

Gardasil: First they came for your daughters, now they're coming for your sons...

WAVES

The newsletter of the Immunisation Awareness Society of New Zealand

Gardasil - First Girls, Now Boys?

Drug Conglomerate funds campaign to impose mandatory HPV Vaccine on Young Girls. Now they're targeting boys. Isn't it a *cervical* cancer vaccine?

Vaccine Reactions - Doctors in Denial

According to a patient survey published in "Drug Safety," doctors frequently ignored or dismissed patients' complaints about side effects of drugs, including vaccinations.

Childhood Arthritis on the Rise

More children are suffering from arthritis than ever before.

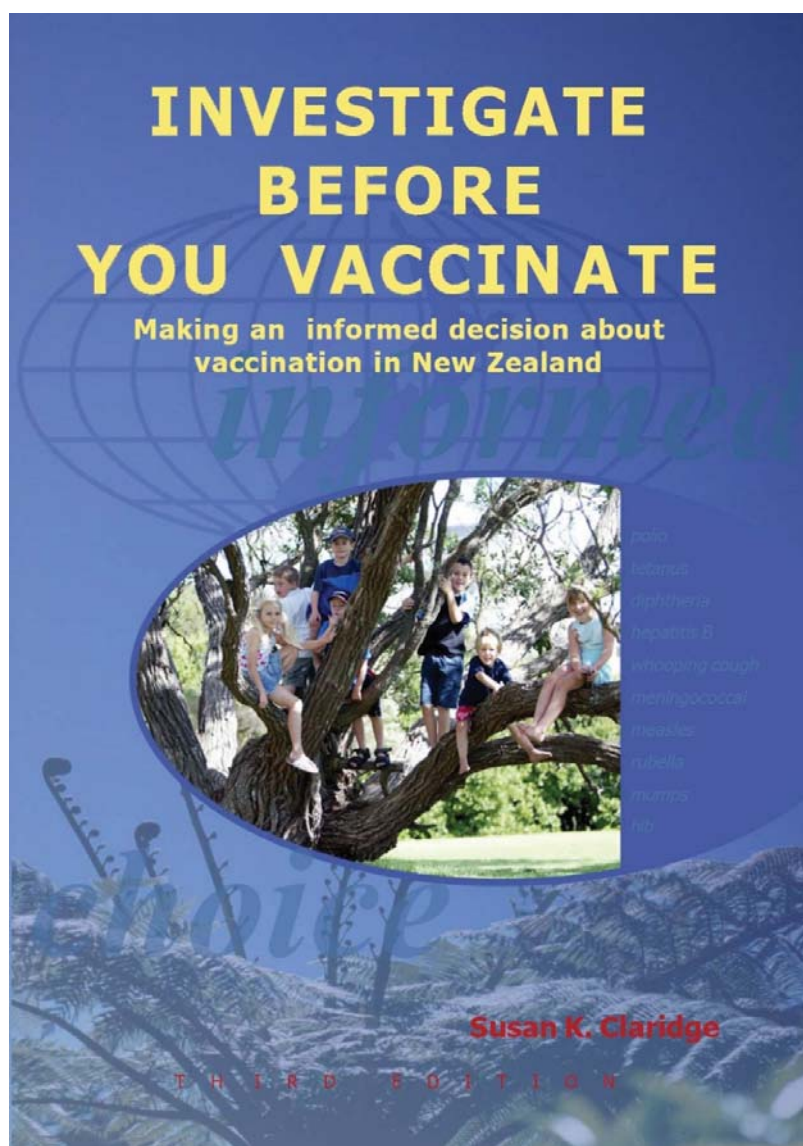
Volume 18, Issue 2

September/October 2007

Investigate Before You Vaccinate

Making an informed decision about vaccination in New Zealand.

By Susan K. Claridge (Third Edition)



For the first time there is a book on the safety and efficacy of vaccination, written especially for parents in New Zealand so that they can make an informed decision about vaccinating their children.

Published by The Immunisation Awareness Society, this book does not set out to present the easily accessible information on the supposed “benefits” of vaccination as promoted by the Medical Establishment and the pharmaceutical companies. The information presented is the information that doctors, nurses and other health professionals are unlikely to provide you with, even if you knew the right questions to ask.

Drawing on international and New Zealand studies this thoroughly researched book cites more than 580 medical texts, vaccine data sheets and medical journal papers.

The third edition contains up to date information, including the new vaccines available - or soon to be available - in New Zealand. The entire book is much thicker, almost double the text from the last edition, with over 580 references.

The Book that **EVERY** New Zealand Parent Should Read!

“All the vaccines on the New Zealand childhood schedule are injected directly into the body, bypassing the body’s normal immune defences. Vaccination ignores thousands of years of evolutionary wisdom and does what nature would never allow – provides viruses and bacteria (and the toxic brew in which they are carried) with direct access to the bloodstream.”

“The chances of obtaining full disclosure of the facts from your health professional about the risks and “benefits” of vaccination, balanced against the actual risks should a healthy child contract a childhood disease, are very remote.”

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WAVES

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A nation-wide campaign to introduce mandatory vaccination against the sexually-transmitted Human Papilloma Virus for girls as young as nine is being funded by the drug company that produced the vaccine. But it doesn't end there. Now they want to give the "cervical cancer" vaccine to boys, too.

Doctors in Denial About Vaccine Reactions

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According to a patient survey published in "Drug Safety," doctors frequently ignored or dismissed patients' complaints about side effects of statin drugs. This study offers strong suggestion that this pattern of dismissal extend to other drugs, including vaccinations, as well.

Why is Childhood Arthritis on the Rise?

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More children are suffering from arthritis than ever before. Unpublished data released June, 2007 from a study conducted jointly by the American College of Rheumatology and the American Academy of Pediatrics at the behest of the Centers for Disease Control and Prevention (CDC) states nearly 300,000 children in the United States have significant arthritis. Dr. Brian Feldman, chief of the arthritis program at the Bloorview MacMillan Children's Center in Toronto states that this number is "probably an underestimate" since it only takes into account those children who have actually been diagnosed with arthritis. An Australian study confirms that the rate of childhood arthritis is four to six times higher than rates typically quoted.

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Articles herein express the opinion of the author and any such opinions do not necessarily reflect those of the IAS. No liability is therefore accepted for any of these opinions or statements. Readers are advised to consult a health professional.

Contributions are welcomed, preferably typed, and must be accompanied by full name and contact details. If you wish to have your work returned to you, please enclose a self-addressed envelope. If in any doubt as to the suitability of your work, please contact the Editor at the below address.

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From the Editors Desk

In this edition of WAVES we look more closely at the Gadasil vaccine. As has been stated in a previous issue, this is the vaccine that is being touted as the “anti-cervical cancer” vaccine, but in reality is merely an STD vaccine being targeted at girls 9 years and up. There are strong indications that this vaccine will be on the schedule very soon and they are now recommending it for boys too, even though it is impossible for boys to develop cervical cancer, being that they don't actually have a cervix!

We also have our first committee members forum, this one is a wonderful article from Nicholas O'Connor about his journey to the decision not to vaccinate his children. Hopefully this will lead onto more of our committee members and members contributing to our members forum. If you would like to contribute to this forum please don't hesitate, it is always nice to have a personal perspective, it can be about anything to do with child health, why you chose not to vaccinate, how your child coped with a vaccineable illness, how your family and friends coped with your decision, if you've struck any hurdles with your decision, such as travel, kindy or school entry etc...Just send your article to our email address...info@ias.org.nz.

As you will know from the last newsletter, we are holding a stand at this years Auckland Parent and Child Show and we are needing as many volunteers as possible to help man the stand. We only ask volunteers to put in a couple of hours on any one of the days and for your efforts you will get a free pass into the show.

Now for the guilt trip. There are 8 of us on the executive committee at this present time. The 8 of us are doing it all to keep the IAS afloat. We all, of course, have our own lives to continue with, which, again of course, involves family, households, employment and often other voluntary work. There are 4 of us that have been on the committee for a long time now and indeed in the 11 years I have been involved with the IAS I have known us to become precariously close to wrapping up with very little money in the bank and only 4 people left to run the show.

It is important to remember that the IAS sole role is not simply to provide information to parents in order for them to make an informed choice in regards to vaccination, it is also our lone voice that keeps the ever present threat of mandatory vaccination at bay, keeping vaccination a choice in NZ, a luxury not afforded a lot of other countries. So the importance of our existence is always apparent.

It is not often we call upon our members for a little help, so if there is any chance you can spare a couple of hours on the weekend of the 26th-28th October to help out on our stand at the Parent and Child show it would be much appreciated.

You can contact us either by emailing our chairperson Erin Hudson direct, emailing info@ias.org.nz, or phoning us at 09 303 0187. Thankyou

Enjoy your latest WAVES newsletter

Michelle Rudgley
WAVES Editor

Chairpersons Report

Welcome to the September / October edition of WAVES.

Feels as if winter is going to go on forever doesn't it? Do you notice as soon as it starts to get cold everyone starts to complain about the rain, wind and how much ice was on car's windshield? Is there anyone out there who likes winter? Overcoming challenges is linked with how prepared you are and what sort of strategies you have at hand to cope.

One way to avoid the pitfalls of a "really bad winter" is to take preventative action in the form of excellent nutrition – soups, casseroles, baked vege salads and all the winter seasonal fruit you can manage. Total avoidance of refined sugars will allow the liver to function as it should and herbs that are well-known immune boosters, anti-microbials or liver tonics also have a place.

If cold or flu symptoms persist then take action with a visit to the pharmacy, health food shop, naturopath and/or your GP. Stay home if you are unwell and warn others to minimise the spread of infection. Hand washing especially after blowing your nose and using a handkerchief will decrease the spread of droplets and fomites. Spend time in bed or on the couch if you have a fever. These actions will all go towards resorting your body to its optimum state.

A client informed me last week that her doctor told her it was normal for an adult to have at least 3-4 colds a year and NORMAL for a child to have about 7-8!! I know many families (albeit unvaccinated ones) who never get a series of colds, maybe 1-2 per family per year. How many do you and your family have?

From 26th –28th October we will be having a stand at the Parent and Child Expo held at the Epsom showgrounds. There will be brochures, books and handouts for members and the public to access. We are endeavouring to have a committee member on the stand at all times, available for you to ask any questions.

If you are an IAS member and are planning to go to the EXPO we would appreciate any offers of support to be on our stand. This offer includes free entry and even 1-2 hours would be of use.

Contact info@ias.org.nz if you are interested.

Once you have read the newsletter please pass it on to someone who needs it. You can subscribe or send a gift donation for a pregnant woman or couple, a non-threatening way of introducing them to another point of view.

Erin Hudson
IAS Chairperson.

REMEMBER should you prefer to receive this newsletter in a PDF file please contact the membership secretary on emmalea@orcon.net.nz. Members who choose this option will not only save us time and paper but they will also receive an extension on their subscription by one extra issue.

Letters to the Editor

Baby sick since adverse vaccine reaction...

I am wanting information on practitioners and treatments available in Auckland for a relative's 11 week old baby who has been unwell with high temperatures and poor feeding since his 6 week vaccine. Initially the baby was admitted to Starship with fever, floppiness and refusal to feed. He had all the investigations done looking for infection - which didn't show up anything - and needed to be tube feed. He continues to have intermittent high temperatures and only takes small amounts of formula via a bottle. He is at home now and seeing a Paediatrician regularly but things are very worrying. He has had a couple of osteopathic treatments. Is there any thing you could suggest?

Editors reply

I am very sorry to hear your relatives baby has had such a bad reaction to their vaccinations, although I can assure you this is not an unusual event and happens a lot more frequently than the medical fraternity like to admit. First off please ensure the baby's reaction is reported to the Centre for Adverse Reactions Monitoring. If your doctor refuses to do this, you can get a form called the H1574 form, fill it in yourself and post it to...

The National Toxicology Groups

Centre For Adverse Reactions Monitoring

PO Box 913

Dunedin.

For the baby I would suggest you contact a classical homeopath who will recommend remedies to help the baby flush the toxins out of their system and help strengthen their immune system. I would also recommend vitamin C therapy, you can purchase the powdered sodium ascorbate vitamin C from your local health shop, you can put this in the baby's bottle when making up their formula, this will help strengthen their immune sys-

tem and enable them to fight off infection easier. I would also recommend using homeopathic belladonna for the baby's temperature, rather than paracetamol, it is vital that the baby's immune system learns to fight the infections through the temperatures running their course, rather than constantly suppressing them with paracetamol. All the very best, I hope this is helpful.

Onset of eczema since vaccinations...

What risks/consequences would there be to my child if I discontinued her vaccinations? She has so far already had the 6 week and 3 month shots. Do I need to continue since I have already started?

She seemed to have had no reaction to the 6 week shots, but had some fever and distressed crying for the 3 month ones.

I am not planning to vaccinate my subsequent children.

Also, is it possible that my child has developed eczema from the vaccines? It seemed to develop only after she was vaccinated. I had eczema as well until my late 20s and was also vaccinated.

A friend of mine introduced me to your literature and cassette tapes. I am sorry (for my child's sake) that I did not investigate beforehand.

Emma

Editors reply

Thank you for your email outlining your concerns about whether to continue your child's vaccinations or not. You can start, delay, or finish at anytime (regardless of what the Doctors/Nurses may say to you; it is just their job to encourage you to continue what you have already started (if this is the case).

You mentioned your child was okay after the six weeks vaccinations but seemed to react after the three month ones, as well as suddenly developing eczema. This sounds so familiar (having li-

aised with other parents), and we would advise that you look into this carefully - as it is more likely that your child will react again, if not more, to the next lot of vaccinations (it's a high toxic load for a wee one all at once!).

We believe many childhood diseases are important for children to work through, to give them life long natural immunity to the diseases themselves. A happy and healthy child, together with lots of love, reassurance and a healthy diet, should have no problem working through it. Every child has a different immune system and the vaccine effectiveness can be anywhere from 0 to 80%. The vaccine effectiveness, if any at all, may only last a few years - at which time another jab would be required. The older the child gets, ie. adolescent/adult, the more dangerous it would be if they caught the disease - hence catching it at an early age is more favourable.

We encourage you to keep reading and researching until you feel comfortable that you have made an informed decision.

Delaying the Vaccination Schedule...

I have your 'For an Informed Choice' brochure, which is great, but there is more detail that I need. If you want to delay immunising for any reason, what is the timing criteria?, ie, do the vaccinations need to be done within a certain time of the previous vaccinations to ensure protection?

Susan

Editors reply

We at the Immunisation Awareness Society believe, through the research we have done, that vaccinations are neither as safe or efficient as the medical fraternity like to make out. We believe the best approach to protecting your child against illness is through diet and lifestyle choices. This includes breastfeeding for at least the first year of life. When introducing solids at around 6 months, stick to organic fruit and vegetables close to their natural state. Avoid over the counter pharmaceutical products such as paracetamol and cough mixtures; only use antibiotics if absolutely necessary – instead choosing naturopathy or homeopathy. This will ensure your child's immune system will develop to be healthy and uncompro-

mised, well able to cope extremely well with any natural child illness that they encounter - ensuring life long immunity, something you will never get from any vaccination.

We have an excellent book available "Investigate before you vaccinate, making an informed decision about vaccination in NZ", which is a great resource to have on hand if you are ever unsure of your decision not to vaccinate.

If however you still chose to go ahead with vaccinating your child, we would recommend delaying all vaccinations until your child is at least 6 months old, spread them out as much as you can. Unfortunately most vaccinations are combinations of at least two – so this choice is very limited. Also, ensure your child is of optimum health before each course of vaccinations are administered, personally I would do this by boosting their vitamins C and A.

Benefits of Long-term Breast-feeding...

I'd be interested in hearing how long mothers usually breastfeed their babies for. I have a 15 month old who is not vaccinated and I wanted to breastfeed for as long as possible. I haven't been able to find alot of information on how long breastfeeding actually helps with antibodies for. I am ready to ween for my own reasons but I'm unsure whether I should or not. At this point she is only having one feed a day and it never feels like she gets enough milk.

Thanks for any information.

Becca

Editors reply

Well done for giving your baby such a great start in life by breastfeeding for such a great length of time.

Personally I am a long term breastfeeder, I have 3 children and my older 2, who are now 11 and 8 years old, were breastfed till they were 2 1/2 years old and I am still breastfeeding my 2 year old, none of them have been vaccinated and are extremely healthy children, personally I would fully recommend continuing the way you're going for as long as you both feel comfortable.

Certainly most of us that are involved with the IAS choose to breastfeed for at least a year and that is certainly what we recommend. However the qualities that are in breastmilk don't just dry up after that first year, your 15 month old will still be getting all the benefits from the goodness in your milk that she would have got from when she was a little baby, infact the antibodies they receive from breastmilk actually concentrate the less they feed, so they're receiving the same amount, it's all just in the one or two feeds they get.

I would fully recommend you contact your local La Leche League group, they can tell you all you need to know in regards to extended breastfeeding and if you go along to a meeting you will find yourself surrounded with like minded mothers. their website is www.lalecheleague.org.nz

Also here is an excellent article by our spokesperson that you will find very informative...http://www.archetypeltd.co.nz/Mothers_milk.htm

Contracting illnesses from recently vaccinated children...

We have an amazing son who is turning 1 this month (where has this year gone?) We decided not to vaccinate him.

I just have one question; I have heard that it is theoretically possible for a child to contract an illness from another child whom has recently had a shot.

Could you tell me IAS opinion on this or point me to information about this.

Thanks for all the info and support you provide for parents like us who sometimes feel isolated by our decisions.

Emily

Editors reply

Yes time takes on a whole new meaning when you have children, my eldest just turned 11 & I wonder where the last 11 years have gone, before we know it her 21st will be upon us!

The only vaccine that has live viruses in it is the MMR (measles, Mumps, Rubella) and yes children who have recently been vaccinated with this shed the viruses for about 2 weeks, indeed

I am quite certain my son caught measles off a recently vaccinated child he was in contact with at a playgroup, as 2 weeks after this he came down with typical measles symptoms.

This is the main reason they stopped using the live virus oral polio vaccine, because the only cases of polio in the Western world were from the vaccine itself, so they switched to the killed virus injectable vaccine.

With your child now being over a year old, he will be able to cope very well with these natural childhood illnesses and will come out of them with lifelong immunity. Personally I use vitamin C and A and give homeopathic belladonna 30c for the temperatures and stay well clear of the paracetamol bottle. The reason alot of these children suffer these illnesses longer than they need to is because alot of parents suppress the temperature with the use of paracetamol, so it is best to avoid that. It is important to remember that the temperature is a vital part of the bodies healing process and by suppressing it the virus or bacteria has a chance to really take hold and turn into something nasty.

Please note that these are only personal suggestions, for more advice consult your healthcare professional.

The Gardasil Saga Continues

Drug Conglomerate funds campaign to impose Mandatory HPV Vaccine on Young Girls

Six states ready to impose Mandatory HPV Vaccine for 11-year-old girls

By Gudrun Schultz

A nation-wide campaign to introduce mandatory vaccination against the sexually-transmitted Human Papilloma Virus for girls as young as nine is being funded by the drug company that produced the vaccine.

Gardasil, the highly-publicized vaccine recently developed to prevent HPV infections in sexually active young women, has been aggressively marketed in the US as a protection against the disease responsible for the vast majority of cervical cancer. HPV is contracted through sexual activity, with sexually promiscuous behavior greatly increasing the likelihood of infection.

"Merck is helping to fund efforts to establish state laws mandating immunization of 11 and 12 year olds,"

The massive drug company Merck and Co. developed the vaccine. Merck is helping to fund efforts to establish state laws mandating immunization of 11 and 12 year olds, according to a report released by the Life Issues Institute Jan.31. The company has admitted to funneling money through the advocacy group Women in Government, with a membership of female state legislators. Members of the group have backed many of the state measures to introduce mandatory immunization with Gardasil.

Merck has refused to say how much money is being spent on the lobby-

ing efforts, but reports say their budget in Texas alone has doubled to between \$150,000 to \$250,000.

The US Food and Drug Administration approved Gardasil in July 2006 for sale and marketing to girls as young as nine. Later that month a CDC committee voted unanimously to recommend that girls ages 11 and 12 receive the vaccine.

Legislation has been introduced in five states that would make vaccination for HPV mandatory for young girls, including Colorado, Connecticut, Kansas, Michigan, and Wisconsin. A similar bill in Maryland is to be withdrawn, but will likely be reintroduced during the next legislative session, according to a report by the Kaiser Network.

Most of the bills would require girls to receive the immunization by age 11--some contain parental opt-out clauses that would allow parents to refuse the vaccine for their daughter by signing a document indicating they were informed on the issue.

"If the state measures are ratified, the financial boon to Merck would be significant. As it stands the company stands to reach at least \$1 billion in sales per year,"

If the state measures are ratified, the financial boon to Merck would be significant. As it stands the company stands to reach at least \$1 billion in sales per year, according to estimates by drug-industry analyst Steve Brozak with WBB Securites.

Forcing the vaccine on young girls is an infringement on the rights of

their parents, opponents say, and ignores the fact that HPV is a highly preventable disease largely caused by risky sexual behavior.

"Even though most states propose opt-out provisions for parents who have moral objections, the requirement intrudes on families' privacy and it begins to chip away at parents' authority to make moral and medical decisions for their children," said Bradley Mattes, executive director of the Life Issues Institute. "Further, it sends a conflicting message to children whose parents advocate abstinence until marriage.

Mandating immunization sends the message to young girls that they are expected to engage in sexual activity, Mattes said.

"It appears nearly everyone discussing the issue seems to have abdicated the concept of abstinence until marriage - the best and most simple answer."

As well, Mattes said the vaccine would undo years of effort to reduce the pregnancy and abortion rate of teenage girls by providing a "false sense of security among many girls, resulting in more teenage sex, other STDs, pregnancy and abortion."

Deaths Associated with HPV Vaccine Start Rolling In, Over 3500 Adverse Affects Reported

By John-Henry Westen

As Canada, in large part due to aggressive behind the scenes lobbying, rolls out the not-comprehensively-tested Merck HPV vaccine for girls as young as nine, a look at developments on the vaccine south of the border should cause Canadians serious concern. In the United States a similar lobby campaign by the same company launched the mass HPV vaccination of girls beginning in June

last year.

In just little over a year, the HPV vaccine has been associated with at least five deaths, not to mention thousands of reports of adverse effects, hundreds deemed serious, and many that required hospitalization.

Judicial Watch, a U.S. government watchdog, became concerned while noting large donations to key politicians originating from Merck. A freedom of information request from the group in May of this year discovered that during the period from June 8, 2006 - when the vaccines received approval from the U.S. Food and Drug Administration (FDA) - to May 2007 there were 1,637 reports of adverse reactions to the HPV vaccine reported to the FDA.

"One physician's assistant reported that a female patient died of a blood clot three hours after getting the Gardasil vaccine."

Three deaths were related to the vaccine, including one of a 12-year-old. One physician's assistant reported that a female patient "died of a blood clot three hours after getting the Gardasil vaccine." Two other reports, on girls 12 and 19, reported deaths relating to heart problems and/or blood clotting.

As of May 11, 2007, the 1,637 adverse vaccination reactions reported to the FDA via the Vaccine Adverse Event Reporting System (VAERS) included 371 serious reactions. Of the 42 women who received the vaccine while pregnant, 18 experienced side effects ranging from spontaneous abortion to fetal abnormalities.

Side effects published by Merck & Co. warn the public about potential pain, fever, nausea, dizziness and itching after receiving the vaccine. Indeed, 77% of the adverse reactions

marily a sexually transmitted infection, and some opponents of mandating HPV vaccines for girls have said such regulations could send a message that "sex at a young age is acceptable behavior" (Paulson, Seattle Post-Intelligencer, 7/31)

Earlier this year, 24 states and Washington, D.C., considered proposals to mandate HPV vaccination for middle-school age girls, but Virginia is the only state to have passed such a measure. Debate over the measures involved issues including teenage sex, parental control and state mandates, as well as concerns about long-term health effects of the vaccine and pharmaceutical company lobbying (Kaiser Daily Women's Health Policy Report, 5/21). According to Lauri Markowitz, a CDC expert on HPV, more than 40 states have enacted legislation encouraging wider use of HPV vaccines.

Koutsky, who led some clinical trials and research that led to the development of Merck's HPV vaccine Gardasil, said the presence of HPV in fingernails suggests that the virus might have another transmission route. She added the results could help explain why HPV infection has been found in infants and young girls who had not become sexually active. *(So before you know it they will be recommending the vaccine for your 6 week old, similar to hep B-Ed)* However, Koutsky said there is no evidence that HPV can be contracted through contact such as a handshake.

"it will become evident that boys and young men also should be vaccinated against the virus"

According to the Post-Intelligencer, Koutsky's findings could "give pause to those arguing" against an HPV vaccine from a "moral" perspective. "Basically, it's not just about sex," Koutsky said, adding, "You have to

know how people [contract HPV] in order to prevent it." She also said that at some point it will become evident that boys and young men also should be vaccinated against the virus (Seattle Post-Intelligencer, 7/31).

Global HPV Vaccination Called By Physicians

Main Category: Cervical Cancer / HPV Vaccine News

Article Date: 20 Jul 2007

Overwhelmingly, physicians around the world recommend girls receive the new HPV vaccine. According to a recent survey by Medimix International (<http://www.medimix.net>), the global healthcare marketing research company, over 90% of physicians surveyed say they agree that the new HPV vaccine should be administered.

Using the Medimix online panel of physicians, 1,022 General Practitioners in France, Germany, Italy, Spain, the UK, Australia and Canada were surveyed on their views about HPV vaccine implementation policy in their own countries. This comes on the heels of a similar survey Medimix conducted in the US among 238 physicians completed in March 2007.

"the EMEA has approved the HPV vaccine for girls and boys aged 9-15 and women aged 16-26"

HPV, or human papillomavirus, is estimated to affect tens of millions of women around the world. HPV-induced cervical cancer remains the fifth most common cancer in women worldwide. Two strains of this virus account for 70% of all cervical cancers, and two other strains account for 90% of genital warts. These four strains are targeted by the HPV vaccines, Gardasil (made by Merck), and Cervarix (made by GlaxoSmithKline). Recently, the EMEA has approved the

HPV vaccine for girls and boys aged 9-15 and women aged 16-26. In the US, the FDA has approved this vaccine for girls only, aged 9-26.

Following a survey of American physicians about this subject, Medimix asked similar questions in the EU, Australia and Canada. Each country has its own legislation regarding administering this vaccine, but the price worldwide remains around US\$400 for the full course. In poorer countries, this price is very high for payers, in others, the risks of the disease and the proven benefits of the vaccine are great enough to merit government funded vaccinations of all girls of appropriate age.

The Italian Health Ministry recently announced that the HPV vaccine will be offered free of charge to Italy's 12 year old girl population. Over 85% of physicians throughout the survey answered that their country should follow Italy's example. Only the UK had a slightly lower percentage, though still agreeing, at 80%. When asked if this is an "appropriate use of Italy's healthcare funds", a vast majority of physicians agreed it is. Only Germany had a higher percentage of respondents disagreeing, though still low, at 35%.

In Canada, the price of the vaccine has made many doctors argue that each province should make the decision about its administration. Sixty-four percent of Canadian physicians believe that individual Canadian provinces should have a final say on who receives the vaccine and who pays for it. However, a full 90% of Canadian physicians surveyed answered that paying for this vaccine is "an appropriate use of Canada's healthcare system's funds."

"Over 80% of physicians surveyed in both Australia and France answered that they think this vaccine should be mandated

by their governments"

Over 80% of physicians surveyed in both Australia and France answered that they think this vaccine should be mandated by their governments. Germany was the only country recently surveyed whose doctors came down the middle with a little over 50% answering that no, there should not be a mandate. In the earlier survey in the US, only 43% of surveyed physicians responded that the government should mandate the new HPV vaccine.

When asked if they think that the public by itself would agree to have the vaccine administered to enough girls to have a real effect in reducing HPV contraction without a government mandate, 86% of Spanish physicians said "Yes, a strong effect" or "Yes, a moderate effect". Both the UK and France were less positive about reducing HPV contraction without a government mandate; over 40% of British and French physicians said either "No significant effect" or "No effect" at all on HPV contraction.

Seventy-five percent or more of respondents in Germany, Italy and the UK agree that patients and parents should be allowed to opt out of mandated vaccines without having to provide a medical or religious justification. France was the only country whose majority of physicians responded that mandated vaccines should in no way be optional. Thirty-one percent of Canadian physicians answered that it depends on the vaccine.

"Ninety-nine percent of Australian physicians surveyed report that they would recommend and/or administer this vaccine to their female patients"

Australia was the country that is the most adamant about administering the new HPV vaccine. Ninety-nine

reported are typical side effects to vaccinations. But other more serious side effects reported include paralysis, Bells Palsy, Guillain-Barre Syndrome, and seizures.

"an additional 1800 adverse reactions have been reported, including more deaths."

Judicial Watch informed LifeSiteNews.com that a subsequent request for information on adverse reactions to the HPV vaccine, covering the period from May 2007 to September 2007, found that an additional 1800 adverse reactions have been reported, including more deaths. Exactly how many more deaths occurred will be released in the coming days, Judicial Watch's Dee Grothe informed LifeSiteNews.com.

However the Canadian lobby effort by Merck's Canadian affiliate Merck Frosst Canada has been underway using powerful lobbyists with close connections to the politicians who have signed off on massive government funded vaccination programs.

The Toronto Star recently reported that Merck Frosst Canada Ltd hired public relations giant Hill & Knowlton to push the immunization strategies using some well-connected lobbyists: Ken Boessenkool, a former senior policy adviser to Prime Minister Stephen Harper; Bob Lopinski, formerly with Premier Dalton McGuinty's office; and Jason Grier, former chief of staff to Health Minister George Smitherman.

Harper's Conservative Government approved Merck's HPV vaccine Gardasil in July and later announced a \$300 million program to give the vaccine to girls from ages 9-13. That of course is only the beginning of what Merck likely hopes will be a much larger vaccination of all potentially sexually active women in Canada who are not already HPV infected. In

August, McGuinty's Ontario Liberals, on the advice of his Health Minister George Smitherman, announced that all Grade 8 girls will have free access to Gardasil.

"One of the major complaints by physicians is that the HPV vaccination program has been implemented before adequate testing has been completed."

One of the major complaints by physicians is that the HPV vaccination program has been implemented before adequate testing has been completed. Long-term effects of the vaccine remain unknown. Many are asking why the seemingly reckless rush?

At least one answer to that question comes from the fact that Merck currently is the sole provider of an HPV vaccine with its Gardasil product. A competing HPV vaccine, Glaxo Smith Kline's Cervarix, is set to hit the market in January 2008. As more children are vaccinated with Gardasil, fewer will be able to later receive the necessary repeat boosters of a competing, incompatible vaccine. Merck is in a race to capture as much of the market as it can, consuming many millions of taxpayer dollars.

U.S. sales of Gardasil are expected to reach \$1 billion in the first year of its availability.

HPV In Men's Fingernails, Could Factor In Vaccine Distribution Debate

Laura Koutsky, a University of Washington epidemiologist, and colleagues have identified traces of the human papillomavirus under the fingernails of young men, a finding that could "throw a monkey wrench" in the debate over a distribution of HPV vaccines, the Seattle Post-Intelligencer reports. According to the Post-Intelligencer, HPV is pri-

percent of Australian physicians surveyed report that they would recommend and/or administer this vaccine to their female patients. Canada came in close second, with 97% of respondents supporting administering this vaccine.

"Seventy-five percent of Australian physicians surveyed answered that boys should be vaccinated"

A major difference between the HPV vaccine debate in the US and other countries surveyed is in its administration to boys. There are reports that in the UK for example, proof that HPV causes penile and rectal cancers has caused many physicians to vaccinate boys as well as girls. When doctors outside of the US were asked if they think that boys should receive this vaccine, many were torn. Seventy-five percent of Australian physicians surveyed answered that boys should be vaccinated. Sixty-four percent of Spanish physicians also answered yes. Some of the reasons given that boys should be vaccinated include: "Because they [boys] spread HPV as soon as they become sexually active", "Herd immunity", and "Protection against genital warts and ability to spread the infection."

However, in France and the UK, 52% of physicians feel boys should NOT be vaccinated. Reasons given as to why boys shouldn't get the vaccine include: "Not aware of research outcome", "Not enough evidence as yet" and "Too costly at present, no need if bulk of young women are vaccinated."

Experts Debate Giving HPV Vaccine to Boys

By **E.J. Mundell**

HealthDay Reporter

FRIDAY, May 18 (HealthDay News) --

Amid the controversy around mandated vaccination of young girls against the human papillomavirus (HPV), some experts are beginning to wonder whether the shot should also be given to boys.

While males cannot get HPV-linked cervical cancer, they make up half of the equation when it comes to spreading the sexually transmitted virus. And a new study released last week shows that the virus is also a leading cause of throat cancer, which affects both sexes.

"This is a viral infectious process, and the majority of the time it is passed through heterosexual contact. And I think it's important to consider boys as equal players in that process," said Dr. Michael Bookman, director of medical gynecologic oncology at Fox Chase Cancer Center in Philadelphia.

"Boys are not as prone to [HPV-linked] cancer as girls, but they are obviously involved in the transmission, and there is some risk of cancer in boys, as well," he added.

No one is debating the effectiveness of the vaccine, called Gardasil. The shot is targeted against the four strains (out of 15) of HPV that are thought to trigger 70 percent of cervical cancers.

Since its approval for use in girls and women between the ages of 9 and 26 by the U.S. Food and Drug Administration last June, several states have moved to mandate Gardasil's inclusion into routine school vaccination programs. That's because vaccinating before the onset of sexual activity is most effective in preventing HPV infection.

Those efforts have met with strong opposition, however. Some conservative groups worry the vaccine will encourage sex among young people, while other critics view the man-

dates as an intrusion on parental rights. Most state measures do give parents the right to opt out of the program, however.

So far, those debates have centered on young girls. But, in more rare instances, boys and men can fall prey to HPV as well. Reporting last week in the *New England Journal of Medicine*, a team of researchers at Johns Hopkins University confirmed that infection with HPV via oral sex is by far the leading cause of throat cancer, which strikes 11,000 American men and women each year. HPV is also a major cause of anal cancer and genital warts, both of which affect either sex.

The threat of throat cancer is especially troubling, Bookman said, because doctors traditionally only look for these malignancies in long-time smokers and drinkers. "Head and neck exams are more associated with smoking and alcohol and less associated with HPV, although that's changing," he said.

And while girls and women typically see a gynecologist for their Pap smear to look for cervical cancer, "how many boys and men are going to go to a doctor and ask them to look at their throat? It's just not that common," Bookman said.

Debbie Saslow is director of breast and gynecological cancers at the American Cancer Society. She agreed that HPV also poses a threat to males, but she's not yet convinced that Gardasil would help protect them.

"We have been considering vaccination for boys since day one, but the problem is that there is just no data yet -- everything is holding until we get data that the vaccine actually works in boys," she said.

Gardasil's maker, Merck & Co., is largely responsible for pulling that data together. However, according to

Bookman, "they took a more conservative stance when they approached the FDA for licensure, registration and vaccine recommendations -- their safety data base was stronger for girls than boys."

Saslow also is doubtful whether Gardasil -- which costs \$360 per three-shot regimen -- would prove to be cost-effective if provided to boys as well, at least in terms of preventing the biggest threat, cervical cancer.

"It may be cost-effective to vaccinate boys if not that many girls get vaccinated," she said. "But if most of the female population ends up getting vaccinated, then vaccinating boys won't add very much."

"Gardasil has not yet been proven to be effective in boys, or to be effective against cancers outside the cervix"

But what about the vaccine's cost-effectiveness in preventing anal and throat cancers, plus genital warts, among boys? Saslow said that since Gardasil has not yet been proven to be effective in boys, or to be effective against cancers outside the cervix, those points remain up in the air. "We still have all these questions that we need to look at," she said.

Another expert, Dr. Robert Frenck, a professor of pediatrics at Cincinnati Children's Hospital, was equally noncommittal. Frenck, who sits on the American Academy of Pediatrics' committee on infectious diseases, said his group is "in the process of developing the recommendations for HPV vaccine use." He said the AAP recommendations would focus only on the vaccine's "currently [FDA] licensed usage," which is exclusively for females.

Still, Bookman believes that, should

Gardasil prove effective in boys, widening its use to both sexes "is the correct way to try and do things."

"What about everything that we know about controlling any other type of infectious process? Where we wouldn't discriminate on the basis of sex, we would vaccinate universally," he said. "Yes, in women cervical cancer is a more serious risk statistically than other cancers in men. But I think that the best way of controlling it with a vaccine is to use it broadly."

This article was uplifted from www.mercola.com. Here are some of his comments...

This could be a new low for the pharmaceutical companies, recommending a vaccine for boys that's designed for a body part they do not have. It is my belief that this is an obvious and reprehensible attempt to sell more of their ineffective and potentially dangerous Gardasil vaccine.

After all, if Merck pulls this off, they will have doubled Gardasil's target market, with a corresponding doubling of their profits as well.

Let's face it. The topic of cancer can be a highly emotionally charged event with potentially devastating consequences. Drug companies are EXPERTS in understanding how to manipulate these negative emotions to their advantage. They employ some of the most effective marketers on the planet and know full well how to maximize these fears to their advantage.

This is an important decision, and if you have not carefully studied it, and are responsible for making the decision for yourself or for your children, then I would implore you to spend serious time CAREFULLY analyzing both sides of the argument. A wrong decision could have absolutely devastating consequences for you and

your children.

Once you carefully study the evidence you will understand that the boys who receive the proposed Gardasil vaccine will begin to experience side effects, just as their female peers did

It is also worth considering the results of this study...

Young women commonly become infected with the human papillomavirus (HPV) soon after they start having sex, but the infection usually clears quickly, a new study shows...

HPV infection occurs frequently and clears rapidly in most young women initiating sexual intercourse. Persistent HPV 16 can cause early CIN 3. The peak age for CIN 3 will decline with the increased screening intensity and sensitivity typical of longitudinal studies.

In the current study, researchers followed 206 Costa Rican women ages 18 to 26 who initially said they were virgins. After becoming sexual active, they were followed for an average of 3.6 years. During this time, 53 percent tested positive for HPV, the study found.

However, few of these infections persisted for more than 1 to 3 years, and only three women developed pre-cancerous changes in their cervical cells.

The researchers go onto caution that Gardasil vaccine is no replacement for the Pap tests that can detect pre-cancerous changes in the cervix.

They also felt that more research needs to be done on the natural progression of HPV infection to fully understand why most women are able to clear the virus while some develop pre-cancerous abnormalities.

Doctors in Denial About Vaccine Reactions?

According to a patient survey published in "Drug Safety," doctors frequently ignored or dismissed patients' complaints about side effects of statin drugs. This study offers strong suggestion that this pattern of dismissal extend to other drugs, including vaccinations, as well.

This pattern highlights the problem of the severe under-reporting of adverse drug reactions, leading both doctors and patients to believe that drugs are far safer than they really are. In reality, as many as 90 to 99 percent of all serious side effects are never reported, and therefore never included in the equation.

Adverse side effects following vaccinations should be reported to the federal Vaccine Adverse Event Reporting System (VAERS). However, like all other adverse event reporting, it is still voluntary.

It is estimated that fewer than 10 percent of adverse events after vaccinations are ever reported to VAERS, perhaps even as low as one to four percent.

Most doctors will simply deny the possibility that a vaccine has harmed a healthy patient, and when the vaccine is mandatory, their denial can run even deeper. Most frequently, in the case of mandated vaccines, the strategy used is to highlight the seriousness of the disease, while denying the potential complications from the vaccine itself.

Meningococcal disease and the Menactra vaccine is one such case in point.

Meningococcal disease is a serious bacterial inflammation of the covering of your brain and spinal cord that can lead to brain damage, loss of limbs, and death. It is, however, a very rare disease, affecting between 1,400 to 2,800 American adults and children each year.

There are 13 meningococcal organism subgroups, and five serotypes (A, B, C, Y, and W-135) are responsible for nearly all cases of the disease worldwide. In the United States, serotypes B, C, and Y cause the majority of cases.

Sanofi licensed the Menactra vaccine in 2005,

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and the CDC immediately recommended it for universal use in all 11- to 18-year olds. Menactra protects against serotypes A, C, Y, and W-135, but not B, which causes one-third of all cases in the U.S. and more than 50 percent of the cases in young infants.

Therefore, Menactra actually offers zero protection against meningococcal disease 30 to 50 percent of the time, depending on your age.

Many adverse effects were found during Sanofi's clinical trials, and two deaths have been reported to VAERS since its release. Within its first year, five cases of Guillain Barre Syndrome (GBS) were also reported to VAERS, which prompted the FDA to issue a warning for parents and doctors to monitor for signs of GBS after administering the vaccine. By October 2006, 15 cases of GBS had been reported.

With the current push for the HPV (Gardasil) vaccine, it should also be noted that adverse event reports in cases where Gardasil and Menactra were administered simultaneously have skyrocketed.

When Gardasil was administered at the same time as Menactra, reports of:

- Guillain Barre Syndrome increased by 1,000 percent.
- Respiratory problems increased by 114 percent.
- Cardiac problems increased by 118 percent.
- Neuromuscular and coordination problems increased by 234 percent.
- Convulsions and nervous system problems increased by 301 percent

This article uplifted from the Dr Mercola website. www.mercola.com

Why is Childhood Arthritis on the Rise?

More children are suffering from arthritis than ever before. Unpublished data released June, 2007 from a study conducted jointly by the American College of Rheumatology and the American Academy of Pediatrics at the behest of the Centers for Disease Control and Prevention (CDC) states nearly 300,000 children in the United States have significant arthritis. Dr. Brian Feldman, chief of the arthritis program at the Bloorview MacMillan Children's Center in Toronto states that this number is "probably an underestimate" since it only takes into account those children who have actually been diagnosed with arthritis. An Australian study confirms that the rate of childhood arthritis is four to six times higher than rates typically quoted.

Physicians are taught about 20 percent of children who are diagnosed with arthritis go on to develop chronic disease. However, new research suggests that the percentage is much greater than previously thought. Even when the acute painful episode subsides or goes into remission, relapses often occur. In a study of children who had arthritis isolated to one joint, called oligoarticular arthritis, 60 percent went into remission. Of those, nearly 40 percent had reoccurrences.

Despite assurances by the Institute of Medicine and the FDA that vaccines are safe and have no association with arthritis, a review of medical literature suggests a different conclusion.

Arthritis and the Hepatitis b Vaccine

Reports of the association between the hepatitis b vaccine and arthritis have been documented since 1990. At least two mechanisms of action have been described. Inflammatory conditions, including joint pain, vasculitis (blood vessel inflammation) or erythema nodosum (tender nodules), are thought to be caused by immune complexes in the tissues. Complexes are a combination of the viral antigen from the shot and the antibodies induced by the antigen. If the particles reside in the tissues transiently, the condition eventually resolves. Long term attachment of the complexes can lead to progressive deterioration and residual disease.

Another mechanism proposes that severe arthritis, such as rheumatoid arthritis, may be triggered by the vaccine if the person has a genetic tendency toward an autoimmune disease and then is vaccinated. Genetic predisposition cannot be determined in advance of the vaccine. In essence, this mechanism blames the bad outcome from the vaccine on the defective genetics of the recipient.

The hepatitis b vaccine has been recommended for newborns since 1991 and is generally administered within the first 48 hours of life. The value of this vaccination of should certainly be questioned. For example, an Italian study touted a 46 percent reduction in the number of cases of hepatitis b in adults, attributed to the vaccination of children. This seems like a significant contribution to health until the study is closely inspected. Then the significance of that report withers away. The study concludes that the number of acute hepatitis b infections decreased from 5.4 per 1 million persons to 2.9 per one million persons between 1990 and 1998. This was the researchers arrived at a 46 percent reduction in disease. A similar study from France boasted that the wide spread vaccination of hundreds of thousand 11 year-old adolescents could prevent 30 from contracting liver cancer as adults. This is how experts to promote universal vaccination of newborns.

The World Health Organization denies the association between hepatitis b vaccination and arthritis, claiming, "the medical litera-

ture comprises mainly case reports, case series and a few case-control studies," reports considered to be marginally scientific. Unless the numbers of individuals are found to be statistically significant in proportion to the number of vaccines that are given worldwide, clinically observed correlations are dismissed. The Global Advisory Committee on Vaccine Safety (GACVS) concluded in 2006 that there was "no convincing evidence to support an association between hepatitis B vaccination and rheumatoid arthritis." Making this conclusion by Committee is an easy way to negate all clinical evidence to the contrary, an easy way to dismiss the illness of an individual.

Arthritis and the Rubella Vaccine in the MMR

Acute arthritis following rubella vaccinations have been reported since 1972, the earliest use of the vaccine. All of the symptoms are lumped and called an arthropathy, defined as any abnormality of a joint. The term encompasses joint stiffness, arthralgia (subjective joint pain), and arthritis (joint pain that is accompanied by swelling, redness, heat, pain, and/or decreased range of motion.) Arthropathy after a rubella shot usually occurs within 10 to 28 days and tends to appear suddenly. The joints involved, in order of decreasing frequency, are fingers, knees, wrists, elbows, ankles, hips, and toes. The rubella strain used in today's rubella vaccine, strain RA27/3, reportedly causes post-vaccination joint symptoms in approximately 15% of recipients.

While most reports of arthropathy after rubella vaccination have most commonly occurred in adult females, extremely painful joints have occurred in children, reported as two different syndromes. The "arm syndrome" causes severe pain in the arm and the hand, and tingling that is worse at night. The "catcher's crouch" syndrome causes severe knee pain upon arising in the morning. Both can occur within two months after rubella vaccination. As an example, The Journal of Arthritis and Rheumatism published a report in November, 2005 about eleven children who suffered recurrent episodes of catcher's crouch after receiving a rubella vaccine.

Another type of painful condition was reported in 2004 involving an 11 year-old girl who was diagnosed with "complex regional pain syndrome type I" (CRPS-I) after receiving a rubella vaccination. CRPS-I, referred to as reflex sympathetic dystrophy prior to 1994, is characterized by severe, deep, burning, unrelenting pain without discernible nerve injury. Treatment involves physical therapy, intensive psychological care to cope with the debilitating pain, nerve blocks, pain medication infusion pumps. The long-term prognosis for recovery is poor, meaning, the damage can be permanent.

As stated by Dr. Feldman, "The whole idea that 80% of children [with arthritis] will have permanent remission is just wrong. Most of our patients will have arthritis well into adulthood." Those with post-vaccination arthritis are more likely to require substantial drugs to control the progression of their disease, one that has no cure. While not every child has vaccine-induced arthritis, there is a strong possibility that many children can attribute their condition to the hepatitis b or rubella vaccine. Those children have become customers of the pharmaceutical industry for life as a result of vaccination.

Article uplifted from Vaccineinfo.net (PROVE) www.vaccineinfo.net

Committee Member Forum

Life without Vaccinations.

By Nicholas O'Connor

Many years ago, way before I had children, I read a copy of *Waves*. It was about the same time, that I went to Homeopath Derek Briggs in Auckland for treatment of a life long problem of susceptibility to sinus colds, earache and chest infections. I came from a family that placed orthodox medicine next to godliness and as a result I was regularly vaccinated, fed antibiotics, and had my teeth filled with Mercury, to the max.

I believe that orthodox medicine prescribed in this way, will guarantee the sickness of virtually any person and I was a beautiful example of ill health created in the doctors surgery. In saying that I do not believe that most doctors would intend illness through the way they prescribe. I would not have thought much about it at all until I went to Derek, and a problem that had been reoccurring in me 3 to 4 times a year for the whole of my life up until I was 30, and was always treated with antibiotics, Aspirin and Nasal Sprays, completely disappeared with a couple of drops of clear liquid on my tongue.

In the 26 years since that visit I have had three colds, and then only after extended periods of working 60 to 70 hour weeks, in other words only when I was really run down and needed a rest. Also, the colds I got were just a cold, no ear ache, no sinus, no chest problems.

So how does this tie in with vaccination? Well my experience with homeopathy made me question the status quo and that's when I read a copy of *Waves* and the pennies started to drop. I started to understand why I had always been sick, why going to the doctor never helped any illness I had. As Dr Rathe said a while ago, "it is the business of disease" there is no money in you being healthy. So when I finally had children I had already done a lot of homework and had made up my mind that my children we not going to be vaccinated. And they haven't been, and, they have never been

to a doctor either. Homeopathy was so good to me that I bought a small book on it and along with Malcolm Harker's Herbal mixtures, we never needed outside help, not orthodox anyway. It has been so freeing to be in this position and we must have saved ourselves literally hundreds of dollars, possibly thousands and many, many hours in the car and waiting room. We started off with 10 homeopathic remedies and built up from there. So convincing was our experience with Homeopathy that my partner is just two units away from being a fully qualified Classical Homeopath and my experience of watching her process of learning, my exposure to the books and seeing the results of her treatment of farm animals and the clients of mine I have passed to her for this other form of in depth healing, has brought me into a deep love of this much underrated form of Medicine.

I am 1.816 meters (5'11 $\frac{1}{2}$ ") high, short sighted and my partner is longsighted, nearly everyone in my family wears glasses, My oldest is 14 and the youngest 11 and the 12 year old is as tall as I am, and they all have perfect eyesight. They have lived in the country all of their lives, on tank water and have never been given sweets.

If you want to do the sweet thing with your own children it is really a matter of training yourself first, not to offer sweets for any reason, then training your mother and father and anyone else who comes along to do the same. It's hard at first because it is equated with giving love and they all want to do it. Give a handful of lollies so that your kids are always looking out for them. Train anyone associated with your children, to give love without the sweets, it's far healthier and the wonderful bonus is you can go to a supermarket or dairy and they never look at the sweets nor throw tantrums. They never ask and they never get wound up like a spring either and they take great pride in telling their grandmother when she visits "we don't eat sweets!"

If you are like me and your teeth were a sea of Mercury by the time you were 12 and there is a part of you still addicted to the poison. Don't eat chocolate or any sweet in the presence of your children. Save it until you and your partner, your lover, your wife, your husband or all of them and you are alone and having a private time away from the children, then you can unwrap, and the sweets too, and indulge and remember all of the times you were bribed away from the real thing, for that is what sweets are all about. Oh! Don't forget to burn the wrappers before morning, children aren't stupid at all I've found out, quite the opposite.

So the results so far of no sweets, no fluoride, no antibiotics and no vaccinations- No Fillings, no Colds, no ADHD, no Asthma, no Hyperactivity, No Autism, actually no sickness to speak of and you can take your children into any situation, expose them to all of the bugs of the world and they just don't catch them.

There was a time when I tried to get them to catch chicken pox and took them to a "Chicken Pox Party". I let them all play and rub up against the infected parties to their hearts content. I am not quite sure how it is going to be later in life but they didn't catch it and I have assumed from that, their immune systems are very healthy and that somehow they had already built up a resistance .

The big thing when I was a kid was a Tetanus shot every time I stood on a nail, rusty or not. Well Homeopathy has Ledum. It is \$10.00 for a small readily available jar of either pilules or liquid, in a 30c potency and is perfect for puncture wounds, works with people, works on your cat and your dog as well. Follow the instructions, keep it in a dark place away from strong smelling substances, will last for years.

Polio, did you know that all of the cases of Polio in the USA over the last 30 years, have come from vaccinations, not from the wild.

Best thing though, start off by going to a Classical Homeopath for yourself. Start with your own back yard. Get a book on Homeopathy "Homeopathy in the Home" or something similar, join the IAS, frequent your local Health shop, find out what they have got, check out Malcolm Harker's range of herbal mixtures, take

control of your own life, deal with any fear you may have of being in charge of yourself and your immediate family. Check out the internet, fill yourself with information and give yourself power. Be in charge of you, no one knows you, better than you, trust your feelings, they are your own personal internet.

One of the saddest things I have ever seen was a crippled girl who became that way after a vaccination and it is a sentence that I would not wish on any person. It affects not only the recipient of the vaccination, but the family, and if we are honest, the whole society is hampered in the name of greater profits for the vaccine maker. There are no words you can say that will make it better for the family, there is nothing you can do to make it right. I believe this and the varying degrees of vaccination damage throughout the society are some of the worst crimes being committed today.

There is one fact that overrides every argument that might be given to you as a reason for vaccinating you and/or your child.

A 90% fall in infectious disease occurred **before** the introduction of both antibiotics and vaccinations. Check out the graphs on the NZ Govt health website, I am amazed they can push vaccinations the way they do and still face themselves in the morning.

It basically means that the war against infectious disease was won by you without any help from vaccinations or antibiotics!

Think on it, good hygiene, clean drinking water, warm dry living conditions, good nutrition, safe disposal of human waste, washing your hands after going to the toilet-these are the weapons in your arsenal against infectious disease. They are free and they are your human right and they are available to anyone who wants them.

Thankyou Nicholas for your wonderful contribution, hopefully we will have more committee members forums in future WAVES issues.

Local Support Contacts



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| AUCKLAND - CENTRAL | (support person required) |
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| SOUTHLAND (GORE) Debora Anderson | Phone: (03) 208 0772 E-mail: deboraandian@inspire.co.nz |

Library List



The Immunisation Awareness Society has a library of books, videos and audio tapes available for members to borrow. If you wish to borrow an item, please send a bond of \$10 per book or audio tape and \$20 per video plus postage in stamps (\$3.00 North Island and \$5.00 South Island) to "The Librarian", P.O. Box 56-048, Dominion Rd, Auckland. Allow up to 28 days for delivery.

BOOKS

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| <i>Australian</i> | Vaccination Roulette: Experiences, Risks Vaccination Network And Alternatives. |
| <i>Baratossy, Peter</i> | There Is Always An Alternative |
| <i>Buchwald, Gerhard</i> | Der Rückgang Der Schwindsucht Trotz "Schutz"-impfung [Text In German] |
| <i>Cahill, Kevin</i> | The AIDS Epidemic |
| <i>Colgan, M</i> | Your Personal Vitamin Profile |
| <i>Coulter, H & B. Fisher</i> | DPT – A Shot In The Dark |
| <i>Cribb, Julian</i> | The White Death |
| <i>Curtis, Suzanne</i> | A Handbook Of Homoeopathic Alternatives To Immunization |
| <i>Dole, L</i> | The Blood Poisoners |
| <i>Davis, Adele</i> | Let's Eat Right To Get Fit |
| <i>Davis, Adele</i> | Lets Get Well |
| <i>Davis, Adele</i> | Let's Have Healthy Children |
| <i>Day, Phillip</i> | Cancer - Why We're Still Dying To Know The Truth |
| <i>De Bairacli Levy, J</i> | Herbal Handbook For Farm And Stable |
| <i>Dettman, Glen et.al</i> | Vitamin C: Nature's Miraculous Healing Missile |
| <i>Dew, Kevin</i> | The Measles Vaccination Campaigns In Nz, 1985 & 1991: The Issues Behind The Panic |
| <i>Eisen, Jonathan</i> | Supressed Inventions And Ther Discoveries |
| <i>Glöcklers, Michaela</i> | A Guide To Child's Health |
| <i>Golden, Isaac</i> | Vaccination? – A Review Of Risks And Alternatives |
| <i>Hilton, James</i> | Last Call |
| <i>Horowitz, Leonard</i> | Death In The Air |
| <i>Hume, E</i> | Béchamp Or Pasteur |
| <i>Inglis, Brian</i> | Natural Medicine |
| <i>Kenton, Leslie</i> | Nature's Child |
| <i>Lanctôt, Guylaine</i> | Medical Mafia |
| <i>McBean, Eleanor</i> | The Poisoned Needle |
| <i>McTaggart, Lynn</i> | What Doctors Don't Tell You |
| <i>Mendelsohn, Robert</i> | How To Raise A Healthy Child... In Spite Of Your Doctor |
| <i>Miller, Neil Z.</i> | Immunization – The People Speak |
| <i>Miller, Neil Z.</i> | Immunization – Theory Versus Reality |
| <i>Miller, Neil Z.</i> | Vaccines, Are They Safe And Effective? |
| <i>Neustaedter, Randall</i> | The Vaccine Guide (1st And 2nd Editions) |
| <i>Nikiforuk, Andrew</i> | The Fourth Horseman: A Short History Of Epidemics, Plagues, Famines & Other Scourges |
| <i>Overell, Bette</i> | Animal Research Takes Lives – Humans & Animals Both Suffer |
| <i>Priest, Janice</i> | Can You Remember What To Take? |
| <i>Rose, Greg</i> | Compulsory Immunisation |
| <i>Royal, Penny</i> | Herbally Yours |

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| <i>Sampson, Brenda</i> | Anti-stress Nutrition Program To Improve Mood, Health, Behaviour And Learning |
| <i>Sampson, Brenda</i> | New Zealand's Greatest Doctor – Ulric Williams Of Wanganui; A Surgeon Who Became A Naturopath |
| <i>Scheibner, Viera</i> | Vaccination: 100 Years Of Orthodox Research Shows That Vaccines Represent A Medical Assault On The Immune System |
| <i>Scheibner, Viera</i> | Behavioural Problems In Childhood: The Link To Vaccination |
| <i>Sinclair, Ian</i> | Health, The Only Immunity |
| <i>Sinclair, Ian</i> | Vaccination, The Hidden Facts |
| <i>Sinclair, Ian</i> | You Can Overcome Asthma |
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| <i>Stephens, I</i> | Shot To Hell |
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