST

**814 Shaw St., Toronto, Ont. M6G 3M1
(416) 534-1477**

- 1. Vaccination - A Medical Assault on the Immune System - by Dr. Viera Scheibner** - available from Consumer Health Organization of Canada - (416) 222-6517 - 240 Sheppard Ave. E., Toronto, Ont. M2N 6M9. Also available from Consumer Health are Dr. Scheibner's lecture on video and audio tape of her Toronto lecture.
- 2. The Immunization Resource Guide - by Diane Rozario** - Koran Publ. -800-537-3001
- 3. Immunization - The Reality Behind the Myth - by Walene James.**
- 4. What Every Parent Should Know About Childhood Immunization - by Jamie Murphy.**
Available from Consumer Health Organization of Canada (see above)
- 5. Vaccinations: Are They Really Safe and Effective? - by Neil Z. Miller**
- 6. Vaccinations and Immune Malfunction & The Dangers of Immunization** - available from Philosophical Publishing Co. Box 220, Quakertown PA, 18951 (215)536-5159. These excellent booklets describe immune system function & how vaccines impair immunity.
- 7. How To Raise a Healthy Child in Spite of Your Doctor - by Dr. Robert Mendelsohn.** This book is a classic - a must for every parent who wishes to take back responsibility for the health of the family. It has a full chapter on childhood illnesses and vaccines.
- 8. The Immunization Decision - A Guide for Parents - by Dr. Randall Neustaedter.**
- 9. Vaccination, Social Violence and Criminality: The Medical Assault on the American Brain by Harris L. Coulter** - A penetrating work by a renowned medical historian.
- 10. Vaccinations and Immunization: Dangers, Delusions and Alternatives - by Dr. Leon Chaitow**
This book examines the history of vaccination. It explores alternatives & strengthening immunity.
- 11. Vaccinations - The Rest of The Story** - Published by Mothering Magazine - P.O. Box 1690 - Santa Fe, New Mexico - 87504. A Selection of articles, letters and resources.
- 12. The Case Against Immunizations - by Dr. Richard Moscovitch** - available from the American Institute of Homeopathy - 1500 Massachusetts Ave. N.W. Washington, D.C. 20005 -.
- 13. But Doctor About that Shot - Dr. Robert Mendelsohn** - available from the Doctor's People, 1578 Sherman Ave. S. 318 Evanston IL. 602201.
- 14. What About Immunizations? Exposing the Vaccine Philosophy - by Cynthia Cournoyer** - published by Nelson's Books , P.O. Box 2302 Santa Cruz CA 95063.
- 15. Legitimate Immunity Versus Medical Chaos: Transcending the Futile Dream of Universal Immunization - by Dr. R. Obomsawin** - available from Canadian Natural Health Society,

* MANY OF THESE TITLES ARE AVAILABLE FROM PARENT BOOKS IN TORONTO - (416)537-8334 FAX 537-9449

ASSOCIATE MEMBERSHIP OF VARIANCE

Please mail to Variance, c/o Edda West, 814 Shaw St., Toronto, Ont. M6G 3M1

Suggested annual membership: \$25.00

(Includes 2 x Year Newsletter and your ongoing support to the Vaccination Risk and Education Movement)

Name/Organization: _____

Address: _____

Telephone: _____ Fax: _____

Reason for Interest: _____

Your Questions: _____

Personal stories, information you would like to share with others?

(We welcome personal stories and experiences. Please use additional paper if necessary, and please note that if chosen to be printed in our newsletter, your comments may be edited.)

Other Comments?
