What Your Doctor Will Never Tell You

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Vaccine Maker Admits NZ Meningococcal Vaccine May Not Work – and Could Be Dangerous

Researcher Claims Meningoccocal Vaccine is a "Potential Time Bomb"

By Katherine Joyce Smith

Investigative journalist Jonathan Eisen slammed the meningococcal vaccination campaign today as a "potential time bomb" for the health of vaccine recipients.

Quoting from the package insert supplied by Chiron Corporation, manufacturer of the MeNZB vaccine, the Auckland based researcher stated that the company acknowledged that because it had not conducted "prospective trials" of the vaccine, there was no evidence that the vaccine would prevent vaccine recipients from contracting meningoccocal disease.

That means that instead of vaccinating a sizeable group of volunteers and following their progress to see whether or not they developed meningococcal disease, the company merely assumed that the vaccine would be effective because it increased the level of antibodies against the meningococcal bacteria in approximately 75% of those vaccinated in the trials on the vaccine.

According to Mr Eisen, this lack of evidence that

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the vaccine would protect against meningoccocal disease essentially means that the vaccine is still "experimental".

In addition to concerns that the vaccine may not protect against meningococcal disease, Eisen also pointed to short-comings in the clinical trials performed prior to the provisional licensing of the vaccine. One of the most serious shortcomings was that the health of vaccine recipients was monitored only for "up to" seven days after each injection.

Eisen pointed out that such as short follow-up period for vaccine recipients meant that the trial could only identify the short term side effects of the vaccine; longer term risks would not be identified prior to the vaccine being administered into over a million young New Zealanders in the mass vaccination campaign.

Chiron's datasheet for the MeNZB vaccine acknowledges that MeNZB's "parent vaccine" (Menbvac – used in Norway) had been linked to serious adverse reactions including anaphylatic reactions (life threatening allergic reactions), haematuria (blood in urine), Guillaine-Barre syndrome (a neurological disorder that may include paralysis), and myalgic encephalitis (otherwise known as ME or chronic fatigue syndrome).

According to Chiron, these side effects were "very rare", but no data on their frequency was given.

Eisen pointed out that in some cases it can take years for serious long term side effects of vaccines to become apparent, citing the case of the vaccine designed to prevent meningitis (and other infections) caused by the bacteria *haemophilus influenzae*. This vaccine was introduced to New Zealand in 1991 and was credited with a reduction in bacterial meningitis caused by this organism (which commonly lives in the back of the nose and throat without causing disease.) However, a study of published in 2002 in the medical journal ***Autoimmunity*** showed that the vaccine was responsible for a 26% increase in diabetes in the 100,000 children who received the vaccine as part of a clinical trial.

Significantly, it was not until 3-4 years after the vaccine that the most of the vaccine-related cases of diabetes were diagnosed.

"The fact that this vaccine remains on the New Zealand market, despite the fact that it is known to cause diabetes in some children speaks volumes about the competence of the people determining public health policy in New Zealand." Eisen said, adding out that the information handouts for parents on immunisation produced by the Ministry of Health did not disclose the fact that the Haemophilus influenzae vaccine increased the risk of a child developing diabetes.

"My concern is that every baby, child and teenager who receives the MeNZB vaccine is an unwitting guinea pig in one of the largest medical experiments in our nation's history."

"My concern is that every baby, child and teenager who receives the MeNZB vaccine is an unwitting guinea pig in one of the largest medical experiments in our nation's history", Eisen stated.

"The Ministry of Health has largely succeeded in manipulating the media coverage of meningococcal disease to create a public panic in which rational discussion of the risks and benefits of this vaccine has been stymied. People are understandably frightened of meningococcal disease, given its ability to maim or kill people with astonishing rapidity, and the graphic pictures that they have seen of people suffering from this disease increase that fear."

"However, this is just one side of the picture. The Ministry of Health itself acknowledges that around one in five people naturally carries the bacteria that can cause meningococcal disease in the back of their nose and throat – without

There is a lack of Safety and Efficacy studies on vaccine damage. There are no control group studies. Authorities consider that "to not vaccinate" is unethical and so have refused to study unvaccinated volunteers. If control studies were done according to honest science, vaccination would be outlawed.

becoming ill. It is only a tiny minority of people who actually develop meningococcal disease. At no point is the MoH investigating why that is the case."

"Meningococcal disease is associated with overcrowded housing, exposure to cigarette smoke, and poor nutrition which impairs immunity to many diseases in addition to increasing susceptibility to meningococcal disease. Why aren't parents being informed about the link between nutritional deficiencies such as iron and vitamin C deficiency and passive smoking – and meningococcal disease, so that they can take the appropriate actions to protect their children's health? Instead, the Ministry of Health is largely ignoring the factors known to increase the risk of meninigococcal disease (and other infections) and seems intent on stampeding parents with emotional blackmail into allowing their children to be vaccinated with an inadequately tested vaccine that may not even work."

"What's more, if the MeNZB vaccine does have serious long term side effects, the health of a whole generation of New Zealanders will have been put at risk. We simply cannot afford as a nation to gamble with the health of our nation's future by allowing this mass vaccination programme to procede."

"It is vital to remember that even among Polynesian children (who are at the highest risk of developing meningococcal disease of any ethnic group) the vast majority of children will never get meningococcal disease. However, every single person who is vaccinated with the MeNZB vaccine is vulnerable to the as yet unknown risks of this vaccine. It is of great concern to me that the MeNZB vaccine contains aluminium hydroxide, which was identified as being carcinogenic in animal tests as far back as 1975. Cancer already kills more New Zealand children than any other disease. I don't believe that it makes good sense to inject babies, children or teenagers with a known carcinogen when cancer is already such a serious public health problem in this country, for adults and children alike."

"I believe the Ministry of Health is seriously misguided in promoting this vaccine as the best way to reduce the incidence of meningococcal disease. I encourage parents and young people to think carefully about the risks of this vaccine, read the package insert supplied by the manufacturer and ensure that they make an informed choice about this vaccine."

THE FULL TEXT OF JONATHAN EISEN'S REPORT:

> "The Ministry of Health itself acknowledges that around one in five people naturally carries the bacteria that can cause meningococcal disease in the back of their nose and throat – without becoming ill."

The manufacturer of the new meningococcal vaccine currently being introduced into New Zealand has admitted that "complete protection against infection caused by the New Zealand strain (of the bacteria) cannot be guaranteed."

In the "package insert" designed to provide guidelines for doctors and nurses administering the vaccine, the CHIRON company also admits that the vaccine has a high rate of possible side effects.

Moreover, it says that much crucial data about the performance of the vaccine, as well as data on "contraindications" (where it should not be used) are incomplete.

Specifically:

• While the insert says that "the population at risk should be vaccinated with MeNZB to prevent serious systemic disease" it concedes that "data on concomitant use of other vaccines are not yet available." This means that if a person gets one or more other vaccines at or around the same time as the MeNZB vaccine, there are no data on possible adverse outcomes.

• The vaccine also "has not been evaluated in persons with thrombocytopenia (low blood platelet count) or bleeding disorders."

• ”As with all injectable vaccines, appropriate medical treatment and supervision should always be readily available in the rare case of an anaphylactic event (life threatening allergic reaction) following administration of a vaccine.” The company neglects to provide any data on these kinds of events.

• “MeNZB has not been specifically evaluated in the immunocompromised. Individuals with complement deficiencies and individuals with functional or anatomical asplenia (problems with or absence of a spleen) may mount an immune response to MeNZB; however, the degree of protection that would be afforded is unknown.”

• “Any acute infection and febrile illness (an illness with an associated fever) is reason for delaying the use of MeNZB except when, in the opinion of the physician,withholding the vaccine entails a greater risk.” In other words, inasmuch as the manufacturer does not actually have any meaningful data on risks and benefits, it’s up to the doctor’s “educated guess” as to whether or not to vaccinate a sick child or infant. More: “A minor illness such a temperature of less than 38.5 detgrees such as a minor upper respiratory infection, is not usually reason to postpone immunisation.” However, in that such an infection may or may not be an indication of someone who is “immunocompromised” (a contraindication for the vaccine; remember that there is “no data” on this) the reader is left wondering about this apparent contradiction in the directions.

"The Ministry of Health has largely succeeded in manipulating the media coverage of meningococcal disease to create a public panic in which rational discussion of the risks and benefits of this vaccine has been stymied.

• “There are no adequate data from the use of MeNZB in pregnant women.”

• “Information on the safety of the vaccine during lactation is not available.”
• “The degree and quality of the cellular immune response is not yet established.”

• “Clinical efficacy (whether it works or not): No prospective efficacy trials have been performed with MeNZB.” In other words, the company has no idea as to whether or not the vaccine actually does what they say it should do.

• “Adverse Reactions from Clinical Studies with the Norwegian parent vaccine, Menbvac, an OMV vaccine manufactured with a strain from a different sero-(sub)type (B:15:P1.7,16)

For MenBvac further adverse events were reported including anaphylactic reactions, flu-like symptoms, haematuria (blood in the urine), Guillain-Barre Syndrome (neurological disorder that may include paralysis), myalgic encephalomyelitis/chronic fatigue syndrome(aka ME). All these reactions were very rare (no data supplied) and occured in adolescents and/or adults. Additional information: Although MenBvac is the parent vaccine of MeNZB the above mentioned adverse events of MenBvac may not necessarily be expected to happen with MeNZB (no reason or data specified).
TRANSLATION: These are some of the adverse reactions to the parent strain (Norwegian vaccine) from which the New Zealand vaccine was developed. We don’t know what the reactions to the NZ strain will be, and this is the reason:

“Adverse reactions (to the vaccine in the trial period) were collected on the day of vaccination and each day following for up to 7 days.”

TRANSLATION: This means is that the NZ vaccine, which is related to the Norwegian vaccine, may or may not have a similar adverse reaction profile – nobody knows yet and the Ministry of Health is not waiting to find out before it releases the vaccine for use in New Zealand.

Moreover, the company followed up the trial subjects) only about 1000 people) for only about a week, even though some “adverse reactions” don’t begin to show up until many weeks or months later (or even years with some vaccines, like the cancer connection to the polio vaccine).

Finally, we come to aluminium hydroxide, an "adjuvant" in the vaccine. This was shown as far back as 1975 to be a possible carcinogen (cancer-causing agent) by US Bureau of Biologics and the US Food and Drug Administration).

The fact is that the MeNZB vaccine is still highly experimental, despite what the Ministry of Health is telling the people of New Zealand, which is that the vaccine will prevent meningoccocal meningitis, is safe and well trialled.

"This vaccine has been safely used in clinical trials in Auckland with a range of age groups, including babies and adults."

The MoH is not telling the people of New Zealand that we are paying a vaccine company $200 million to experiment on our children with the possibility of long lasting "adverse consequences" like cancer, diabetes and other serious illnesses down the track.

A Precedent

With the bandwagon rolling along on the new meningitis vaccine, it may be instructive to consider the following, which links an earlier vaccine for meningitis to a marked increase in diabetes.

The prestigious peer reviewed journal ***Autoimmunity*** (August 2002 Vol. 35 (4), pp. 247-253} recently published an article by Dr. J. Bart Classen, an immunologist at Classen Immunotherapies, and David Carey Classen, an infectious disease specialist at the University of Utah, proving a causal relationship between the hemophilus vaccine and the development of insulin dependent diabetes. ***The data is particularly disturbing because it indicates the risks of the vaccine exceeds the benefit.*** The findings are expected to allow many diabetics to receive compensation for their injuries.

The study followed over 100,000 children who had been randomized in a large clinical trial to receive 1 or 4 doses of the hemophilus vaccine and over 100,000 unvaccinated children. After 7 years the group receiving 4 doses of the vaccine had a statistically significant, 26% elevated rate of diabetes, or an extra 54 cases/100,000 children, compared to children who did not receive the vaccine.

By contrast immunization against hemophilus is expected to prevent only 7 deaths and 7 to 26 cases of permanent disability per 100,000 children immunized. The study showed that almost all of the extra cases of diabetes caused by the vaccine occurred between 3-4 years after vaccination. Furthermore the paper provides new data proving the vaccine causes diabetes in mice and reviews data from 3 smaller human studies, which all had similar results to the current study, but were too small to reach statistical significance.

FACT: A 1992 study published in *The American Journal of Epidemiology* shows that children die at a rate 8 times greater than normal within three days after getting a DPT vaccination.

"Our results conclusively prove there is a causal relationship between immunization schedules and diabetes. We believe immunization schedules can be made safer," stated Dr. Bart Classen.

The Classens' research is already becoming widely accepted. An independent group of researchers working at a prestigious Swedish medical center recently published a paper (***Annals***. N.Y. Acad Sci. 958: 293-296, 2002) supporting their findings. Last year doctors attending a conference of the American College for Advancement in Medicine overwhelmingly agreed that vaccines can cause chronic diseases such as diabetes.

Conclusion

"The medical authorities keep lying. Vaccination has been a disaster on the immune system. It actually causes a lot of illnesses. We are actually changing our genetic code through vaccination...100 years from now we will know that the biggest crime against humanity was vaccines."

– Guylaine Lanctot, MD, author of ***Medical Mafia***

After critically analyzing literally ten's of thousands of pages of the vaccine medical literature,

Dr. Viera Scheibner concluded that "there is no evidence whatsoever of the ability of vaccines to prevent any diseases. To the contrary, there is a great wealth of evidence that they cause serious side effects." Dr. Classen, a notable medical researcher has stated, *"My data proves that the studies used to support immunization are so flawed that it is impossible to say if immunization provides a net benefit to anyone or to society in general.*

"This question can only be determined by proper studies which have never been performed. The flaw of previous studies is that there was no long-term follow up and chronic toxicity was not looked at."

The continued denial and suppression of the evidence against vaccines only perpetuates the "myths" of their "success" and, more importantly, their negative consequences on our children and society. Aggressive and comprehensive scientific investigation into adverse vaccine events is clearly warranted, yet immunization programs continue to expand in the absence of such research.

Concerns over vaccine adverse effects and conflicts of interest led the American Society of Physicians and Surgeons to issue a Resolution to Congress calling for a *"moratorium on vaccine mandates and for physicians to insist upon truly informed consent for the use of vaccines."*

Approved by unanimous vote at the AAPS October 2000 annual meeting, the resolution noted the ***"increasing numbers of mandatory childhood vaccines, to which children are subjected without information about potential adverse side effects"***; the fact that "safety testing of many vaccines is limited and the data are unavailable for independent scrutiny, so that mass vaccination is equivalent to human experimentation and subject to the Nuremberg Code, which requires voluntary informed consent"; and the fact that ***"the process of approving and 'recommending' vaccines is tainted with conflicts of interest."***

In an October 1999 statement to Congress, Bart Classen, M.D., M.B.A., founder and CEO of Classen Immunotherapies and himself a developer of vaccine technologies, stated, ***"It is clear that the government's immunization policies are driven by politics and not by science."***

FACT: In *The New England Journal of Medicine* (July 1994) a study found that over 80% of children under 5 years of age who had contracted whooping cough had been fully vaccinated (immunised).

FACT: The death rate from common infectious diseases such as tuberculosis, whooping cough, measles and diptheria had declined by over 90% BEFORE the introduction of vaccination. (1)

FACT: A 1992 study published in *The American Journal of Epidemiology* shows that children die at a rate 8 times greater than normal within three days after getting a DPT vaccination.

FACT: Many children develop serious conditions as a result of vaccination. How many? Unfortunately, it is impossible to know for sure because only a small fraction (less than 10%) of all "adverse reactions" are ever reported. (2)

Long-term adverse reactions to vaccines may include:

Arthritis: This is a known risk of the rubella portion of the MMR vaccine. The risk is higher in and women and adolescent girls.(3)

New Zealand vaccinations are not compulsory. Children DO NOT have to be vaccinated in order to go to daycare or school. Know your rights. Inform yourself about the pros and cons of any and all vaccines before you decide. It's your decision.

Website addresses of some of the new generation of honest professionals:

Dr D Duffy: www.duffyslaw.com
Dr J. Mercola: www.mercola.cola
Dr. Leo Rebello www.aidsalternativa.org
Patrick Quanten http://www.activehealthcare.co.uk
Rath Foundation Drug Barons:http://www.dr-rath-foundation.org
Dr Robert Anderson: www.psrg.org.nz or roberta@clear.net.nz for information re: Genetic Engineering, radiation and fluoridation.
Visit the Soy website at soyonlineservice.co.nz
Westonprice An organization, promoting good living with good eating www.westonaprice.org .
Chris Reiger of Pacific Health and Fitness Centre for latest list of food aditives codes: http://www.foodadditives.org.nz/
Cause and prevention of cot death: Dr T James Sprott OBE www.cotlife2000.co.nz
Fraudulent Medicine www.pnc.com.au/~cafmr
TAAP (The Autism Autoimmunity Project) www.TAAP.info and "TAAP into the truth!"
Vaccines: redflagsweekly.com

Diabetes: According to the *NZ Medical Journal (24/05/96),* Insulin Dependent Diabetes increased by 60% in NZ children after a mass vaccination campaign using a genetically engineered Hepatitis B vaccine.

Autism: This once rare (but now common) brain disorder has been linked to the MMR vaccine by several independent researchers and doctors and published in peer-reviewed medical journals like *The Lancet* and *The Journal of Adverse Drug Reactions.* Dr Mary Megson and others have also linked the DPT vaccine to this distressing condition. Autism can ruin a child's ability to learn and develop normal relationships.

Asthma: British researcher Dr Michael Odent found that children who were vaccinated with the DPT vaccine were four times more likely to develop asthma than children who were not injected with this vaccine.

Cancer: The polio vaccine has been implicated in some brain cancers where the presence of a cancer-causing virus (SV-40) contaminating the vaccine has been confirmed. (Surprisingly there has never been a study comparing the health of vaccinated vs unvaccinated people, and the medical establishment refuses to conduct one – on "ethical" grounds.)

FACT: Some vaccines such as the rubella (MMR) (4), the Hepatitis A vaccine(5) among others, are cultured on cells from aborted human foetuses.

FACT: Many vaccines do not prevent disease very effectively, despite what you've been told. In the USA where 98% of children are vaccinated, children (and adults) still develop measles, whooping cough and other "vaccine preventable" diseases. A massive outbreak of whooping cough occurred in Holland in 1998, despite the fact that over 90% of the population had been vaccinated against it.

Researcher Ron Law writes:

"My understanding was that there were approx 20 deaths a year due to meningococcal B until I looked at the latest data just released by the MOH... and note that this was during the big roll out of the so-called MeNZB (vaccine) and the dreadful picture of the two kiddies in hospital we saw on TV and in the newspapers. I don't recall a single headline to the effect that in 2003 there were only 13 deaths – down on 2002 which in turn was down on 2001 which was the peak year...

How will the MOH explain the fact that the fatality rate has dropped BEFORE introduction of the vaccine? Even the incidence has dropped.

On page 7 of the above report the authors lie when saying that the epidemic can be expected to take another 10 years to run its natural course without intervention...(the MOH) should be promoting honest Public Health information..."

And Ron's further research goes on to state: "Note that only about 72% of all (potential) cases will be targeted by the vaccine... which has a 75% success rate regarding inducing antibodies... this means that only 0.72 x 0.75 have a chance of being protected from meningitis per se by the vaccine... that's about 50% ... so that makes the benefits way less than being touted by officialdom." And if that's not all get this:

Now, given that data from 1998–2002 shows that Maori and Pacific children make up 65–69 percent of all meningococcal cases in the group aged 0–4 years, I would say that if you are not Maori nor Pacific Islander or poor (and therefore poorly nourished) the chances of the vaccine being of any benefit what so ever are bugger all... why bother with the downside – i.e. the risks due to the vaccine?"

FACT:

According to the NZ Ministry of Health (***Immunisation Handbook,*** 2002), the Norwegian "parent" vaccine of the current MeNZB vaccine was never distributed nationally in Norway, partly, they say, because it was "ineffective".

Meningitis Vaccine:

The Horror Story gets worse!

These reports below from the international press confirm the dangers of the vaccine that we have been concerned about for the past few weeks. Decide for yourselves whether we were wrong in warning you of the dangers your children face in submitting to this treatment.

The debate as to the safety of the MeNZB vaccine continues to heat up as the news hits New Zealand that the Chiron corporation, the maker of the vaccine, also made a meningococcal vaccine for the UK that resulted in thousands of "adverse events" and several deaths.

Here are some follow-up stories to give you an idea of what happened in the UK after Chiron (the manufacturer of the new New Zealand meningococcal vaccine) "rolled out" another inadequately tested and now PROVEN dangerous meningococcal vaccine.

Is the NZ vaccine safe? Was it adequately tested? Will it even work? The manufacturer is not saying, nor can they when the follow-up on the test "subjects" only lasted "up to seven days" following the jab.

What sort of a risk are you prepared to take in submitting to this treatment. Decide for yourself.

Meningitis advisers funded by drug firms:
http://observer.guardian.co.uk/uk_news/story/0,6903,363705,00.html

Doctors accuse drug firms of 'disease mongering':
http://www.telegraph.co.uk/news/main.jhtml?xml=/news/2004/08/29/ndocs29.xml&sSheet=/news/2004/08/29/ixnewstop.html

Deaths spark meningitis jab fears:
http://news.bbc.co.uk/2/hi/uk_news/politics/897968.stm

Meningitis Vaccine under Scrutiny in UK:
http://www.chiroweb.com/archives/18/22/05.html

Safety fears over meningitis vaccine:
http://news.bbc.co.uk/2/hi/health/787570.stm

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Vaccine under Scrutiny in UK

Agency Finds More Than 16,000 Adverse Reactions Since Last Year

by Michael Devitt, Associate Editor

http://www.chiroweb.com/archives/18/22/05.html

Last November, the British government instituted a mass national immunization program designed to vaccinate all children under 18 against meningitis C, a rare but potentially fatal brain disease.

A series of government documents obtained by The Observer, a British newspaper, has revealed that more than 16,000 adverse reactions possibly linked to two vaccines have been reported in the past 10 months, including 12 deaths that occurred in people after being vaccinated.

The vaccines in question, Meningitec and Meninjugate, are designed to offer protection from meningitis C, which strikes approximately

1,500 people in the United Kingdom every year. The disease causes an inflammation of the membranes that surround the brain and spinal cord; it can also lead to hearing loss, kidney failure, brain damage or limb amputation. The disease occurs most frequently in young children, with symptoms including high fever, severe headaches, nausea, rashes and neck stiffness. About 10% of those infected with meningitis C die from the disease.

Since the immunization program began in November 1999, it has been under review by the Medicines Control Agency (MCA) and the Committee on Safety of Medicines (CSM), which use a system called the Yellow Card Scheme to report possible adverse reactions to drugs and vaccines. Under the scheme, doctors, pharmacists, coroners and dentists are advised to submit suspected adverse reactions to pharmaceuticals or new vaccines to the MCA or CSM - even if they are not completely sure whether the vaccine caused the reaction. The MCA and CSM, in turn, investigate all causes of death and assess Yellow Card reports to determine any safety issues that may be associated with a new drug or vaccine.

According to the Committee on Safety of Medicines, more than 15 million doses of the vaccines have been distributed in the U.K. Statistical analyses conducted by the British Department of Health, claim the vaccine has reduced the number of meningitis cases by as much as 85 percent, particularly among children aged 15-17 and infants less than a year old.

Figures compiled by *The Observer,* however, appear to contradict those published by the government. According to their statistics, there has been only an 18 percent drop in the total number of meningitis cases, from 713 cases during the first eight months of 1999 to 587 through the same time frame this year. Moreover, in parts of London, East Anglia and the West Midlands, there has even been a rise this year in the number of people diagnosed with the disease.

The Observer also reported that as of August 29, MCA and CSM had received 7,742 Yellow Card reports associated with the meningitis C vaccine, with symptoms ranging from headaches and dizziness to vomiting and convulsions. Although each report corresponded to one patient, many reports listed more than one reaction (for instance, nausea and headache), bringing the total number of adverse reactions that may have been caused by the vaccine to 16,527 - approximately one reaction for every 907 doses given.
In addition to the adverse reactions, 12 deaths occurring in people who had been recently vaccinated have been reported to the CSM. Seven of the deaths were a result of sudden infant death syndrome (SIDS); one patient died of a convulsion 10 days after being vaccinated.

While those numbers are high, the actual numbers may be much higher. The Department of Health estimates that only 10-15 percent of reactions are reported using the Yellow Card Scheme. Based on that estimation, the actual number of people experiencing adverse reactions to the meningitis vaccine could be in the tens of thousands.

Health officials have downplayed those numbers, insisting that the vaccine has saved lives and prevented disabilities. A statement released by CSM and the Joint Committee on Vaccination and Immunisation in August said that "the balance of risk and benefit is overwhelmingly favourable" and that "there is no suggestion that this vaccine has led to any deaths."

As worried parents and lawmakers seek a peaceful conclusion, the situation has angered parents across the U.K. and has caused some people to call for a halt to the immunization program until more tests have been conducted.

"I am not convinced by government reassurances," said Isabella Thomas, a member of Justice Awareness Basic Support, a vaccination support group. "We are receiving daily calls from parents whose children have had serious reactions. We believe the government introduced it far too quickly."

Adam Finn, a pediatric expert at Sheffield Children's Hospital, added that the vaccine was safe, but that it had induced adverse reactions in a number of children. Finn also said that the government has a duty to give the public all relevant information about the vaccine. "The public has sufficient intelligence to make the decision for themselves," he said. "The way to get them to accept it is to tell the whole story."

Meningitis – or Scurvy?

by Dr Mike Godfrey

One must accept that despite high rates of asymptomatic carriage in adult populations some persons have died within hours of diagnosis whilst others have self-limiting diseases. The death rate was 23 in 2001 dropping to 18 and then 13 by 2003. Thus the so-called epidemic may already be waning even before the vaccination campaign. It is known that exposures to cigarette smoke, alcohol, low iron levels, poor living conditions and certain genetic factors are all conducive to increased infection rates. However, this does not explain why some get a severe or fatal haemorrhagic infection.

The features of meningococcal sepsis include a severe capillary leak syndrome and disseminated intravascular coagulation or clots. It is possible that this could effectively be acute haemorrhagic scurvy and eminently amenable to appropriate therapy. The 1940-70s literature supports this with parenteral ascorbic acid (AA) capable of destroying diphtheria, tetanus, salmonella, gas gangrene (clostridium) and meningococcal endotoxins.

Prof. Clemetson's 1989 3 volume texbook on Vit.C showed why bacterial toxin-induced mortality increases with AA depletion. Other researchers have confirmed that non-survivors from meningitis having oxidised whatever AA reserves they had to neutralize bacterial toxins, suffered acute, lethal scurvy.

AA levels in the spinal fluid of meningitis patients has been negatively correlated with the outcome of patients with bacterial meningitis and thus, its depletion also may be an indicator of a bad prognosis.

Up to 15% of the population may be scorbutic (<0.2mg/100ml serum) and thus at increased risk of bacterial endotoxin toxicity as would many of the impoverished and nutrient-deficient South Auckland populations. The latent scorbutic state can then be converted into frank scurvy by infections (and even vaccines), and under such conditions hemorrhagic phenomena are frequent. All of the patho-physiological features of haemorrhagic and thrombotic conditions found in bacterial meningitis are seen in AA deficiency states.

It could therefore surely be appropriate to administer this safe and cheap therapy concurrently with antibiotics to everyone suspected of this disease. Indeed, it is possibly only when the liver is overwhelmed by bacterial toxin that a fulminating haemorrhagic disease ensues.

However, for maximum effectiveness continuous AA infusions at 0.7G/Kg/ or more/24hrs may be required. The whole reason for a vaccine is to prevent severe disease and/or deaths but surely if we have a cheap, safe effective way of making the disease comparatively trivial, there would hardly be a need for a vaccine.

Finally, if parents are persuaded to allow their children to be vaccinated, they ought to preload them with AA for at least a week before and a week after to help them cope with the vaccine toxins.

Vaccinations: The Overlooked Factors

Autism Research Review International, 1998, Vol. 12, No. 1

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Vaccinations, like motherhood and apple pie, have long been regarded as taboo topics, beyond criticism. No more. The publication in ***The Lancet*** of the article by Andrew Wakefield and associates, providing a well-documented mechanism for the long suspected role of MMR vaccines in causing autism, has raised an international furor.

I began to suspect a link between the DPT vaccination and autism as early as in the mid 1960s, based on letters from and interviews with many parents. Our Form E-3 parent questionnaire, dating from 1967, asked parents about their children's reaction to the DPT shot. H. L. Coulter and B. L. Fisher state, in their excellent book, DPT: Shot in the Dark (1985), "The phenomenon of early infantile autism was first observed and discussed by physicians in the early 1940s, a few years after the pertussis vaccine became more widely used in the United States .... The parallel to certain areas of pertussis vaccine damage is striking" (p. 123).

Dr. Michael Odent, writing in the *Journal of the American Medical Association* (1994), claims a five times higher rate of asthma in pertussis-immunised children compared to non-immunised children. He is also quoted in the International Vaccination Newsletter (Sept. 1994):

"Immunised children have more ear infections and spend more days in hospital."

Readers of the ***Autism Research Review International*** (ARRI) are well aware of the autism-vaccine controversy (see ARRI 10/4, 10/1, 9/3, 9/2, 9/1, 6/3), but until now the mass media have been kept largely in the dark. In Britain, where there has been an epidemic of autism, with hundreds of families registering for projected class-action law suits, some newspapers have been devoting half-page or larger articles to the controversy.

Dr. Wakefield and his courageous collaborators have endured a torrent of criticism and abuse from those dedicated to silencing anyone challenging the sacred-cow status of vaccines. The fact is, vaccines are not nearly as safe, nor anywhere near as effective, as vaccination proponents claim.

Dr. Wakefield's opponents argue, quite speciously, that he is confusing association with causation, and that the autism link may be merely "coincidental."

I find it doubly ironic that the vaccine advocates accuse Wakefield of this elementary error in logic. That very argument was used just as wrongly – against vaccinations – by the opponents of Edward Jenner when he introduced vaccination to Europe. (It was used earlier in Asia.) Jenner's observation that milkmaids exposed to pox-infected cows developed a resistance to smallpox was attributed to coincidence. Fortunately for today's vaccine proponents, Jenner's critics did not succeed in dismissing his observations as merely "coincidence."

The second irony is that the critics who accuse Dr. Wakefield of confusing association with causation are guilty of doing that very thing – deliberately, not mistakenly – while trying to influence public policy, by claiming that vaccines cause steep declines in the incidence of disease when there is good evidence that the decline was often due to other factors – that is, to coincidence.

In their reply to Wakefield's article, "Vaccine adverse effects: causal or coincidental?," R.T. Chen and F. DeStephano (Lancet 2/28/98) present a table implying that the incidence of a number of diseases was enormously reduced by vaccinations. In fact, judging from data presented by Neil Z. Miller in his book Vaccines, are They Safe and Effective?, the reductions Chen and DeStephano cite are often coincidental rather than causal. In the case of measles, the death rate did drop precipitously over a period of four decades, but the death rate fell 95% before the measles vaccine was introduced! In the case of polio, the death rate had dropped 60% from its peak in the 1920s and '30s before the vaccines arrived in the 1950s. There is considerable evidence that the claims of benefit for other vaccines (e.g., pertussis, tetanus) are also greatly inflated.

There is an enormous amount of credible evidence that vaccines can and do cause harm. In response to what was seen as a cause-and-effect relationship with sudden infant death syndrome (SIDS), the Japanese government, in 1979, ordered the postponement of routine DPT shots until after the age of two. "SIDS has virtually disappeared from Japan (Neil Z. Miller, Immunization:Theory vs. Reality (1996).)

The Black Death is estimated to have killed one third of the population of Europe before it subsided. Why did it subside? Largely because the immune system is a marvelously adaptable instrument which learned, naturally, how to cope with the plague.

In an article titled, "The Dark Side of Immunizations?," Science News (November 22, 1997) reported findings by scientists implicating the rise in diabetes and asthma to vaccines, and these allegations are just the tip of a very large iceberg. (The medical establishment's ferocious defense of vaccines as irrefutably safe and beneficial somehow reminds me of the Titanic.)

I am not saying that vaccinations are without value. I am saying that their benefits have been overstated, and their dangers dismissed much too carelessly.

QUESTIONS. The Black Death is estimated to have killed one third of the population of Europe before it subsided. Why did it subside? Largely

because the immune system is a marvelously adaptable instrument which learned, naturally, how to cope with the plague.

Interesting though it is that one out of three died of the plague, it is even more interesting that two out of three lived. Why?

Although the headlines alarmed us all when some people died as a result of the swine flu vaccine and some people died when exposed to Legionnaire's disease, it is even more interesting that most people survived. Why? Why are some children injured by MMR shots and others not?

The answer is that people are very different, in many ways. Part of the difference is genetic. Another part is environmental.

We can't do much about the genetic part right now, but we can do a lot about each person's susceptibility to disease, including vaccine-induced disease, by dealing intelligently with the environment.

Science News (November 22, 1997) reported findings by scientists implicating the rise in diabetes and asthma to vaccines, and these allegations are just the tip of a very large iceberg.

TOXIC EXPOSURE. It is no secret that our environment is loaded with toxins, many of which greatly impair not only the brain but also the immune system. Lead, mercury, pesticides, and solvents all can create havoc with the immune system. There is of course a huge literature on this topic. Two excellent recent books are: **Our Toxic World: Who is Looking After our Kids** by H. E. Buttram, M.D., and Richard Piccolo (1996), and Is **This Your Child's World?** by Doris Rapp, M.D. (1997).

NUTRITION. In my view, the most important, and by far the most feasible, approach to preventing damage by toxins of all kinds, including the toxins in vaccines (vaccines contain mercury, aluminum and formaldehyde, in addition to germs) is to help the child's developing, immature immune system by providing generous amounts of the nutrients the body needs if it is going to be able to protect itself from a dangerous, toxin-laden world.

In his book ***Every Second Child*** (1981), Archie Kalokerinos, an Australian physician, tells us that the death rate among the aborigine children he was assigned to help was an astounding 50%! His investigation showed these deaths to be associated with vaccinations, and he found the children's diets to be severely deficient in vitamin C. By merely administering vitamin C (100 mg per month of age), he dropped the death rate to nearly zero.

In my view, and in the view of many others who have studied these problems, every mother-to-be, starting well before conception, should be taking significant (several grams a day, at least) amounts of vitamin C, and every child should also be given supplements--especially in view of the stress on the immune system imposed by vaccines.

But vitamin C is by no means the only nutrient that should be supplemented if the immune system is to develop and function effectively. Nutrients known to be effective in autism, vitamin B6 and DMG, have been shown in laboratory studies to enhance immune function. The minerals zinc and selenium, both implicated in many cases of autism, are critical in immune function.

Nutrition is the single most important determinant of immune function, according to world authority R. K. Chandra, who specifically mentions zinc, selenium, iron, copper, vitamins A, C, E, B6, and folic acid.

The message is very clear: mothers should take a high quality, broad-spectrum vitamin and mineral supplement before conception, and during pregnancy and lactation. And every child should also be getting extra nutrients through mother's milk or along with food, if the immune system is to develop properly. The cost of not doing so may be very high.

VAERS:(REPORTED VACCINE ADVERSE REACTIONS) IN US 1999-2002

	Adverse Reactions Reported Age 0-6	Hospitalization Reported Age 0-6	**Deaths Reported Age 0-6**
DPT	**16,544**	**1,631**	**394**
HEP	**13,363**	**1,840**	**642**
Flu	**419**	**41**	**11**
Hib	**22463**	**3,224**	**843**
MMR	**18,680**	**1,736**	**110**
OPV	**22,915**	**2,868**	**866**
Total	**94,384**	**9,604**	**2,866**

As of the end of 2002, the VAERS system contained 244,424 total reports of possible reactions to vaccines, including 99,145 emergency room visits, 5,149 life-threatening reactions, 27,925 hospitalizations, 5,775 disabilities, and 5,309 deaths[2], according to data compiled by Dr. Mark Geier, a vaccine researcher in Silver Spring, Md. The data represents roughly 1 billion doses of vaccines, according to Geier. Dr. J. Anthony Morris, former Chief Vaccine Control Officer at the US Federal Drug Administration agrees that such evidence has great bearing on the entire vaccination question saying, "There is a great deal of evidence to prove that immunization of children does more harm than good."

Cancer-causing Monkey Viruses and the Polio Vaccine

Americans have been told repeatedly that HIV/AIDS is the first time a monkey virus has jumped species to cause a new epidemic called AIDS.

But the rarely-publicized truth is that a cancer-causing monkey viruses jumped species a half century ago when contaminated polio vaccines were given to millions of people on the planet, including half the U.S. population of that era.

In the early 1960's it was discovered that some lots of polio vaccines manufactured on rhesus monkey kidney tissue during the period 1955 to 1963 were contaminated with a monkey virus called SV40 (Simian[monkey] virus #40). This primate virus was quickly proven to cause various cancers in experimental animals. However, to this day, U.S. government officials still insist there is no absolute proof that SV40 causes human cancer.

Despite the lack of government interest in SV40 in human cancer for three decades, genetic and immunologic studies by independent researchers over the past decade indicate this virus is clearly associated with human cancer, such as rapidly-fatal cancers of the lung (mesothelioma), bone marrow cancer (multiple myeloma), brain tumors in children, and other forms of cancer.

A *Washington Times* report (09/21/03) indicates "Some of the polio vaccine given to millions of American children from 1962 until 2000 could have been contaminated with a monkey virus that shows up in some cancers, according to documents and testimony to be delivered to a House committee Wednesday.

The vaccine manufacturer said such claims don't have any validity,' and the Centers for Disease Control and Prevention (CDC) agrees. Documents set to be delivered to the House Subcommittee on Human Rights and Wellness appear to show that the original "seeds" used to produce the Sabin [oral] vaccine could have been tainted with SV40; that the company that

manufactured the vaccine, Wyeth Lederle, may have used Rhesus monkeys – which are more likely to carry the disease – rather than the African Green monkeys it says it used, according to company documents; and that the company may not have performed all of the screening tests required."

Stanley P Kops is a lawyer who represents children and adults damaged by polio vaccines. He has documentation indicating that the polio virus "seeds" from which the oral vaccine is made are still not proven to be free of SV40.

In his article entitled "Oral polio vaccine and human cancer: a reassessment of SV40 as a contaminant based upon legal documents", appearing in the journal *Anticancer Research* (November 2000), Kops states: "In litigation involving the Lederle oral polio vaccine, the manufacturer's internal documents failed to reveal such removal [of SV40] in all of the seeds. The absence of confirmatory testing of the seeds, as well as testimony of a Lederle manager, indicate that this claim of removal of SV40 and the testing for SV40 in all the seeds cannot be fully substantiated. These legal documents and testimony indicate that the scientific community should not be content with prior assumptions that SV40 could not have been in the oral polio vaccine.

Only further investigation by outside scientific and independent researchers who can review the test results claimed in the January 1997 meeting and who can conduct their own independent evaluations by testing all the seeds and individual mono-valent pools will assure that SV40 has not been present in commercially sold oral poliovirus vaccine manufactured by Lederle."

More information on Kops, SV40, and polio litigation can be found at www.sv40cancer.com

More than 600 million doses of polio vaccine were sold by Lederle from 1963 to 1999. On Jan. 1, 2000, the CDC recommended injections of an inactivated killed polio vaccine (IPV) that eliminates the risk of spreading the disease, unlike the oral live polio vaccine that had been used for decades. This prompted Lederle to get out of the polio vaccine business, and the last batch of Orimune was produced on Dec. 31, 1999.

For anyone who still thinks that vaccine makers and government health officials are always your friend, I would highly recommend a just-published book titled ***AIDS. The Virus and the Vaccine: The True Story of a Cancer-Causing Monkey Virus, Contaminated Polio Vaccine, and the Millions of Americans Exposed,*** by

Debbie Bookchin and Jim Schumacher. The book explores the history of the polio vaccine, the contamination problems with SV40 , the ensuing vaccine-related cancer problems, and the government's cover-up of the problem over the past three decades.

Few people realize how dangerous vaccines can be and how complicated the process of vaccine manufacture really is, particularly when vaccines are made on living animal or human cells. Contamination with bacteria and viruses and their elimination from the final product are constant problems during the process. There are also recent suspicions that the laboratory media used to feed and nourish the cell cultures upon which the virus is grown may also be a source of contamination.

For further details on the dangers of vaccines, see "Are Vaccines Causing More Diseases than they are Curing?" (www.whale.to/v/cantwell.html)

Rense.com

Death By Lethal Vaccine Infection

By Christine Colebeck 9-17-4

Today is my daughter's sweet 16th birthday but we will not be celebrating.

Instead I will light a candle and when I blow it out I will make a wish in my daughter's memory. My wish is for all mother's worldwide, that you will educate yourselves and that you make informed choices so that you may prevent unnecessary tragedy and be spared from my pain.

Laura's Story

After 41 weeks of pregnancy, on July 27th, 1986, a perfect and healthy little baby, Laura Marie, made her entrance into the world. We were welcomed home by family and friends anxiously waiting to meet the new family member. They showered her with so many beautiful, little tiny, pink dresses, we joked that she would never be able to wear them all in one lifetime.

Our lives changed completely and now revolved around stroller walks in the park, visiting friends, changing diapers, night feedings and shopping for more little pink dresses. We were parents now, we had a family and life was absolutely perfect.

I took Laura for several baby check-ups at the pediatrician. She was a kind and gentle older woman. At 3 months old, the pediatrician was very pleased with Laura's development and weight gain and vaccinated her with DPT OPV. I didn't even question her, I knew that all my friend's babies had this same vaccine and "all good mothers" vaccinated their children to protect them. I left the pediatrician's office and walked home.

Laura was very fussy, which was unusual. She was crying loudly all the way home in the stroller. When we got home, I realized she had urinated so heavily she wet everything in the stroller. Then her cry turned into screaming and she developed a fever, her leg was very swollen and red, and felt hot. I called the pediatrician who told me this was "normal" and to give her Tempra. I gave her baby Tempra and I felt better, the pediatrician had assured me this was normal.

Laura continued to scream and I could no longer console her. My every instinct told me this was not normal but I was young with my first child and trusted the doctor. I could not hold Laura in my arms because she screamed louder as any movement of her leg seemed to cause her terrible pain. I put her in the swing and she cried herself to sleep. I was so relieved, the Tempra was working and the doctor must have been right. I began to feel silly for all my worrying. A short time later, Laura woke up screaming and spent the evening screaming and sleeping on and off.

She had no appetite and nothing made her stop crying. Finally it was bedtime and she cried in her crib, until she fell asleep. She had never cried herself to sleep before and I felt very bad for letting her but if I held her, she screamed louder. My husband came home from work and I told him about everything that had happened that day. Laura was sleeping soundly in her crib and we were both relieved that she seemed to be feeling better and decided not to worry... I should have worried.

In the morning I awoke and was startled to realize my husband had slept in for work. I immediately knew something was wrong and the worry from the previous night came rushing back to me. I quickly ran to her crib, with a feeling of dread. She did not look right. I closed my eyes tight and opened them again, and considered the possibility that this was a dream, but when I opened my eyes she looked dead.

I went into shock and after that, much of this day remains a blur. I touched her and she was very warm. I screamed for my husband to call 911.

I watched as he performed CPR, my body was frozen and I couldn't move. He tried to revive our child to no avail. He was shouting for me to open the door for the paramedics, I was temporarily jolted back to reality and I went and opened the door. I could now move but couldn't speak. I just stood there numbly shaking my head, feeling completely helpless as dozens of paramedics, police and firemen rushed past me into our home. I didn't cry, and I wanted to scream at them to leave her alone but I couldn't speak. She was on the floor and they were shocking her tiny body, in the little bedroom with the yellow painted walls and clown wallpaper. I stood there praying in my head that they would just leave her alone, that they would get out of her bedroom and that I would wake up from this horrible dream.

Then I heard someone saying there was a faint pulse and I suddenly felt hopeful. She was rushed from the house in an ambulance. It was then that the homicide detectives led us into another room and the interrogation began.

They decided that my husband and I needed to be questioned in separate rooms. I immediately realized they suspected that we had done this to our child. We all know that perfect children do not suddenly die for no reason. I was silent, I had already decided in my own mind that this was somehow all my fault and although I wasn't quite sure what I had done to kill her, I was convinced that I had somehow caused this to happen. Perhaps, I was being punished by god for a sin or perhaps it happened because I had let her cry herself to sleep that night. The fact remained that my child was dead and "good mothers" do not have dead children.

My husband began to protest loudly about the line of questioning and he demanded we be taken immediately to the hospital, to see our child. The detectives finally took us to the hospital and put us in the "bad news room." The doctor came and insisted we sit down before he spoke to us. He began telling us that they had tried this and that and then finally he said the words that would echo in my ears for a lifetime:

"She is dead."

The pediatrician whom I so respected and adored broke down and cried when I gave her the news on the phone. She went back and forth defending the vaccine that she was told was safe, and blaming it for killing my child and those who told her it was safe.

She then told me that she also had another patient, an infant boy, die after this same vaccination.

Then the detectives took us home for more questions, often repeating the same questions several times until they grew tired of asking them. The questions constantly centered around our involvement, then they searched the house an checked for signs of forced entry. My husband repeatedly told them that he thought the vaccine had killed our child and told them over and over about her unusual behavior since she was vaccinated.

Everyone we knew arrived at our house. I made coffee and tidied the house, like it was any other day and we were having "guests". Shock is a strange and wonderful thing and of course you don't know you are in it.

My parents finally insisted on taking me to their house for a few days, while my husband and his friends had the horrendous task of packing up the nursery because I couldn't stand to look at it any longer. The room I had so lovingly made was now empty and a source of great pain.

Several days later, after the funeral and the tiny white coffin that was so small my husband carried it alone, I finally came out of shock and allowed myself to cry a river. I cried for all the things I would never do with my daughter. All the ballet classes I would never take her to, the wedding I would never attend, the grandchildren I would never know and all the dreams I would never realize with her. I cried for all that was and all that would never be. There was an emptiness inside of me that threatened to swallow me up whole, as I fell into the depths of grief during the darkest days of my life.

The detectives eventually became satisfied that we had not harmed our daughter in any way and the investigation into her death ended. We were then left without answers.

The doctors did not want to talk about her death being related in any way to the vaccine and, one after the other, refused to answer our many questions. I was repeatedly told that vaccines were for "the greater good." I was even told that loss of life through immunization was "expected" in the war against disease but these losses were considered to be at "acceptable" levels. However, this did not feel very acceptable or good to me as a mother with empty arms that ached for my child. The coroner finally told us months later that the

cause of death was determined to be "SIDS" (sudden infant death syndrome), meaning "no known cause," and refused to release a copy of the autopsy report to us.

It took almost a year for us to obtain this report and to our great horror, we realized that the autopsy summery was copied directly from the vaccine product monograph under the heading "Contraindications" as follows:

"Sudden infant death syndrome has been reported following administration of vaccines containing Diphtheria, tetanus toxoids, and pertussis vaccine. However, the significance of these reports is not clear. One common factor is the age where primary immunization was done between the age of 2 to 6 months, a period where most sudden infant death syndromes are found to 1occur with a peak incidence being at 2 to 4 months."

There was no toxicology testing performed and the pediatrician never filed an adverse vaccine reaction report with health authorities. I later learned that most vaccine-induced deaths in this country are listed as SIDS and SIDS statistics are NOT included in vaccine adverse reaction data, even if a child dies only a few hours after receiving inoculation. This data is presented to physicians and the public to reassure them that vaccines are safe.

The government's own literature advises that there has been little or no testing in the area of vaccine safety or efficacy. Essentially, our children are the test. According to their literature, immunization is "the most cost effective" way to prevent disease. Nowhere in their literature does it claim to be the safest. We are trading our children's lives to save the government money. We are told that the benefits outweigh the risks but many of the diseases that we vaccinate for are not even life threatening; however, the vaccine itself has the potential to kill.

Vaccines kill at a much higher rate than we are led to believe. We play vaccine roulette with our children's lives and we never know which child will fall victim next.

If the odds are 1 in 500 thousand for death, 1 in 100 thousand for permanent brain injury, 1 in 1700 for seizures and convulsions or one in 100 for adverse reaction, are you willing to take that chance? Are any odds acceptable enough to convince you to gamble with your child's life?

I can assure you that death from vaccination is neither quick nor painless. I helplessly watched my daughter suffer an excruciatingly slow death as she screamed and arched her back in pain, while the vaccine did as it was intended to do and assaulted her immature immune system. The poisons used as preservatives seeped through her tiny body, overwhelming her vital organs one by one until they collapsed. It is an image that will haunt me forever and I hope no other parent ever has to witness it.

A death sentence considered too inhumane for this county's most violent criminals was handed down to my beautiful, innocent, infant daughter, death by lethal injection.

Today, on my daughter's birthday, I will grieve not only for the loss of my own child but for all the innocent children for which the benefits of vaccines do not outweigh the risks and are unnecessarily sentenced to death by lethal injection, under the guise of "the greater good." The true war is not against disease; we have somehow become our own worst enemy by putting our faith in science instead of nature. Today, I call on all mothers across the world to join me in putting an end to this senseless slaughter of our most precious resource, our children.

Commentary by Dawn Richardson

http://www.vaccineinfo.net/PROVE

Dear PROVE Members

I am forwarding this ... as a tribute to baby Laura and all the other children who have been injured or killed by a vaccine so that parents can learn another side to the vaccine story.

When I was almost 8 months pregnant with one of my daughters, I had volunteered to go to the Travis County Morgue with Karin Schumacher who, for years before she went to Law School, ran the NVIC news-list. Karin asked me to help her go through autopsy reports of infants listed as SIDS deaths and look at vaccination information. I will never forget the experience. We sat there in this basement buried in infant autopsy reports as my own baby kicked and turned inside of me.

Here were two of our observations: 1) A highly disproportionate amount of SIDS deaths clustered at 2, 4, and 6 months – which are the very times infants are vaccinated. If vaccines had nothing to do with these, the numbers should have been randomly spread throughout the first 6 months of life. Not so. I challenge the naysayers to go to any morgue in the country and to be honest and see what I'm talking about.

2) It was shocking at how rare it was for the vaccine information to be recorded and how little investigating into the cause of death of these babies was actually done. It floored me that the when the vaccine information was even mentioned, it was often so incomplete. Medical examiners routinely missed asking for this indispensable information and failed to note the correlation of the date when the child died to even raise the question.

One of the things that struck me when reading Christine's story ... is that here we are 16 years later and so many doctors are still downplaying and denying the risks of vaccines and healthy babies are still dying after being vaccinated.

One of the most offensive things that Senator Frist has in his vaccine bill which shields the drug companies from all liability when a vaccine injures or kills someone is that he is proposing that the federal government increase the amount of money that a parent receives from the government compensation program when their child is killed by a vaccine. (http://www.senate.gov/%7Efrist/Contact/contact.html.) Parents are not willing to be bought off with this blood money. Elected officials like Frist who want to eliminate the financial responsibility of the drug companies altogether and throw a bone to parents that the government will pay them more if the government mandated vaccine kills their kid need to be voted out of Congress.

The key to change is education. Fortunately, the Internet allows parents to educate parents. Please stop for a quiet moment after reading the note and say a prayer for all the babies whose lives were ended before they even got a chance to really start ... and then take the time to forward this on to other parents.

Sincerely, Dawn Richardson President, PROVE

http://www.vaccineinfo.net/national_issues/oppose_Frist_bill_s2053.htm

Senator Frist's Vaccine Bill S 2053

Dr. Mercola's Comment:

I strongly urge you to forward this particular piece to everyone – parents, expecting parents, women in their childbearing years, and anyone who may know such individuals – and ask them to forward it on, too. One of the greatest powers of the Internet is that we can spread important information quickly; another is that we are not (yet!) restricted from doing so by government or corporate bodies.

Laura's tragic story is, sadly, anything but new. For years, as you can see via the links below or by searching on Mercola.com, I have warned against vaccines, as have other credentialed physicians. The good they may do is overwhelmed by the harm they inflict, from the trauma of being stuck with endless needles to inflicting the very disease they are supposed to guard against to, as this story shows, death.

http://www.mercola.com/article/vaccines/death.htm

There are alternate and vastly safer methods that all begin with a truly healthy diet as outlined in my Eating Plan; of course, drug manufacturers and the government they have purchased don't want you to believe that the foods you consume and the habits you adopt are the primary solution to establishing immunity to diseases and living longer. They want you to believe that their pharmaceuticals, including vaccines, are essential to your existence, and your children's.

http://www.mercola.com/nutritionplan/index.htm

Their wealth relies on your dependency, and so they will do everything to crush the notion of "natural" - meaning they don't profit from it, and you take back the control - health. They will spend three billion dollars this year alone in advertisements for their pharmaceuticals, preying on unsuspecting consumers' hopes and fears with these carefully crafted campaigns. Apparently, they will not even stop at killing our children to feed their greed.

Again, I encourage you to check out the links below, and to use the powerful search feature on Mercola.com, using terms such as "vaccine" or "pharmaceutical manufacturer," to find out how the corporate medical establishment is putting your life and the lives of those you love at risk – and how to take back your health.

Related Articles:

http://www.mercola.com/2001/aug/18/vaccine_myths.htm

http://www.mercola.com/2002/jul/31/hoax.htm

Dispelling Vaccination Myths
http://www.mercola.com/2002/mar/30/mercury_vaccine.htm

Mercury Poisoning from Vaccines
http://www.mercola.com/2002/jul/31/hoax.htm

Pharmaceutical Advertising: Another 3 Billion Dollar Hoax
http://www.mercola.com/2002/feb/2/vaccine_insanity.htm

The Dark Side of Immunizations

“A controversial hypothesis suggests that vaccines may abet diabetes, asthma. Epidemiological studies hint at a possible link between vaccinations and immune system disruption.”

FROM: Science News 22 November 97

"Bart Classen, a Maryland physician, published data showing that diabetes rates rose significantly in New Zealand following a massive hepatitis B vaccine campaign in young children, and that diabetes rates also went up sharply in Finland after three new childhood vaccines were introduced."

In fall 1997, two influential professional magazines featured articles asking the question: Has the decrease of infectious diseases in childhood through the mass use of vaccines been replaced with an increase in chronic diseases such as diabetes and asthma? ***The Economist***, a prestigious international magazine read by world leaders in government, business and public policy, and ***Science News***, a magazine read by both health care professionals and the general public, explored the reported links between vaccines and chronic diseases in their November 22, 1997 issues.

Their conclusion was that there indeed appeared to be a connections between some vaccines and chronic illness in later life. This conclusion corroborated an earlier study in the NZ Journal of Medicine which found a connection between the HepB vaccine and juvenile diabetes.

We need to learn a lot more about vaccine & diabetes connection – asthma & vaccine connection – SIDS & autism and vaccine connection – "Shaken Baby Syndrome": the vaccination link.

Sources:

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US Congressman calls for criminal penalties for thimerosal coverup

A US Congressman is calling for criminal penalties for any government agency that knew about the dangers of thimerosal in vaccines and did nothing to protect American children. Congressman Dan Burton (R-Indiana) during Congressional Hearing:

"You mean to tell me that since 1929, we've been using Thimerosal, and the only test that you know of is from 1929, and every one of those people had mennigitis, and they all died?" For nearly an hour, Burton repeatedly asked FDA and CDC officials what they knew and when they knew it. (Thimerosal contains a related mercury compound called ethyl mercury. Mercury is a toxic metal that can cause immune, sensory, neurological, motor, and behavioral dysfunctions.)

MMR HAS STRONG ASSOCIATION WITH AUTISM – U.S. RESEARCH

By John von Radowitz
The Independent
August 9, 2002

http://news.independent.co.uk/uk/health/story.jsp?story=322755

New evidence suggesting a link between the measles, mumps and rubella (MMR) vaccine and autism emerged yesterday from the United States.

Scientists at Utah State University found a strong association between the MMR jab and an auto-immune reaction thought to play a role in autism.

The team, led by Dr Vijendra Singh, analysed blood samples from 125 autistic children and 92 children without the developmental disorder. The researchers found a "significant increase" in the level of MMR antibodies in the autistic children. Part of the measles component of the vaccine caused an unusual anti-measles response in 75 of the autistic children, but not in the normal children.

More than 90 per cent of the autistic samples that showed an immune response to MMR were also positive for antibodies thought to be involved in autism. These antibodies attack the brain by targeting the basic building blocks of myelin, the insulating sheath that covers nerve fibres. Dr Singh suggested that auto-immune response might be the root cause of autism.

The US scientists, who report their findings in the Journal of Biomedical Science, concluded: "Stemming from this evidence, we suggest that an inappropriate antibody response to MMR, specifically the measles component thereof, might be related to pathogenesis of autism."

Dr Singh published previous work indicating a link between MMR and autism, concentrating on the brain's reaction. He has argued for years that autism can be traced to an auto-immune reaction centred on the brain. MMR fears have been blamed for a dip in the number of children being vaccinated between December and March.

The pressure group Jabs (justice, awareness and basic support), which wants parents to have the option of giving their children single injections, said the research strengthened its case.

Jonathan Harris, its West Midlands spokesman, said: "I really feel there's a very, very strong case now for suspending MMR use while further investigations are carried out. At the moment parents only have the choice of MMR or nothing. We think that's irresponsible of the Department of Health."

EXPERTS DIFFER WHILE CHILDREN CONTINUE TO SUFFER AUTISM

By Kathy Sinnott
Irish Examiner
July 26, 2002

http://www.examiner.ie/pport/web/opinion/Full_Story/did-sgSd9bGREwpTA.asp

Over the past couple of years, we have seen medical authorities and medical correspondents reaching a not guilty verdict on the MMR causing autism. They justify this on the basis of scientific evidence. Maybe it's time the public understood this term. Scientific evidence is 100% evidence. Does the public realise that, by this definition, we cannot be sure that smoking causes lung cancer?

Maybe it's time to note that there are other types of evidence:

First, there is laboratory evidence. For example, there's the fact that our leading cell pathologist has discovered that a virus is causing a new type of ulceration in the bowels of children that regressed into autism, that the offending virus is a measles virus and that the sequenced DNA of this virus is that of the vaccine strain of measles, not wild measles.

There is clinical evidence, that of physicians treating these children. Physicians who, because they recognise and treat the viral, heavy metal, and fungal overloads experienced by these children, are successfully improving these childrens' lives.

Then there is anecdotal evidence. For example, on the Hope Project Helpline, we have heard hundreds of autism onset stories from parents and the vast majority of these implicate the MMR, and others the DPT vaccine in autism.

Lastly, there is the eyewitness evidence of frightened parents who have watched their beautiful children slip away into the quagmire of autism within weeks of the MMR.

It is a sad fact that the only evidence that seems acceptable in this debate (can you call something as lopsided as the MMR controversy in Ireland a debate?) is 100% scientific evidence. Hard and damning laboratory evidence seems to be ignored, clinical evidence is excused, anecdotal evidence ridiculed as scare-mongering and parental eyewitness evidence cannot be accepted by our guardians of drug safety, the Irish Medicines Board.

So what will happen? For the time being, susceptible children and teenagers will continue to develop Autistic Spectrum disorders, bowel disease, eating disorders and bipolar, to name but a few, in ever increasing numbers.

Eventually, the decision will be taken out of the hands of our medical guardians and Minister for Health and Children. A High Court judge will listen to all the types of evidence and he or she will make a legal decision on the balance of probability, 51% that the MMR caused the plaintiff to become autistic.

Following a number of these decisions, a tribunal will be held and we will finally be able to understand how medical authority, money and politics allowed thousands of Irish children to be sacrificed to the requirements of 100% "scientific evidence".

http://www.nzherald.co.nz/storydisplay.cfm?storyID=3572104&thesection=news&thesubsection=general

Concern mounts over fraudulent medical research

13.06.2004
By DIANA McCURDY

Be wary next time you read about a medical breakthrough or a miracle drug. New research has found that scientists are disturbingly selective when reporting the results of clinical trials.

Many scientists cherry-pick favourable results. Others change tack when unexpected or interesting results emerge, breaching research protocols.

A research team led by Oxford University academic An-Wen Chan analysed 102 trials and found that researchers failed to fully report almost two-thirds of the results relating to potentially harmful outcomes.

Half of the results relating to the effectiveness of a treatment were not made fully public.

Many researchers also failed to adhere to basic research protocol. Scientists are supposed to specify their main objectives - or "primary outcomes" - before beginning a trial to protect against selective reporting.

However, in 62 per cent of cases, researchers changed the primary outcomes in their published reports.

In one published trial, the assessment of pain intensity shifted from being a primary outcome to being unspecified. In another, researchers introduced new primary outcomes that were not mentioned in their initial outline.

"The reporting of trial outcomes is not only frequently incomplete, but also biased and inconsistent with protocols," the team reported in the Journal of the American Medical Association. "Published articles, as well as reviews that incorporate them, may therefore be unreliable and overestimate the benefits of intervention."

It's a disturbing prospect. Ultimately, clinical trials influence which drugs your doctor prescribes - and which drugs Pharmac funds.

"The worst possible situation for patients, healthcare professionals and policy-makers occurs when ineffective or harmful interventions are promoted," the team says. "But it is also a problem when expensive therapies, which are thought to be better than cheaper alternatives, are not truly superior."

Many researchers seem oblivious to the potential bias in their published reports. Eighty-six per cent of respondents to the Oxford study denied the existence of unreported outcomes despite clear evidence to the contrary.

Auckland University Clinical Trials Research Unit (CTRU) director Anthony Rodgers describes the team's findings as a "wake-up call", but not surprising.

This study is not the first to cast suspicion upon potential bias in medical research, he says.

In an effort to counter the problem, pressure is mounting for compulsory registration of trials.

In New Zealand, there is no definitive register of clinical trials. Some researchers sign up with off-shore registers but it is not compulsory to do so.

Rodgers is among a group of academics agitating for a compulsory register to be set up in New Zealand. "[It will] basically keep researchers honest and make sure trials get published in the way they were planned and inconvenient things don't get pushed under the carpet."

CTRU research fellow Andrew Jull says registers also help to stop bias from creeping into common medical practice.

When clinicians or government funding agencies want to assess the merits of a drug, they turn to reviews of published trials. Those reviews give an overview of all research into a particular treatment or condition.

But there is a growing concern that non-publication of some trials is skewing results. Australian research has found that trials with a positive outcome are three times more likely to be published than those with a negative outcome, so the public frequently doesn't see unfavourable or inconvenient findings.

"So if your trial finds that something doesn't work or, alternatively, it doesn't find a result full stop, then it is apparently more difficult to get it published," Jull says.

Failure to publish can have dangerous - even lethal - consequences.

When a recent review of antidepressant trials looked at published and unpublished research it found that several drugs that seemed beneficial for children actually appeared to cause more harm than good when all published and unpublished research was taken into account.

An even more alarming example occurred in the 1980s and early 1990s when thousands died while using an approved heart attack medication. It was not until 1993 that a trial conducted 13 years earlier was published, along with its evidence of a higher death rate.

Today, failure to publish is increasingly viewed as a form of

scientific misconduct. But overcoming journal editors' preference for positive results can be difficult.

Such is the extent of the problem that a journal has been established to cater specifically for negative findings - the Journal of Negative Results in Biomedicine.

Jull says that when journal editors' bias toward positive results is combined with the potentially biased reporting of researchers, it creates a very real danger we will develop a skewed perception of how effective certain drugs are.

Efforts have already been made to conquer the problem. The major medical journals now subscribe to the Consort statement, which provides strict guidelines for unbiased trial reporting. The journal editors have also agreed to try to counter their bias toward positive trials.

More people within the health profession are recognising that they should take into account the results of unpublished trials in their treatment reviews. The Cochrane Collaboration, which was established in 1993 to provide systematic reviews of health research, now uses both published and unpublished data.

Jull believes making it compulsory to register clinical trials would greatly improve public access to results.

"Before you are allowed to proceed, you must register [your trial] with a database that's accessible to all," he says. "So when people reviewing evidence make a decision whether a treatment works or not, they have access to all the evidence and not just the published evidence."

More than 500 applications for clinical trials have gone to research ethics committees in New Zealand in the past five years. It is not known how many were later withdrawn and how many have languished unpublished.

Jull says ethics committees have a duty to ensure trial results become public. "If it is unpublished, there is the potential that, even with the best will, prescribers can be misled, and that can have disastrous effects."

At the moment, there is little official interest in setting up a New Zealand register, but Jull believes it would be a simple, cheap exercise to set one up online. Researchers could enter their own details over the internet.

"It's probably easier than in a lot of other countries because we have ethics committees that work to a single operational standard. No clinical trial can proceed without ethics committee approval. It would be relatively simple for the ethics committees to say: Is this registered?"

As well as combating potential bias, a New Zealand register of trials would help scientists to keep tabs on local research, making collaboration easier and preventing duplication, Jull says. Patients and clinicians could also use the register to track down trials in which they could participate.

Doctors Are The Third Leading Cause of Death in the US, Killing 250,000 People Every Year – JAMA

The July 28th (2000) issue of the *Journal of the American Medical Association* (JAMA) is the best article I have ever seen written in the published literature documenting the tragedy of the traditional medical paradigm.

JAMA admits: Conventional Medicine is the 3rd Leading Cause of Death in the U.S.

In a mind boggling article published by The Journal of the American Medical Association - Vol. 284. No. 4 - July 28, 2000 the research finally admits to mainstream that they are killing 250,000 Americans per year. They estimate the figure to be low and say remember these are only the death figures, not the adverse side effects associated with disability or discomfort. Complete article is on the web site.

12,000 - unnecessary surgery
7,000 - medication errors in hospital
20,000 - other errors in hospitals
80,000 - nosocomial infections in hospitals
106,000 - adverse effects of medications

Many believe the US has the best health care in the world, but look at more JAMA stats. Of 13 countries the US rankings are terrible. (Countries in order of their average ranking - Japan, Sweden, Canada, France, Australia, Spain, Finland, Netherlands, U.K., Denmark, Belgium, US, and Germany.)

A child who developed severe epilepsy after receiving the MMR jab has been found to have measles virus from the vaccine in his brain. The results of tests conducted recently have been revealed by the 13-year-old boy's mother. She says that she has decided to go public in order to push the Government to take the plight of children allegedly damaged by the three-in-one measles, mumps and rubella vaccination more seriously. Scientists say that the implications of the discovery are difficult to assess without further research. However, it raises new questions about the triple inoculation, which has been dogged by controversy since Andrew Wakefield, a former consultant at the Royal Free Hospital in London, <http://www.telegraph.co.uk/news/main.jhtml?xml=/news/2001/01/21/nmmr21.xml>linked it with a new syndrome of bowel disease and autism in children.

Doctors Speak Out on Vaccines

Even the WHO (World Health Organisation) has admitted, disease and mortality rates in Third World countries have no direct correlation with immunisation procedures or medical treatment, but they are closely related to the standard of hygiene and diet. A 1973 issue of *Scientific American* revealed the same finding : that "over 90% of all contagious disease was eliminated by vastly improved water systems, sanitation, living conditions and transportation of food." Mass vaccinations did not appear on the scene until a century after the decline in infectious diseases started (1850-1940), but inoculations were, and still are given full credit. – Susan DeSimone

"Up to 90% of the total decline in the death rate of children between 1860-1965 because of whooping cough, scarlet fever, diphtheria, and measles occurred before the introduction of immunisations and antibiotics." ---Dr. Archie Kalokerinos, M.D.

"The mechanics of vaccination to build immunity, on the other hand, is quite unnatural. Rather than space exposure to a relatively minuscule level of micro-organisms in a gradual manner, massive quantities of antigens are introduced into the body through a series of vaccinations that are given right in a row over a short period of time. All vaccines, with the exception of the OPV (oral polio vaccination) are injected directly into the bloodstream, by-passing the mucosal immune system known as the secretory IgA. The secretory IgA is the first in a series of defensive levels within the immune system. It serves as a buffer, filtering microbes so that the impact of these invading organisms is greatly reduced once it reaches the bloodstream. The IgA allows the antigen to be removed in the same manner in which it arrived - through the mucosal barrier - by sneezing, coughing and sweating. So a vaccine that has been injected "gives the body no warning, no generalised inflammatory response, no chance to recognise, duplicate or defend itself against future challenges from typical antigens." – Dr. Robert Mendelsohn, ***How to Raise a Healthy Child In Spite of Your Doctor.***

A recent topical example: the diphtheria case, and the "fear" created by this one, extremely mild, case in an unvaccinated child. Dr Ossi Mansoor, a principal doctor regarding vaccination policy, stated on Radio Pacific, "The figures we have are that in the 1920s there were 800 deaths every year" (from diphtheria). Yet the New Zealand Government's statistics show the average yearly number was below 100, also that the average death rate per 10,000 mean of population fell from 6.08 to 0.20 before the use of the diphtheria vaccine. – Southland Times 30-Sep-1998

"I've been practicing for 40 years, and in the past 10 years the children have been sicker than ever."--Dr Doris J.Rapp, paediatric allergist.

"Measles, mumps, rubella, hepatitis B, and the whole panoply of childhood diseases are a far less serious threat than having a large fraction (say 10%) of a generation afflicted with learning disability and/or uncontrollable aggressive behaviour because of an impassioned crusade for universal vaccination... Public policy regarding vaccines is fundamentally flawed. It is permeated by conflicts of interest. It is based on poor scientific methodology (including studies that are too small, too short, and too limited in populations represented), which is, moreover, insulated from independent criticism. The evidence is far too poor to warrant overriding the independent judgements of patients, parents, and attending physicians, even if this were ethically or legally acceptable."

– Association Of American Physicians & Surgeons

"If you want the truth on vaccination you must go to those

Vaccine-Diabetes Connection

In the May 24, 1996, New Zealand Medical Journal, J. Barthelow Classen, MD, a former researcher at the U.S. National Institutes of Health (NIH) and the founder and CEO of Classen Immunotherapies in Baltimore, reported that juvenile diabetes increased 60 per cent following a massive hepatitis B vaccination campaign for babies six weeks or older in New Zealand from 1988 to 1991. In the October 22, 1997, Infectious Diseases in Clinical Practice, Classen showed that Finland's incidence of diabetes increased 147 per cent in children under five after three new vaccines were introduced in the 1970s, and that diabetes increased 40 per cent in children aged 5 to 9 after the addition of the MMR and Hib vaccines in the 1980s. He concluded that "the rise in IDDM [juvenile onset diabetes] in the different age groups correlated with the number of vaccines given."

who are not making anything out of it. If doctors shot at the moon every time it was full as a preventive of measles and got a shilling for it, they would bring statistics to prove it was a most efficient practice, and that the population would be decimated if it were stopped." – Dr Allinson

"To pass our examinations and get qualified, we must accept what our teachers tell us. In other words, we must cultivate what Josh Billings called 'A well-balanced mind – one that will balance in any direction required.'"

– Major R. Austin M.R.C.S., L.R.C.P

"The greatest threat of childhood diseases lies in the dangerous and ineffectual efforts made to prevent them through mass immunisation. There is no convincing scientific evidence that mass inoculations can be credited with eliminating any childhood disease."

– Dr. Robert Mendelsohn, M.D.

"I think that no person would permit anybody to get close to them with an inoculation if they would really know how they are made, what they carry, what has been lied to them about them and what the real percent of danger is of contracting such a disease which is minimal."

– Dr. Eva Snead

"There are significant risks associated with every immunisation and numerous contraindications that may make it dangerous for the shots to be given to your child...There is growing suspicion that immunisation 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, leukaemia, rheumatoid arthritis, multiple sclerosis, Lou Gehrig's disease, lupus erthematosus, and the Guillain-Barre syndrome." – Dr. Mendelsohn, M.D.

"Probably 20% of American children-one youngster in five- – suffers from 'development disability'. This is a stupefying figure... We have inflicted it on ourselves.. 'development disabilities' are nearly always generated by encephalitis. And the primary cause of encephalitis in the USA and other industrialised countries is the childhood vaccination program. To be specific, a large proportion of the millions of US children and adults suffering from autism, seizures, mental retardation, hyperactivity, dyslexia, and other shoots or branches of the hydraheaded entity called 'development disabilities', owe their disorders to one or another of the vaccines against childhood diseases."

– Harris Coulter, PhD

"It is pathetic and ludicrous to say we ever vanquished smallpox with vaccines, when only 10% of the population was ever vaccinated." – Dr. Glen Dettman

"There is no evidence that any influenza vaccine thus far developed is effective in preventing or mitigating any attack of influenza. The producers of these vaccines know that they are worthless, but they go on selling them anyway."

– Dr. J. Anthony Morris (formerly Chief Vaccine Control Officer at the US Food and Drug Administration)

"There is a great deal of evidence to prove that immunisation of children does more harm than good." – Dr. J. Anthony Morris (formerly Chief Vaccine Control Officer at the US Food and Drug Administration.)

"There is insufficient evidence to support routine vaccination of healthy persons of any age." – Paul Frame, M.D., Journal of Family Practice

"Official data shows that large scale vaccination has failed to obtain any significant improvement of the diseases against which they were supposed to provide protection"

– Dr. Sabin, developer of Polio vaccine

"All vaccination has the effect of directing the three values of the blood into or toward the zone characteristics of cancer and leukaemia...Vaccines do predispose to cancer and leukaemia."

– Professor L.Vincent - founder of Bioelectronics

"Many here voice a silent view that the Salk and Sabin Polio Vaccines, being made from monkey kidney tissue, has been directly responsible for the major increase in leukaemia in this country."

– Dr F. Klenner, M.D.

"Even to this day, the government, the FDA is refusing to use the sophisticated biotechnology to evaluate the contaminants in the vaccines such as the polio vaccines that they are administering. I think (people) would be appalled that some of the vaccines that are currently being used are still laced with viruses."

– Leonard Horowitz., D.M.D., M.A., M.P.H.

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