

Healthier Solutions Newsletter

Special Issue Part II Fall 2010

Thank you to the many readers who have written thanking me for addressing the dark side of vaccination. This issue was no easier for me to put together than the first one was. If you missed it, please go back and read it first.

Take the grandmother's testimony on page 3. It is emotional and absolutely infuriating to realize that in the nearly 30 years since her plea, nothing much has changed.

I continue to meet parents of vaccine damaged children—parents who thought they were protecting their children—children who were typical toddlers one day, and damaged the next.

Vaccine researchers I spoke with last year kept repeating the words "ideally" and "theoretically." Ideally, the vaccine should prevent illness. Theoretically, the vaccine should save lives.

I wish vaccines performed as they should, period. I would love to see a handful of safe and effective vaccines that could protect us from serious illnesses like polio and meningitis.

Many childhood diseases like chicken pox and measles are usually weathered with a minimum of discomfort and harm, but contracting these diseases as adults ramps up the risk significantly. Outbreaks of these diseases in vaccinated populations is proof that vaccines do not confer immunity the way having had the actual disease does.

I believe there are too many unnecessary vaccines for diseases that rarely cause serious harm and which help our immune systems develop optimally making it possible for us to have stronger and more resilient immune systems.

Many researchers believe that our present problems with shingles is a result of our no longer being periodically re-exposed to chickenpox through children and grandchildren, so that the natural booster effect has been lost. The medical response has been to create a vaccine for shingles.

Why is conventional medicine locked into the vaccine mindset? Their goal seems to be eradication of all diseases. Is this reasonable? Is it desirable? Will the human race benefit?

My philosophy is that nature will always present us with an ever changing assortment of viruses and bacteria, and that we should let nature run its course and allow us to experience illness from time to time so that the mechanisms that have allowed human beings to survive the last 200,000 years or so can flex their muscles and become stronger.

Scientists have discovered that one reason organically grown foods are higher in beneficial phytonutrients is that the plants naturally develop substances to repel insects and diseases when stressed by these naturally occurring threats. Plants that are not stressed in this way are weaker and less resilient. In my opinion, this is exactly what we are doing to ourselves.



The combined earnings of the six major pharmaceutical companies is in the range of \$500 billion per year. Because the economy has negatively impacted drug sales and development, these companies have decided that vaccines are the way to go. There are currently over 200 vaccines under development! (see page 2)

Autoimmune diseases in children and adults are alarmingly growing in severity and incidence. Many link this trend to increased vaccinations that target the immune system. What if they're right?

What if instead of promoting vaccines, we chose to strengthen our amazing God-given immune systems?

What if just a fraction of that \$500 billion was used to subsidize nutritious foods?

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I Think You Should Know . . .

If you or your child have experienced an adverse effect from any drug or vaccine, you can report it yourself to the Vaccine Adverse Event Reporting System at <http://vaers.hhs.gov/data/index> , or in the case of a medicine to <http://www.fda.gov/Safety/MedWatch/HowToReport/ucm053074.htm>

In 2009, VeriChip announced it had secured two patents for developing an implantable virus detection system for humans which can identify the virus and alert the user to the presence of the virus. Sounds very big brother to me—who else would have access to this information and what about the fact that we carry lots of microbes in us all the time that never actually make us sick?

The FDA recently approved a new vaccine from Dendreon, Inc to treat prostate cancer called Provenge. It has been shown to increase survival rates by *four months*. One in four patients experienced serious side effects, including 3.5% who suffered a stroke. Provenge has a reported cost of \$93,000. per patient! Considering that the 10 year survival rate is already over 90%, is adding 4 months to this plus side effects worth it? Dendreon anticipates \$1.5 billion per year in sales. At \$93K a pop, it adds up quickly!

A vaccine for stress (I kid you not!) that uses a modified herpes virus (I swear it's true) is under development by Dr. Robert Sopolsky of Stanford University in California.

All branches of the U.S. Armed Services allow medical and religious exemptions to vaccination, as long as exemptions are requested prior to enlistment. Failure to declare objections before enlisting can result in the enlisted person being imprisoned or dishonorably discharged if he or she refuses an order to be vaccinated.

18 states allow conscientious, personal or philosophical belief exemption to vaccination. They are: Arizona, California, Colorado, Idaho, Louisiana, Maine, Michigan, Minnesota, New Mexico, North Dakota, Ohio, Oklahoma, Rhode Island, Texas, Utah, Vermont, Washington and Wisconsin.

All but two states (West Virginia and Mississippi) allow religious exemption to vaccination.

It is not required that you be a member of a specific organized religion in order to claim religious exemption. I and other parents I know have successfully requested exemptions from vaccination for their children.

For information on Tennessee requirements go to: <http://www.nvic.org/Vaccine-Laws/state-vaccine-requirements/tennessee.aspx>

Surveys have revealed that 97% of adverse effects go unreported because physicians fear being sued. The CDC estimates that only 10% of adverse effects are ever reported.

I have, on occasion, been criticized for failing to provide the conventional medicine side of the story in my articles and seminars. I do this consciously for the simple reason that virtually all forms of popular media, and most conventional health care providers are already bombarding you with their side. I consider it my purpose to give voice to the holistic and natural viewpoint.

Keeping this in mind, if you want to know what conventional medicine and the pharmaceutical industry wants you to know about their drugs, vaccines, and procedures, you can easily find that information by going to the hundreds of drug and medical industry websites.

The following sites offer other information that you may find of interest:

<http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf> Want to know what is in your vaccine besides the active viral ingredients? Go here and prepare to gasp!

<http://www.shirleys-wellness-cafe.com/vaccines>.

www.nvic.org National Vaccine Information Center

<http://vaccines.mercola.com>

<http://medalerts.org/analysis/archives/39>

<http://articles.mercola.com/sites/articles/archive/2008/01/12/the-film-about-vaccines-you-must-see.aspx>

<http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm>

Information contained in this newsletter is not intended as a diagnosis, prescription, or treatment for any illness or disease, physical or mental, nor is it intended to be a substitute for regular medical care from a licensed physician.

The Vaccination Business: A Grandmother's Testimony

This excerpt is from a 1984 session and the DPT vaccine in question has since been changed, but is still considered one of the most dangerous of the infant/child vaccines still being mandated. I wanted you to see the attitude that has prevailed over the decades as the medical community refuses to open its eyes.

Excerpted from: *Vaccines: Are They Really Safe and Effective?* by Neil Z. Miller

Vaccine Injury Compensation.

Hearing Before the Committee on Labor and Human Resources, 98th Congress, 2nd Session, (May 3, 1984), pp. 63-67.

“CONGRESSIONAL EXCERPT:

The following excerpt is from a statement made by a distraught grandmother testifying before the *Committee on Labor and Human Resources*, regarding vaccine injury compensation:

"My name is Donna Gary. ... Our family should have celebrated our very first granddaughter's first birthday last month. Instead, we will commemorate the anniversary of her death at the end of this month.

Our granddaughter, Lee Ann, was just 8 weeks old when her mother took her to the doctor for her routine checkup. That included, of course, her first DPT inoculation and oral polio vaccine.

In all her entire 8 weeks of life this lovable, extremely alert baby had never produced such a blood-curdling scream as she did at the moment the shot was given. Neither had her mother ever before seen her back arch as it did while she screamed. She was inconsolable. Even her daddy could not understand Lee Ann's uncharacteristic screaming and crying.

Four hours later Lee Ann was dead. 'Crib death,' the doctor said -- 'SIDS.' 'Could it be connected to the shot?' her parents implored. 'No.' 'But she just had her first DPT shot this afternoon. Could there possibly be any connection to it?' 'No, no connection at all,' the emergency room doctor said definitely.

My husband and I hurried to the hospital the following morning after Lee Ann's death to talk with the pathologist before the autopsy. We wanted to make sure he was alerted to her DPT inoculation such a short time before her death -- just in case there was something else he could look for to make the connection. He was unavailable to talk with us. We waited two-and-a-half hours. Finally, we got to talk to another doctor after the autopsy had been completed. He said it was 'SIDS'.

In the months before Lee Ann was born I regularly checked with a friend as to the state of her grandchild's condition. He is nearly a year-and-a-half older than Lee Ann. On his first DPT shot he passed out cold for 15 minutes, right in the pediatrician's office. 'Normal reaction for some children,' the pediatrician reassured. The parents were scared, but they knew what a fine doctor they had. They trusted his judgment.

When it was time for the second shot they asked 'Are you sure it's all right? Is it really necessary?' Their pediatrician again reassured them. He told them how awful it was to experience, as he had, one of his infant patient's bout with whooping cough. That baby had died.

They gave him his second DPT shot that day. He became brain-damaged.

This past week I had an opportunity to read through printed copies of the hearings of this committee. I am dismayed to learn that this same talk has been going on for years, and nothing has seemed to progress to incorporate what seems so obvious and necessary to keep from destroying any more babies, and to compensate financially those who have already been damaged for life.

How accurate are our statistics on adverse reactions to vaccines when parents have been told, are still being told, 'No connection to the shot, no connection at all?'

What about the mother I recently talked with who has a 4-year-old brain-damaged son? On all three of his DPT shots he had a convulsion in the presence of the pediatrician. 'No connection,' the pediatrician assured. I talked with a father in a town adjoining ours whose son died at the age of 9 weeks, several months before our own granddaughter's death. It was the day after his DPT inoculation. 'SIDS' is the statement on the death certificate.

Are the statistics that the medical world loves to quote to say, 'There is no connection,' really accurate, or are they based on poor diagnoses, poor recordkeeping? **What is being done to provide a safer vaccine? Who is overseeing? Will it be the same scientists and doctors who have been overseeing in the past? How much longer does the public have to wait? How are physicians and clinics going to be held accountable to see that parents are informed of the possible reactions? And how are those children who should not receive the vaccine to be identified before they are damaged -- or dead?**

Today is the National Day of Prayer. My prayer is that this committee be instrumental in doing what needs to be done -- and soon. **May there not be yet another year pass by with more children afflicted, and some dead, because those who can do so refuse to 'make the right connection.'"**

Rotavirus

Rotaviruses (at least 5 species) are responsible for most diarrheal illnesses in infants and children. In areas without access to clean water, rotavirus does contribute to high rates of infant mortality.

As long as adequate hydration is maintained, however, rotavirus rarely causes life threatening illness. **The absolute best way to protect infants from rotavirus or complications of rotavirus is breastfeeding** several times a day. **Actual breastfeeding is better than pumping, storing, and reheating**, by the way. Children and adults alike often experience rotavirus infections that may be called stomach flu or intestinal bug. Unless these are caused by food poisoning, chances are good that a rotavirus is to blame, and more than likely it is a type A rotavirus. As long as fluids are replaced, we all recover within a couple of days without any long term harm done. Prior to the introduction of the rotavirus vaccine, approximately 40 infants died in the US each year from rotavirus infections. Interestingly, statistics indicate this number may actually have gone up since rotavirus vaccination was introduced.

For children and adults, I highly recommend regular supplementation with quality probiotics.

Nothing else will do a better job of boosting the healthy function of the intestinal tract.

Rotavirus vaccines have been one of the few to be pulled, reformulated, and questioned in recent years. The first 1998 vaccine was pulled a year later when it was discovered to cause intussusception, an often fatal bowel obstruction condition. Two new vaccines were introduced in 2006, *Rotarix* and *Rotateq*.

Between March and May of this year, 2010, GlaxoSmithKline's *Rotarix* was recalled and suspended after the discovery of porcine circovirus PCV1 in the vaccine. While this pig virus is not considered deadly, a variant virus, PCV2, is known to cause severe problems including immune depression, respiratory distress, reproductive impairment, failure to thrive, kidney damage, neurological disorders, and death.

I am thrilled that GlaxoSmithKline took the step of pulling *Rotarix* due to the major concerns. However, the FDA recommendation that Merck's *Rotateq* be used instead is no less worrisome, since during the same month, **it was discovered that *Rotateq* was contaminated with the PCV2 virus!** So, while the *Rotateq* was also pulled from shelves in some countries, as of this writing, **it is still in use in the US!** Does this make any kind of sense to you? It sounds to me like Merck has more pull than GKS—just my opinion, of course. *Rotateq* is a live virus oral vaccine, so what are the risks to our infants and children? No one knows!

By the way, an 2008 FDA review of *Rotarix* found that it was associated with significant increases in pneumonia and convulsions.

I close this page with Barbara Loe Fisher, of the NVIC For the full interview, see <http://articles.mercola.com/sites/articles/archive/2010/04/17/major-vaccine-suspended-due-to-contamination-with-pig-virus.aspx>

“... at the May 7th meeting, it was discussed that they don't know whether this DNA is infectious or not... When you have DNA that contaminates vaccines from animal viruses or other insect viruses -- they're trying to make vaccines now using insect cells -- you can have a problem with it ... You can have a problem with it becoming part of our own DNA, or recombining and creating hybrid viruses. For example, the pandemic H1N1 swine flu was a hybrid virus, a human-pig-bird hybrid virus. It is possible for animal viruses to recombine with human viruses and create new viruses that could be quite lethal... When in doubt, you take it out. You have to have high standards at the FDA for proof of safety and efficacy of these vaccines. (my note: Cervarix for HPV contains insect cell protein)

At public comment time on May 7th, my organization called for the FDA to raise its standards for screening these vaccines and legally requiring vaccine manufacturers to take this contamination out of their vaccines – if they're using cell substrates that could possibly be infected with viruses – and also to label the vaccines. If they're going to allow DNA contamination in these vaccines, then at least they have to let the people know how much of it is in the vaccines.

It's a problem because there are many, many vaccines that are going to be created in the future using animal cell substrates, insect cell substrates, and potentially even cancer cell substrates. And if they're going to do that, the public needs to know. We need to have informed consent. We need to understand what we're putting into our bodies or the bodies of our children.”

Polio

I remember my first sugar cube dosed with the Sabine oral polio vaccine and being so excited to discover that a shot was not part of this vaccine. The experience was fun, as my mother and I were given our vaccine by nurses manning a drive through where we (and probably hundreds of other Kingsport residents) were getting our little plastic cups with the sugar cube in it. Of course, it was later determined that this live virus vaccine actually caused more cases of polio than it prevented. (oops!) The oral vaccine was changed and "improved", and used in the US until 2000, when Salk's injectable Inactive (killed) Polio Vaccine was deemed the safer and better choice. Salk's vaccine was licensed in 1955, and ironically, Salk was an early whistle blower about the increases of polio due to vaccination.

Polio epidemics in the US had begun to naturally drop by 1942, in which there were fewer than 5,000 cases reported, and most of those infected did not develop the severe paralysis that we associate with polio. Interestingly, within months of the Pertussis vaccination being released in 1948, cases of polio began to rise, reaching a high a year later. Then, once again, the numbers dropped. In the first few years following widespread polio vaccination, however, infection numbers soared.

Even after medical authorities knew the risks of Sabine's live oral vaccine, it was heavily promoted because it was easier to give and believed to confer "herd immunity" by infecting others in the community.

It is important to remember that in the 1940's and 1950's, there were few lab studies of individual polio infections and doctors saw most sick children at home. Any flu like illness that caused muscle aches and fever was often reported as polio. Statistics from this time are very unreliable.

Now consider this very interesting comment found in the *Los Angeles County Health Index: Morbidity and Mortality, Reportable Diseases: "Most cases reported prior to July 1, 1958 as non-paralytic poliomyelitis are now reported as viral or aseptic meningitis."*

Statistics confirm that meningitis became more common in 1959. This could mean that vaccines were contributing to meningitis, or more likely, that actual cases of non paralytic polio were now reported as meningitis, since the medical community assumed that polio was no longer possible.

When I attended NVIC's international conference on vaccination last year, I learned quite a bit about the controversy surrounding the link between the live polio vaccine and HIV/AIDS.

Remember that all vaccines must be grown on live tissue, because viruses cannot replicate on their own. The live polio vaccine used in Africa in the 1950's was cultured on simian (monkey) kidney tissue. Speculation is that the tissue was infected with a virus called SIV ((simian immunodeficiency virus) The contaminated polio vaccine introduced SIV into humans, which over time evolved into HIV, or human immunodeficiency virus, and thus AIDS was created. There is a great deal of disagreement over the issue, because after possible infections were discovered in the macaque monkey initially used, African Green monkey kidney tissue was then used. There are rumors of experimentation, and the theory that consuming chimpanzees could have introduced SIV to humans. For one version of this topic, read the book *The River: A Journey to the Source of HIV and AIDS* by Edward Hooper. For another, watch the video clip below.

Contamination of some 1950's vaccines with Simian Virus 40 is now believed to contribute to cancers in persons of my generation, since the virus is actually found in cancerous tissue.

To hear some shocking revelations about these viruses and the polio vaccines from a former Merck vaccine chief researcher, I encourage you to take 10 minutes to watch this interview excerpt from a documentary called *In Lies We Trust* . <http://www.youtube.com/watch?v=edikv0zbAIU> . As for the documentary, watch it only if you are prepared to hear some pretty radical ideas, many of which may be too uncomfortably true to listen to. I'm not in total agreement with all the points made, but it sure will make you wonder. (link on pg 2)

I doubt we'll ever know the truth, but some of us feel there is enough smoke surrounding the vaccine to warrant some degree of fire. The fact remains that contamination with animal viruses in vaccines continues to be an issue (see the rotavirus article), and our knowledge of how foreign species DNA and animal viruses may affect us is primitive. Yet, this method of vaccine manufacture continues to grow. It scares me to death.

A new polio vaccine is in the works and requires 1/5th of the amount of inactive virus to cause the desired immunological response (from the conventional perspective) when injected just under the skin.

Today, infants are injected with an inactive polio virus vaccine which contains monkey kidney tissue.

Human Papillomavirus : Gardasil and Cervarix

Two years ago I addressed the Gardasil vaccine in my newsletter. Since that time, much has changed and not for the better, in my opinion. I have two daughters and willingly tell you that I wouldn't dream of having them vaccinated for the HPV. It is not my intention, however, of trying to convince you to do the same. It is very much my hope that you will read everything you can get your hands on to make an informed decision.

Here are some things Merck & GlaxoSmithKline would rather you not know:

As of March 2010, there have been 17,600 adverse effects reported to VAERS (Vaccine Adverse Event Reporting System) including 59 deaths (18 girls were under the age of 17). This is in the US alone and does not take into account that the CDC estimates that only 10% of all adverse effects are ever reported. Some countries suspended vaccination following severe adverse events or deaths, but not the US. ***"The rate of serious adverse events is greater than the incidence rate of cervical cancer."*** Dr. Diane Harper.

Dr. Harper helped develop Gardasil but is one of the most important critics of the vaccine being released to the public. I quoted her comments two years ago. At last year's NVIC international conference on vaccines, I was lucky to get to hear Dr. Harper speak and luckier still to get to speak with her for a few minutes following her presentation. She continues to be involved in the human papillomavirus and vaccine research, but has repeatedly said that the young women (and now young men) who are being given this vaccine are unwitting subjects in a dangerous public experiment. She has opposed mandating the vaccine and indeed opposed its release, citing lack of data to support its safety or efficacy. I wish every parent could hear what she has to say. Her explanation of how the vaccine might ultimately help prevent cancer was excellent. At the same time, she was clear about the limitations of such a vaccine. For one thing, it would not protect a woman who was already infected with the virus.

In the last few months it has been revealed that prior to approval, Merck advised the FDA that if a person had already been exposed to HPV 16 or 18 (two of the 100 strains of the virus), the vaccine actually increased the risk of precancerous lesions by 44.6% ! I'm willing to bet that few patients are being screened prior to vaccination, and while this information seems pretty critical to me, the FDA did not even require that it be included in the product insert. How many parents would have their children injected 3 times with a vaccine whose known risk was to promote cancer, the disease it is advertised to prevent?!

Merck now says the vaccine may provide protection against other strains as well which leads one to wonder if prior exposure to those other strains might also cause the vaccination to increase the risk of cervical cancer.

The risk of promoting cancer in someone with prior infection of HPV is one of the reasons they have been pushing to lower the target age to preteens, who supposedly will not be as likely to be infected.

So far, the vaccine is only effective for up to 7 years, so if your 8 year old is vaccinated, the protection is gone by the time sexual activity is likely to begin. HPV can be transmitted by any type of intimate skin to skin contact, by the way, so sexual intercourse is not the only route of infection.

Even if the vaccine is successful at preventing infection with HPV, it may not necessarily prevent cervical cancer. Gardasil & Cervarix are not vaccines against cancer. They only help protect against 2 virus strains that can cause abnormal cell growth if left untreated.

90% of HPV infections clear up all by themselves within 2 years! Our bodies know how to deal with it.

Vaccines protect against only 2 of the 100 strains of HPV—30 of which may promote precancerous lesions. Gardasil protects against 2 types of genital warts for only 2 years.

It will take 20 years (the length of time between HPV infection and possible cancer development) to know if the vaccine even works, and then only if the majority of current 11-13 year olds are vaccinated.

Pap smears are non invasive, harmless, and highly effective at detecting cervical cancer. Because women may believe the vaccine is protection enough, they may get fewer pap smears which could alone cause an increase in cervical cancer rates and deaths.

The vaccine is now being pushed for boys but there is no clinical evidence that vaccinating boys for a cervical implanting virus is either safe or will be effective! Like girls, they experience fainting, muscle weakness, and convulsions. Imagine the consequences of these young people passing out when driving home from the doctor's office. I wonder how many have done just this and been killed or seriously injured in auto accidents.

Human Papillomavirus : Gardasil and Cervarix

Condom use decreases risk of HPV by 70% and is suspected of decreasing cervical cancer risk significantly. This is easy, cheap, and effective protection, and unless one is allergic to the material, totally risk free.

Only 2% of women aged 14-59 are infected with strains 16 and 18, the ones targeted by the vaccines.

Gardasil has a cost of \$120 per dose and requires three doses over a six month period for a total of \$360 plus miscellaneous office fees for the visits and injections.

As of 2008, the United States requires all female immigrants ages 11-26 who apply for resident or refugee status to be vaccinated.

Gardasil contains polysorbate 80, a synthetic form of a naturally produced body protein, which has been linked to infertility problems and uterine squamous cell metaplasia in animal studies. Polysorbate 80 is an emulsifier that is also found in a number of other vaccines including Rotateq, Tdap, and Pediarix.

“Cervical cancer accounts for less than 1 percent of all cancer deaths, so it was somewhat surprising when the U.S. Food and Drug Administration fast-tracked approval of Gardasil, a Merck vaccine targeting the human papilloma virus that causes the disease, in 2006.

As of Jan. 31, 2010, 49 unexplained deaths following Gardasil injections have been reported to the Centers for Disease Control and Prevention's Vaccine Adverse Event Reporting System (<http://vaers.hhs.gov/index>). By contrast, 52 deaths are attributed to unintended acceleration in Toyotas, which triggered a \$2 billion recall.

No recall for Gardasil, which is required for sixth-grade girls in D.C., Maryland, Virginia, and many other states. Parents can opt out, but few know the true risks...

Merck denies any of the deaths are related to its vaccine, and the parents involved can't prove they were,” Hollingsworth writes. Just this month in India, the country's government suspended the Gardasil vaccination study that was supposed to test the vaccine in about 32,000 girls. The program was halted because four girls died after receiving the vaccine, and more than 120 others reportedly suffered stomach disorders, epilepsy, headaches, early menarche and other adverse events.”

Barbara Hollingsworth, Washington Examiner, March 30, 2010

<http://www.washingtonexaminer.com/opinion/columns/Time-for-the-truth-about-Gardasil-89466882.html#ixzz11QrTnDZ5>

“Despite its serious side effects and growing list of adverse reactions, in October, 2009 the FDA also approved Gardasil for use in boys to prevent genital warts ... so now this dangerous vaccine is putting all young people at risk. Most Americans have blindly placed their trust in the vaccine makers and in federal health agencies, whose responsibility is to ensure that drugs and vaccines licensed for public use are safe, effective and necessary. Yet this is often not the case.” Dr. Joseph Mercola

[Absurd Vaccine Marketing – Cervical Cancer Vaccinations for Boys](#)

“I have a sense of déjà vu as the story of Gardasil vaccine plays out real time. There are striking parallels between how those operating the mass vaccination system reacted in the 1980's to persistent reports that the DPT vaccine was harming more children than originally assumed, and the way they are reacting now to persistent reports that Gardasil is more reactive than it was originally assumed.” Barbara Loe Fisher, NVIC

<http://www.hrsa.gov/vaccinecompensation/> This government site for the vaccine injury compensation program is an interesting one to visit. Vaccines for the HPV are covered.

<http://abcnews.go.com/Health/CancerPreventionAndTreatment/gardasil-hpv-vaccine-faces-safety-questions/story?id=8356717>

<http://www.nvic.org/Forms/CivilianReactionPage.aspx> To report adverse reactions (not a government site)

<http://www.nvic.org/pdf/Tarsell-Report-Unexplained-Gardasil-Deaths.pdf>

Pet Vaccinations

"For some readers the very idea that vaccines are anything but wonderful and life-saving may come as a surprise, and it's not a very pleasant one." [A New Look at the Vaccine Question - by Richard H. Pitcairn, D.V.M., Ph.D](#)

I've had a wide variety of animals over the years—dogs, cats, fish, ducks, rabbits, hamsters, guinea pigs, gerbils, and we even briefly had a crocodile, (though we never considered him part of the family! And don't ask—my dad was somehow talked into buying it in Florida in the 1960's!)

Anyway, my point is that I am a serious animal loving person. My current dog is one of the special pets who has risen to full family member status. I'm sure many of your pets are also considered part of the family. Mine had his puppy vaccinations, but at age 7, has just had one (rabies) in the last 6 years. He only weighs 8 pounds soaking wet, and so is at highest risk for harmful side effects from vaccines. If I had known more about pet health 7 years ago, I might have done things differently and I wouldn't have had him "fixed" so soon, either. I have avoided most of the toxic parasite treatments, and while he is regularly screened for these, he has never had anything, so the holistic formulations are obviously doing their job.

My mother's adopted dog is smaller than mine and we believe her vaccine history resulted in kidney, liver, and pancreatic damage. For a couple of weeks last spring, we didn't think she would make it, but she surprised us by responding amazingly well to an intense regimen of homeopathic remedies, raw food extracts, and probiotics. Within days, she was healthier, happier, and more active than she had ever been. She went from a skin & bones 3.5 pounds to a perfect 5.5 pounds in two weeks, and her coat grew thicker and shinier.

Part of the thanks here must go to Dr. Richard Pitcairn, DVM, who I heard lecture and spoke with last year. He is now retired and focuses on teaching conventionally trained vets how to become homeopathic vets. He really opened my eyes about what vaccination and dog foods are doing to our beloved pets. I could at least feel good knowing that my pet has always eaten organic food. This is off topic, but know that even high priced dog food may be made from dead, dying, or diseased animals, and toxic chemicals that make it look like they are nutritious (melanin in 2008). Also, neither cats nor dogs should be eating wheat or corn unless you want them to have itchy skin and digestive difficulties. Last, they are carnivores—please don't try to turn them into vegetarians. For optimal health they also need quality raw food in their diets as often as possible.

Tennessee mandates annual rabies vaccinations and most kennels & groomers must have proof of vaccination, as required by law. Since my dog has not been vaccinated in 4 years, this can be a problem. I know that our local wildlife carries rabies, yet I don't worry about my pet being protected since I learned that dogs his size are probably protected for life from the initial puppy vaccination. Blood work (titers) would likely confirm his immunization status, but those are costly and even if the titer shows him to be fully protected against rabies, Tennessee law says he has to get a vaccine every year anyway, even if it is harmful for him.

Here are a few websites and excerpts that you might find useful and informative. If you care about the health and wellbeing of your pet, I encourage you to check some of them out.

<http://www.dogs4dogs.com/truth4dogs.html>

<http://www.shirleys-wellness-cafe.com/petvacc.htm>

http://www.drpitcairn.com/talks/looking_at_vaccines.html

To report adverse effects of vaccines and/or medicines in animals:

http://www.avma.org/animal_health/reporting_adverse_events.asp

<https://web01.aphis.usda.gov/CVB/adverseeventreport.nsf/Adverse%20Event%20Report%20Form?OpenForm>

http://www.aphis.usda.gov/animal_health/vet_biologics/vb_adverse_event.shtml

The next 3 pages are dedicated to a full length article that I am reprinting for you with permission. It covers the issue of pet vaccination much better than I could, since I am not an animal care provider. If you are a pet owner, I encourage you to visit Dr. Becker's website. She is linked directly to Dr. Mercola's website but puts out her own pet newsletter that I have found to be a great source of information.

Now that you know, learn all you can about how to keep your beloved pet healthy holistically. Your pet depends on you for protection and care and surely deserves a healthy long life free of unnecessary harm.

We have a caring holistic groomer in Kingsport, Nancy Ward of Classy Clawz & Pawz, and I located several holistic vets in Knoxville. Nancy's contact information is on my website Resource page.

When it Comes to Vaccinating Your Pet, Less is More by Dr. Karen Becker, DVM

You've undoubtedly seen them in your mailbox. Cute little reminder cards from your vet that it's time for Beaugard's annual vaccinations. But after looking a bit closer at the risks and benefits of these vaccines, you might want to paws before making that appointment.

Could these vaccines not only be unnecessary, but actually harmful to your pet's health?

Absolutely. We overvaccinate our children -- but at least we eventually stop after puberty. But with our pets, we continue vaccine boosters until they are well into their senior years.

As adults, we don't assault ourselves with annual boosters, and we certainly wouldn't do this to our elderly family members. So why do we inflict this upon our pets, regardless of their immune status or age, when common sense would tell us those vaccines should last longer than a year?

Additionally, there are no adjustments in dose for size or age of your animal. Your five-pound Miniature Pinscher receives the same size vaccine as your 150-pound Rottweiler. Your 10-pound housecat gets the same amount as a 400-pound lion.

All of these vaccines are overwhelming your pet's immune system. Vaccine reactions are at an all-time high. [A study](#) of more than 2,000 cats and dogs in the United Kingdom by Canine Health Concern showed a 1 in 10 risk of adverse reactions from vaccines. This contradicts what the vaccine manufacturers report for rates of adverse reactions, which is "less than 15 adverse reactions in 100,000 animals vaccinated" (0.015 percent). Additionally, [adverse reactions](#) of small breeds are 10 times higher than large breeds, suggesting standard vaccine doses are too high for smaller animals.

A few bold veterinarians have paved the way for ending overvaccination, but the research is sparse and the opposition is great, just as with the human vaccine industry -- and for similar reasons.

In this article I will be addressing three main points:

- 1. There is no scientific evidence that annual vaccines are necessary, and in fact once animals achieve immunity from their initial vaccines, they appear to have immunity that lasts for many years, and often for life, without boosters.**
- 2. There is growing alarm that overvaccination appears to be causing a multitude of *serious medical problems*, particularly with the immune system, including allergies, seizures, anemia and cancer.**
- 3. Vaccines are a very profitable part of veterinary care -- in fact, some vet practices are built around them. Long-term studies of animal immunity would require a substantial outlay of money -- the kind of money that only the drug companies have, and *Big Pharma is much more interested in selling more vaccines than challenging the need for them.***

Veterinary Vaccines are Big Money for Many Vets -- and Even Bigger Money for Big Pharma

Without some driving force for change, there is no motivation for the industry to change the most lucrative part of its practice.

Many vets cling to annual vaccine schedules because of economic dependence more than maintaining a "cautious" standard of care. This is particularly true for the typical small vet practices (1-3 people, non-specialty, non-emergency practices).

Consider this ...

One dose of rabies vaccine costs the vet about 61 cents. The client is typically charged between \$15 and \$38, plus a \$35 office visit. The markup on the vaccine alone is 2,400 percent to 6,200 percent -- a markup equivalent to charging \$217 for a loaf of bread.

According to [one estimate](#), removing the one-year rabies vaccination and consequential office visit for *dogs alone* would decrease the average small vet's income from \$87,000 to \$25,000 -- and this doesn't include cats or other vaccinations.

According to [James Schwartz](#), author of *Trust Me, I'm Not a Veterinarian*, 63 percent of canine and 70 percent of feline vet office visits are for vaccinations.

Clearly, radically changing the vaccine schedule for dogs and cats would result in a huge economic loss for any veterinary practice that is built around shots.

And chances are the vaccines you are paying so much for are creating even more income for vets, because the adverse reactions and other medical issues caused by the vaccines keep Fluffy coming back often!

The profits for vets pale in comparison to the [profits being enjoyed by vaccine manufacturers](#). Veterinary vaccine sales amounted to more than \$3.2 billion in 2004 and have risen 7 % per year since 2000. This figure is projected to exceed \$4 billion in 2009.

Six companies account for more than 70 % of world veterinary vaccine sales. The market leader is Intervet, with sales of almost \$600 million in 2004. That's a whole lot of 61-cent vaccines. The US has by far the largest share of the national market with revenues of \$935 million, and Japan comes in second with \$236 million.

How Current Vaccine Schedules Were Determined

The current recommendation from many veterinarians is for dogs is to receive rabies, parvovirus, distemper, adenovirus, parainfluenza, leptospirosis, coronavirus, hepatitis, lyme (borrelia), and annually, bordetella (kennel cough) sometimes being recommended every 6 months.

Cats are advised to have rabies, feline leukemia (FeLV), distemper (panleukopenia), rhinotracheitis, and calicivirus annually--and depending on risk, chlamydia, feline infectious peritonitis (FIP), and ringworm can be added.

Many vets advise both puppies and kittens get their "core vaccines" at ages 6 weeks, 8 weeks, 10 weeks, 12 weeks, 14 weeks, and 16 weeks. Then, they get boosters at one year, and annually thereafter.

All of these shots add up to a tremendous vaccine load over your pet's lifetime!

How did these recommendations for annual vaccines come about?

One of the veterinary pioneers, [Dr. W. Jean Dodds](#), president of the nonprofit animal version of the Red Cross called Hemopet, reported that the recommendations for annual vaccines were just that -- recommendations. They were not based on any scientific evidence.

The recommendations for annual vaccination were put forth jointly by the United States Department of Agriculture and the drug companies, more than twenty years ago. And veterinary medicine has continued to do it that way because, well, that's the way it's always been done. And it's a good deal for them financially. So far, protests to annual vaccines have been mild.

Now the USDA puts the annual vaccination recommendation right on the product label

Medical Risks Outweigh Benefits

In 1991, an unfortunate observation led many vets to begin rethinking the vaccine protocol.

A lab at the University of Pennsylvania noted a connection between a troubling increase in sarcomas (a type of cancerous tumor) and vaccinations in cats. Mandatory annual rabies vaccinations were leading to an inflammatory reaction under the skin, which later turned malignant.

At about the same time, researchers at University of California at Davis confirmed that feline leukemia vaccines were also leading to sarcomas, even more than the rabies vaccine.

Further investigations led to alarming statistics: [vaccine-induced sarcomas](#) were estimated to be one cat in 1,000, or up to 22,000 new cases of sarcoma per year.

It wasn't long before veterinary professionals began to suspect vaccination as a risk factor in other serious autoimmune diseases. Vaccines were causing the animals' immune system to turn against their own tissues, resulting in potentially fatal diseases such as autoimmune hemolytic anemia in dogs (AIHA).

Delayed vaccine reactions were also the cause of thyroid disease, allergies, arthritis, tumors and seizures in both cats and dogs.

These findings led to a 1995 article in the *Journal of the American Veterinary Medical Association* that concluded:

"There is little scientific documentation that backs up label claims for annual administration of most vaccines."

And then there's the issue of adjuvants. Thimerosal, mercury, and aluminum-based adjuvants are still being allowed in veterinary vaccines. So, your pet is being exposed to potential antigens that could abnormally stimulate his immune system, but last a lifetime and cause chronic disease. The less of this, the better.

For more on thimerosal, mercury, and aluminum, please visit [Dr. Mercola's site](#).

Is Non-Vaccination a Greater Danger?

Giving your dog or cat a vaccine when it is already immune does not give any additional immunity, and it creates an unnecessary risk to your animal.

Evidence suggests that, like humans, dogs and cats could be vaccinated with certain vaccines early in life and be protected for a lifetime. With the exception of rabies, the core [vaccines probably last at least seven years](#) and should not be given more often than every three years. In [one study](#), the antibody levels of more than 1,400 healthy dogs of all ages were measured for parvo and distemper. Nearly all the dogs were immune (95-98%), suggesting that annual revaccination may not be necessary.

Many of the non-core vaccines are bacterins, vaccines created to treat non-viral infections (Lyme disease and Chlamydia, for example) and may have a shorter duration; about one year. But not all animals are at risk of exposure, and the vaccines have proven to be significantly more reactive to the immune system, so assessing risk versus benefit is very important before considering these very reactive vaccines. .

Researchers say there has been no increase in disease rates among dogs who have gone to vaccines every three years. And there is ample evidence that the dangers of repeated vaccinations are real.

[A study published by Purdue in 2005](#) found correlations between vaccine reactions in dogs and variables such as age, size, and number of vaccines given. The study found:

- Smaller dogs are more prone to vaccine reactions than larger dogs

- Risk of reactions increased by 27 percent for each additional vaccine given per office visit in dogs under 22 pounds, and by 12 percent in dogs over 22 pounds

- Risk increased for dogs up to 2 years old, then declined with age

- Risk increased for pregnant dogs and dogs in heat

- More reactions were found in small dogs given Leptospirosis vaccine

As in humans, one of the reasons why dogs and cats need vaccine protection at all is that they aren't eating an ideal diet. The better your [pet's nutrition](#) is, the healthier his immune system will be, and better able to fend off pathogens.

My Vaccine Recommendations

Wellness visits are important for other reasons than vaccines, such as checking for heartworm and tumors and assessing general health status. I do recommend continuing these checkups every six months, *although I do not recommend annual vaccines.*

Rabies vaccines are required by law. There are approved 1-year and 3-year rabies vaccines. *They are the same product.* Please ask for the 3-year vaccine, if you opt to vaccinate your pet against rabies. I also recommend you consider finding a holistic vet that will provide you with the homeopathic rabies vaccine detox, called Lyssin.

Ask for a Vaccine Titer Test: this is a how you can determine if your pet has adequate immunological protection from previously administered vaccines (puppy or kitten shots). Antibody levels can be measured from a blood draw, in place of revaccination. The type of titer that best assesses immune system's response to vaccination called IFA, or indirect immunofluorescent antibody.

Please discuss with your vet the risks versus benefits of the diseases you are considering vaccinating for, before you automatically assume additional vaccines are necessary.

Indoor housecats should not be vaccinated annually, especially if they never go outside or have access to other cats (potentially exposing them to infectious disease). I believe overvaccination is one of the main reasons the general health of our feline patients is deteriorating.

Do not vaccinate your dog or cat if it has had a serious life-threatening vaccine reaction.

Do not patronize any boarding facility, groomer, training facility or veterinarian that requires you to vaccinate your pet more than necessary.

The decision by some vets to come forward with the truth about pet vaccines is a positive step toward changing our animal health care system. Veterinary vaccines are one more unfortunate example of the corporate greed that permeates the pharmaceutical industry.



Dr. Becker is the resident proactive and integrative wellness veterinarian of HealthyPets.Mercola.com. You can learn holistic ways of preventing illness in your pets by subscribing to [MercolaHealthyPets.com](#), an online resource for animal lovers. For more pet care tips, subscribe for FREE to Mercola Healthy Pet Newsletter.

Check It Out

I have appreciated hearing back from you about the books you have read and discovered on the pages of Healthier Solutions. The next few weeks will be busy for most of us, and it can be difficult to find time to enjoy a good book. I want to leave you with suggestions for some movies that you may not have seen. Most are available through Netflix and Blockbuster, and some are viewable on various online sites.

I hope that in the coming months you'll consider adding a few of them to your movie queue's. I wouldn't recommend them to you unless I was sure they were worth your time. They may or may not be appropriate for younger children. If your family consumes grocery store meat and produce, be prepared for some major changes in your dietary habits after watching the movies. If you have no idea what all the fuss concerning GMO's or mega agriculture is about, the films are sure to give you an eye-opening experience.

Please let me know what films you see and what you thought. Tell me how your family responded.

The Future of Food by Deborah Koons Garcia and Lily Films

I call GMO's the great "uns". Unpredictable, uncontainable, unrecallable, and mostly unknown in their consequences and long term effects. This film clarifies the process of genetic modification, and explains why biotechnology is so scary and controversial. It covers the political, agricultural, health, and financial aspects of the issue as well as the impact on our societies.

See it for free here: <http://www.thefutureoffood.com/onlinevideo.html>

Food Inc. by Robert Kenner

Everything related to this film says you will never look at food the same way again. If you see only one of the movies on this page, please make it this one! Caution: some of the scenes of industrial animal farms are disturbing. See a trailer and read about it at: <http://www.foodincmovie.com/>

Supersize Me by Morgan Spurlock

This movie has been making the rounds for six years now, but I am always surprised to learn how few people have seen it. When Morgan Spurlock set out to eat nothing but McDonald's food for an entire month, he had no idea where the experiment would lead. In view of the recent controversy surrounding the use of toys and characters to market fast food to children, I consider this a must see for every family, and the messages will be well received by all ages.

Blue Gold: World Water Wars by Sam Bozzo

Many people involved in environmental issues agree that water will dwarf energy as a world crisis. This film makes many excellent points, though there are things I wish had been addressed differently, or perhaps expanded on. Overall, however, I think the movie does a great job of making it clear to us that if we don't safeguard our water now, we may soon be facing scarcities of a substance without which we simply cannot survive. The recent episodes of drought we have experienced in recent years are minor compared to what is already happening in some places.

The Beautiful Truth by Steve Kroschel

I was reluctant to watch this film about the Gerson protocol, which is told through the travels of a teenage boy. I am familiar with Gerson therapy for treating cancer and doubted the movie would offer much new. It started off rather slowly for me, but several of the people interviewed gradually drew me in. The segments showing the difference in energy fields of various foods made the whole 90 minute film worth it to me. Food energy fields would have struck me as "too far out" a decade ago, but as I learn more and science is able to reveal more about energy, I find myself fascinated with all things related to energy based healing & food, and how it affects us in general. This isn't always an exciting film, but it unexpectedly held my attention to the end.

From My Kitchen: Soups and Veggies

Here are three recipes that may be different from anything you have ever tried. They are hearty and highly nutritious, and their ingredients are known to help warm you up.

Porcini Mushroom and Lentil Soup

2 cups French green lentils or brown lentils, picked, soaked 5-7 hours (or overnight) and drained
1 oz dried porcini mushrooms (about a cup)
2 cups warm water
2 TBS coconut or olive oil
1 med onion, chopped
1 stalk celery, finely chopped
4 tsp fresh sage leaves, finely chopped or a pinch of dried sage
6 cups low sodium chicken or vegetable broth
1 tsp balsamic vinegar

Garnish: dollop of plain yogurt, chopped chives, chopped parsley, chopped cilantro

Combine dried mushrooms and the 2 cups of warm water in a glass cup and let stand for 30 minutes. Strain out the mushrooms, but save the liquid. Then let the liquid sit for a few minutes and pour it out carefully, so that the fine sandy grit left at the bottom is not poured out. Chop the mushrooms up and set aside.

Heat oil in a large soup pot over med heat and sauté the onion and celery until soft—3-5 minutes. Stir in the lentils, mushrooms, and all the rest of the ingredients except the garnish. Bring to a boil, then reduce the heat to a simmer, cover, and let the soup simmer for 30-45 minutes until the lentils are tender. The smaller the lentil, the faster it will be ready. Use an immersion blender to puree a little of the soup, but leave most of it chunky. Taste for seasonings and add salt and pepper if needed. Garnish as you wish.

Gingered Sweet Potato Soup with Cilantro

Heat 1 TBS olive or coconut oil in a large soup pot

Add: 1-3 sliced green onions, or the white part of a single leek
1 medium carrot, chopped up
2 pounds sweet potatoes, peeled and cubed

Sauté until the onions/leek begin to soften

Add: 4 cups low sodium chicken or vegetable broth
1 inch piece of ginger, grated

Bring to a boil, then cover, reduce the heat to low and let simmer for about 45 minutes.

Use an immersion blender to puree. Add more grated ginger, chopped cilantro, and lemon or lime wedges

Indian Vegetable Medley with Coconut

1 medium eggplant, peeled, cubed and salted
3 medium zucchini, cubed and salted
1 red pepper, seeded and sliced
3 medium carrots, peeled and cut into sticks
2 cups raw spinach, chopped
1 medium sweet potato, peeled and cubed
1/4 cup coconut oil
2 cloves garlic, crushed
2 tsp mustard seeds
1 tsp cumin seeds
1/2 to 1 cup coconut cream, as desired
1 cup plain organic whole yogurt

Let salted eggplant and zucchini sit for about 1 hour. Rinse and drain in a colander, wrap in a kitchen towel and squeeze out the moisture.

Heat coconut oil in large pan and add garlic, mustard and cumin seeds; cover and cook for one minute.

Add vegetables and cook until vegetables are tender.

Add coconut cream and yogurt. Cook uncovered, stirring frequently, about 10 minutes until the sauce thickens.

Serve with brown rice for a nutritionally complete meal.

Note: Jars and small boxes of coconut cream are available locally. I always have it on hand as it keeps very well in the refrigerator and adds richness to many dishes.

The Very Last Word . . .

Because the vaccines I discuss in this issue are among the ones that parents must consider, I ask that you take an hour to visit this link,

<http://articles.mercola.com/sites/articles/archive/2009/11/14/Expert-Pediatrician-Exposes-Vaccine-Myths.aspx>

and watch the series of videos of an interview with Dr. Larry Palevsky, a board certified pediatrician, who trained at the New York School of Medicine.

In his words, " ... *I was taught that vaccines were completely safe and completely effective, and I had no reason to believe otherwise. ... But more and more, I kept seeing that my experience of the world, my experience in using and reading about vaccines, and hearing what parents were saying about vaccines were very different from what I was taught in medical school and my residency training.*

... and it became clearer to me as I read the research, listened to more and more parents, and found other practitioners who also shared the same concern, that vaccines had not been completely proven safe or even completely effective, based on the literature that we have today... It also came to my attention that there were ingredients in there that were not properly tested, that the comparison groups were not appropriately set up, and that conclusions made about vaccine safety and efficacy just did not fit the scientific standards that I was trained to uphold in my medical school training."

I recently read that the more educated a person is, the less likely he or she is to accept vaccination.

The percentage of people who are limiting or avoiding vaccination completely is now around 39% across the US (and is higher in Europe). What a revelation! More of us are questioning what we are being told, and in fact, are becoming more proactive at improving our basic health.

It is my fervent hope that before long, a reliable group of researchers (with no ulterior motives as to outcome) will compare the long term health of the most intensely treated populations (drugs, vaccines, procedures, etc), with populations that have primarily practiced holistic health care.

I am willing to bet that those of us who have preferred natural healing strategies will provide overwhelming evidence by simply living longer, more active, and more vibrant lives.



As I told you in the last *Healthier Solutions* newsletter, this is the last of the monthly and quarterly issues. Due to my time constraints as well as yours, I decided on a major change.

I began the *Healthier Solutions* newsletter three years ago so that I might inspire readers to learn about the many ways they could improve their health and their environment, and ultimately, become happier in the process. It is a journey, and as far as I can see, the more we know, the more we know we don't know!

I will continue sending subscribers regular updates and information, with the hope that the shorter format will make it easier for you to keep up with the health news I provide. I expect to send something out every 3-6 weeks. Instead of keeping to a rigid schedule, I will simply share information with you as it seems pertinent and becomes available.

Don't forget that all past issues can be found at my website, along with two indexes to help you locate articles and recipes.

Thank you again for your support. Don't hesitate to let me know what you want to know more about, and please keep your calls and letters coming, as I appreciate them more than I can say!

May you have a beautiful and blessed month,

Marie

Last month I sent out a special report *How to Avoid the Flu If You Prefer to Avoid Vaccination*. If you missed it and would like me to send it again, please let me know. Also, if you missed my seminars on *Boosting Immunity*, and would like me to speak to your group of at least 5 persons, please contact me.

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