

Vaccine Dangers

by Charlotte Gerson

I don't know where to start! Is it worse that three girls died after receiving the new HPV vaccine (Gardasil—Merck) and others were hospitalized?

Or is it worse that Bush stated he would veto a bill that would ban mercury (Thimerosal) in vaccines for infants?

Let's start with the new vaccine. The publicity is, as usual, intended to scare the public in order to make them comply. However, when knowledgeable scientists examine the truth behind HPV (human papillomavirus) these are the facts: The vaccine, Gardasil, only **sometimes** protects against HPV (per Dr. Mercola). Besides, the infection is virtually 100% avoidable without an expensive and sometimes lethal vaccine! Dr. Mercola also stresses that Merck has manipulated the medical and political system to **force** children to get this dangerous vaccine for their own bottom line profit! They use the promised reduction of cervical cancer as bait. (Remember that Merck is the same manufacturer who made the painkiller Vioxx that killed over 55,000 people.)

Merck's own literature states that one must realize that Gardasil *does not protect women* from some of the HPV types. So even if vaccinated, women can still get HPV! Another item of interest: while more than 6 million women contract HPV annually,

a woman's immune system is often strong enough to clear up the infection on its own. About 90% of HPV infections simply clear up within two years.

State legislatures in the US are requiring young girls to take Gardasil, even though severe side effects are being reported as well. 1,637 adverse reactions have been reported so far by Judicial Watch, a public interest watchdog. This includes the three girls who died shortly after receiving the vaccine. The US Food and Drug Administration, under the Freedom of Information Act, released this information. In Australia, 25 girls who had just received their first injection of the vaccine experienced headache, nausea, and dizziness. In some cases the problems were so severe that the girls were hospitalized. The incident was reported in the news there. Why not here in the US?

When possible side effects include hospitalization and death, does the government have the right to require these vaccinations? There have also been reports from the National Vaccine Information Center about fainting and dizziness in dozens of patients as side effects including some concerns that Gardasil may cause infertility.

And now, back to Thimerosal. Herewith excerpts of Mr. Bush's promise in the course

of his campaign for a second term:

"I support the removal of Thimerosal from vaccines on the childhood national vaccine schedule ... I will support funding for seeking definitive causes and/or triggers of autism ..."

Despite these promises, Bush now states that he will veto any legislation that requires removal of Thimerosal from vaccines. He states that the move would affect "costs." What cost could possibly be important in the face of destroying children's minds? Could it cost the pharmaceutical companies a few thousands? Or even millions? For destroying some already existing vaccines containing mercury? What money could make up for destroying the mind of just one single child?

Already in the 1980's, the FDA questioned the safety of Thimerosal because of its potential for cell damage—and for that reason **it was removed from animal vaccines! Yet it was continued in childhood vaccines and Bush now supports it!**

The links between the ingestion of mercury and neurological breakdown are clear and proven. Professors all over the world are telling us outright that it is literally destroying people's brains. Even if the links are somewhat questionable, would you want to take a chance on your child's (or your) life and sanity?

Don't take any vaccines, and don't allow your children to be vaccinated. There are programs available for serious objectors. Find out about them and **object!**



"Robust Relationship"

Suppressed Harvard Study Links Fluoride, Bone Cancer

by Charlotte Gerson

On September 29, 2006, Samuel S. Epstein wrote a blistering letter addressed "to the Editors," but it is not clear which editors and which publication was addressed.

Samuel S. Epstein is a professor emeritus of environmental and occupational medicine at the University of Illinois at Chicago School of Public Health and is Chairman of the

Cancer Prevention Coalition.

Prof. Epstein takes strong issue with the fact that a researcher of the School of Dental Medicine was put in charge of the possible connection between water fluoridation and bone cancer. Professor Chester Douglass had already been active in promoting fluoridation and had financial ties to Colgate!

Elise Bassin, a student assistant to Prof. Douglass, had found a "robust" relationship between osteosarcoma and young boys' exposure to fluoridated water. This connection was extremely important—yet Professor Douglass concealed these findings from the public, as well as from the Environmental Working Group that was funding the

research, for over three years.

To make the matters worse, Harvard exonerated the Professor of all charges in the matter in spite of well-documented evidence against him. Douglass had even gone so far as to lie about the actual figures of his own research. It finally turned out that Douglass made a million dollar contribution to Harvard's new Dental School Building.

The Environmental Working Group released another article dated Washington, Aug. 16, 2006, by Lauren Sucher and Michael Connett, which describes the release as coming in the form of a four-paragraph statement which is *secret and not available*

continued on page 9

Against All Odds ...

continued from page 8

(NCI) of America invited alternative medicine practitioners to submit 'Six Best Cases' for evaluation, the GSG UK commissioned Patricia Peat, RGN DipPallC DipUTR, to explore, collate and present the cases of six recovered Gerson patients. The conditions for submitting cases were extremely rigorous, so that out of the 18 cases that seemed likely candidates, Patricia could only use six.

Lack of documentation, such as biopsy reports, results of scans and X-rays, was one of the main problems. Of course once patients had embarked on the GT, they tended to avoid the risk of radiation from scans and X-rays. Besides, if their consultants objected to their self-healing efforts or dismissed nutritional therapy out of hand, they undertook the management of their own care, without orthodox evaluation. This, unfortunately, also meant that they had no acceptable documentation to support their record. Even so, with hard work and persistence Patricia was able to submit a case each of metastasized melanoma, non-Hodgkin's lymphoma, cholangiocarcinoma, fibrillary astrocytoma, and two cases of breast cancer, all of them suitably documented and, above all, showing prolonged survival which, compared to their average prognosis, was remarkable. Of the six, two were presented as "persuasive", i.e. watertight, and four as "supportive" cases. The latter lacked the full range of scientific evidence, yet presented a recovery which common sense could only attribute to the GT, since no other treatment had been used.

Although orthodox oncology is solely interested in tumour shrinkage, while the GT pursues a much wider spectrum of healing, there was reason to believe that the NCI would show interest in Patricia's submission. After all, the aim of this project was to promote research into CAM (Complementary and Alternative) therapies, find the ones that seemed to make a real difference in the disease process, and fund research into

their working. However, in the event the NCI decided that not even one of the GSG's cases qualified as supportive—in other words that the GT had not been shown to make any difference to the disease process.

This initial response was also the NCI's final word on our submission. Patricia tried in vain to discuss the reasons for this wholesale rejection, which incidentally rested on false claims, e.g. that some data were missing (they had been provided), that pre-treatment with chemotherapy prevented the evaluation of the effect of the GT (chemotherapy had not worked and was stopped), that insufficient evidence of malignancy had been provided (three doctors on visual examination of the tumour made a definitive diagnosis, avoiding a potentially dangerous biopsy), and so on. (Personally I am only too familiar with the spurious grounds on which cases are dismissed: my own recovery on the GT, for instance, has been repeatedly declared null and void, because I had undergone surgery for my primary melanoma. But surely if the surgery had solved the problem, why on Earth would I have embarked on the GT? To that question there has never been an answer.)

Instead of entering into a meaningful dialogue, the NCI simply slammed the door shut on our Six Best Cases, despite their prolonged survival "against all odds." In her report written for [the GSG newsletter] *Coffee 'n' Carrots* (February 2005, Issue No. 46), Patricia comments: "**The overriding fact is that when it comes to surviving cancer, achieving some tumour shrinkage is far from the whole picture; but unfortunately nobody at the National Cancer Institute is listening.**"

However, fortunately Prof. Molassiotis was sufficiently interested in the subject to study the rejected submission, and to turn the material into the excellent study that has now appeared in an American academic journal. We can only hope that somebody somewhere *is* listening—for a change.



View a free ten-minute clip of portions of the documentary "Dying to Have Known" on the web at www.dyingtohaveknown.com.

Fluoride ...

continued from page 6

to the public. [Italics mine]

Fortunately, the data in question have since been published in a peer-reviewed journal by four Harvard professors and PhDs who clearly point out that Douglass' statement that the findings were 'not significant' cannot be supported. An additional statement referring to Douglass' and Harvard's excuse reads "This excuse is so tortured, you can see why it took a bunch of Harvard professors a year to concoct it." Richard Wiles, Senior Vice-president of the Environmental Working Group, continues, "Whether or not Douglass intentionally suppressed and misrepresented these data is irrelevant. He deceived the public and

Your Source for Enema Therapy Coffee

Royal Blue Organics offers Cafe Mam: certified organic, fairly traded coffee, shade grown by indigenous farmers in Chiapas, Mexico. Ask for Light Roast.

(888) Cafe Mam
Royal Blue Organics
PO Box 21123
Eugene, OR 97402
cafemam.com

health officials about critical research findings for years, and hundreds of boys suffered the consequences."

The Harvard panel also brushed aside a conflict of interest stemming from the fact that Douglass is a paid consultant for the toothpaste industry, a major user of fluoride.

Prior to the appearance of this item, already on August 30, 2005, the *Environmental News Service* had published an article titled "EPA Scientists & Workers Call for an End to Water Fluoridation Because of Cancer Risk."

While a number of European countries have stopped water fluoridation, we in the USA are obviously behind the times and continue to poison our kids, our toothpaste, our water and any food items that are commercially processed with fluoridated water. 

Copyright of Gerson Healing Newsletter is the property of Gerson Institute / Cancer Curing Society and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.