

VACCINATION: What You Need to Know

The only safe vaccine is a vaccine that's never used.

Dr James A Shannon, US National Institutes of Health

There is a great deal of evidence to prove that immunization of children does more harm than good.

Dr J Anthony Morris, former Chief Vaccine Control Officer and research virologist, US FDA



MARINA'S STORY

Janaia McQuaig of Calgary recounts: "I was given a flu shot with thimerosal [a mercury-containing preservative] when I was eleven weeks pregnant with Marina. The flu shot was recommended because I'm asthmatic. After the shot I felt wretchedly ill to the stomach and had nausea and diarrhea. Normally, I avoided using asthma medication because I didn't want to harm my developing baby, but then I had to use it because the flu shot gave me oculo-respiratory syndrome and I couldn't breathe. I guess I never considered vaccines a medication because of the way they're so advertised. Marina was born with cutis aplasia [improper skin development] on her hands and feet, which to me is an obvious result of the vaccine because the last layer of skin forms at around the eleventh week of pregnancy. At two months she was diagnosed with epilepsy but she usually would never have more than one or two seizures a day. Because health authorities do not withhold vaccination for something they

consider such a minor health problem [ie an evolving neurological condition], Marina was injected with all the usual infant vaccines on schedule at 2, 4, 6 and 12 months. Looking back, she did have reactions to most of the vaccines but we never linked it the way we should have.

At 18 months, Marina was due for the seven vaccines given then: diphtheria, pertussis, tetanus, polio, Haemophilus influenzae B, chickenpox and meningococcus. She had been free of seizures for a year except for one possible seizure we didn't see but suspected two weeks before the 18 month vaccines. We told our paediatrician and the health nurse about this but the nurse told me they changed the vaccine and it no longer affected seizures. At the time of the vaccines Marina had a cold. I kept asking the nurse if it was all right to go ahead. She said yes – just give Marina Tylenol for the next twenty four hours."

The result was: a two week stay at Children's Hospital with one week in the ICU; unremitting seizures followed by seizures almost daily, up to more than fifteen per day; Marina came close to death 60 hrs after the seven doses. Unbelievably, public health carried on as if nothing had happened.

Janaia continues: "We have a copy of her chart and it is written in there that 'Communicable Diseases' believes that Marina should go ahead with the regular vaccine schedule. Since then we have seen an immunologist who was skeptical at first, but after a two hour appointment and listening to our story, said he would not be comfortable recommending any vaccine for Marina or myself. The quote in the letter he wrote was that it is 'difficult to predict the risk with subsequent vaccines for either mom or Marina with this history.' The statement from the neurologist was that the vaccines were a 'major contributing factor' to Marina's adverse reactions. The genetics department, I believe, does believe that Marina's damage initiated with the flu shot, it is just not clear exactly how she was damaged. But because public

health denies any connection, what's happened to Marina will not go to 'statistics' to help prevent the same thing happening again. I hope one day, if enough parents continue to tell their stories, our children will be protected."

At age three, Marina was still not doing well. Life was a constant struggle, taking her in and out of hospital, trying various drugs that didn't work. She was only then beginning to crawl and was severely developmentally delayed. Recalling the horror of the severe reaction, Janaia says: "When we walked into her room 60 hours afterwards and she was having one seizure after another, we were shocked. She still has this pattern to cluster and the fear is that one day there will not be a drug to stop it."

Marina's case is not an isolated incident. VRAN knows many cases of children severely damaged or dead due to vaccinations. In the 1980's, paediatrician, Robert Mendelsohn, MD voiced his concern: "There is growing suspicion that immunization against relatively harmless childhood diseases may be responsible for the dramatic increase in autoimmune diseases since mass inoculations were introduced. These are fearful diseases such as cancer, leukemia, rheumatoid arthritis, multiple sclerosis, Lou Gehrig's disease, lupus erythematosus, and the Guillain-Barre syndrome."

Some children experience no vaccine reaction but most do react. Mild, short-lived effects like redness or swelling at the injection site are very common. Reactions up to a few days or weeks after vaccination may include a temperature of 38oC or higher, irritability, severe diarrhea and/or vomiting, excessive sleepiness, periods of breathlessness during sleep (apnoea), irregular heartbeat, swollen joints, widespread rash, wheezing, collapse, high pitched screaming for several hours, convulsions, bulges in the soft spots of the head and a severe change of consciousness. These reactions may indicate that damage has been done or is about to occur. In the case of anaphylaxis, the damage occurs immediately after the shot, with little or no warning. Other possible damage that may not show itself until days, weeks, months or years later includes: neurological illness such as autism, learning and attention deficit disorders, hearing or visual impairment and the epilepsy that Marina suffers; autoimmune diseases such as insulin dependent diabetes, arthritic conditions and chronic fatigue syndrome; allergies; and thyroid dysfunction.(1)

An interesting statement is made in the May 2001 monograph (package insert) for 'Pneumovax' pneumococcal vaccine. It says that in a study conducted between 1991 and 1998 in eleven paediatric centers across Canada, "the proportion of children with an underlying condition increased with age, from 15.9% in those under 2 years of age to 30.4% in those 2-5 years of age, and to 44.5% in those over 5 years of age".

There has been great consternation recently about a huge increase in autism and related disorders, due, increasingly more evidence is suggesting, to the thimerosal in vaccines and/or autoimmune vaccine reactions or neurological reactions that lead to demyelination, ie erosion of the protective

covering of nerve fibres which transmit messages. MMR and Hepatitis B vaccines are being studied intensively for neuro-immune effects. In 2002 the Vancouver law firm, Klein Lyons, launched the first Canadian lawsuits regarding neurological damage to children from thimerosal in DPT and Hepatitis B vaccines. At that time many similar lawsuits had already been initiated in the USA. Anaphylaxis is an adverse reaction to vaccination that is recognized by health authorities. Previously unheard of life threatening allergies to things like peanuts are now an everyday problem for schools and parents who must avoid even minute traces of such allergens in an affected child's lunches and those of classmates. VRAN member, Rita Hoffman's son is an example of this. Included in our package is a letter Rita has written to the Minister of Health showing there were 975 reported adverse reactions to the vaccines her son received as a baby. (Note that, since we know reactions are seldom reported, the total number was likely closer to 10,000 or more.)

CANADA'S 'CHRONIC DISEASE CLOCK'

As of midnight, Feb 4, 2004

(Estimated Canadian Population: 31,499,560)

Deaths so far this year (1 month +)

Chronic Diseases.....	16,028
Cardiovascular Disease	7,325
Cancer.....	6,145
Chronic Respiratory Disease.....	1,207
Diabetes.....	644
Mental Disorders.....	574
Musculoskeletal Diseases.....	134

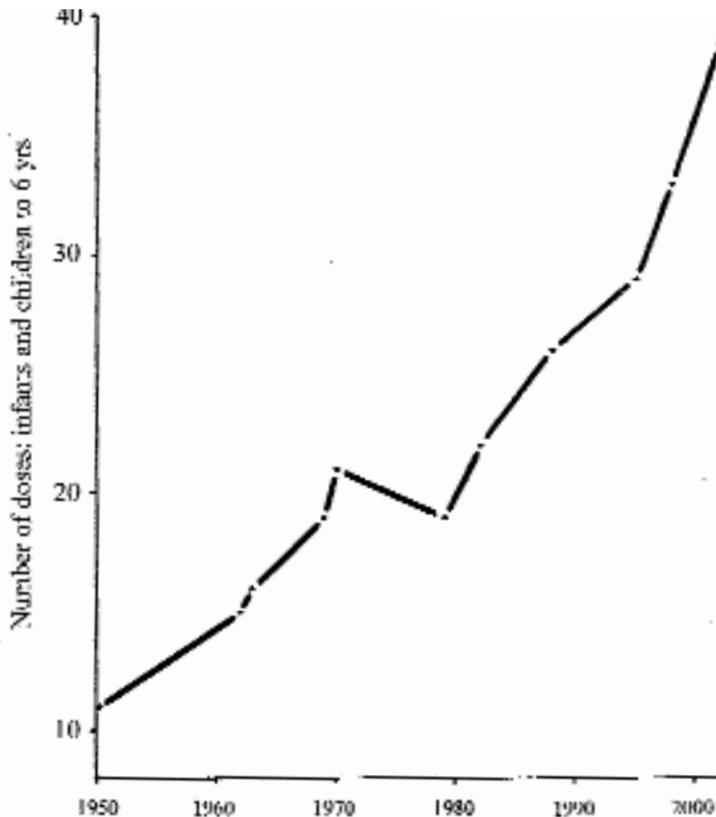
Deaths today (Feb 4, 2004)

Chronic Diseases.....	446
Cardiovascular Diseases.....	198
Cancer.....	166
Chronic Respiratory Disease.....	33
Diabetes.....	17
Mental Disorders.....	16
Musculoskeletal Diseases.....	4

Above is a copy of Health Canada's 'Chronic Disease Clock' copied from their website only one month and four days into 2004. Despite the short time period, it is obvious Canada has a major problem with chronic disease. Long term figures for specific chronic diseases are not easily accessed in Canada but we know that there have been dramatic increases in allergic, autoimmune and neurological diseases in general. Next is a graph showing the near quadrupling - from 11 doses to 39 - of the number of government funded vaccine doses given to infants and children up to six years old between 1950 and the present. Beginning with smallpox, diphtheria, tetanus and pertussis in 1950, vaccines subsequently added were: polio, measles, an additional DPT, rubella, MMR, Hib, hepatitis B, 'Quadracel' (DPT+polio) and, around 2002, meningococcus C, pneumococcus and

*That is absolutely the wrong approach,
to give so many new vaccines.*

Dr J Anthony Morris



Recent studies have shown that type 1 insulin dependent diabetes mellitus (IDDM) is more likely to occur in vaccinated than unvaccinated children. The latest in a series of studies by immunologist Bart Classen was one with co-author, David C Classen published in 2003 in the *Journal of Pediatric Endocrinology and Medicine*. It showed that Hib (*Haemophilus influenzae B*), pertussis, MMR and BCG vaccines can cause IDDM two or more years after they are injected. Previous studies had shown the following increased risks for IDDM due to vaccines: a 50% increased risk from Hepatitis B vaccine; 25% from Hib; 25% from pertussis; 23% from mumps/rubella; 20% from tetanus and 9% from diphtheria. A study by Hurwitz and Morgenstern published in the *Journal of Manipulative and Physiological Therapeutics* in 2000, which reviewed US data gathered 1988 to 1994, supported the findings of previous studies that children injected with DPT or tetanus vaccines had an increased risk of asthma and allergy-related symptoms. Many other

chickenpox.⁽²⁾ While several factors may be contributing to the rise in chronic disease, our graph suggests that increases in vaccination may be one of them. (Note that supporters of vaccination are quick to point out that “correlation does not mean causation”, ie the fact that the rise in disease parallels a rise in vaccinations does not necessarily mean that vaccines have caused the rise in chronic disease – a perfectly correct statement. But when they talk of a possible relationship between vaccinations and decline in infectious diseases, they contradict this logic by always concluding that vaccinations are the main reason for the decline.)

The correlation between increasing vaccinations and increasing chronic disease has also become obvious in other countries where vaccine schedules are the norm. For instance, a University of California study published in 1996 by the US Department of Education said “the proportion of the US population with disabilities has risen markedly in the past quarter century”. The authors concluded that this was due to “increases in the prevalence of asthma, mental disorders (including attention deficit disorder), mental retardation and learning disabilities among children in recent years.” In another 1996 study, by Italian physicians, Montinari, Favoino and Roberto, published in the *Mediterranean Journal of Surgery and Medicine*, it was noted that “autoimmune diseases are more frequent in nations where vaccines are widely used”. The study showed that vaccines can cause autoimmune diseases of the central nervous system.

diseases that can result from vaccinations are reported in this package in the articles on specific vaccines and we have included the article, ‘[Vaccine Reactions](#)’ that lists 139 diseases and other health problems that have been cited in medical literature from around the world.

Some risks bring into question the effectiveness of vaccines; they also might make you wonder about the idea promoted by health officials that vaccination of your child would help protect everyone. Vaccines which contain live, albeit “weakened” viruses such as the MMR for mumps, measles and rubella, and some influenza vaccines have the ability to pass on infection. Years before it was abandoned in this country (unfortunately, it’s still used in overseas “eradication” programs), the oral polio vaccine was the only source of polio disease. The new live aerosol influenza vaccine, ‘FluMist’ would seem even likelier to infect others, especially if its administration isn’t carefully controlled! But there’s a less direct way in which vaccines cause infection: because vaccines can possibly be effective for only a few years, pre-teens, teens and adults who were successfully vaccinated as children (and therefore didn’t receive natural immunity from having had the diseases) are now contracting mumps, measles and whooping cough at an age when these diseases can be much more problematic than in the childhood years. Even for children who have had these diseases, it appears that, without re-exposure to them later in life, ie a natural “booster”, they may not retain the lifelong immunity that was usual before vaccines were used. Three different

analyses conducted by Gary Goldman, PhD in the Oct 2003 issue of 'Vaccine' showed that since introduction of chickenpox vaccine in the US and a subsequent dramatic decline in the disease, there has been an increase in shingles cases in children who had previously had chickenpox. (Shingles is a very painful, itchy skin disease caused by reactivation of dormant chickenpox virus.) Goldman thinks this is due to lack of re-exposure and predicts a large outbreak of shingles in adults, an age group much more likely to develop severe complications. Vaccine manufacturers plan to solve this problem by substituting a booster shingles vaccine to compensate for the lack of the natural booster, chickenpox disease. Do you see a trend here?...as Goldman says: "This will likely lead to endless disease-and-cure cycles."

A horrific indirect risk from vaccinations is that parents or caregivers of children who die suddenly and show signs of "shaken baby syndrome" may be falsely accused of battering their babies to death. We know there are cases where such abuse does occur, but what appears to be trauma from violent shaking – brain and/or eye hemorrhages – can also be caused by vaccinations. Bone injuries may occur during birth or later, when resuscitation is attempted, if the bones are brittle due to ongoing vitamin C deficiency. Currently there are many families who have not only suffered the loss of a child but have also been torn asunder by imprisonment of father or mother and loss of other children who have been taken away by court order. The poster-father of these families is Alan Yurko, a young man imprisoned in Florida for life plus ten years. You can learn more about his case and the amazing army of supporters he has gathered, including medical experts, scientists and researchers from around the world at www.freeyurko.bizland.com

MULTIPLE DOSES SKEW THE IMMUNE SYSTEM

It is extremely unlikely that, other than through vaccination, an infant would encounter all or even any of the pathogens in a multi-antigen vaccine such as 'Pentacel'. To encounter them all at the same time is inconceivable. Yet this is exactly what happens if your child is injected with 'Pentacel'; a pathogenic cocktail is suddenly introduced directly into her/his bloodstream. We don't need to be scientists to realize what a shock this must be to the immune system.

Essentially, although man has learned and continues to learn much about how our immune system works and how it interrelates to all the other systems in the body, what we know is probably miniscule compared with what there is to know (if, in fact, everything can ever be known). Generally, children's immune systems have fully matured by age 12 but at any given age during childhood, the degree of maturation varies. Nevertheless, the same dosage of vaccine is given to a baby at 2, 4, 6 or 12 months, whether born prematurely or not, and often, whether healthy and developing normally or not. These facts alone should make you realize that vaccines

are given without thorough knowledge of how they might affect the physiology, chemistry and genetics of your child's body.

We do know that there are at least two different branches of our immune system. One branch, called the "cellular", cell-mediated" or "Th1" branch, is the part whose work is outwardly visible when your child is ill with an infectious disease. Antigens (organisms or particles capable of provoking an immune response) continually enter your child's body. Except for tetanus and rabies, the viral and bacterial antigens of "vaccine preventable" infectious diseases enter through the nose and throat. Some antigens are normally carried in those areas with no outward signs. These and other antigens which enter but do not produce symptoms are held in check by a swift response from the Th1 branch of the immune system whose function it is to destroy, digest and discharge foreign antigens. If the antigens multiply quickly in large numbers, your child will develop an "infection" and you will witness the signs that Th1 is at work: fever, pain, malaise, mucous, pus, skin rash, diarrhea. The latter four are methods of ridding the body of toxins and other remnants of pathogens; fever enhances immune response in ways too numerous to describe here (see '[Is Fear of Fever Hurting Our Children?](#)' in this package). If your child's immune system is healthy and the infectious antigen is not especially active, few or no signs will manifest. The Th1 branch includes cells of the thymus gland, tonsils, adenoids, spleen, lymph nodes and lymph system throughout the body.

The other part of the immune system we are aware of is called the "humoral" or "Th2" branch. As the name suggests, it involves a body fluid, in this case blood. Th2 is the branch of the immune system that senses, recognizes and remembers foreign antigens through its production of antibodies which circulate throughout the bloodstream, helping to destroy the antigens. It is the branch which vaccines are designed to engage, the theory being that, by delivering small but significant amounts of antigenic pathogens or parts thereof directly into the bloodstream, the Th2 branch will produce antibodies which, in future will recognize and destroy those same antigens if they enter the bloodstream again. When a child gets an infection the Th1 and Th2 branches work simultaneously and, if the child has a healthy immune system, the one will help the other.

While it would seem to be a dandy system to be able to thwart disease with no consequence but a tiny needle mark, as we've already seen, it often doesn't work that way. One reason could be that, as more and more vaccines are injected into your child's bloodstream, the more sensitive and reactive the Th2 branch becomes. At the same time, because the vaccine antigens bypass the normal entry points, the nose and throat, the Th1 branch is not engaged and becomes lazy; the immune system is thrown out of balance. If this happens, your child is more likely to get allergies and autoimmune disease. Infections such as colds and earaches may become fre-

quent or, if skewing is extreme, his/her immune system will respond very little to pathogens. Ironically, vaccine “efficacy” may not be due to vaccine-derived antibody memory but to weakened Th1.⁽³⁾

VACCINE LEFTOVERS CAN CAUSE PROBLEMS

As we have seen, because injection allows them direct access to the bloodstream, the viral antigens of vaccines are processed by only a small part of the immune system. Therefore, some viruses and bits and pieces, including their genetic material, RNA and DNA, may remain in the bloodstream or cells for a long time or permanently. The possible consequences are many. (For more on this, read pgs 14-17 of ‘Immunization: The Reality Behind the Myth’ by Walene James.)

Vaccination has been a disaster on the immune system. It actually causes a lot of illness. We are changing our genetic code through vaccination.

Guylaine Lanctot, MD, Canadian author

VACCINE CONTAMINANTS – VIRAL SOUP, ANYONE?

Of all the problems with vaccines, this may be the worst. The scientific literature provides a great deal of evidence that vaccines carry potentially noxious contaminants: viruses, bacteria, viral or bacterial components or toxins and animal- and cancer-related proteins and DNA. The antigenic viruses of vaccines are produced in large quantities by having them reproduce in living cells that nourish them and, in turn, those cells must also be nourished. The viral reproduction occurs in monkey kidney cells, chicken embryos and other animal cells as well as in human cells, usually from a human foetus. These cells and embryos are nourished by a mixture that is usually composed mainly of bovine (ie “cow”) serum, usually serum extracted from the blood of a calf foetus. This calf serum can carry many types of bovine viruses and is one of the main sources of vaccine contaminants. Of course, contamination may also be present in the “seed stock” antigenic viral material itself before it begins to reproduce.

Of the many viruses and other contaminants of bovine calf serum, bovine viral diarrhoea virus (BVDV) is very common to the point that a 1996 study by Yanagi et al in the Journal of Infectious Disease concluded “most commercially available bovine sera are contaminated with BVDV.” Unfortunately, since it is small in size BVDV is not easily screened out of the serum. A July 2001 study by Giangaspero et al in the Journal of Veterinary Medical Science found 13% of human MMR and polio vaccines they tested contained RNA of this virus.

It’s not certain whether or not BVDV can cause outright illness in humans or if doctors would recognize human cases if they saw them. But, just like the “leftovers” from vaccina-

tions, once in your child’s body, they may persist, causing a continual state of immune alert and/or genetic modification. Cattle can be life-long carriers of BVDV, continually replicating and shedding virus that can then infect others. Or, they can develop serious digestive problems followed by death; some get lung disease from it. In humans under 2 years old, a study by Yolken et al in the Lancet, March 1989, found bovine virus in cases of gastroenteritis which often differed from non-bovine cases in that it was associated with symptoms of respiratory inflammation.

Especially worrisome is that some vaccines, including ones for polio and rabies, are cultured using “immortal”, ie cancerous type, cells which can divide forever. While these cells cannot produce tumours when first used, after repeated culturing they can become cancerous. Another scenario is that the tumour-producing portion of their DNA can easily be incorporated into a contaminating virus such as BVDV which could also be injected into your child. A May 1990 study by Maurice Hilleman in the Journal of Medical Virology noted that “induction of cancer is a single-cell phenomenon and a single unit of foreign DNA integrated into the host genome might serve to induce cell transformation”. Hilleman noted that vaccine standards allowed the presence of 100 million “functional lengths” of DNA contaminant. Reactions between any of the intended or unintended viruses in vaccines or viruses and cells in your child’s body can lead to new combinations or production of retroviruses with unknown consequences.

Despite early recognition and after almost half a century of it’s injection into the human population, scientists have finally acknowledged that a monkey virus, SV40, contaminated polio vaccines which were first used in the late 1950’s. This virus has been found in 43% of cases of non-Hodgkins lymphoma, 36% of brain tumours, 16% of healthy blood cell samples and 22% of healthy semen samples tested. Since SV40 has been found in children of our era, unless current polio vaccines still contain SV40 from traces of the original seed stock on which the vaccine is cultured, their SV40 must have been passed down from previous generations. If the latter is the case, SV40 may eventually reside in all human beings, initiating cancer in those who are susceptible.

Other contaminating monkey viruses have been cited in science journals: one is another oncogenic (capable of producing cancer) virus, SV20. Other bovine viruses that may contaminate calf serum include: oncogenic bovine polyomavirus, parvovirus, bovine herpes virus-1 and -4, parainfluenza-3 virus, bovine enterovirus-4, bovine leukaemia retrovirus, bovine visna retrovirus and bovine immunodeficiency virus.

Bovine herpes viruses -1 and -4 replicate very easily in human cell cultures commonly used to make viral vaccines, eg the vaccines for rubella, chickenpox and smallpox. Chicken embryos (eggs) used in making vaccines against influenza, mumps, measles and yellow fever commonly con-

tain the retrovirus, avian leukosis virus (ALV) which has the amazing ability to mutate into numerous other viruses by incorporating oncogenic gene segments into its own genome. Some of these segments which can be easily incorporated include human oncogenes strongly associated with common forms of breast cancer. As well, ALV can incorporate itself directly into the human genome. The 2001 edition, Volume 1 of Fields Virology states: "At the present time vaccines produced by some of the world's 12 manufacturing institutes are contaminated with avian leukosis virus." Aside from ALV, scientists acknowledge vaccine contamination by other avian viruses as well as reverse transcriptase, an enzyme component of retroviruses. One piece of evidence that vaccines may be infecting humans with ALV and its associated viruses is found in a study by Johnson, Overly and Philpot in Cancer Detection and Prevention, 1995, which relates that "subjects with no occupational exposure to these viruses had antibodies in their sera specifically directed against ALSV [avian leukosis/sarcoma viruses]".

Of concern to medical research as well as vaccine production is the most infamous example of prolonged contamination of cell culture lines, that by the HeLa cancer cells which first appeared in labs worldwide in the 1960's. Reports of its detection have continued right up to the present. A Jan 2002 study revealed that two major cell culture lines used in research projects turned out to be HeLa cells. A 1986 book by M Gold, 'A Conspiracy of Cells: One Woman's Immortal Legacy and the Medical Scandal it Caused' details the HeLa fiasco.

Bacterial toxins have been recognized as vaccine contaminants for many years. They can come from the culture material itself or from bacterial infection during the manufacturing process. Serious reactions to vaccines for diphtheria, tetanus and pertussis may be due to unprocessed residues of the antigenic toxins themselves. A 1976 study by Whitaker and Smith in Developmental Biological Standards reported that bacterial toxic contaminants of calf serum can cause breaks in human DNA.

Nanobacteria, a recently discovered human/mammalian pathogen is the smallest existing bacterial form known and slips through common filtering processes. It can kill cells and can change its physical form. Human nanobacteria have been found to cause or be associated with numerous conditions, a few of which include: atherosclerosis, coronary artery/heart disease, kidney stones and kidney disease, arthritis, MS, Alzheimer's disease and some cancers. According to a study by Breitschwerdt et al in the Journal of Clinical Microbiology, March 2001, in Europe "more than 80% of commercial bovine serum lots contain Nanobacterium"; 100% of serum from a herd of US cattle showed the presence of this bacterium. It is easy to understand why nanobacteria have been found in 2 out of 3 lots of inactivated polio vaccine (ie the one in 'Pentacel') and to realize that other vaccines using mammalian products must likewise be

heavily contaminated with them.

Mycoplasma are another very elusive type of bacteria, their unusually thin walls allowing them to slip through filters. Their survival is increased even further due to the fact they are resistant to some antibiotics and can change form under varying conditions. They can travel throughout a lab via cultures and their materials, work and human surfaces and even the air. Needless to say, the science literature abounds with reports of contamination by this bacterium. Studies confirm that mycoplasma can alter cell metabolism both in cultures and in humans. Diseases long associated with them include: cancer, chronic fatigue syndrome, fibromyalgia, arthritis, Gulf War Illness and many others.

Some of the latest types of vaccines, called "subunit" and "naked DNA" vaccines, are produced by genetic engineering and contain antigens that consist of only parts of infectious disease pathogens or their DNA. These vaccines involve replication using yeast DNA. Recombinant vaccines such as the Hepatitis B vaccine have been genetically engineered to combine genetic material from an infectious disease pathogen with that of another organism or other material designed to boost its effect. Some recombinant technology involves mammalian cells which may encourage tumour growth. A major concern with all genetically engineered vaccines is the possibility of interaction of the vaccine constituents with human proteins or DNA, similar to possible effects of contaminants previously described in this section.

As alluded to earlier, it is also possible that any of the infectious disease antigens that are intentionally included in live virus vaccines may themselves contribute to production of viral mutants in your child's body. They may be able to replicate sufficiently to interact with each other or with viral contaminants from the vaccine or with viruses left over from previous vaccinations. The conclusion from a study in 'Science', Nov 7, 1986 reads: "Two avirulent viruses may interact in vivo [in the body] to produce virulent recombinants that can be lethal." When two mice were injected with equal amounts of two different benign herpes viruses, both mice survived. However, when a third mouse was injected with a combination that included only 1/100th of the previous amount of each of the two herpes viruses, that mouse died. Experimenters went on to demonstrate that successively lower doses of the mutant virus they extracted from the third mouse were needed to kill fourth and fifth mice.

I didn't have a child so somebody could use her precious life as an experiment.

Melissa Mehan, letter #48, CBC

'Marketplace' Forum on vaccinations, Jan 21, 2004

TOXIC ADDITIVES MAKE LIFE EXCITING

Aside from the antigenic pathogens or parts thereof by which a vaccine is supposed to produce immunity to infec-

tious disease, there are other vaccine components which serve to preserve, enhance immune response, stabilize, etc.

Thimerosal, the most infamous of these, is a derivative of mercury which began to be used as a preservative in vaccines in the 1930's. There are questions about this use since tests have shown it is more toxic to white blood cells than to bacteria. Mercury is known to be toxic even in extremely tiny amounts, especially to brain, kidney and liver cells and it appears to be able to accumulate in our bodies injection to injection. After many decades of use, and after first being removed from pet vaccines, in 1999 it was finally suggested to vaccine manufacturers that they remove it from human vaccines. The flu shot and Hepatitis B vaccine for elementary school children still contain thimerosal.

2-phenoxyethanol (ethylene glycol monophenyl ether) has largely replaced thimerosal as a vaccine preservative. It is one of a group of compounds found in antifreeze, solvents, detergents and emulsifiers used for industrial/consumer purposes. Numerous studies have demonstrated toxic effects to an embryo and foetus and to blood, and atrophy of reproductive and lymph organs due to 2-phenoxyethanol. It can quickly cross the blood-brain barrier and has produced headache and persistent cognitive impairment. A 2002 study by Komatsu et al in the Journal of Health Science found that, at low temperatures, 2-phenoxyethanol was less effective than thimerosal against yeast and fungi (which may be introduced when vaccine is withdrawn from a vial).

Formaldehyde, commonly known as embalming fluid, is used to kill viral and bacterial disease antigens but is not trustworthy for this purpose. It is a carcinogen. The Hepatitis B vaccine formulations for infants and children both contain formaldehyde.

Aluminum salts, aluminum phosphate and aluminum hydroxyphosphate, are used as adjuvants in most vaccines; they slow down exposure of the vaccine antigens to the immune system so that antibodies will be produced for an extended period of time. Something that is not commonly known is that aluminum greatly increases the poisonous effects of fluorides in the body and fluorides enter our bodies from many different sources, not just fluoridated water and dental products. (For more information on this visit the website of Parents of Fluoride Poisoned Children, .) Small amounts of aluminum salts in the blood can cause long term poisoning, with paralysis, numbness and fatty degeneration of the kidneys and liver. Studies have shown that aluminum salts in the fluid surrounding the brain may cause learning disabilities and dementia.

Tween 80, also known as polysorbate 80, is used in 'Pentacel' vaccine. A 1993 study by Gajdova et al at the Institute of Preventive and Clinical Medicine, Bratislavia, showed estrogenic effects on newborn rats when Tween 80 was injected.

Hydrolyzed gelatin and sorbitol are two stabilizers found in MMR vaccine. Gelatin is highly allergenic. It also contains a

large amount of fluoride.

Neomycin and polymixin B, found in 'Pentacel' are antibiotics which must be used with extreme care, especially in anyone with kidney problems. Since infants' kidneys aren't fully developed we wonder about side effects even though these antibiotics are present in tiny amounts. These two can produce nasty reactions – everything from allergy symptoms and poor nutrient absorption to kidney and nervous disorders.

Yeast protein found in Hepatitis B vaccine is another potent allergen.⁽⁴⁾

Please note that this is just a partial list of vaccine additives; Health Canada will not provide all vaccine ingredients. Although these ingredients constitute only a very small part of a vaccine dose, they can be very potent, especially considering the immaturity of a newborn's organs of elimination, the kidneys and liver, and a newborn's poorly protective immature blood/brain barrier. Also, considering how aluminum potentiates fluoride, we wonder how other vaccine additives might affect each other. With vaccines, it appears, the possibilities for harm are endless.

Every vaccine carries certain hazards and can produce inward reactions in some people...In general, there are more vaccine complications than is generally appreciated.

Professor George Dick, London University

ADVERSE EVENTS ARE MORE COMMON THAN ACKNOWLEDGED

You will have been told that the risks from vaccines are minor compared to risks from the diseases they are supposed to prevent. There are several reasons this may seem true:

Vaccine reactions are seldom reported. It has been acknowledged by government bodies in the USA that no more than 10% of all vaccine adverse events are reported; a survey of doctors offices in New York State showed the abysmal reporting rate of 2%. There's no reason to believe Canada does any better. A 'National Post' article of Dec 3, 2002 revealed that Dr Wikke Walop, epidemiologist in charge of Health Canada's vaccine adverse event records, had suffered oculo-respiratory syndrome shortly after her flu shot. She was quoted as saying "Did I report it? No." If this is the kind of reporting compliance practiced by the keeper of the records, what can we expect from others much less closely involved?

Vaccinators believe vaccination rates must be kept high in order to prevent disease outbreaks. Most express a fervent belief in there being an overwhelming benefit to vaccines. Considering this, it's likely they tune out many events that should be acknowledged and reported. In these cases, lack of reporting compliance is not due to lack of time but to lack of will.

Some vaccinators and parents might not have the knowl-

edge to be able to recognize all vaccine adverse reactions. Except for anaphylaxis, most reactions are delayed; just as Janaia McQuaig realized, the connection between abnormal events and prior vaccination is not always made. It is very important that anyone who has their child vaccinated is able to recognize vaccine reactions.

Criteria for accepting adverse events as being caused by vaccination are unrealistic. To be recorded as such, vaccine adverse events must have occurred within very precise and limited time periods following vaccination. Time limits are specified according to type of vaccine and type of reaction. Harold Buttram, MD points out that there is much information in the scientific literature that disputes such rigid and restrictive time periods.

There's more concern to improve reporting of infectious diseases and vaccine compliance than to improve reporting of adverse events. Since the early 1990's a joint venture between the Canadian Paediatric Society and Health Canada has ostensibly been working to improve Canada's vaccine adverse event reporting system. IMPACT, as it is called, has instead, mainly been working to: collect data on hospital admissions for "vaccine-preventable" illness; write reports using this data to help persuade provincial governments to finance new vaccine programs; and establish nation-wide computerized vaccination tracking systems. These systems will be used to record adverse events which have been scrutinized for adherence to the aforementioned criteria and also, to store vaccination records so that vaccine compliance can be easily determined whether a family is stationary or moves province to province.

Health Canada's vaccine adverse events records are extremely difficult to access, as many parents with vaccine injured children can verify. With determined effort, it took Rita Hoffman a year to get the data for the vaccines her son was given as a child.

Safety studies used to gain licensure for vaccines do not provide realistic assessments of risks. They usually do not include children with underlying conditions who, in real life, would be vaccinated nevertheless. Vaccines being tested are compared to other vaccines, not something benign such as sterile water. Post vaccination observations are recorded for too short a time to detect all adverse events, some of which can take years to manifest. And, often, the numbers of children in the studies is too small.

In general, science studies aren't what they used to be. Although members of the medical establishment commonly base their opinions on "science" and dismiss anecdotal evidence as being too speculative, today's "science" seems to be much less scrupulous than in earlier times. In the British Medical Journal, Volume 303, Oct 5, 1991, Dr David Eddy reports "up to 85% of medical interventions are not supported by scientific evidence and only 1% of papers in medical journals are scientifically sound." As if that isn't enough, on March 25, 2003 a CBC TV 'Marketplace' program

revealed that science papers may actually be written by "ghostwriters". It said "People with scientific backgrounds - often, with PhDs - are paid to stay in the shadows and crank out favourable reports for drug companies. A Medical Ghostwriter can make \$100,000 a year writing favourable drug reports. Then, drug companies get doctors to put their names on the studies - for money, prestige, or perks. ...John Hoey, the editor of CMAJ [Canadian Medical Association Journal], admits....'We have no way of checking.'"

The real safety test is on infants and children who are vaccinated, but rarely are we told the results.

Due to various human interventions the risks from infectious diseases may have actually increased since pre-vaccination times. Recent antibiotic resistance, loss of immunity due to frequent use of fever-suppressing drugs, emergence of mutant viruses (likely due to the pressures of mass vaccination) and vaccinations themselves could have resulted in less resistance to diseases and their complications. In her 1993 testimony to the US Institute of Medicine, vaccine researcher Sandy Mintz pointed out that: "Prior to widespread vaccination, once a population had been exposed to measles, few adults or infants contracted it, adults due to lifelong immunity and infants due to maternal antibodies. Now adults AND infants are getting the measles with serious consequences." Mintz quoted the third edition of 'Vaccines' where Dr Sam Katz and two others wrote "The risk of serious complications and death [from measles] is increased in infants and adults." Dr Katz, a professor of paediatrics at Duke University and one of the developers of measles vaccine, expressed his alarm at current measles epidemiology saying "The death rates are clearly much higher this time around, and the hospitalization rate is extraordinary."

THE VACCINE CONGLOMERATE

When thinking about vaccines, it is important to realize that the highest priority of vaccine manufacturers is to make a profit for themselves and their shareholders - the well being of your child is a secondary consideration. They and their allies have said that vaccine manufacture is not a very profitable business, the implication being that they are doing it mainly for altruistic reasons. But, while it may be true that the percentage profit on vaccines is generally less than for other drugs, they do not entail such huge marketing expenses since the market is ready made by taxpayer funded vaccination programs. Unlike lawsuits over other drugs, compensation for adverse reactions to vaccines (presently available only in Quebec in Canada) is not paid for by the manufacturers, but by taxpayers. Vaccination programs also involve a massive number of private and government pay cheques, from those of researchers, technicians, health officials, statisticians, etc right down to the doctors and nurses who inject

the vaccines.

The various news media can generally also be included in the vaccine conglomerate. TV, radio, newspaper and magazine articles seldom present a realistic view of the risks and failures of vaccines and tend to grandstand vaccination benefits and the risks of infectious disease. A recent example was the foofaraw over the new A Fujian influenza strain during winter 2003-04, painted as a deadly villain in news reports across Canada and the USA. Although it was revealed that this season's 'flu shot' does not contain A Fujian, the media continually regurgitated messages from health officialdom that, in their opinion, the vaccine was nevertheless effective enough that it was vital for just about every man, woman and child to receive the shot. Finally, on Dec 28, 2003, Ian MacCleod's 'Ottawa Citizen' article, 'Fooled by the flu', quoted Dr Theresa Tam, Health Canada's chief of immunization and respiratory infections as saying: "Other flu experts who say the vaccine could be 70 to 90 percent effective against Fujian in healthy adults are being 'misleading'." This, after millions had hustled into flu clinics across the country. Depending on the particular news report, we were told with certainty that 2, 3 or 4 children had died from influenza. Health Canada stated that influenza was the confirmed cause of death of two children, the "suspected" cause of death of two others. News reports said at least one of the confirmed cases had an "undisclosed underlying condition". Also undisclosed was how many of the four had been injected with influenza vaccine or any of the many other vaccines given children. Unless you live in Alberta, you probably didn't hear of a fifth death: a child mysteriously suffered seizures and brain swelling and died about one month after having her flu shot. This news item was carried very briefly, having prompted phone calls to health officials from worried parents. On Jan 10, 2004 a New York Times report by Laurence Altman, trumpeted that 93 children in the US had died from influenza and highlighted the fact that 33 of them had not been vaccinated. Presumably, Mr Altman and his editor thought most readers would not do the math to learn that 60, almost two-thirds of the flu deaths, must have been of children who had been vaccinated against the disease!

BUT VACCINES ARE USUALLY EFFECTIVE, AREN'T THEY?

As we've already seen, nowadays vaccine "efficacy" may come from lack of a response to pathogens (and therefore, no "infection") due to a weakening or skewing of the immune system by previous vaccinations and/or use of fever suppressants. We've seen that vaccines against pertussis, measles, mumps, and chickenpox provide only short-term protection, if any. We know that the flu shot has many failures. Even according to medical authorities it is less effective the more immune deficient, and therefore, more in need of prevention, one is. Experience and history tell us that vaccine failure is common.

Supporters of vaccination claim that vaccines are the rea-

son for the large decline in infectious disease during the twentieth century. They also say that such diseases have increased when vaccination rates have dropped in other countries and warn parents that they could flare up again here, if they quit having their babies vaccinated. They say that polio or measles "is just a plane ride away", conjuring visions of grotesque infections transported from foreign lands.

Many statements have been made that attribute the decline of infectious disease during the first half of the twentieth century to factors other than vaccinations. These factors include: increasing human resistance to the diseases over time and parallel decline in the vigour of the pathogens; improvements in nutrition, hygiene and sanitation; less crowded living conditions; refrigeration; and advances in medical treatments including the introduction of antibiotics (ie in an era when antibiotic resistance had not yet had time to develop). One piece of evidence for lack of vaccine involvement in the decline, comes from a 1948 publication of the Metropolitan Life Insurance Co which states: "the combined death rate of diphtheria, measles, scarlet fever and whooping cough declined 95 percent among children ages 1 to 14 from 1911 to 1945, before the mass immunization programs started in the United States." In fact, there never has been a vaccine for scarlet fever and it went away on its own.

It's quite possible that infectious diseases would increase if vaccination rates dropped, but from comments we've already made and information in the next section, you will understand that this may be beneficial. The old chestnuts that vaccine supporters repeatedly regurgitate to send you scurrying with babe to the nearest "immunization" clinic are often flawed. For instance, they tell us that in the former Soviet Union in the early 1990's an epidemic of diphtheria "ragged" when vaccination rates dropped. "Due to" the drop, they say, cases and deaths increased enormously. However, they don't remind us that, at that time the USSR was in a state of major transition with all the lack of normal facilities, food supplies, hygiene and sanitation, medicines, comfortable living quarters and stress-free living that a war zone entails.

Another situation where important information is often omitted is in the use of graphs and tables. An example of this can be seen in the Jan/Feb 2004 issue of the 'Skeptical Inquirer' in which graphs are used to show rises in disease rates following drops in vaccinations in various countries. Very little data from the years before the drops are shown, so we cannot tell if the disease increases were unprecedented or not. We know that, under natural conditions, diseases increase and decrease in cycles. To demonstrate this and other flaws, we present overleaf, figure 2 from page 23. The article accompanying this graph tells us on page 24 that Sweden stopped vaccinating against pertussis in 1979. Page 25 tells us that "Sweden...remains plagued with high pertussis rates." However, as you will notice, the graph shows min-

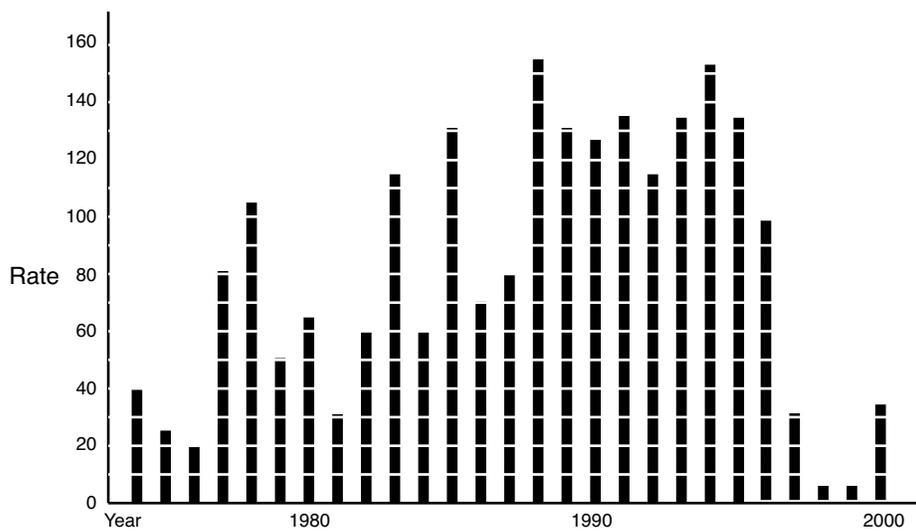


Figure 2. Sweden's pertussis rate (per 100,000 population)

imal rates for 1998-99. What the author doesn't say is that vaccination was resumed in 1996 with a new pertussis vaccine. In a recent discussion on Health Canada's Web Site about Sweden's experience with waning immunity from this "acellular" vaccine, Dr. Patrick Olin states: "Analysis of vaccine failures shows that at 6 to 7 years of age there is a clear increase in the number of failures". The steep rise in pertussis rates shown on the graph for the year 2000 obviously represents the start of this increase resulting from vaccinating in 1996. On page 24 the article states: "The 1975 pertussis rate (figure 2) was around 50 per 100,000 (Gangarosa et al. 1998)." but when we look on the graph we read 25-30 per 100,000. (Was this error deliberately made so that the increase in rates in later years would appear greater than it actually was? We wonder if the other higher bars accurately represent the statistics.) Another point to be made here is that death statistics are more reliable than case statistics. Due to expense, lack of opportunity, or - in the case of a vaccinated child - lack of willingness to suspend belief in efficacy, testing to confirm disease is often not done. In reality, the case figures used to determine pertussis rates for the graph above could have been too high or too low. In order to help you wade through the pitfalls of evidence presented to you, we encourage you to read chapter twelve, "Waking from the Propaganda Trance" in 'Immunization: The Reality Behind the Myth' by Walene James.

The threat of polio with visions of the grim "iron lung" and the declared near extinction of polio from the face of the earth through vaccination programs has been a large factor in the acceptance of vaccines in general. Therefore, we include in the package the article, 'Polio Perspectives'. Apart from polio vaccines, smallpox vaccine, the forerunner of them all, has been extolled as no other, yet it too becomes very questionable when we look back in history to discover the truth. Suffice it to say that Walter Orenstein, MD, director of the National Immunization Program at the US Centers for Disease Control has said that smallpox is not highly con-

tagious, does not spread rapidly and it is quite likely that quarantine alone, with no vaccinations, would have accomplished its eradication. Ironically, recent news reports have told us there have been outbreaks of vaccine-resistant new strains of polio in countries where vaccination campaigns have been conducted. And in summer 2003 human outbreaks of monkey pox, a disease almost indistinguishable from smallpox, were occurring in the USA.

Infectious pathogens, just like us, prefer to live. Just as has happened with the misuse and overuse of antibiotics, misuse and overuse of vaccinations is leading to new, more virulent strains of pathogens.

Other than epidemiological studies, the test that vaccine manufacturers use to determine efficacy of vaccines is one that measures antibody levels following vaccination. But concerning production of antibodies, also called "sero-conversion" or sero-response", even individuals with low or no detectable levels have been known to be immune. On the other hand, people with high antibody levels can still come down with disease. It is easy to understand how this is possible from our previous discussion of the immune system. Dr C J Clements of the World Health Organization's Global Program for Vaccines and Immunization has admitted "there's not a precise relationship between sero-response and protection". So when you hear someone say that the flu shot is "70 to 90% effective in healthy adults against the same viral strains as are in the vaccine", all that means is that studies showed that 70 to 90% of test subjects produced some level of antibodies, the remainder showing no antibodies at all. Whether the antibodies in the 70 to 90% are actually capable of preventing them from getting any of the three types of influenza in the vaccine is unknown. (And since the choice of strains used in the flu shot is made by guessing what strains will be circulating, the chance of it being able to prevent influenza if you are exposed to it - and that is not certain either - are slim indeed.)

Epidemiological studies, ie those which show population trends, can give possible indications of efficacy but these relate only to populations as a whole, not to individuals. Obviously, no matter what your doctor might tell you, it's impossible to predict how likely it is that a vaccine will prevent disease in your child.

THOSE YUCKY, SCARY DISEASES ARE.....HEALTHY !!!

It is odd that over the years, as our standards of health care and dollars spent on health care have gone up and infec-

tious disease rates have plummeted, we seem to have become more fearful of disease. With all the advantages that a high standard of living brings, one would think that maintaining health would be relatively easy, but exactly the opposite seems to be true. As discussed earlier, our children and all of us seem to be getting sicker and sicker, not from infectious disease but from debilitating chronic disease.

Robert Zieve, MD is one of a group of medical doctors, other health professionals and parents who have observed benefits from children contracting and overcoming infectious disease. He says: “when we permit the child to go through one of these childhood illnesses, receiving treatment with natural remedies that greatly minimize the occurrence of complications, he or she emerges from this illness stronger. More specifically, the immune system is stronger. Many people have observed how after one of these illnesses the child’s constitution and emerging temperament change for the better.”

Aside from the enormous advantage of lifetime immunity that contracting and overcoming infectious disease can bring, there appears to be other advantages specific to certain diseases. Vaccine researcher, Viera Scheibner, PhD tells us that many practitioners know that cancer patients have had very few infectious childhood diseases. A study by West in Cancer, July 1966 found that having mumps infection prevented ovarian cancer. In 1989 a large group of Swiss doctors questioned the policy of vaccination with MMR, noting that until 1969, at the Basel University Paediatric Clinic, Switzerland, artificial infection with measles was used to treat kidney disease.

Since the 19th century there have been two conflicting theories of disease: one says that microorganisms just happen along, enter our bodies and begin to replicate and produce infectious disease – this is the “germ theory” upon which the concept of vaccination is based; the other, the “cellular theory” says microorganisms are lodged within our bodies and only replicate if cells surrounding them become unhealthy. In the case of the latter, the microorganisms are thought to act as scavengers, cleaning up when cells become diseased and die through the lack of innate health.

Although she may not have realized it, it is the “cellular theory” of disease which your mother embraced if she told you to “wash your hands”, “eat your greens” or “get to bed!”. Healthy lifestyle practices reap benefits far beyond any that are possible from vaccines; they confer resistance to all diseases, not just a few infectious ones and help provide physical endurance, mental clarity and a zest for living.

Nutritionist and best selling author, Adelle Davis, in her 1970 edition of ‘Let’s Eat Right To Keep Fit’ tells how her 5 year old son and subsequently, every other member of her family, overcame mumps in one day by taking a massive amount of vitamin C in hourly doses. She says “The children weathered all of the childhood ‘diseases’ in the same delightful fashion. There was no irritability, nausea or vomiting; no meals were missed; and after vitamin C had been given, there

was no fever.” Frederick Klenner, MD did amazing research on intravenous vitamin C therapy, treating all manner of illness and injury: burns, snake bites, barbiturate poisoning, mononucleosis, herpes, smallpox, polio, viral hepatitis, viral pneumonia and viral encephalitis. During the late 1940’s Benjamin Sandler, MD discovered polio could be prevented by eliminating refined carbohydrates and sugary foods from children’s diets. Later, in the 1970’s, Dr Cheraskin showed that an hour after we eat a few teaspoons of sugar our white cell count is lowered 50% or more and doesn’t return to normal until 5 to 6 hours have passed. Today, cod liver oil is making a comeback in a new purified form with no fishy taste. It provides vitamin A, so beneficial to health in general and particularly helpful with recovery from measles. Vaccine researcher, Hilary Butler, tells us: “That research clearly shows the benefits of vitamin A, in both avoiding and treating measles complications, is clearly and concisely provable in medical literature.” Cod liver oil also contains vitamins D and K and is high in omega 3 essential fatty acids which help brain and nerve development. In the 1980’s and 90’s several large studies conducted in developing countries around the world showed that supplementing with vitamin A could reduce child mortality by about one third.

Apart from a healthy diet - exercise, fresh unpolluted air to breathe and water to drink, intellectual stimulation, relaxation and love in the family all play a part in a child’s innate good health. Sleep is paramount in healing. Hygiene is important but it’s best not to be fastidious. These days we use antibacterial soap, mattresses doused with fungicide, etc. The “hygiene hypothesis” contends that frequent exposure to pathogens as a normal part of everyday living helps strengthen the immune system of a child who is reasonably healthy, making her/him less prone to allergies and asthma than would be the case if pristine cleanliness were maintained. (This makes life much easier too!) Philip Incao, MD lists the following as factors correlating with a lower risk of getting allergies and asthma:

- ✧ having older siblings; entering daycare by six months old
- ✧ reacting positive to a TB skin test
- ✧ having had the measles
- ✧ not having had the DPT or MMR vaccinations
- ✧ having had little or no antibiotics, especially before the age of two
- ✧ eating fermented foods containing live lactobacilli (eg yogurt)
- ✧ growing up with frequent exposure to farm animals
- ✧ not washing much

The beginning of immune health starts long before a child is born – in the healthy bodies of her/his parents prior to conception. The health of the mother continues to influence her child’s health during pregnancy and breastfeeding, which is the basis of all future immune health of the child. The benefits of breastfeeding are enormous; it is no wonder that

breastfed babies are more than ten times less likely to contract disease than those who are fed formula. Breastfeeding is not only a passive means of transferring immunity to your baby. It is known that human mammary glands are able to actively respond to microbes brought to them by a breastfeeding infant by quickly producing antibodies specific to those microbes.

We have included articles concerning prevention of disease without using vaccines and the treatment of childhood illnesses. Please refer to 'Pertussis Remedies', 'Diphtheria & Tetanus', 'Tetanus' and 'What if my child gets measles?'. In addition, we again recommend the book, 'The Vaccination Dilemma' edited by Christine Murphy. For further information on non-drug prevention and infectious disease management we suggest you consult a knowledgeable health practitioner in any of the fields of homeopathy, naturopathy, Chinese medicine, chiropractic, etc.

At an international public conference on vaccination in Sept 2000, Dr Incao said:

“no parent today needs to be afraid that you are putting your children at an unacceptable risk if you decide not to vaccinate them. In my experience of 27 years with hundreds of unvaccinated children in my practice, they fared better than their vaccinated peers by any measure of physical and emotional health that you would care to use. And I've had mothers with both vaccinated and unvaccinated children in the same family tell me the same thing.”

WE SAY ONE THING, THEY SAY ANOTHER – WHO'S RIGHT?

Neither we nor anyone else can make your vaccination decisions for you. We only present information that we hope will help you to reach a decision. You, as a parent know your child better than anyone else. It is not an easy job, but only by researching all sides of the vaccination issue will you be able to make a truly informed decision that feels right for you and your child and leaves you knowing you've done the best you possibly can to make a wise choice. Good luck on your journey – may you and your child share a long and healthy life together!

February, 2004

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References and Notes:

- 1 Many of these are listed as “adverse reactions” in the monographs (package inserts) of the childhood vaccines. You should be able to obtain these from your doctor or public health office. The US VAERS database is an excellent source. Medical writer, Harris L Coulter PhD has written an article, “Vaccination and Social Violence” which includes reactions which he and Barbara Loe Fisher, president of the US National Vaccine Information Center, researched and identified in their groundbreaking 1985 book, 'DPT: A Shot in the Dark'. Both VAERS reports and Coulter's article can be found at the website <http://www.whale.to/vaccines.html> Fisher refers to reports of the conservative US Institute of Medicine in her recent article, 'The Challenge to Mass Vaccination': “In the 1991 and 1994 reports, IOM committees found a causal relationship between certain vaccines and autoimmune disorders such as acute and chronic arthritis, Guillain Barre syndrome, and thrombocytopenia (failure of blood to clot) as well as brain inflammation and encephalopathy (degenerative disease of the brain). Two live virus vaccines – oral polio and measles – were found to cause vaccine strain viral infections that could end in death.....The 1991 IOM report concluded ‘In the course of its review, the committee found many gaps and limitations in knowledge bearing directly and indirectly on the safety of vaccines...’.....In a report in 2002 issued by the IOM Immunization Safety Review Committee on vaccines and autoimmune dysfunction, the committee found that scientific evidence from epidemiological studies on whether allergy, including asthma, can be caused by multiple vaccination was conflicting and concluded the evidence ‘was inadequate to accept or reject a causal relationship.’ The committee found there was biological mechanism evidence that vaccines could increase the risk of immune dysfunction in some children that could lead to increased infections and allergy, including asthma. It stated that ‘the biological mechanism evidence regarding increased risk for infections is strong.’”
- 2 The horizontal position of each dot on this graph corresponds with the approximate year in which a new vaccine began to be used in at least some parts of Canada. Health Canada has no records of dates of introduction; these were obtained from information recorded in past public health immunization cards and data related from memory by Dr Paul Varughese, Division of Immunization, Health Canada.
- 3 Please see 'How Vaccinations Work' by Philip Incao. MD at www.garynull.com/Documents/niin/how_vaccinations_work.html Also see 'Immunization: History, Ethics, Law and Health' by Catherine J M Diodati, Chapter II, 'Natural and Artificial Immunity'.
- 4 Vaccine additives are listed in manufacturers' monographs under 'Pharmaceutical Information' and 'Description'. More on the chemicals in vaccines can be found in 'Immunization: History, Ethics, Law and Health', pgs 67 to 71.

