Vaccines and the Immune System

by Hilary Butler

VACCINES and Breastmilk
Historical Medical research on how vaccines affect the immune system.

TO THE RECEIVER OF THIS ARTICLE

You have received this because you have expressed the view that there is a possibility that vaccines could be causing damage to our children's health. I would value your opinion about the scientific content of this article. I apologise in advance for any opinion written in such a way that causes offence. Chances are the majority of people reading this will not be people to whom such views are directed! But I am not about to call a spade an agricultural implement. It is what it is.

WHO AM I? My name is Hilary Butler. I am a mother of two unvaccinated 17 and 15 year old teenagers, neither of whom have ever had antibiotics. They have both had chickenpox, mumps, English measles twice (medically diagnosed), whooping cough, and rubella (the oldest had rubella twice as well!). Neither appear to have any immunodeficiencies. I had dysgammaglobulinemia diagnosed when my youngest was 5 yrs. There is no history of immunodeficiency in my family. The only family history is hayfever to grass pollen (my father) and hayfever to privet (my husband).

Both my husband and I had severe reactions to vaccines, but we did not know that our health problems were caused by vaccines until our youngest was five, and I had been researching the issues carefully. The "excuses" given to us about what happened after the vaccines sounded plausible at the time, but once the medical literature had been identified, and appropriate testing done, they were laughable. It brought home to me as an individual, just how little doctors know about vaccines, and what they can do to a person's immune system.

I have been researching vaccines for nearly 17 years. Why? Because we had our first child in hospital. I went there as a conformed conventional mother, only to experience gross medical mismanagement. At the time, all I knew was that instinctively, everything felt wrong. When I found out that my instincts were correct, I felt deeply betrayed. The medical staff had done unspeakable things to our child for no good reason (one example - 11 needle insertions for a lumbar puncture with no sedation of any sort which put him into shock), which gave him a very shaky start in life. While the paediatrician concerned was later removed from his position, this did nothing to help me deal with the trails of deception which he laid to try to conceal the

truth. Only the honesty of some nurses, and clerical staff allowed me to feel that there was any morality in a system which I still have grave reservations about to this day.

It was not surprising then, that when these same people wanted to vaccinate our 3 month baby, who was still distressed and unsettled, I asked some questions. Their answers were meaningless platitudes, so intead I went to the medical library to find the answers. Which were not the same as those I had been told. And somehow, I was not surprised.

Having a need to know, I continued researching, as more questions came up, and realise that "research" could, and probably would be "ad nauseum".

My personal position with regard to immunisation is that I believe parents should be able to make an informed choice. I believe that that is impossible, because most doctors have no idea what the full information is. They THINK they do, but they don't. They recommend what they are told to. The information given to parents is carefully crafted to ensure that parents are too scared not to vaccinate. What is presented is usually accurate, but not truthful, because the information lies by omission.

17 years in this domain has also taught me that people believe what they want to believe. This applies to journalists, scientists, doctors and parents. Most of us believe what we are trained to believe by the actions of our parents, and the dictates of the system. The majority belief rules, by force of numbers. It is only when something happens which turns you upside down, rips your "belief" values open, and forces you to admit that your beliefs were based on the shifting sands of convenience and ignorance. This was how I became involved. It was a painful process, and once it happens in one area, you find that your conditioning starts to be stripped away in many others.

To us as parents it was a horrendous shock to discover how conditioned and ignorant we were. It was very painful to look at everything, and have to re-evaluate our position. It became even worse when suddenly we found our re-thinking was threatening to our friends who had never even thought about the issues. We couldn't understand how they could be threatened until we realised that while we had chosen not to vaccinate, most of our friends had – and IN THEIR MINDS we were silently challenging their assumption they had made a sane rational decision. We were accusing them by our actions, of band-waggonning like some ignorant Pavlov's dog, and by implication, we were insinuating that they were "stupid".

We weren't, of course, but that is how they took it. And the usual reaction of people who feel threatened is to walk away, or bad-mouth, or even threaten you face to face.

In this light, how much harder is it for doctors and scientists to re-think the issues, since most depend for their very existence and reputation on the good opinion of their peers. But the reality is that every doctor takes an oath to first do no harm. Every doctor must therefore ask themselves exactly what this means to them.

Does this mean "First maintain your comfort zone." , or "First uphold beliefs." or "First, serve Government policy." or "First deny causal relationship", or "First protect your own."?

To me, it means that first you do no harm. And it also means that if information comes your way that shows that a procedure is causing harm, you are duty bound to your patient, and the honour of your profession to do something about it. No matter the personal cost.

But that is easy to say. I haven't walked the medical walk. And a mother's view is always to protect her child and family.

If you have received this, I would value your opinion, should you wish to contribute. I apologise for typing errors. For some reason, "spell-check" was something my hard-disk refused to accept, and all checking has to be done manually.

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INTRODUCTION.

Health Professionals are generally ignorant as to the effects of immunisations and breastfeeding on the immune system. The typical myth is that immunisations are natural, affect the body the same way as disease and give the same immunity. Often it is accompanied by a statement which infers that breast milk is not good enough to do the job. Here are three recent typical examples:

Letters to the Editor, Friday, June 25, 1999: A 10.

Hanafiah Blackmore misses the crucial issues to do with immunisation and is factually inaccurate.

Vaccination is not against all childhood diseases and in not intended to be. The purpose of vaccination is to prevent severe diseases that threaten the health of children. Vaccination would never be used against the huge range of mild childhood diseases. In New Zealand it is directed only at nine particularly severe diseases.

Immunisation conveys the same immunity to a specific disease as catching the disease does. It is the same immune mechanism and results in the same immune response. As soon as babies are born, they are introduced to at least 50 different antigens. Children are immunised in New Zealand, starting from six weeks of age, because of the concerns over the danger of babies catching whooping cough. They need immune protection as soon as possible from this disease. A child does not get any natural protection against whooping cough from the mother's immune system, regardless of whether the mother has had whooping cough.

Megan Bexley,
Practice Nurse,
Hobsonville.

Hanafiah Blackmore has an incorrect idea of what immunisation is and does.

A child's immune system is stimulated daily by antigens (any substance that the body regards as potentially dangerous and against which it develops antibodies) – that is, everything breathed in, such as dust and pollens as well as viruses and bacteria.

Vaccination does exactly the same thing as is happening naturally. The body produces antibodies in the same way. Vaccines that have had their virulence removed protect only against a specific disease, such as measles. The measles vaccine has considerably less risk of side-effects than the real disease, in which one in 1000 children can get encephalitis (infection of the brain) with resulting mental impairment or death.

A mother's immunity is passed on in breast milk in a passive way which gives only temporary immunity to some diseases and none at all to whooping cough. The baby needs vaccination to stimulate its own immunity to some serious diseases of childhood.

Helen Tomson,
ProCare Immunisation coordinator.

Letters to the Editor, Herald Monday June 28, 1999, A14

In response to Hanafiah Blackmore, the nine vaccine-preventable diseases of childhood are still with us and continue to cause distress, disability and death.

Vaccination is, without a doubt, one of the greatest public health triumphs of this century. It has saved millions of lives and prevented the crippling of countless others

A small but persistent group, probably in good faith, continue to propagate inaccurate myths about immunisation. There is no scientific evidence to support statements that diseases such as measles help the maturation of the immune system.

Natural immunity does provide higher levels of protective anti-bodies than vaccination, but the protection is the same. Relying on natural immunity, however, means risking the disease and severe complications.

Unfortunately, there is a disease, pertussis, that has no protection passed from mother to baby. It is highly contagious and causes significant morbidity with complications or even death for every unimmunised child. This is why vaccinations are started at six weeks of age.

Jane Cunningham,
Nurse coordinator,
Immunisation Advisory Centre.

VACCINES and Breastmilk

HOW THEY AFFECT THE IMMUNE SYSTEM.

"I would challenge any colleague, clinician or research scientist to claim that we have a basic understanding of the human newborn immune system. It is well established in studies in animal models that the newborn immune system is very distinct from the adolescent or adult. In fact, the immune system of newborns in animal models can easily be perturbed to ensure that it cannot respond properly later in life."

This testimony was given verbally to the United States Senate on May 12, 1999 by Dr Bonnie Dunbar, Professor of Immunobiology with specialise work in vaccine development and autoimmunity for over 25 years, the past 17 at Baylor College of Medicine in Houston. Dr Baylor was asking the Senate for a moritorium on the Hepatitis B vaccine, which she maintains is extremely dangerous, and which carries serious debilitating side-effects denied by the establishment.

In New Zealand, the medical establishment continues in the time honoured tradition of suiting themselves. As Rose Stevens said on a recent internet message, though the first statement of the Hippocratic Oath says "First do no harm", it might as well read "First deny causal relationship."

Recently several nurses in collusion with one another (obvious by the writing styles told Herald readers that vaccines are safe, save lives, use the same immune "mechanism" as disease, and gives the same immune response. Further, all three said that babies obtain no immune protection against whooping cough, either from the mother or from breastfeeding.

There were no medical references to substantiate their beliefs. On the basis that most medical practitioners are unaware of any medical literature dealing with these topics, that lack is not surprising.

More recently still, Penelope Carroll took up their call, and furthered their cause, without question in the Herald Monday July 19, 1999 A 11. She obviously has no idea just how wrong her provided "facts" were. But then, most reporters don't consider that the medical profession is either ignorant, or deliberately lying.

The only group which continues to propagate inacurate myths about immunisation are nurses and doctors who reveal their ignorance (to those who know the facts) in the columns of the Herald. The worst of it is that these nurses have no idea that they, and their supposedly more educated colleagues, through propagating their own brand of ignorance, may be contributing to the explosion of on-going chronic ill health amongst children and adults today.

Evidence currently before the United States Senate in May this year is showing that vaccinations, far from being the greatest public health triumph of this century has precipitated an epidemic of health problems such that some paediatricians called it a "national catastrophe." In particular, they are concerned about the Hepatitis B vaccine, and the MMR.

Before looking at why this could be, lets look at the medical definition for safety as defined in the"biologics regulations". Biologics include anything such as vaccines, monoclonal antibodies, anti-toxins etc:

"the relative freedom from harmful effect to the persons affected, directly or indirectly, by a product when prudently administered, taking into consideration the character of the product in relation to the condition of the recipient at the time." (21 CFR 600.3)

The best example of this "weighing of odds" in New Zealand was last year, when we were all told by the media, for several months that there was a child "seriously ill with diphtheria". This turned out to be untrue. On admission to hospital the doctor wrote "tonsillitis in well unimmunised child" in the hospital file, and sent him home on amoxicillin. His G.P. had queried diphtheria solely on the basis that he was unimmunised, his parents had just come back from Indonesia, and the tonsillitis was not resolving to the doctor's satisfaction. His symptoms were consistent with tonsilitis for Strep A, and he showed no clinical signs of diphtheria, like a membrane etc.

Ten days later, a "lost and found" laboratory test showed that as well as Strep A pyogenes, there was a mitis strain of diphtheria, so the child was returned to hospital for reassessment, where they could find absolutely nothing wrong with him. All signs of the tonsillitis had gone. He was not given the antibiotics for diphtheria, and because diphtheria anti-toxin is a very dangerous substance, and in healthy people can

cause death, anaphylaxis reactions, and auto-immune system problems such as arthritis which can become permanent, the two attending specialists considered it too dangerous to give to him. But had he had signs of diphtheria, anti-toxin would have been administered. It's safety was therefore considered in relation to the character of the antitoxin, and the condition of the recipient at the time.

With vaccines, the issue of safety has to be assessed in regard to the individual child. For instance, the risks of giving a live virus vaccine to a child with a suppressed immune system outweight any benefits such a vaccine might give.

It is important to be clear in your understanding of factors which affect an immune system, both as an adult, and as a baby. Where there is allergy in a family, that often shows up as an immune abnormality that is handed down. But sometimes, everyone in your family can have "normal" immune systems, but your baby might be born with an immune system which is wrong from the start.

Stress plays a huge role, (war and famine are followed by pestilence and plague) especially in today's world. As the Herald stated July 6, 1999 A11 "A tidal wave of information(e-mails and internet!) may be causing an epidemic of stress"… and can cause immune problems such as colds, headaches and aches and pains.

And this article may also cause you some "stress". Hopefully it will at least get you really thinking about just what we are doing, especially to babies, whose immune systems are not like adults.

For real – stress can cause the immune system to crash. For instance, medical students who happen to get Epstein Barr just before their exams show an abnormal immune response. "This virus is usually controlled by a Th1 response …Thus even a potentially Th1-inducing virus may fail to induce Th1 during a time of stress" (Lancet, 1997, Volume 349, pg 1832.

Babies can also suffer from stress – temperature variation, Feeding problems, family psychodynamics, and most lethal of all – bottlefeeding. I make no apologies to the politically correct who promote guilt-free bottlefeeding. The fact is anyone who knows the medical facts cannot avoid the logical conclusion that breastfeeding is the single most important thing already provided to a woman that she can do for her baby. And IF she can, she should. But it has become a political football. Almost as contentious as abortion – "a woman's right to chose".

Parents are constantly told vaccines save lives. The most recent example of this was in 1997 when we were told how many children would die from measles or be permanently injured from encephalitis. Similarly, the claim that the Hib vaccine has

"wiped out" Hib meningitis has led doctors to say that the Hib vaccine has "saved lives". Both of these statements are incorrect:

A recent study in Europe stated :

"Conclusions: The spectrum of encephalitis in children has changed due to vaccination programs. The incidence, however, appears to be about the same due to increasing frequency of other associated old and new microbes" (European Journal of Pediatrics, Vol 156, Number 7 July 1997, pgs 541-545.)

The same is true of meningitis in Finland, USA and New Zealand. The use of Hib vaccines has displaced haemophillus as a cause, but other organisms likely pneumococcus have risen in importance as causes.

In other words, in both examples, the numbers of cases eliminated have been replaced by an equal number of cases from other microbes not so prominent in the past.

A new, typical example of this "saves lives" phenomenon was seen in Canada where the Pharmaceutical Advertising Advisory Board, Toronto, Canada, recently ordered Merck-Frosst Canada to withdraw advertising that claims that its new chickenpox vaccine "saves lives". The Board said "There's no proof the claim made by Merck-Frosst Canada about the drug Varivax is true." (CBC News Canada news release, web-posted Friday, April 2, 1999.) Normally medical people get away with little lies like this.

We are told another little lie, which is that vaccines are "natural" and just do the same as the little bugs...

Historical Medical research on how vaccines affect the immune system.

It first occurred to doctors that repeated immunisation might not be so hot when it was notices in 1902 that horses intensively immunised to diphtheria toxin developed amyloidoses (Zbl. Allg. Path 1902, 13: 334,) Many more studies followed. Then in July 1965 the question of problems relating to repeated immunisations was raised:

"..the likelihood that the number of such agents will continue to grow indefinitely as new vaccines are developed, has raised the question as to whether repeated immunization produces adverse effects in man…it might be speculated that intensive immunization may interfere with the recipient's ability to repond to immunologic challenge."

The medical article then details that ten years before, in 1956 and 1957 with the very limited ridiculously archaic testing they had in those day, a series of laboratory tests were performed on skilled laborers and laboratory workers who had undergone intensive immunisation to the following: Botulism, tularemia, brucellosis, anthrax, diphtheria, Rocky Mountain spotted fever, Q fever, plague, typhus, psittacosis, Rift Valley fever, poliomyelitis, tetanus, smallpox, yellow fever, influenza, Eastern, Western, and Venezuelan equine encephalitis. (Bet you never knew they used such an arsenal at one time!) Ages varied from 28 – 65 years of age. There is a Table 3 in the article which lists a huge, worrying list of illnesses these people suffered, yet none of them were considered to be attributable to intensive immunisation.

The conclusions were that there was no indication that intensive immunization interfered with the ability to produce adequate antibody titres after antigenic challenge. And that was all that mattered. As to the test abnormalities – there was some discussions that they might be related to immunisation, but they were not similar to those in experimental animals, so were basically dismissed with the comment:

"At present, the most that can be said of the abnormalities observed… is that they seem to occur with an incidence greater than that expected in a normal population. The abnormalities described are not only persistent upon repeated study, but are increasing in incidence with continued immunization. Whether they represent the prodromata of anatomical changes to follow, or are simply interesting temporary laboratory changes of no prognostic significance will be answered only with continued observation.

"Approximately 25% of the men had an unexplained peripheral lymphocytosis. Nearly 40% has some abnormality of one or more tests of liver function not explained by history or physical examination. Twenty-three per cent had a peculiar abnormality of serum protein electrophorectic pattern, characterized by alterations in mobility of the alpha-2 and beta globulin fractions. It was noted that similar abnormalities had been described previously in patients intensively immunised with diphtheria toxin.

In other words, they didn't have a clue. (Annals of Internal medicine, July 1965, Volume 63, No 1 pgs 44-57)

In 1974 the US Army decided to look at the issue again, finding 77 of the original 1956 study., and 11 postmortem records were reviewed. The control group were 26 aged matched, long-term civilian male employees from Fort Detrick who had never received special immunization or been exposed to laboratory infections. All clinical histories were evaluated, and again it was decided that no clinical illnesses could be attributed to repeated immunization. Though time had returned to normal many of the

tests, the sedimentation rate was significantly raised in the immunized group. Values for partial thromboplastic time were prolonged for 19 immunized persons, but were within normal limites for all control subjects. Mean value for 24 hour urine protein excretion of immunised subjects was lower, and the mean value for creatinine clearance was higher than controls. The mean value for serum hexosamine in the immunised group was significantly higher than the controls, serum electrophoresis studies showed statistically significant differences in albumin, a2 globulin and B globulin. The immunised group had depressed serum iron and elevated serum copper. Again, the researchers could come to no conclusions, they felt that because they could not attribute any clinical signs to the abnormal laboratory results; they were reassured they could go ahead with repeated immunisation without problems. They did sound a caution about cancer, and that there was a possibility that repeated exposure to a single antigen might initiate immunologic abnormalities, but the general tone was much the same as the first study. (Annals of Internal Medicine, 1974, Volume 81, Number 5, pgs 594 – 600)

Following this, a paper called "Immunomodulating Agents and Hepatic Drug-Metabolizing Enzymes" by Jacques Descotes, Laboratory of Pharmacology, Faculty of Medicine,Lyons France published in "Immunotoxicology", 1987 stated:

" …. depression of hepatic drug mechanism has been seen after administration of bacterial vaccines to cancer patients, … several human pharmacokinetic studies have further shown that vaccination may deserve full consideration as a cause of inhibited hepatic drug metabolism; influenza vaccination impaired theophylline elimination with a 122% increase of its half-life, and to inhibit aminopyrine metabolism markedly… marked depression of theophylline elimination following BCG vaccination."

For the really morbid, you can find in the old medical literature, literally thousands of case-studies of single or multiple events of all sorts of problems following any vaccine. Some guess at an immunological cause, but none investigate what vaccines do, to cause the problem. The frequency of renal disease following vaccination from 1947 – 72 and beyond is quite startling, makes you wonder why no-one has asked lots of questions. (One answer could be that what a doctor doesn't see, isn't questioned.)

More recently the Mediterranean Journal of Surgery and Medicine 1996, May 9 looked at 30 children who had neither genetic nor metabolic anomalies, but who had suffered dymyelination following vaccination. The authors found and described in their article changes in inheritted HLA types – in other words, traceable biochemical markers of vaccine damage.

A three year study funded and conducted by the Chronic Illness Research Foundation in collaboration with the University of Michigan School of Medicine found abnormal RNA in the blood of 50% of sick Gulf war veterans, indicating that chromosomal damage had occurred. This genetic material was not found in any of the healthy controls. The authors interpreted finding to indicate that certain genotypes may be particularly at risk for susctaining chromosomal damage after exposure to toxic events. (Internet posting PR Newswire, Washington DC. May 1999)

When I read these two pieces of information I asked myself this question. How was it that at the age of 19 years, I had a serious reaction to a Measles/Rubella vaccination which led to auto-immune disease (association denied), which led to an immunodeficiency which was only picked up when our youngest child was 5? How it is that my immunodeficiency is supposed to be inherritted autosomal recessive. How is it that NO-ONE else in my family has any laboratory evidence of this condition?

(Must be the milk-man's daughter!)

In "Immunotoxicology" 1987, a warning was sounded about the cellular interactions required for antigen recognition, antigen processing and presentation:

"A serious consequence of dysregulation of these networks could be the development of autoimmunity which could follow from an involvement of cellular or humoral components or both…chemically induced immune defects can occur at any stage in life. However, there is evidence that the newborn and the senescent may be more susceptible to chemically induced immunological injury…the health implications of immune dysfunctions are increased risk of infectious diseases, development of neoplasia, autoimmune disorders and allergies…It needs to be recognized that many of the components of the immune system are, as yet, poorly defined and in consequence the study of their complicated interactions is greatly hampered…there is no agreement on the significance, or even existence, of minor forms of immune dysfunction. In medical practice little attention is paid to lesser degrees of ill health, and priority is naturally given to life threatening diseases and many distressing conditions with immunological involvement receive scant attention."

Not long after this was written, Hepatitis B vaccine was being administered to newborn babies in this country.

AS to HOW a vaccine affected the body, that was still considered irrelevant. It was assumed to be the same, because you "got" antibodies. Besides which, if you don't know how an immune system functions, how can you know how a vaccine affects it? All that was considered necessary was an "end-product" that was detectable on existing tests. Following the disaster in Africa using a new high potency measles

vaccine (Edmonston-Zagreb) where hundreds, if not thousands of children died as a result of immune suppression. The scientists admitted that they didn't have the foggiest as to how the measles virus effected the immune system, or how the vaccine worked in the body:

"Unfortunately, Griffin says, scientists know very little about how the measles virus interacts with the immune system." (Diane Griffin, John Hopkin's virilogist.) SCIENCE, VOL 258, 23 October 1992, pg 546)

They did know enough about what the vaccine did, to be concerned on the "maternal" front. Research had already shown that babies vaccinated at less than 12 months who did not respond to the vaccine, and who were re-vaccinated later, 51% showed no response to the vaccine. The recommendation was:

"In the face of an observed altered response in many infants less than one year of age, it would appear prudent to withhold vaccine in this age group until the consequences of such an approach are better defined." (Journal of Pediatrics, June 1979, Vol 94, No 6, pg 865) Later it was found that babies who subsequently got measles did not produce anti-measles IgM, which, according to the authors suggested that:

"They had been sensitized by vaccine so that their response to re-exposure was modified" furthermore, booster immunisation did not give protective levels of immunity in these children. (Journal of Pediatrics 1982, Vol 101, No 3, pg 393)

About the only thing researchers knew about the measles virus, was that after natural infection, some children's immune systems remained suppressed for some time, as shown by a transient non response to tuberculin tests, and lowered responses to mitogens and common antigens by lymphocytes taken from measles patients. So, they wanted to find out how the ordinary Swartz measles vaccine affected the immune system when given to young babies:

"The reports of higher mortality after immunizations of 4 – 6 month old girls with high-titred measles vaccines has increased the need to understand the generalised effects of immunisation on immune responses. Our studies have shown that decreases in mitogen-induced lymphoproliferation are common and that these abnormalities are present 3 months after measles immunization of infants. Immune suppression was most profound in infants with the highest antibody responses and was associated with increased numbers of circulating CD8 T cells and with increased plasma levels of soluble surface molecules and cellular products associated with immune activations…

"These alterations support the hypothesis that the immunologic alterations induced by immunization activiate type 2 cell responses, leading to improved antibody production, while suppressing type 1 T cell responses, leading to reduced lymphoproliferation." (JID 1996; Vol 173, pg 1324-1325)

In 1996, researchers reported that children vaccinated against measles had twice as much atopy than those who had had the measles naturally:

"Our findings are consistent with the hypothesis that measles infection may prevent the development of atopy" (Lancet, Vol 347, pgs 1792-96)

Why didn't the vaccine? Because the immunity is different. (see later)

The NEED to know this was because there had been a need to vaccinate children earlier in life than before 1969. Why? Because by 1983, researchers had found a progressive decline in the mean titer in cord sera from babies between 1969 and 1980 as vaccinated girls became mothers, resulting in babies receiving less antibody at birth and becoming susceptible to measles at an earlier age. (J Pediatrics 1983, Vol 102, pg 191. Yeagar A.S. et al).

But they did not know that the immune systems of young babies were very different from that of an 18 month old, or an adult. The medical profession assumed that a neonatal immune system was a constant factor which could be manipulated in the time honoured way, and that "age" had nothing to do with it.

The public, the media and medical people to this day, think this way – which is why the medical people can get away with such rubbish in newspapers.

When I tried to see if I could get some balance into the debate, I brought these issues up with a member of the Herald staff. (July 19th 1999.) Pardon the language, but this is what was said.

"Your only recourse is to write a letter to the editor, but to be frank, you are pushing shit up the hill with a stick. People want to hear that vaccines will protect their children. People do not want to hear that vaccines could do anything else. And most people don't give a damn about vaccines anyway. I can write a piece about immunisation and get no response, but when I write one about homosexuality or the church I get inundated. As for me, I am pro-vaccine, and for the greater good, and if the Health authorities asked me to roll up my sleeve and have all the childhood vaccines again I would. We pay them to do a job, and they do. And yes, we should have compulsory vaccination for children to get into schools. It's for the greater good."

The reality is that if we can't even get high up members of the Herald Editorial staff to look at the issue factually, they are never going to publish anything meaningful, because it suits neither their beliefs not their purposes. They are nothing but hand-maidens, and the medical lackeys they promote, know it.

In the meantime, parents need to know some facts, which they are not being told. Like, whether vaccines produce natural immunity or not.

By 1992, Pabst HF showed that vaccines could induce antibodies in the mother of a different isotype than that of the natural disease (Pediatr Res. 1992; 31: 173A) leading to speculation that this, and the lower titres, was the cause of babies not getting immunity from their mothers any more.(Arch Pediatr Adolesc Med Vol 148, July 1994, pg 698.)

It was only with the full realisation of the difference between the Th1 and Th2 immune system, that real difference in immunity were able to be characterised with more accuracy (I say more, because they say there is another cytokine class there as well, which they don't understand what its function is. Who knows what they will find when they factor that in!)

The breakthrough came with the realisation that allergic people, people with asthma and immune system problems had immune systems which were skewed towards the Th2 system. So how do you get an immune system skewed towards Th2? It's rather complicated…

"Modern vaccinations, fear of germs and absession with hygiene are depriving the immune system of the information input upon which it is dependent. This fails to maintain the correct cytokine balance and fine-tune T-cell regulation, and may lead to increased incidences of allergies and autoimmune diseases." (Immunology Today, 1998, Vol 19, No 3 pg 113)

Just how much do medical people know about cytokines. Prior to the above article, Medical knowledge could be summarised by"

"cytokine modulation of immunity generated by vaccines has only been addressed in a very simple manner so far, and few studies have been carried out where the response has been fully characterized…Redirection of the immune response following immunization appears to be a fundamental problem which has to be overcome with some present, as well as future vaccines. Studies in which this concept is being assessed are in their infancy" Pg 112, "Modern Vaccinology", By Edouard Kurstak, Pub. 1994.

To be precise, the only things they had looked at was the "end-product" i.e. antibodies, but there was a realisation that vaccines "redirected" the immune system. In other words, vaccines produce a different immunity to disease. Immunology Today gets more specific:

"Vaccination replaces recovery from infections with a rather different type of immunological stimulus. This can have unexpected effects. In the measles system, both vaccination and the infection itself have profound and long-lasting effects on the immune system, but these effects are not the same."

"For example, recovery from natural measles infection reduces the incidence of atopy, and of allergic reactions to house dust mite to half the incidence seen in vaccinated children, suggesting a systemic and non-specific switch to Th1 activity."

The interesting thing is that this new knowledge comes from another modern vaccine disaster - the Gulf War syndrome. So what relevance does this have to vaccinating babies? The author of this study says:

"indeed learning (immunological) is an absolute necessity, and these systems have evolved in the "anticipation" of appropriate inputs provided in an appropriate sequence after birth, and continuing throughout life"

The immune system has two "sides". One is Th1, which is the usual response to diseases caught naturally. A healthy immune system has a "bias" towards Th1. Th2 is the "other" side, and people who have allergies, asthma and disease with an auto-immune origin have what is known as a Th2-skewed immune system. (New England J. Med 1992, Vol 326, No 5, 298-304 was one of the first references, now there are hundreds).

When a mother is pregnant, her pregnancy is controlled by cytokines, and requires a predominance of Th2 cytokines in order not to reject the baby. (Acta Paediatra 1997; 86: 916-918) A "Th1 driven" immune system would treat the baby as a graft, thereby miscarrying. Drugs are used to suppress the immune systems of transplant recipients for the same reason.

When a baby is born, it's immune system is initially Th2-skewed, by virtue of the mother's immune system. The mother's immune system changes very quickly, and her breastmilk will help to change the baby's balance, and will also "buffer" and assist in the development of the baby's immune system.

The first years of life if the time when the "difference" between "vaccine" and "natural" immunity is so important, because most diseases promote a Th1

immunity. The portal of entry, and learning pathways teaches and matures the immune system, and helps in the prevention of both allergy-development and auto-immune disease. The "antigen" is processed, with the help of immunological factors in breastmilk and the baby's cued-in immune system through the mucous membranes and the various "layers" of the immune system, producing an end-point called antibodies.

Some recent research which is as yet unpublished (I wonder who would have the guts to publish it) is looking at hundreds of mothers who have abnormally high level of antibodies to measles following vaccination. Their children, who became autistic after the MMR vaccine, are also found to have abnormally high levels of antibodies to Measles. The unsolved puzzles to this question are: Is there an inheritted immuno-dysfunction here? Did the high level of antibodies from the mothers cause the babies to have a catastrophic reaction to the MMR vaccine? What cytokine model are we looking at in the children?

The answer is that we don't know, because no-one will research these issues. Not one vaccine company wants even the remote possibility of corporate suicide if the results show that vaccines do, as thought, damage the basic integrity of the immune system in some people.

The medical research that has so far been published, already makes it clear that vaccines can and do skew the immune system towards Th2 system, which is not what we want. Researchers looking at the cytokine balance of Gulf War Vets have found that their cytokine system is Th2 skewed. Right from the start, the soldiers blamed the vaccines they were given, but the medical people didn't want to know so research centred around that fact that it was "all in their minds" (some doctors still do think that), then looked at a mite-sized sand fly in the middle east called "Phlebotomus papatasi" which can cause leishmaniasis (the Honolulu Advertiser, December 11, 1994, Front page). The next excuse was that an unlicensed drug called pyridostigmine bromide which the US thought would protect against nerve agents that Iraq might use could have done it. But the nail in all those coffins came when it was found that military personnel who had never gone to the middle east and experienced either mites or pyrodostigmine were also showing identical problems. All those tested so far appear to have Th2-skewed immune systems, and the only common factor is the vaccines given to them all. In a medical article discussing this skewing affect it was written:

"Indeed, the same effect can occur sporadically in the general population as a result of vaccinations or other Th2-inducing environmental stimuli and infections, and may also account for the frequency of chronic fatigue syndrome."

"Unlike BCG, most of the vaccines that are administered to children are Th2 inducing; furthermore the only adjuvant licenced for use in adults is alum which is a Th2 adjuvant. Pertussis is given to children at the same time as other vaccines in order to exploit its adjuvant effect, but this is also Th2 inducing. The effects of these vaccines are mediated largely through neutralizing antibodies, so Th2 responses are adequate, but they do not provide a balanced stimulus for Th1 activity" (pg 114)

If an end-point is all they look for, it's all they see. And if they assume that is the be-all and end-all of immunity and refuse to look further, no paediatrician will ever understand the basis of vaccine reactions, allergy, or auto-immunity.

Contrary to widespread misinformation, mothers do give children some protection against whooping cough. It was found early on that there was a problem vaccinating babies whose mothers had natural immunity too early because:

"…high levels of transplacentally acquired pertussis antibody may also interfere with the ultimate primarly immune response of infants vaccinated early in life, by dint of IgG antibody feedback immunosuppression or complexing inactivation of pareteral antigens" (Journal of Pediatrics 1985, Volume 107, No 2 pgs 245-246)

A second study which worked on the basis that transplacental protection in young infants is "poor at best" found antibodies in infants comparable to that of their parents, and that unlike the old whole-cell vaccine, the newer acellular vaccines could over-ride maternal antibodies. (J Infect Dis 1990; 161:487-492)

This result was confirmed the same year by Japanese researchers at Department of Pediatrics at the St Marianna University School of Medicine in Kanagawa Japan who found that

"antibodies pass easily through the placenta according to the antibody levels of the mother. Passive immunity transmission is, therefore, thought to be possible in pertussis infection." (Abstract 48, Sixth Int, Symp. Pertussis, published DHHS, USPHA.FDA 1990 .

The same was found in 57 pregnant women who were vaccinated. All passed antibody through the placenta. (Infectious Diseases in Children, August 1996, pg 28)

The other widespread belief that mother's breastmilk cannot protect against pertusis is also a myth. Ten years ago, researchers at Howard University College of Medicine in Washington DC found that breastmilk samples contained:

"the results show that breast milk samples contained significant titres of specific IgG and IgA to four organisms (Bordetella pertussis, Haemophilus influenzae type B, Streptococcus pneumoniae and Neisseria meningitidis), although the mean IgG antibody levels were higher in maternal sera than in breast-milk. On the other hand, the mean IgA antibody levels to the four organisms were higher in breast-milk than in both maternal and infant sera… the significant concentrations of Specific IfG and IgA antibodies in milk samples may indicate a protective role for breast-milk against the four infections in early childhood."
(Ann Trop Paediatri 1989;4:226-232)

Having said that, an Italian hospital study looking at 90 self-selected children (1 – 12 months) hospitalised for pertussis because their mother's had no immunity concluded :

"No protection seems to be conferred by human milk against pertussis-like illness" (Acta Paediatr 1994; 83: 714-18) which is actually a ridiculous conclusion. It would have been more correct to say that "These babies got pertussis because their mothers had no immunity in their breastmilk"

The authors admit that their diagnosis methods of "pertussis" (hence the term "pertussis-like") would not satisfy readers. They also did not test the milk to see if it had antibodies to start with. They stated that another 1985 study showed that antibodies in milk did protect. The study was in effect pointless, since if a child is admitted to hospital with pertussis, they were not protected from pertussis.

It would have been more point to study the antibodies in their mothers, and also other mothers in their communitues whose babies did not manage to get pertussis, and compare the two groups of mothers.

Back to babies, and the immune system response to pertussis. According to Immunology Today, March 1998,:

"The second essential role of the information input that the immune system anticipates in the early months and years of life is in the fine-tuning of expression of the T-cell repertoire"

The way the immune system of a child handles the disease whooping cough, is not how the same immune system processes the vaccine:

"Peripheral blood T Cells from children with whooping cough secrete interferon y but not interleukin 5 on antigen stimulation, implying that immunity generated by natural infection is mediated by Th1 – like cells. We also know that T cells from children

immunized with acellular vaccine secrete high levels of interleukin 5 and relatively low levels of interleukin 2 and interferon Y implying a mixed Th1/Th2 cytokine profile." (Arch Pediatr Adoesc Med, 1998, Volume 152 pg 737)

"Ig A antibodies are formed after infection, but not immunization." (J Infect. 1984:8;149-156 and J Med Microbiol 1983;16:417-426)

There are other immune system "problems" with the pertussis vaccine:

In the original Pertussis vaccine project, Rates, Nature and Etiology of Adverse Reactions associated with DTP vaccine by Larry J. Baraff MD, the original brief prepared for the Bureau of Biologics (FDA) dated March 18, 1990, on page 16 when discussing the occurrence of SIDS stated:

"Possibly, these episodes are in part due to hypoglycemia which may be associated with hepatic dysfunction and cerebral edema post-immunisation."

Why would these things be mentioned? Because they have been mentioned many times in the literature, the first time in 1955:

"Administration of Diphtheria-Petussis-Tetanus Toxoid (DPT) can cause temporary liver dysfunctions in infants similar to those resulting from viral hepatitis, and inoculation of killed Bordetella pertussis organisms makes some strains of mice 200 times more sensitive to histamine and three to five times as sensitive to endotoxins for approximately 14 days" (Am J. Dis Child 1955; 89:701-716 – quoted in SIDS 1974, proceedings of the Francis E. Camps International Symposium on Sudden and Unexpected Deaths in Infancy")

Most recently in 1990, scientists resported that:

"DTP vaccine increased hexobarbital-induced sleep time in mice injected with a single human dose of the vaccine. Measurement of barbiturate-induced sleep time (the time from injection to return of the redressment or righting reflext) is a sensitive indicator of specific cytochrome P-450 ensyme function (in the liver). Sleep time increased signigicantly 12 h after DTP vaccine administration and reached a maximum increase of 2.2 – 2.4-fold above controls 7 – 10 days after a dingle injection. The effect declined rapidly to levels not significantly different from the controls by day 14."

"DTP vaccine caused dose- and time-dependent alterations in hexobarbital-induced sleep time and drug-metabolizing enzyme activities. Microsomal cytochrome P-450 and other microsomal and cytosolic enzyme activities were altered in a time-

dependent manner in mic injected with DTP vaccine. Spectrally assayed cytochrome P-450 was decreased by 50% for 7 days, and …(more liver signs) The increased hexobarbital-induced sleep times were not limited to DTP vaccine; other vaccines with Bordetella pertussis components caused alterations in drug metablism…endotoxin content for the products containing Bordetella pertussis components correlated well with the increased sleep time(but) it is apparently not the only cause of inhibition." (No 19, Centre for Biological Evaluation and Research, Bethesday, Maryland abstract – published 1990, sixth Internation alsymposium on Pertussis)

Why the long quote? This is very important, because the article in Immunology today mentions:

"A decrease in the frequency of breast-feeding has altered the nature of human bowel flora, as have other changes in other factors: consumption of processed foods; substitution of artificial sweeteners for sugar; and intermittent exposure to antibiotics. These factors, together with the largely Th2-inducing vaccination schedules, have modified the pattern of Hsps and adjuvants that the system encounters."

The key to normal healthy bowel flora is breast-feeding, but most parents are not told exactly what breastfeeding does, or how this little immune system all of its own is so vital. It is breastfeeding alone which gives the baby the lift up from birth, and helps to protect the baby, and teach the immune system how to work. It is breastfeeding which modifies the baby's environment in such a way as the body learns how to process and handle things.

The intestinal flora of bottle fed baby (include here partially breastfeed, since their gut resembles the gut of a bottle-fed baby) is quite different to a breastfed baby, and has the potential to be a silent timb-bomb:

DIFFERENCES IN BACTERIAL FLORA, PH AND PHYSICAL CHARACTERISTICS OF INTESTINAL CONTENTS OF INFANTS FED HUMAN OR COW'S MILK (this applies to formula too).

	Human Milk	Cow's milk
E. Coli	10 6 – 10 7/Gm	10 9 – 10 10/Gm
Ph, Feces	4.5 – 5.6	7.0 – 8.0
Curds	Soft and fine	Hard and coarse

Bowel movements Frequent Infrequent.

One bottle of formula is enough to change a baby's gut dramatically, and it takes two weeks of breastfeeding to return the gut back to normal. (Personal communication, Dr Robert Reisinger)

Many many people have known that babies who died of SIDS have a high prevalence of E Coli in the flora of the gut. Some suggest that the E coli "have acquired a plasmid which confers toxigenicity" (Med J Aust, 1989, Vol 151, pg 538) But E. Coli is intrinsically toxic. The outer coating (lipopolysaccharide) is the toxic component.

In 1974, Dr Robert Reisinger presented a paper at an International SIDS conference. He quoted many authors who found SIDS predominantly among bottle-fed babies. Included in the authors quoted (but not referenced) was Shirley Tonkin from New Zealand:

"Tonkin reported that in her series of 86 SIDS cases, only two were breast-fed. Since twenty-five percent of her control population were breast fed, she should have had 21 cases of SIDS in breast-fed infants if the risk were the same in both breast-fed and bottle-fed."

Having quoted research from 1955 about DPT causing temporary liver dysfunction (and not knowing about recent work supporting this clinical observation) Dr Reisinger went on to describe the final mechanism of death in infants who have "temporary liver dysfunction" for any reason, and E. Coli in the gut:

"Absorption into the bloodstream over hours of time of small amounts of bacterial endotoxin not detoxified by a temporarily dysfunctional reticulo-endothelial system results in removal of blood platelets and fibrinogen from the circulating blood. The result is release of relatively large amounts of serotonin from platelets into the blood plasma (in some experiments the increase of plasma serotonin is almost 100-fold) Serotonin initiates in some cases the coronary chemoreflex (Becold-Jarisch reflex) in which there is inhibition of sympathetic outflow and increased activity of the cardiac (efferent) vagus, leading to profound bradycardia, hypotentions and cardiovascular collapse. The complex pathogenesis of endotoxemia depending on time and dosages, also involves release of norepinephrine, epinephrine, corticosteroids etc. However, if death occurs early in the course of this syndrome, it is due primarily to serotonin effect. Serotonin is associated with deep sleep and in certain circumstances strongly inhibits respiratory movements… Endotoxin also has a more direct effect on cellular respiration, since it interferes with oxidative metabolism of mitochondria in vitro as well as in vivo... Between three and six hours, vascular capillary permeability has become more substantial, and varying amounts of edema

and hemorrhage by diapedesis are apparent. After six to eight hours or more, fibrin-platelet clots have formed, and disseminated intravascular coagulation (DIC) is present in lungs, kidneys, and other organs and tissues."

In a recent study in Pediatrics Vol 101, No 3 March 1998 on 89 premature infants who received a whole-cell DPT vaccine, all responded with elevations of interleukin-6 and C-reactive protein (CRP) concentrations characteristic of bacterial disease. Abnormal cardiorespiratory signs occurred frequently after immunizations, but were unrelated to the magnitude of IL-6 and CRP elevations. The authors assumed that the pertussis component was the sole cause of the premature babies' immune responses.

"In part 1, 3 infants were extremely irritable, and 24 infants (30%) had abnormal cardiorespiratory signs that increased in frequency or appeared for the first time. These signs included apnea, bradycardia, and oxygen desaturation that required vigorous stimulation, initiation, or increase in oxygen supplementation"

"Although there were no cardiorespiratory signs in 10 infants after they received the acellular form of pertussis vaccine in part 2, there were moderately severe signs of cardiorespiratory disturbance in 3 infants after immunisations with Hib, HBV, and IPV together"

They quoted 2 other studies which reported Abnormal CRP response to immunization as an incidental finding (Arch Dis Child 1994;71:F149) and cardiorespiratory signs after DPT (Pediatr Res. 1996;39:293A. Abstract)

Another comment was:

"The lag time for CRP response in rabbits after injection with E coli lipopolysaccharide was 4 to 12 hours. As defined by the schedule of blood collections, we observed a lag period of 12 to 29 hours. CRP increased in all but one infant; however, 69% were asymptomatic."

There was no "bacteria" infection found. Nowhere else was there mention of E-Coli lipopolysaccharide endotoxemia. LET ME BE VERY BRAVE, and say – they failed to put two and two together, because they did not know the facts about what DPT vaccine does to the immune system, or the role that formula feeding can have in problmes with E coli lipopolysaccharide endotoxemia. I will give a conclusion where they have given none:

The researchers of this study were observing exactly what Dr Reisinger described in 1974. These babies had temporary dysfunction of the reticuloendethelial system,

showed all the immune system signs of endotoxin absorption, and had there not been stimulation and oxygen saturation, they would probably have died from endotoxic shock according to the pathways set down by Dr Robert Reisinger..

What disturbs me most is that with everything that is known, and has been written about endotoxic shock, these researchers had no idea what they were looking at. Without the researchers seeing it, this study proved the mechanism by which DPT vaccine can, and does cause SIDS in babies.

They assume that what they saw is caused ONLY by finite amounts of endotoxin in the vaccine.

This is because they have totally missed the actual mechanism, and the fact that further endotoxin is supplied from the gut of babies under stress, and especially bottle-fed babies. The P450 enzyme pathway is the only way a baby has to deal with endotoxin from the gut, or in the blood. The P450 system is one of several shut down temporarily by the DPT vaccine. That some babies were asymptomatic in spite of elevated CRP reflects a lower concentration of E. Coli in their gut therefore slower endotoxin absorption into the bloodstream. It does not just reflect the endotoxin component in the vaccine.

That there was nothing in the references of this article detailing previous work on this, suggests that the researchers are oblivious to the biochemistry of endotoxin and previously described mechanism of respiratory failure relating to endotoxic shock, and animal research proving the mechanism.

Having read the above, do you still feel that vaccines create the same immunity as disease?

For those who believe vaccines are just "bugs" or toxins, the following would be educational. We put vaccines into our children with the following:

"A combined DT vaccine contains a large number of antigens, i.e. the two toxoids and the remaining impurities, and in such a vaccine, aluminium may no longer be a major cause of side-effects" (Acta Paediatr 1994, Volume 83, p 162)

"Many antigens in current vaccines are irrelevant and may actually be harmful." (New Ethicals April 1990, Vol 27, No 4, pg 45.)

These are injected into new-born babies, through a needles, by-passing all normal portals of entry. They have the potential to skew the immune system to a Th2. They do not in any way, shape or form resemble to bacteria or virus which cause a specific

disease, because they are changed, attenuated, and presented as multi-antigens, directly into the body along with heavy metal derivatives and antibodies.. And the question has to be asked about oral vaccines too.

Take the new Rotavirus vaccine, which has just been withdrawn from the market on suspicion that it causes bowel obstruction in babies. No doubt we will be told "It's just against a nasty wee diarrhoea bug, and we''l just give these wee drips the natural way, in the mouth." (No-one will be told that breastfed babies don't get it.)

Is it just a wee diarrhoea bug? No. This description taken from the package insert of WyethAyerst Oral Rotavirus vaccine called Rotashield describes the contents as being rotaviruses are grown in aborted monkey fetal tissue, (which has been "immortalised", and self replicate ad nauseum, the same as human aborted fetal cultures do). Added to this is blood taken from calves still inside their mothers in the meat works (Fetal bovine serum), neomycin sulfate and amphotericin B, which are "removed" but still in the final product at a concentration of less that 1 ug per dose. Added to the final vaccine product is sucrose, monosodium glutamate, potassium monophosphate and potassium diphosphate to stabilise the rotavirus. This is then mixed with an irradiated sterile citrate-bicarbonate diluent containing 9.6 mg/mL of citric acid and 25.6 mg/mL of sodium bicarbonate. This purpose of this diluent is to neutralise stomach acidity in the baby to prevent the acid in the baby's gut from destroying the rotaviruses.

In other words, far from functioning "naturally" the purpose of this vaccine is to deliberately disrupt the normal immune system central to the gut's patrolling function. The significance of this will become clearly obvious later.

But it is sufficient to say that injectable vaccines by-pass the guard of the baby's immune system – breastfeeding, and oral vaccines seek to disturb the normal process, and add in compounds which are not normally associated with the "little wee bug" in the first place.

Vaccines are in every sense of the world unnatural, and cause the baby to produce immunity which is back to front. Yes, there might be antibodies (no guarantee) , but the body does not deal with vaccines in the normal correct order. Not only are they not simple little jabs, they are a cocktail of defined and undefined impurities, each component of which require a separate immune response.

A more recent study has confirmed the link between adverse effects of multiple vaccines and Gulf War syndrome in military personel(Lancet, Volume 353, January 16, 1999 pgs 169-78) with further study on the Th1/Th2 dysfunction.

As Immunology Today explained, all other childhood vaccines, except BCG, create a Th2 immune system profile, which is assisted by the adjuvants such as thiomersal and aluminium which are designed to kick a babies immune system hard to get a response (Immunology today, 1998).

The only neonatal immune system primed today in the correct way is a fully-breast-fed unvaccinated baby.

The immune system of a breast-fed baby functions differently to that of a bottle-fed baby. One of the foremost researchers into breast-feeding, and its effects on the immune system is Dr Catherina Svanborg at Lund University in Sweden. A recent article in DISCOVER described her work as follows:

"she and her group had studied the nature and function of epithelial cells, the gut-lining cells that come into contact with breast milk in nursing infants. And they experimented with mothers' milk many times. They had shown that it does a terrific job of blocking infection by pneumococcus bacteria, the cause of pneumonia, and that breast-fed children suffer significantly fewer ear and upper respiratory tract infections than babies who don't nurse. They traced down studies showing that breast milk also protects against cancer (the relative risk of childhood lymphoma is nine times higher in bottle-fed infants), and the risk for carcinoma is also elevated."

"In August 1995 they announced that breast milk kills cancer cells and pinpointed the killer, which turned out to be one of the most abundant proteins in the milk. It's called alpha-lactalbumin (alpha lac for short), and it helps produce lactose, the sugar found in milk."

The key to the explanation of how breastmilk kills cancer lies in the breakneck reproduction of the cells lining an infant's gut which can proliferate out of control, or never fully mature or stabilize, lurking in the system like time bombs, ever ready to burst forth into tumours. According to Dr Svanborg, alpha-lac;

"targets not only cancer cells but all kinds of immature, rapidly growing cells, and leaves mature stable cells alone."

It is a multi-function protein, which:

"furnishes a wide array of molecules that restrict microbes, such as antibodies, bactericidins, and inhibitors of bacterial adherence. Miltimeric alpha-lactalbumin killed all transformed, embryonic and lymphoid cells, but spared mature epithelial elements….milk contributes to mucosal immunity not only by furnishing antimicrobial molecules, but also by policing the function of lymphocytes and

epithelium … multimeric alpha-lactalbumin induces apoptosis in transformed epithelial cells which could lead to the design of antitumor agents. (Proc Nat Acad Sci USA 1995, 92(17):8064-8)

DISCOVER mentions another key to the equation, a "mysterious" factor in breast-milk which along with the acid level of the milk solution, causes a shape-shift, and transforms alpha-lac into HAMLET (Human Alpha-lactalbumin Made Lethal to Tumor cells) which will be the subject of a future medical article from Lund University. The team is now exploring how to turn HAMLET into a usable treatment for cancer and bacterial infections.

Along with all that, they confirmed that not only was breastmilk related to possible enhancement of cognitive development, it also protected the baby from diarrhoa, lower respiratory infections, otitis media, bacteremia, bacterial meningitis, urinary tract infection, necrotizing enterocolitis, sudden infant death syndrome, insulin-dependent diabetes mellitus, Crohn's disease, ulcerative colitis, and allergic diseases. More importantly, breast-feeding may induce an infant's immune system to mature more quickly that that of a formula-fed child, and the intestines develop faster in newborns that nurse on mothers' milk. The article further states that the only babies who should not be breastfed are babies who inherit a condition called galactosemia, and whose mothers have TB or HIV. (DISCOVER June 1999, pages 70 –75). The most important statement to understand is this:

"Because the lining of the gut, a prime meeting point between the inside of the body and the hazards of the outside world, is a headquarters of the immune system, the vigilance may help the child's immune defenses develop." Pgs 72-73.

Another study by the team showed that with respiratory tract infections, Heamophilus influenzae and Streptococcus pneumoniae, attachment and persistence is counterbalanced by antiadhesive as well as bactericidal molecules in secretions such as human milk. "These examples illustrate the balance between host defenses and microbial virulence as it has co-evolved to maintain the health of the respiratory mucosa" (Am J Resp& Critical Care Medicine 1996; 154 (4 pt 2): S187-91)

"Protection against Haemophilus influenzae type B (Hib) infection is enhanced by breastfeeding up to 10 years after lactation. For each week of breastfeeding, the protection improved." (J Epidemiol 1997;26: 443-50 quoted in Annals of Allergy, Asthma & Immunol 1998, Dec. Volume 81 on page 530. See also ref 54)

If, amongst all of that, some nurse is going to tell you that whooping cough goes rampant when all else is countered, then I find that quite extraordinary.

One comment often thrown at mothers is that "as soon as a baby is born, they are introduced to at least 50 different antigens" Herald, Friday, June 25, 1999 (Megan Bexley, Practice nurse, Hobsonville.) that may be so, but what Megan Bexley does not appreciate is the difference between 50 different antigens processed and moderated initially by the mother's breastmilk – then the baby's immune system, and something a nurse or doctor injects into a baby by-passing the mother's protective screen. There is a huge difference.

Megan Bexley, practice nurse from Hobsonville, also equates natural immunity with antibodies. The two are not synonymous. For instance, babies less than 6 months old very rarely develop antibodies to measles even if they have no maternal antibodies. Why? Because it has only been discovered in the last 18 months, that babies from 1 – 12 months have totally different immune systems to children or adults. The fact is that the peripheral blood lymphocytes of babies are unusually susceptible to suppression by measles virus infection, (Nature Medicine, Volume 2, No 11, November 1996 pg 1253) and rely on the mother's immune systems to prevent inappropriate exposure to measles at an inappropriately early age. In other words, the mechanism is "age-specific".

Before we go on, to leave you in no doubt that just one person says this:

"We conclude that breastfeeding is prophylactic against atopic disease – including atopic eczema, food allergy, and respiratory allergy – throughout childhood and adolescence" (Lancet 1995;346: 1065-69)

"Human milk is rich in protective proteins which play a part in the prevention of microbial infection in suckling infants. These include IgA, lactoferrin, lysozyme, antiproteases, complement, and many other factors." (Arch Dis child 1998;87:235-239)

"Children who are not breast fed tend to have weaker immune systems and are at greater risk from infectious diseases" (BMJ, 1999, Volume 318, pg 688)

"Breastfeeding may, in addition to the well-known passive protection against infections during lactation, have a unique capaciety to stimulate the immune system of the offspring possible with several long-term positive effects" (Ann Allergy Asthma Immunol 1998; 81: 523-537

Breastfed babies have a better inteferon~ y production (marker of Th1 response) than bottle-fed babies (Annals of Allergy, Asthma and Immunology, 1998, Volume 81, pg 527) Anti-idiotypic antibodies as well as T and B lymphocytes are transferred via the milk and seem to actively stimulate the immune system of the offspring – numerous

anti-inflammatory factors, cytokines and growth factors in the milk might also direct the immune system of the infants with lasting effects. (pg 529)

Several studies have confirmed that formula-fed infants have smaller thymus glands (orchestra conductor of cytokine production) than breastfed babies. One said:

"The cause of this difference is unknown but human milk contains many immune modulating factors that might cause this effect." (Acta Paediatr 199685: 1029-32.)

Lets be quite blunt here. Breastfeeding not only provides immunity within the milk to many things, it develops, primes and matures the immune system. Bottle-feeding does not.

Medical people have long known that breeastfed children rarely get Rotavirus infections, haemophilus influenzae, E Coli, cholera, giarrdia, salmonella and a whole host of other infections written up in reams of medical articles.

Normally, children under the age of two who do get haemophilus do not make detectable antibodies. The first Hib vaccine (Prohibit) which presented the outside coating of the bacteria did not work under 18 months, because the maturity of the immune system was such that it did not recognise it, so the vaccine manufacturers attached it to the outside of a diphtheria bacteria and used a potent adjuvant to force the immune system to recognise it. And it does – with the Th2 system. This they consider a triumph of modern medicine.

There is no doubt that the immune system is, as Immunology today asserts, a "learned" process. For breastfed babies, most of the antigens are processed and screened first by immunological factors in breastmilk, then through the mucus membranes and all the gates and blocks of the babies recognition system. Bottlefed babies have to make do the best they can.

Breast-milk, providing the mother has a good diet, provides the right balance of vitamins and minerals for the baby. Does formula? Vitamins can have a huge impact on the Th1-Th2 response of the immune system. While the research on this is in its infancy, and I have no doubt there will be inconsistent findings as there always is to begin with, some interesting findings are already emerging showing that vitamins have a direct effect on development of the Th1 or Th2 immune system. (Pediatric Infectious Disease Journal, Vol 18, No 3, March 1999 pages 283-290)

It is known, for instance that Vitamin C seems to suppress the Th2 system, and promote the Th1 system (pg 286, ref above), which is why asthmatics on Vitamin C have fewer and less severe attacks than those who don't take Vitamin C. ((Trop

Geogr Med 1980;32:132-7). It has also been shown that the mean vitamin C levels in patients with asthma is significantly lower than in healthy control subjects (Afr J Med Sci. 1985;14:115-120) and that Vitamin C can have a protective effect and block Exercise-Induced Asthma (Arch Pediatr Adolesc Med Vol 151, April 1997, pg 367).

If a baby is not getting the mother's immune system, nor the right nutritional balance, as well as being vaccinated from birth, it seems to me that there is a good possibility that the immune system will react in the only way it can. A learned response via a needle. The result will be a Th2 skewed immune system. What I have found very interesting is that if you look at the histories of the babies who go on to have bad vaccine reactions, and even those who subsequently get autism, there are markers all along the way that the early vaccines have driven the pattern to Th2. The development of wheeze, eczema, allergies, milk intolerance, wheat intolerance, chronic ear infections, glue ear, chronically runny noses…. most of these babies have had months and months of anti-biotics to the point where their parents are experts on the side-effects of them.

THEN they have an MMR, or something, and it's the last straw – the whole system goes into a spin, and the result is…..

But in the meantime we live in a medical world which delights in saying things like the following:'

"Since there are virtually no contraindications to measles vaccination, measles vaccine should be administered regardless of the patient's health status. Measles vaccination is particularly important for malnourished children and for those with chronic illnesses, as they are at increased risk of complications due to measles. An exception to this recommendation are children, who, on admission, are so ill that they are at serious risk of dying. Although administration of measles vaccine is not dangerous in such cases, parents may incorrectly attribute a death to the vaccination." (Bulletin of the World Health Organisation, 1997: 75 (4) pgs 367 – 375)

Don't forget, these are the people who "have your children's concern uppermost in their hearts". And have probably never had a measles jab themselves.

The concern at the moment in USA is the use of Hepatitis B vaccine, and MMR. I ask the American readers of this article to seriously consider the implications to the Th1/Th2 immune system of a newborn baby of giving this vaccine at birth. When we did it at birth here, we had problems to the point where it was abandonned, except in the case of carrier mothers.

Hepatitis B was then given in New Zealand at 6 weeks with DPTH (Tetramune) and polio. I don't believe this is that much better, but it's better than nothing.

So why this long discussion?

Because the really frightening thing is that immunologists are starting to realise that their ability to play God with our babies immune system is stuffing up the system, and skewing it to Th2.

But they are not telling parents.

What the vaccine manufacturers want to do is to develop a VACCINE or a special Th1 adjuvant which would be given right at the start, before any of the others, which would skew the immune system towards Th1 instead of Th2, thus avoiding allergy. But as one article said:

"the potential pitfalls of such an approach are excessive amplification of Th1 immunity leading to allergen specific delayed type hypersensitivity and stimulation of covert Th1 mediated diseases processes including autoimmunity." (Thorax 1997;52:1-4)

The fact is that the immune system is so much more complex than anyone understands. Every day they are finding out new things they never even conceived of. As I said earlier, there is another part of the cytokine system, presently called "autoimmune" T cells. But "neither the cytokine profile of these cells, nor the way in which they inhibit disease, is yet known" (Immunology Today, March 1998, pg 116).

The author goes on to say:

"In conclusion, it may be prudent to start ensuring that vaccines do not merely protect from infections, but actually replace them as immunological stimuli. Furthermore, new forms of immunotherapy are required that are no designed to protect against any specific disease, but rather to maintain the correct cytokine balance, and the correct constraints on the activity of autoreactive T cells. Meanwhile, we should be aware of the possible existence of two 'input deprivation syndromes' which could be called the 'cytokine imbalance syndrome' and the 'uneducated t-cell regulation syndrome'.

The real problem as I see it, is how are the scientists going to work out just what is normal for babies, if parents like myself who long-term breastfeed our babies, who

don’t immunise our children, are forced to vaccinate our children, or turned into criminal paraiahs of society?

It is our breastfed unvaccinated children who should be valued as the only scientifically valid “control” in any study on vaccines and their effects on the immune system.

But the way the New Zealand system is going at the moment, having ratified the United National charter of children’s rights a few months ago, (which gives the Health Department the right to forcibly administer vaccines to child against my wishes), and having made “the belief that vaccines have unacceptable risks” a form of child abuse (see Children and Young Persons manual under “Types of Neglect”) the stage is set to eliminate all controls, and by doing that, all proof that vaccines are, and have been, in the opinion of many many people, the single major cause of the huge increase in allergy, asthma and auto-immune reactive disorders in children that the world has ever seen.

As Dr Bonnie Durbar says, no-one has even a basic understanding of the immune system of a newborn baby. In my opinion, their knowledge of the young child is not that much better.

In the meantime, in America and in New Zealand (except we don’t have the official statistics to prove it) Autism and related behavioural disorders are out of control; babies, children and adults continue to suffer serious reactions and disabilities from vaccines - all of which continue to be denied.

The strategy is, as always, shoot the messenger and rip up the message.

Vaccination, the sacred cow, must live on, because it forms the cornerstone of modern medical practice, and as such is untouchable.

On that note, the “sacred cow” in the old testament was the god Baal, whose priests demanded living sacrifices, including babies.

The extrapolation of such parallels is tempting!

[Vaccination] [Hilary Butler]