

Measles

Hilary Butler

Television has made out that the "debate" over whether or not to vaccinate has confused people. Are you confused? If you are, why are you confused?

The real issue at stake when making a decision is not your emotional reaction to the media-hyped war-type language basically saying "If you don't do this, your child will die", but;

WHO ARE YOU GOING TO BELIEVE?

The New Zealand Health Department? Where are their facts and are they correct? To make a decision you need to know that the advice you are taking is honest. Truthful. So far, in the media, we have been told again and again that there were two deaths in 1985 and three this year (as of 19th July 1991), all of which were totally preventable. We have also been told that this vaccine gives life-long protection and is safe with no side-effects. All this is couched in the language of voice-overs saying "Measles rages amongst unimmunised", "Health Department battles Epidemics" with a somewhat tense, raised pitch to suit the occasion. Amongst all this has come the threats of using the Young Persons and Children's Amendment Act to sue parents whose unvaccinated children might die from measles; compulsory immunisation the suggestion by Waikato Area Health Board for all daycare, kindergartens, playcentres, schools etc. to bar unimmunised contacts; and some quite vituperative unfounded garbage by the likes of the Northern Advocates about people who do not immunise.

We must be aware that in the present climate of media suppression of factual data and Health Department orchestration of both this epidemic, the notification system and the media portrayal, that the situation is likely to get worse, not better.

In order to understand why the situation may get worse, we need to know the real facts, not the pseudo-hype presently glutting the media. The real facts will show us whether or not the New Zealand Health Department has a track record worth listening to.

OPTIONS 14

Deaths in N.Z.

1985 - 2 deaths.

1) child, immunised, non hodgkins lymphoma, on chemotherapy, in remission, died of measles induced giant cell pneumonia.

2) child, unimmunised, with I-cell disease (a mucopolidosis), died of secondary bacterial infection.

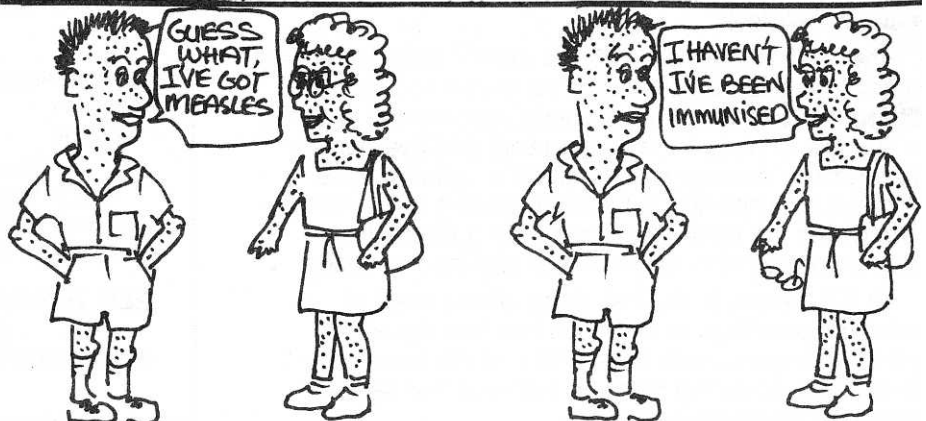
Both these children had conditions which altered their immune systems so that they could not deal with the measles virus correctly, thus significantly affecting the outcome. More importantly, while the immunised child was the one that died of measles virus, strictly speaking, the unimmunised child did not. Anyone can get bacterial pneumonia at any time. To call this a measles death might be legitimate in doctors' eyes, but is an example of their one-eyed tunnel vision, because if you vaccinate your child and as a result the child gets a fever and has a febrile convulsion, you will be told that the convulsion was caused by the fever, not the vaccine. And if the convulsions continue and result in neurological problems, you will in all likelihood be told that it wasn't the vaccine, but an

underlying condition which surfaced "coincidentally". We are NEVER told that throughout the world, a very large percentage of measles deaths in developed countries occur in vaccinated or unvaccinated children with underlying conditions already known.

Vaccine gives life-long protection

In 1985 a significant but UNKNOWN percentage of measles cases were vaccinated. I say UNKNOWN because in the medical article published, the rate was only those who could confirm that vaccination had been given - on doctor's records. Some parents were obliquely accused of lying and discounted.

This year the situation is that many Area Health Boards don't know. One Area Health Board (Wellington) has stated that 20% of cases are immunised. Auckland Area Health Board has said all cases are unimmunised. However we know that that is an outright lie, because our phones have been busy with people whose children have come down with



Dr Joel Wallach, a veterinarian, through a series of accidental studies discovered that cystic fibrosis is not genetic but is caused through the lack of selenium. The study caused him great anguish as he lost his position in Yerkes Primate Research Centre but continued to publish his findings...a report of which was published in Prevention 1979. The British Arthritic Association has issued a statement after a 3 month clinical trial amongst 100 of the worst arthritic cases found a daily supplement of selenium, vitamin A, C and E could alleviate the symptoms. A report of 64% improvement on arthritic pain was achieved during the trial.

Professor Schrauzer of the University of California at San Deigo, has been in the forefront of selenium research. His findings associated the link between selenium deficiencies and tumours. The inadequate intake has made Dr Schrauzer present a need for supplementation in deficient areas for entire populations where selenium was low in soils because of the dramatic effect the intake of selenium had in prevention. His study found that the average person ate well below the recommended daily intake when living in deficient areas, except those on wholegrain and seafood diets, even then some still needed a supplement to bring the selenium levels up. 300mcg is the dietary allowance and most were only getting around 160mcg.

The findings of Dr Schrauzer has a bearing on the levels of breast cancer and all tumours. In experiments the inclusion of selenium in two ppm in drinking water reduced the cancer incidence in 80-100% normal incident remained around 10%. In those higher metal, arsenic and lead intake was found which interferes with the absorption of selenium. Selenium in supplement form was also found to assist to remove these toxins.

Through the study and analysing of selenium a bonus was discovered. Selenium acts as a protector against mercury toxicity and that selenium deficient animals suffered more severely to exposure to mercury than those on a selenium rich diet. These findings will interest those concerned with the mercury amalgam fillings that they have in their teeth.

The 1983 journal LANCET, the world's most respected medical journal published a report on the findings and stated that selenium is an essential trace mineral and has a key role in protecting tissue against oxidative damage. As oxidative damage is a key factor in arthritis, these findings are important to the management of the disorder. Along with the report of the results of a clinical trial determining whether selenium can also help in cancer.

Of 321 people in the trial, those whose levels of selenium were high in the blood had half the risk of cancer compared with those who had the lowest blood level. Thus producing dramatic evidence that selenium helps all degenerative diseases.

The amounts of selenium in the body depend upon the soil stability of selenium. Selenium is low in New Zealand soil so either extra amounts are required of the above foods or a supplement is required occasionally to boost low levels in order to prevent degenerative disorders.

If taking a selenium supplement the absorption and utilization works more effectively if taken with Vitamin E as they complement each other, add Vitamin A and C and a powerful antioxidant formulae is produced. These antioxidants work together to fight 'free radicals' that cause degenerative processes. This has been supported by A.K. Campbell of the University of Wales as he has been given a grant by the Arthritic and Rheumatic Council in the U.K. to study free radicals and their relationship to degenerative disorders.

Whilst selenium is available over the counter in small doses, some countries, for instance parts of Australia and parts of U.S.A. have banned the sale except through prescription. Again an example of control where in fact whenever soil deficiencies are shown the supplement should always be freely available and nutritionally taught. Unfortunately in the areas that have been banned from purchasing selenium the doctors who can prescribe have very little nutritional training and are often unaware of the deficiency problems. Let's hope it doesn't happen here, mind you deficiency problems are only a lack of awareness and education.

The Selenium foods are: Brazil nuts, mushrooms, onions, garlic, radishes, almonds, hazelnuts, pecan nuts, fresh pineapple, organ meats, grape juice, orange juice, bananas, flounder, shellfish, blackstarp molasses, wheatgerm, eggs, wholegrain rice, vinegar.

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measles 10-14 days following immunisation, or who want to know if their children can catch measles from the previously mentioned children. We have even had calls from parents whose children have actually been doctor-diagnosed as having English measles "again"! This is not new to some of us who have already experienced this unique syndrome. But it never fails to amaze us how this only seems to HAPPEN to unimmunised children. The selective diagnosis policy in Auckland ensures that vaccinated children have anything else BUT measles, so how can we trust New Zealand data?

The American experience is very sobering. They have the magical 98% nationwide coverage rate and yet in the last two years had 45,000 cases of measles, the majority being vaccinated and over half of their "more than 100" deaths were vaccinated.

This is a country which started publicly crowing in 1987 about how they had beaten measles. Almost immediately the measles cases started erupting and every year the percentage vaccinated gets higher. Yet New Zealand says that 95% nationwide will do the trick.

America has at last realised that the measles vaccine is not infallible. They have doubled the vaccine schedule and children now received their first injection at 15 months and the next at 11-12 years old. They are even talking about vaccinating adults and very young babies.

WHY? Before immunisation, mothers in general gave babies 15 months protection and most children had measles between this age and 5 years of age. However, scientists have found that women who are vaccinated do not pass on immunity from the vaccine. The antibodies are the wrong

type. The only immunity passed on is natural immunity. In U.S.A. an increasing proportion of very young babies, too young for immunisation, are catching measles. By the same token, this vaccine which is supposed to be lifelong, is not, and an increasing proportion of older persons over 13 years are contracting measles. This is a serious situation, because measles in very young babies and older children is much much more severe.

The same situation is now occurring in New Zealand. 12% of cases are 12 months or younger and 21% occur in persons older than 13 years. Yet prior to vaccination, 14 year olds had a susceptibility level of 1%; 4 years ago this had increased to 14% and this year 18% were 13 or older (3% 20 plus). This is amply illustrated by the two older cases of encephalitis in Kenepuru and Nelson in previously vaccinated children.

For many New Zealanders, to suddenly have to come to terms with the fact that a myth is revealed will come as a shock. But it is not without precedent. Two years ago, two American "experts" came clean in the medical literature saying that natural whooping cough immunity didn't last long and neither did the vaccine. It was an interesting admission, until you realise that it was revealed to justify promoting the idea of repeat vaccination for Pertussis throughout life! Here we have a repeat scenario with measles, with America "eradicating" measles in 1987 and doubling the jab in 1990. More interesting still is the fact that these two "experts" had authored many articles allegedly proving that whooping cough vaccines did not cause encephalopathy and had written editorials with titles such as "Pertussis

encephalopathy.the myth.." They must be in somewhat of a state of shock now that a new U.S.A. Government mandated report shows that the whooping cough vaccine does indeed cause acute encephalopathy.

The point really is; how many more times will experts be proven wrong, "facts" be changed, diagnoses be creatively rearranged and facts deliberately withheld? How long will it be until the New Zealand public looks at the hard data and realises that they are buying into a lie, with possible unforeseen long-term consequences? (See IAS newsletter April 1991).

The worst myth of all is that "the MMR vaccine is safe with no serious side-effects". The American Food and Drug Administration recently released the VAERS (Vaccine Adverse Event Reporting System) list of serious side-effects for 1st Nov. 1990-31st May 1991. Listed next to MMR is 854 serious adverse events. And we are told the mythical "one in a million". There are not 854 million U.S.A. children who got vaccinated in 7 months!!

We can never expect the New Zealand Health Department to get real and get honest. But you can do the deciding, based on facts...but be aware..

...the more informed people there are, the more unreasonable and undemocratic both doctors and Health Departments can become. In Pennsylvania, Philadelphia, the Superior Court and State Supreme Court have ruled in favour of compulsory forced measles vaccination stating that "when that (religious objection to vaccination) freedom interferes with the rights of other people, there is the right to intervene" (Superior Court Judge Vincent Cirillo).

We all know that this is rubbish. If people vaccinate their children, how can unvaccinated children violate others' rights...unless of course it IS a myth and the vaccine doesn't always work.

The "signs", innuendos in the corridors of power and verbal railing by lawyers and doctors alike show that those who exercise democratic rights are perceived as a threat...and in walks "compulsion".

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