In Parts 1 and 2 of this series, we examined factors countering our beliefs that vaccines are safe and effective. We also discussed the effects of specific vaccines, including those for diphtheria, pertussis and tetanus, polio, chickenpox, hepatitis B, and measles, mumps and rubella. In this final installment, we look at the smallpox vaccine, the withdrawn rotavirus vaccine, and the provocations diseases associated with vaccines. Finally, we discuss the economic, political and legal issues of vaccination, the right to refuse vaccination, and the need to achieve freedom of choice.

The Smallpox Vaccine

It was Jenner who first popularized the vaccine program with his smallpox vaccine. A close look at history reveals that the procedure never worked, however. In England, compulsory vaccination against smallpox was first introduced in 1852. Yet, from 1857 to 1859, the smallpox epidemic killed 14,244 people. From 1863 to 1865, a second outbreak claimed 20,659 lives. A more stringent compulsory vaccination law was passed in 1867, and those who evaded inoculation were prosecuted. An intensive four-year effort to vaccinate all people between the ages of 2 and 50 resulted in 97.5% of the population being vaccinated. The following year, though, England experienced its worst ever smallpox epidemic; 44,840 lives were lost. Overall, from 1871 to 1880, during this period of compulsory vaccination, the death rate from smallpox leapt from 28 to 46 per 100,000.

Neil Miller, a medical research journalist, natural health advocate and author of Immunization Theory Vs. Reality: Exposé on Vaccinations,\(^1\) recounts a different history of the smallpox vaccine than is taught in school. "In 1796, Jenner came on the scene saying that when dairy maids caught cowpox they could no longer catch smallpox. His medical colleagues disputed his claims, as the research of the times indicated numerous cases of dairy maids and other individuals catching cowpox and coming down with smallpox. Yet Jenner persisted, and he published a treatise on this idea in 1798. He called his treatise Inquiry, and became famous for it."

**Rotavirus Vaccine**

Rotavirus is a common virus that usually causes mild and self-limiting diarrhea in children. In 1998 Wyeth Laboratories, Inc., of American Home Products, released RotaShield, a new vaccine against the infection. Since four major types of rotavirus cause disease in humans, the vaccine was tetravalent, consisting of genes from four viral strains.

The Advisory Committee on Immunization Practices (ACIP), American Academy of Pediatrics (AAP) and American Academy of Family Physicians (AAFP) recommended universal use of RotaShield for healthy infants at 2, 4, and 6 months of age. (Although the AAFP had been in favor of voluntary vaccination or vaccination of high-risk infants only, the ACIP had wanted the universal recommendation.) A year later, though, the vaccine was removed from the market after 99 cases of bowel intussusception — a bowel obstruction in which one segment of the intestine telescopes inwardly into another — and two deaths were reported to the Vaccine Adverse Event Reporting System.

Bowel intussusception is a severe condition that often requires surgical intervention and can lead to death in the absence of prompt treatment. For example, of the first 15 reported infants who developed bowel intussusception, eight had to have surgical reduction, including one infant who had 7 inches of intestine removed.\(^1\) These 15 cases, it should be noted, constituted just a small fraction of the actual number of intussusception cases caused by RRV-TV, as the new vaccine was called. According to the Morbidity and Mortality Weekly Report of July 16, 1999, "because reporting to VAERS of adverse events following vaccination is incomplete, the actual number of intussusception cases among RRV-TV recipients may be substantially greater than that reported."\(^4\) And so it was. As soon as the Centers for Disease Control and Prevention (CDC) began warning doctors about the possibility of this complication, cases of bowel intussusception started being reported around the country. This is yet another important example of how vaccine complications, unless specifically looked for, go unnoticed by the medical community and thus by society at large.

After it was approved, an estimated 1 million US infants were vaccinated with RotaShield. What is even worse about the history of the rotavirus vaccine is not only the fact that it caused the hospitalization and deaths of several children, but the fact that prelicensure trials had already demonstrated that it caused bowel intussusception at rates 30 times higher than those expected. This is what emerged from analysis of prelicensure trial data by the Association of American Physicians and Surgeons (AAPS).\(^4\)

**Is the Approval Process Tainted?** So here is the question: If the fact that the vaccine could cause a potentially lethal complication was already known, why did the FDA approve it? Why had nobody warned doctors to watch for this complication? Indeed, these and more questions prompted the AAPS to request a Congressional investigation of the vaccine approval process.

As Dr. Jane Orient, executive director of the AAPS, writes in a letter to Representative Dan Burton, "The situation with the rotavirus vaccine may be a clue to a far more serious problem with the vaccine approval process."

Dr. Orient makes the important point that "Decisions about vaccines given to children should be made by parents in consultation with the child's attending physician, not mandated by a small group of 'experts' with minimal accountability."\(^5\)

**Lessons of History**

As we've seen again and again, there has been a direct relationship between vaccinations and an increased incidence of the diseases they supposedly prevent. This contradiction has prompted several researchers to conclude that vaccines are neither safe nor effective.
In a 1926 British Medical Journal article, a Dr. Parry asks why vaccine statistics reveal a higher death rate among the vaccinated: "How is it that smallpox is five times as likely to be fatal in the vaccinated as in the unvaccinated? How is it that in some of our best vaccinated towns, for example, Bombay and Calcutta, smallpox is rife, while in some of our worst vaccinated towns, such as Leicester, it is almost unknown? How is it that something like 80% of the cases admitted into the smallpox hospitals have been vaccinated, while only 20% have not been vaccinated? How is it that in Germany, the best vaccinated country in the world, there are more deaths in proportion to the population than in England? For example, 28 deaths in England in 1919 per 100,000, and 707 in Germany? What is the explanation?"

In addition, those who take issue with universal immunization programs point out that the programs don’t discriminate between children who may benefit from a certain vaccine and those who might be hurt by it. Babies are given blanket immunization regardless of their previous or current state of health and regardless of their varying susceptibilities to side effects. Ideally, there should be a much more selective vaccination system, with parents given complete information so they can make up their own minds as to whether the risks associated with a particular procedure outweigh its potential benefits. Just as different races are known to suffer disproportionately from various allergies and food sensitivities, studies also indicate that they may experience different reactions to vaccines.

**Provocation Disease**

One of the most hazardous and insidious effects of vaccination lies in its potential to induce other forms of disease, a phenomenon known as provocation disease. The mechanisms that cause this to happen are unclear, although many scientists believe that latent viruses — those already existing within a person — may be stimulated by vaccinations, and that this may be enough to activate a particular illness. Vaccination, therefore, may not be the sole cause but rather the final trigger for an illness.

In his book *Vaccination and Immunization: Dangers, Delusions & Alternatives*, Leon Chaitow states that there is no way of knowing when such latent or incubating situations may be operating, and therefore no way of knowing when a vaccination may produce this sort of provocation. He goes on to warn that provocation of a latent virus is a potentially dangerous possibility with every vaccination procedure.

Many diseases thought to be caused at least partially by vaccinations do not surface until years later, by which time it is difficult to prove a connection. Some of the relationships between vaccines and the specific conditions they provoke are discussed below.

**Allergies.** According to Dr. Harris Coulter, co-author of *A Shot in the Dark* and author of *Vaccinations, Social Violence, and Criminality*, among other experts, vaccines and allergies are clearly connected. "What does allergy mean? It means that your body is ready to react very, very quickly when exposed a second time to a substance to which it is allergic. If you are allergic to ragweed, [a small amount] of ragweed will start you sneezing. Now, if you vaccinate a person against pertussis or some other bacillus, you are making that person allergic to that bacillus. That's what being vaccinated actually means. It means you are allergic to that bacillus, in the sense that your body will react very, very rapidly if exposed to that bacillus a second time."

**Sudden Infant Death Syndrome (SIDS).** Sadly, many studies have shown vaccination to be a cause of sudden infant death syndrome. Reports Alan Phillips, founding director of Citizens for Healthcare Freedom, Durham, North Carolina: "One study found the peak incidence of SIDS occurred at the ages of 2 and 4 months in the US, precisely when the first two routine immunizations are given, while another found a clear pattern of correlation extending three weeks after immunization. Another study found that 3,000 children die within four days of vaccination each year in the US (amazingly, the authors reported no SIDS/vaccine relationship), while yet another researcher's studies led to the conclusion that half of SIDS cases — that would be 2,500 to 5,000 infant deaths in the US each year — are caused by vaccines.

**Vaccination**

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About Immunizations, especially before it is given a chance to develop to maturity. This is the fact that the immune system can only tolerate so many challenges, with a finite ability to combat disease.

Immunosuppression and Autoimmune Disease. The body needs to experience a full inflammatory response to create immunity, and vaccines do not allow this to happen. Instead, a chronic condition is created that can set the stage for autoimmune disease.

In Immunization: The Reality Behind the Myth, author Walene James describes the mechanics involved in vaccines inducing autoimmune disorders: “Live viruses, the primary antigenic material of [some] vaccines, are capable of surviving or remaining latent in the host cell for years, without provoking acute disease.”

Cynthia Cournoyer, author of What About Immunizations?, believes that a key principle involved in understanding the many negative effects of vaccines is the fact that the immune system can only tolerate so many challenges, especially before it is given a chance to develop to maturity.

“Every child,” she writes, “is born with a finite ability to combat disease. This is his total immune capacity. Once a child experiences a particular disease, permanent immunity is extremely efficient, using probably 3% to 7% of the total immune capacity of an individual. In the case of routine childhood vaccination, it is likely that as much as 30% to 70% of total immune capacity becomes committed.

These findings could indicate that a child’s immunological reserves are substantially reduced due to standard vaccine programs. Far from producing a genuine immunity, a vaccine may actually interfere with or suppress the immune response as a whole, in much the same way that radiation, chemotherapy and corticosteroids and other anti-inflammatory drugs do.”

Cournoyer continues, “Although the body will not make antibodies against its own tissues, viruses becoming part of the genetic make-up may cause cells to appear foreign to the immune system, making them a fair target for antibody production....

‘Under proper conditions these latent pro viruses could become activated and cause a variety of diseases, including rheumatoid arthritis, multiple sclerosis, lupus erythematosus...and cancer.”

Activists Speak Out on Vaccine Dangers

Barbara Lee Fisher, cofounder and president of the National Vaccine Information Center (NVIC), Vienna, Va., has advocated the right of individuals to make informed, independent vaccination decisions for themselves and their children for two decades. She shares her concerns about a number of issues, as do some of her colleagues engaged in the fight against government-mandated vaccines.

Problems with Temporary Immunity and Benefits of Childhood Disease. Vaccines provide only temporary immunity, whereas when you get the natural disease you have permanent immunity most of the time. Viera Scheibner writes that “generations of children with this inadequate immunity would grow into adults with no placental immunity to pass on to their children, who would then contract measles at an age when babies are normally protected by maternal antibody....

“Perhaps the most unfortunate thing about the idea of eliminating infectious diseases by vaccination is that indeed there is no need to do so. As pointed out by the group of Swiss doctors opposing the US-inspired policy of mass vaccination against measles, mumps and rubella in Switzerland, ‘We have lost the common sense and the wisdom that used to prevail in the approach to childhood diseases. Too often, instead of reinforcing the organism’s defenses, fever and symptoms are relentlessly suppressed. This is not always without consequences...”

Lastly, Scheibner states, "There is no need to artificially immunize our children and ourselves. The body has proper, natural mechanisms to create immunity to diseases. The diseases themselves are the priming and challenging mechanisms of the maturation process leading to the competence of the immune system...."

The EZ Measles Medical Fiasco.

In the mid-1980s researchers from the CDC and Johns Hopkins University started vaccinating babies as young as 4 months old with the experimental high-titer Edmonston-Zagreb (EZ) measles vaccine. Targets were more than 1,500 black and Hispanic babies in Los Angeles and thousands of babies in several Third World countries. The experiment was halted in 1991, after results of several studies showed that female babies receiving the high-potency vaccine had a 95% increased mortality rate compared to those injected with the standard measles vaccine.

Economic, Political, and Legal Issues

Cynthia Cournoyer has noted that vaccines are the only products in the US that are legally mandated to be used by every person born.
Barbara Loe Fisher paints an ominous picture of things to come: “As consumers, we can bring very little economic pressure on the system to have that product improved or removed, because all of us are required by law to use it. It’s a dream for the pharmaceutical industry involved in making vaccines, because there’s no way anybody can say no. It’s a stable, ready-made market, and the enactment of the compensation law in 1986 has removed almost all liability for drug companies."

“What concerns us most is that there is an electronic monitoring system being put in place by state public health departments with federal funding -- they’re trying to get it in every child born and monitor his or her vaccination status....

"...If we don’t act now, the public health infrastructure is going to get more power to intrude in our lives, intrude in our health care choices. It all comes down to whether or not we, as individuals, are going to fight for the right to make informed health care choices, including vaccination choices, for ourselves and our children, and whether we are going to hold the drug companies and government health officials accountable for the injuries, deaths, and chronic illnesses caused by vaccines they produce, sell, and promote for mass use."

One interesting financial aspect of vaccines involves the federal ACT Compensation Program. An excise tax of $23.50 was tacked onto the price of vaccines in 1988 to fund this compensation program. What this means is that consumers are footing the bill for any injuries or deaths that may result from medical procedures that are required by law to undergo.

Alan Phillips notes: “[Pharmaceutical companies] have been allowed to use gag orders as a leverage tool in vaccine damage legal settlements to prevent disclosure of information to the public about vaccination dangers. Such arrangements are clearly unethical; they force a nonconsenting American public to pay for vaccine manufacturers’ liabilities, while attempting to ensure that this same public will remain ignorant of the dangers of their products.”

Vaccine critic Randall Neustaedter concurs: “Profit has always been the goal of vaccine manufacturers. When lawsuits leveled at drug companies began wiping out profits gleaned from the pertussis vaccine, the manufacturers simply stopped production of the vaccine. The United States government stepped in to pay these vaccine-damage claims. Only then did the drug companies agree to resume vaccine production...."

Right to Refuse Vaccination
A question frequently asked of advocates on the front lines of the freedom-from-vaccines movement concerns legal rights of refusal. According to Fisher, whose book The Consumer’s Guide to Childhood Vaccines provides information on this topic, “It is common for hospital and clinic or emergency room staff to ask you about your child’s vaccination status. You don’t have to provide them with written proof. A verbal answer is satisfactory. However, if you are being questioned closely and feel that you are being pressured into vaccinating your sick child without your consent, you should understand that you have the right to refuse to give permission to have your sick child vaccinated if you believe vaccination at the time will endanger your child’s health or life. You may choose to reassure medical personnel that you will consult a private pediatrician for further guidance about vaccination.""
Vaccination

> to the attention of the person admitting you and the nursery supervisor and ask to have it printed on the outside of your chart. Some parents take the extra precaution of not leaving the newborn alone with hospital personnel without being able to observe the baby.”43

In the unfortunate case of an adverse vaccine reaction resulting in medical bills totaling more than $1,000 or injuries lasting longer than six months, parents qualify for benefits under the National Childhood Vaccine Injury Act of 1986 (PL 99-660).44 Through fiscal year 2001, the National Vaccine Injury Compensation Program had paid $1.3 billion in total awards (petitioner’s awards and attorney’s fees) for approximately 1,660 compensable petitions.45

What the Future May Hold

Fisher believes that if we are concerned about our health and our freedoms, we should be worrying about the future. "I truly believe that unless the public wakes up to what is happening, and starts standing up for their right to be fully informed about vaccines, and their right to make informed independent vaccine decisions, the day will come when we won’t have that right. We will be forcibly vaccinated by law without exception."46

Fisher urges everyone to stop being complacent, to start becoming informed about vaccines and diseases and to act. Specifically, she states, “You are going to have to work to amend your state’s laws. If you would like to be better informed and to help get the truth out, please join our grassroots vaccine safety movement.”

Holistic Health and Freedom of Choice

Fisher adds, “The alternative health care movement in this country is going to play a vital role in the vaccine safety movement.”47 Those who are looking into chiropractic, osteopathic medicine, naturopathic, homeopathic, vitamin therapy, etc., are looking for ways to boost the immune system through more natural means in order to be able to naturally deal with viruses and bacteria that they come in contact with. This is a very important movement.”

Dr. Dean Black, author of Immunizations: Compulsion or Choice, agrees. He sees vaccinations as only a shortcut for those people in our society who have not taken full responsibility for their health. “It’s a way of saying, don’t look at the more natural holistic way of helping the body. Medicine believes disease is the enemy....Medicine fights disease. Natural health care works with it....

“Medicine believes symptoms are evil. Natural health care believes symptoms are the body’s efforts to rid itself of disease.”48

Curtis Cost, author of Vaccines Are Dangerous: A Warning to the Black Community, adds, “We know through...studies that the incidences of various diseases have been declining steadily prior to the advent of various vaccines. We see declines up to 90%, and these declines result from improvements in sanitation and nutrition....

“My point is that parents do not need to be terrified into believing that the only way to protect themselves and their children from disease is through vaccines. We know that if parents breastfeed their babies, the risk of death and disease is dramatically reduced because the breast milk contains all the natural nutrients that the mother will naturally give to her child as she breastfeeds. We know that diet has a tremendous effect on disease. If you are not eating a proper diet, your risk of getting various diseases is much greater. So we need to focus on taking control of our health...to focus on eating more organically grown fresh fruits and vegetables, on drinking pure water, and on exercising. These actions build up the immune system.”49

Finally, the point is that individuals need the freedom to choose. They should not be forced in one direction or another. Barbara Loe Fisher stresses this: “Our organization does not tell a parent what to do.”50 I want to make that clear. We are an information clearinghouse and we believe in education. We believe that parents should take the responsibility for making their own decision. In this society, we ought to have the right to make the right decisions without being bullied and harassed and threatened into vaccinating if we do not believe that it is in the best interest of our child.”

Alan Phillips reminds us that we are kept in the dark about our freedom to choose. “Most states currently allow for medical and religious exemptions. You are not told this when you go to a pediatrician or when you enter a university. You are simply told that you have to vaccinate. But that is not usually true. Probably 15 to 20 states have a philosophical or personal exemption option that you don’t even have to tie to your religion.

“I don’t advocate that people do or do not vaccinate. I say that there’s a lot of information that people should investigate before they make a decision one way or the other. We’re so steeped in what I would now call the myth of vaccination that it seems nonsensical and counterintuitive to even raise the question. In fact, the first time that I raised the question with a pediatrician I got yelled at. While I think that was unprofessional of the pediatrician, it does demonstrate the degree to which assumptions about vaccinations are held.”51

Dr. Black states, “As a parent, there might be times I choose to immunize my child. Maybe I would find scientific evidence to back its validity in a case where a disease is so fraught with risk
that I dare not expose my child. Maybe then I would choose [to vaccinate]. But I would do so having thoroughly thought about it...What I believe we cannot tolerate as a free nation is to have government bureaucrats come in and say – based upon false statistics – if you don’t immunize your child, you will suffer penalty of law. That, to me, is a gross injustice that simply has to be changed. 52

Resources

Advisory Committee on Immunization Practices
Centers for Disease Control & Prevention
National Immunization Program
Division of Epidemiology and Surveillance
Mail Stop E61, 1600 Clifton Road, NE
Atlanta, Georgia 30333 USA
404-639-8096
Web site: www.cdc.gov/nip/ACIP/default.htm
This is a pro-immunization site. To access the NIP’s “Locating Information on Vaccine Safety” guide, go to www.cdc.gov/nip/vaccine/research/resourceguide.htm.

Association of American Physicians and Surgeons
1601 N. Tucson Blvd., Suite 9
Tucson, Arizona 85716-3450 USA
800-635-1196
Web site: www.aapsonline.org

Centers for Disease Control & Prevention
9500 Camino del Monte Aere
Atlanta, Georgia 30344 USA
404-639-3332
Web site: www.cdc.gov/nip/ACIP/default.htm
To read “Dispelling Vaccination Myths,” by CHF Director Alan Phillips, go to www.unc.edu/~aphillip/www/chf/index.htm

Concerned Parents for Vaccine Safety
8216 192nd St., Ct E
Spanaway, Washington 98387 USA
Web site: home.sprynet.com/~gyrene

Global Vaccine Awareness League
25422 Trabuco Road, Suite 105-230
Lake Forest, California 92630 USA
Web site: www.gval.com

Homeopathic Disease Prevention
This article by homeopathic practitioner Isaac Golden is available at Homeopathy Online, a Journal of Homeopathic Medicine
Web site: www.lyghtforce.com/HomeopathyOnline/text/golden.htm

Immunization Action Coalition
1573 Selby Avenue
St. Paul, Minnesota 55104 USA
651-647-9009
Web site: www.imunize.org
This is a pro-immunization site. For information on “State mandates on vaccination and vaccine-preventable disease,” go to www.imunize.org/laws

Institute for Vaccine Safety
Bloomberg School of Public Health
Johns Hopkins University
Web site: www.vaccinesafety.edu

National Network for Immunization Information
86 Canal Center Plaza, Suite 600
Alexandria, Virginia 22314 USA
Tel.: 877-341-6644
Fax: 703-299-0204
Web site: www.immunizationinfo.com
This is a pro-immunization site.

National Vaccine Information Center
421-E Church St.
Vienna, Virginia 22180 USA
1-800-909-SHOT
Fax: 703-938-5768
Web site: www.909shot.com

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—Harold Ravins, D.D.S.
Center for Holistic Dentistry, Los Angeles

Vaccination

Parents Requesting Open Vaccine Education (PROVE)
P.O. Box 91566
Austin, Texas 78709-1566 USA
Web site: www.vaccineinfo.net

The Phyllis Schlafly Report
P.O. Box 618
Alton, Illinois 62002 USA
618-462-5415
Web site: www.eagleforum.org/topics/vaccine/vaccine.html

This site contains a number of articles on vaccine topics.

Thinktwice Global Vaccine Institute
P.O. Box 9638
Santa Fe, New Mexico 87504 USA
Web site: www.thinktwice.com
Also includes the Thinktwice/New Atlantean Press bookstore, with a catalog of books on vaccination topics.

Vaccination Information Service
To order the video
"Vaccination: The Hidden Truth."
Web site: www.vaccination.inox.com/default.html

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—Harold Ravins, D.D.S.
Center for Holistic Dentistry, Los Angeles
Vaccination

Vaccination Liberation
P.O. Box 1444
Coeur d'Alene, Idaho 83816 USA
208-255-2307
Web site: www.vaclib.org

Vaccine Adverse Event Reporting System (VAERS)
P.O. Box 1100
Rockville, Maryland 20849-1100 USA
800-822-7967
Fax: 877-721-0366
Web site: www.vaers.org

A more usable version of the VAERS data is available on a database developed by Steven Rubin. Go to www.nccn.net/vaers.htm

Vaccine Information and Awareness
Web site: www.accesslnet/via
To access a list of pro-information groups, go to www.accesslnet/PROCHOICE/prochoic.htm
To access state links, including information on state exemptions, go to www.accesslnet/via/STATES/toc-states.htm

Vaccine resources by state
Web site: http://proliberty.com/observer/vaclib/VACLIST.DOC

"Vaccines: The Risks, the Benefits, the Choices" Doctor's Reference Manual (2001-02)
Presented by Sherri J. Tenpenny, DO
New Medical Awareness Seminars, LLC
14761 Pearl Road #263
Strongsville, Ohio 44136 USA
440-572-1136
Web site: www.osteomed.com

Vaccine Policy Institute
251 W. Ridgeway Drive
Dayton, Ohio 45459 USA
937-475-4750
Web site: www.vaccinepolicy.org

VaccineWebsite.com
Web site: www.whale.to/vaccines.html

"Alternative Approach to Disease" (video) by Gary Null
"Building the Immune System Naturally" (video) by Gary Null
The Consumer's Guide to Childhood Vaccines by Barbara Loe Fisher
National Vaccine Information Center

Immunization Theory vs. Reality: Exposé on Vaccinations
by Neil Z. Miller
The Atlantean Press, 1996

Immunization: The Reality Behind the Myth
by Walene James

Reverse the Aging Process Naturally
by Gary Null and Martin Feldman, MD
Villard Books, a division of Random House, 1996

"Seven Steps to Perfect Health" (video) by Gary Null

A Shot in the Dark
by Harris L. Coulter and Barbara Loe Fisher
Avery Publishing Group, 1991

"Supercharge Your Immune System" (video) by Gary Null

"Total Health" series, Steps 1-7 (videos) by Gary Null

Vaccination and Immunization: Dangers, Delusions & Alternatives
by Leon Chaitow
Beekman Publishing, 1996

Vaccines Are Dangerous: A Warning to the Black Community
by Curtis Cost
A & B Distributors & Publishers Group, 1992

What Every Parent Should Know About Childhood Immunization
by Jamie Murphy
Earth Healing Products, 1993

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Gary Null, PhD, has authored 50 books on health and nutrition and numerous articles published in leading magazines. Null holds a PhD in human nutrition and public health science from the Union Graduate School. He maintains a web site at www.garynull.com that presents research articles on optimizing health through nutrition, lifestyle factors and alternative medicine.

Martin Feldman, MD, practices complementary medicine in New York City.

References
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Other aspects of the program: 1) Tesering, testing, testing; 2) Bio-resonance testing techniques; 3) Autoisodes; 4) Cranio-sacral and musculoskeletal system; 5) Classical homeopathy and FCT’s Bio-resonance testing algorithm; 6) Dental testing; 7) Testing yourself; 8) Testing children and babies; 9) Dr. Yurkovsky random attendee testing; 10) Hands-on testing by practitioners.

Level II (VHS – over 6 hours)

Advanced Bio-Resonance Testing

Highlights: 1) Uncovering hidden blocks in Bio-energetic testing and therapy; 2) Bio-resonance diagnosis and treatment of the universal epidemic – dysbiosis; 3) physical/emotional traumas and shocks; 4) Testing yourself with the FCT method; 5) dynamic information exchange.

Level III (VHS approx. 10 hrs.)

The ultimate in Bio-Resonance Testing

Highlights: 1) Testing on multiple energetic layers with the use of 7 MEL filters; 2) Tapping into energetically “dead” areas of the body to extract vital information; 3) Energetic and clinical “Trojan Horse” phenomenon between certain pernicious agents and opportunistic infections; 4) Energetic blocks in therapy; 5) Dangers of treating candidiasis; 6) Treatment of mutated and other yeasts; 7) “Explosive” patient’s constitutions – overreactors; their recognition and management; 8) New information concerning the incredible therapeutic power of autoisodes; 9) FCT management of dental infections.

Advanced Course

Expanding Bio-Resonance Testing on Multi-Energetic Levels

(for the graduates of Levels I, II and III)
Will be held November 1-2, 2003
In Chappaqua, New York.

For further details, visit the most informative website in medicine www.yurkovsky.com.