SHELTIE TALES

March-April 2012
Newsletter of the Shetland Sheepdog Club of Southeast Florida, Inc.
www.sscsefl.com

Upcoming Club Events ----------

Next General Membership Meeting: Wednesday, April 18, 2011, at 7:30 p.m.

Location: Blue Moon Diner
10076 Griffin Road
Cooper City, Florida 33328
(954-915-3800)

Club Information----------

Bark and Bowl: This year's Bark and Bowl is to be held on Friday, May 18, 2012, 7:00-10:00 p.m. at Palm Beach Strikezone, 6591 South Military Trail, Lake Worth, Florida 33463, 561-676-7600. Team information and donation page are located at: http://barkandbowl.com/southflorida/sscsef-p-615.html.

Membership: It is wonderful to see membership growing.

- The second reading of an associate member application submitted by Paul Zaryczny was read at the February general membership meeting. Paul Zaryczny was voted into membership.

- The first reading of an associate member application submitted by Cathy Smith of Longwood, Florida, was read at the March general membership meeting.

- The first reading of an associate membership application submitted by Jay Garcia of Boca Raton, Florida, was read at the March membership meeting.

Nominating Committee: The club's new officers are:

- President: Hector Hector
- Vice President: Kelly McDonough
- Secretary: Meredith Hector
- Treasurer: Lucy Carr
- Board: Ellen Ragland, Anna Whiting, and Lisa Malanowski.

2012 Specialty Shows: Our 2012 Specialty Shows were well run and well attended. The club received two thank-you cards from:

- Judge, Barabara Wright, who wrote:

  Dear SSC of S Florida,

  Sincere thanks to all of your members and exhibitors for the honor of judging your Specialty. The quality was so deep—it was a total joy to behold. I was very moved by the reaction of ringside to the announcement of Winner's Bitch. It is lovely to see club support like that.

  I must also note the exceptional hospitality of Nola and Bill Boyd. I have never been so pampered—they are truly special.

  Again, thanks so much for a lovely experience.

  Sincerely,
  Barbara Wright

- Stephanie Riley wrote:

  Dear SSCSEL club members,

  Thank you for a wonderful site & shows on March 3rd.

  I didn't receive any card for individual donors or sponsors on the trophies but thank you for them.

  Sincerely,
  Stephanie Riley

"Ask the Breeder": At a past meeting, questions pertaining to vaccinations were discussed during the club's "Ask the Breeder" portion of our general membership meeting. Because of this query, I requested and was granted permission to reprint in our newsletter a chapter from the book Homeopathic Care for Cats & Dogs, by Don Hamilton, which addresses many questions pertaining to vaccinations. As you may remember, the first part of his chapter entitled "Vaccination" was published in last month's newsletter. This month we are continuing in the incremental reprinting of that chapter. If you enjoy reading this information, I encourage you to read the entire book as the rest of the book is just as informative on other aspects of dog care.

Who Has What Available for Placement ----------

The membership is invited to let the newsletter editor know if they have something available for placement—puppies or adults. This month . . .

Lorna Staab of Sta-A-Bit Shelties has available for placement "Wyatt," CH Cameo Gray Market. "Wyatt's" sire and dam are: CH Carloway Black Market ex Cameo Song Sung Blue. "Wyatt" is a five-year-old bi-blue male.

Member Brags ----------

Colleen Kessler:

"Gidget," Simcos Wild Blue Yonder:
Sire and dam are: BISS CH Shadow Hills Air Force One, OA, OAJ ex Simcos Splender In The Grass.

- On March 18, 2012, at the Fort Lauderdale Dog Club, Inc. show, "Gidget" was Reserve Winners Bitch.

"Calli," MACH Simcos' Calico CD, RA, XF
Sire and dam are: Linden Winsong North N South ex Simcos Snowflake.

- On April 7, 2012, at the Palm Bay Agility Club, Inc. trial, "Calli" completed her agility championship.

Frank and Maryann Lannon:

"Jack," Larrikin Destiny:
Sire and dam: Larrikin Just My Opinion ex Larrikin Show And Tell.

- On March 17, 2012, at the Fort Lauderdale Dog Club, Inc. show, "Jack" was Reserve Winners Dog.

Holly Potts:

"Lacey," GrandGables A Gracious Gift, MX, MXJ:
Sire and dam: Am/Can CH GrandGables Dancing Along ex BIS/BISS Am/Can CH GrandGables Homecomin' Queen (RWB ASSA 2006).

- On March 11, 2012, at the Palm Beach County Dog Fanciers Association show, "Lacey" was Winners Bitch, Best of Winners, Best of Breed, and Group III.
- On March 17, 2012, at the Fort Lauderdale Dog Club, Inc. show, "Lacey" was Reserve Winners Bitch.

Lorna Staab:

"Olivia," Trilliant Beloved:
Sire and dam: CH Belmark Lo And Behold, ROM ROMC ex CH Cameo It Must Be Love.

- On March 11, 2012, at the Palm Beach County Dog Fanciers Association show, "Olivia" was Reserve Winners Bitch.

- On April 6, 2012, at the Jacksonville Shetland Sheepdog Club, Inc. show, "Olivia" was Winners Bitch and Best of Winners.

"Spencer," Sta-A-Bit True Blue:
Sire and dam: GCH Rosmoor Protocol ex CH Cameo It Must Be Love.

- On March 17, 2012, at the Fort Lauderdale Dog Club, Inc. show, Spencer was Best Puppy and Puppy Group I.

Anna Whiting:

"Denim," Highfields Remember When:
Sire and dam are: CH Cameo Dreamchaser ex Highfields Almost Winter.

- On March 11, 2012, at the Palm Beach County Dog Fanciers Association show, "Denim" was Winners Dog, Best of Opposite Sex, Best Bred-By Exhibitor, and Bred-By Exhibit Group III.
- On March 18, 2012, at the Fort Lauderdale Dog Club, Inc. show, "Denim" was Winners Dog.

Jackie Corwin:

"Splash," Royale Crest With A Splash:
Sire and dam are: Royale Crest Arbitrage ex Royal Crest Ringsend Moonstruk.

- On March 17, 2012, at the Fort Lauderdale Dog Club, Inc. show, "Splash" was Winners Dog and Best of Winners.

Jackie Corwin, Hector Hector, and Meredith Hector:

"Quinn," Royale Crest Sunaire Silver Surfer:
Sire and dam are: CH Sunaire Living the Dream ex Royale Crest on the Catwalk.

- On March 3, 2012, at the Shetland Sheepdog Club of Southeast Florida, Inc. a.m. specialty show, "Quinn" was Winners Dog, Best of Winners, and Best Puppy. At the p.m. show, "Quinn" was Reserve Winners Dog.
- On March 5 and 7, 2012, at the ASSA National, "Quinn" was second in his 9-12 month futurity class and first in 9-12 month AOAC regular class.
- On March 18, 2012, at the Louisville Kennel Club, "Quinn" was Winners Dog and Best of Winners.
- On April 7, 2012, at the Interlocking Shetland Sheepdog Club, "Quinn" was Reserve Winners Dog.

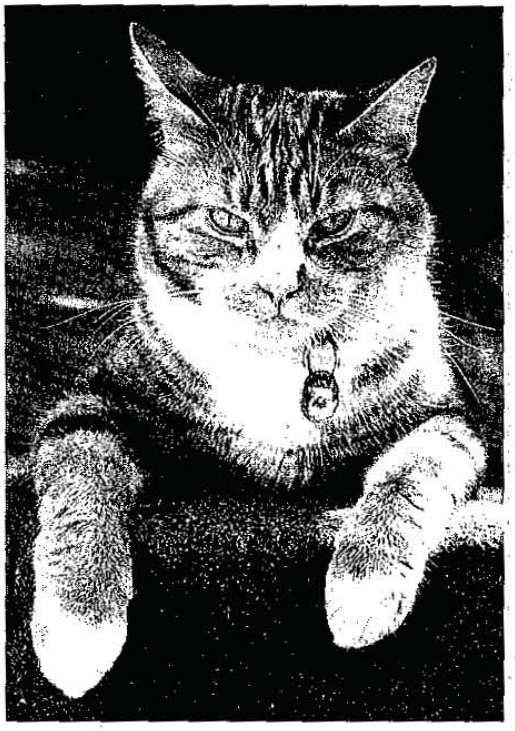
Karen Salvage:

"Tech," Sunspun System Analyst:
"Tech's" sire and dam:

- On March 8, 2012, at the American Shetland Sheepdog Association Inc. show, "Tech" was awarded first place in the Open Sable and White class and went on to Reserve Winners Dog.

Homeopathic Care for Cats & Dogs
Small Doses for Small Animals
By: Don Hamilton, DVM

Chapter Sixteen
VACCINATION



Why Do We Give Annual Vaccinations if They Are Unnecessary?

If yearly vaccination is unscientific, why did it become the accepted protocol? Some years ago, veterinary practitioners were seeing a neurologic disease they called "old-dog encephalitis." They believed this to be a form of canine distemper in older dogs to whom vaccines were administered as puppies, but not as adults. It was assumed that their immunity had lapsed, allowing development of neurologic distemper, and therefore that more repetition of vaccination would prevent the syndrome. In fact, this scenario was never proven, yet veterinarians began administering vaccines more often, eventually on a yearly basis. More likely, the so-called old-dog distemper was vaccinosis (disease as a result of vaccination). Interestingly, children who have been vaccinated for measles are more likely than unvaccinated children to show neurologic disease if infected with measles. Additionally, there have been some attempts to link measles or distemper viruses with development of multiple sclerosis in humans. Since measles and canine distemper belong to the same class of viruses (paramyxovirus), perhaps a similar mechanism is at work.

Whatever the reason for the old-dog encephalitis, it propelled vaccination into a major part of veterinary medicine. Within a decade or so, cat vaccines were also administered yearly, even though no need was ever suspected, since feline panleukopenia (distemper) vaccine is probably the most effective vaccine produced for any species. Myth simply became reality, and yearly vaccination was represented to the public as the essence of preventive health care. A further consequence was that animals' guardians were led to believe that this was all that was necessary and that they need take

no other responsibility for their companion's health. This was a major step in the giving-away of power to the veterinary medical establishment, and it created a false sense of security for the guardians.

As annual vaccinations are clearly unnecessary from a medical perspective, stopping them would drastically reduce the expense of animal care as well as the trauma for the animals. I also predict that this would drastically reduce the level of chronic disease in animals (see below). This choice should be easy. Rabies vaccination is, however, mandated by state law at one- to three-year intervals. This is unfortunate, as facts are not heeded; rather, fear is the driving force. Vaccination for rabies provides lifetime immunity, probably after one but certainly after two vaccinations (in those dogs and cats that respond to vaccination; the other 5 percent will not respond even if multiple vaccines are administered).[4]

Although manufacturers license rabies vaccines for one or three years, usually they are the same vaccine but packaged with different labels. How are these claims for one- or three-year duration supported? Logic would suggest that animals are vaccinated and then challenged with live virus, and the point in time that susceptibility returns (i.e. protection wanes) would delineate the endpoint of vaccine duration of effectiveness. In actuality, animals are only kept alive for one or three years as needed, challenged, and then killed once the challenge is proven successful. Further testing is not done to determine the actual duration of immunity, as manufacturers only seek to show minimum rather than maximum duration. We need to change testing methods, and with rabies vaccination, we need to work to change state laws that currently require excessive administration.

Vaccination Does Prevent Disease, Doesn't It?

While it is clear that booster vaccination is pointless (and harmful), the question of initial vaccines is certainly more difficult and more controversial. It is generally assumed that vaccines have done much to prevent disease. As I have mentioned, however, I often saw diseases in vaccinated animals. Why was that? In part, immunization is not 100 percent effective, as some animals do not respond to vaccines. Another point that is often overlooked is the type of disease, whether acute or chronic. Only acute diseases can potentially be prevented via vaccination, as they are truly generated by an infectious organism. Acute diseases have symptoms that are constant over time, generally affect most members of a population if exposed,

and will induce immunity once the individual has recovered, so that reexposure does not result in further disease. Examples in humans include childhood illnesses such as measles, mumps, and chicken pox. In cats they are limited to feline panleukopenia (distemper) and possibly the feline upper respiratory viruses (herpes, calici). Acute diseases of dogs include canine distemper, canine hepatitis, and possibly canine parvovirus. Rabies is a cross-species acute illness. We understand acute diseases as being the result of exposure to and infection by a contagious organism, although *susceptibility must precede the exposure.* As an organism seems to be responsible for the illness, it is theoretically possible to prevent the illness with a vaccine for that organism.

With chronic diseases, the primary factor is immune-system malfunction; this may be either immune-system overactivity or immunodeficiency. In overactivity diseases, the immune system attacks elements of its own body because of heightened activity and problems discriminating between host and foreign tissue. We call these autoimmune (*auto* means "self") diseases, and they include such conditions as lupus, autoimmune hemolytic anemia, pemphigus, most thyroid diseases, and the feline eosinophilia diseases ("rodent" ulcers, eosinophilic granuloma, etc.). While these autoimmune diseases are rapidly increasing in number (see below), veterinarians do not generally confuse them with acute disease and do not usually suspect them to be caused by an infectious organism. As such, vaccination is not proposed as a preventive measure.

Immunodeficiency diseases, however, we often misunderstand and place in the same category as acute diseases, as an organism may be associated with these diseases. The organism is not the cause of disease in most cases, though. It may be only a symptom, or it may worsen the disease once present, but exposure to the organism in the majority of individuals does not produce disease. Immunodeficiency is the primary cause and must be present for infection to occur, as these types of organisms are not highly contagious. Additionally, while the organisms are capable of severe damage to immune-compromised individuals, healthy individuals generally remain unaffected by the organism. *Illness must therefore precede infection.* Attempts at vaccine protection will thus fail, as the true cause is not addressed.

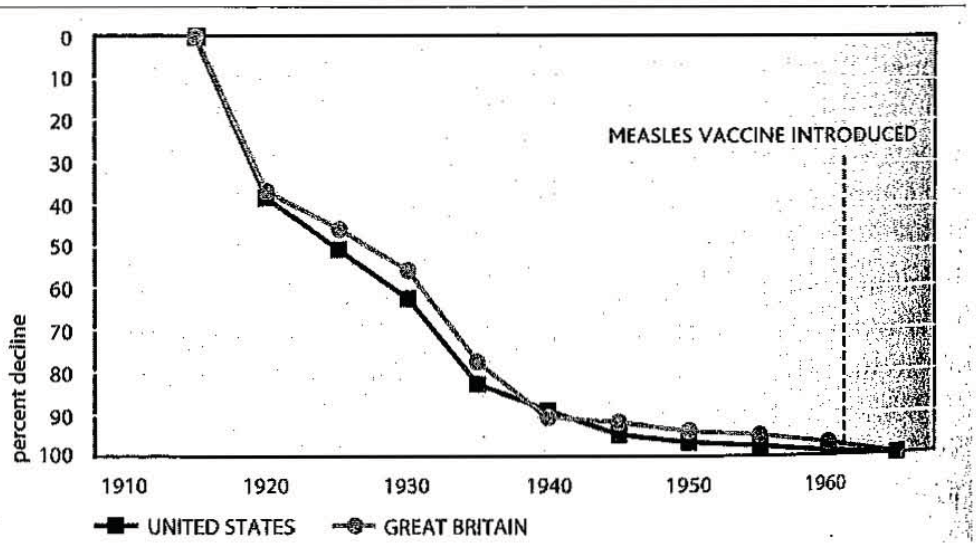
Some examples of immunodeficiency diseases in cats are feline leukemia virus disease, feline immunodeficiency virus disease, feline infectious peritonitis disease, and possibly the upper respiratory diseases. Immunodeficiency

diseases in dogs include Lyme disease, the kennel cough complex, and possibly canine parvovirus. Examples in humans (as a comparison) include the AIDS complex and probably hepatitis B. Of course, many other chronic diseases exist, but researchers have failed to find an organism to incriminate, so these are not pertinent to this discussion.

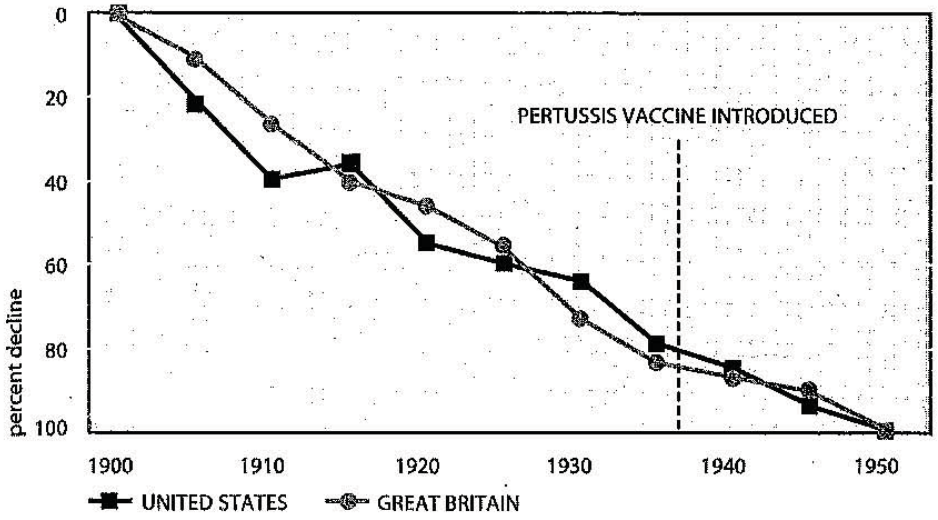
With acute diseases, the infection itself creates the illness. These acute infections require susceptibility to the causative organism, but typically no symptoms precede the infection. As such, prevention is theoretically possible by vaccination. Whether this actually occurs is unclear. When we examine short time frames and narrow population windows, reduction in acute disease appears to result from initiation of vaccine programs. Broadening these time and number windows, however, appears to refute the credit given to vaccines. Let's look at some human diseases as examples, since the data is much more complete than for animal diseases. Please refer to the following charts for measles, whooping cough (pertussis), and poliomyelitis (polio) as they occurred in the United States and Great Britain.

The numbers of deaths from all three diseases were dropping significantly before we began vaccinating against these organisms. Yearly deaths from polio had dropped by over 50 percent before introduction of vaccination. Similarly, deaths from whooping cough diminished by 75 percent prior to vaccine use, and for measles the numbers of deaths had plummeted by 95 percent by the time a vaccine was introduced. Furthermore, the rates of reduction in numbers of deaths were not affected by vaccine use; that is,

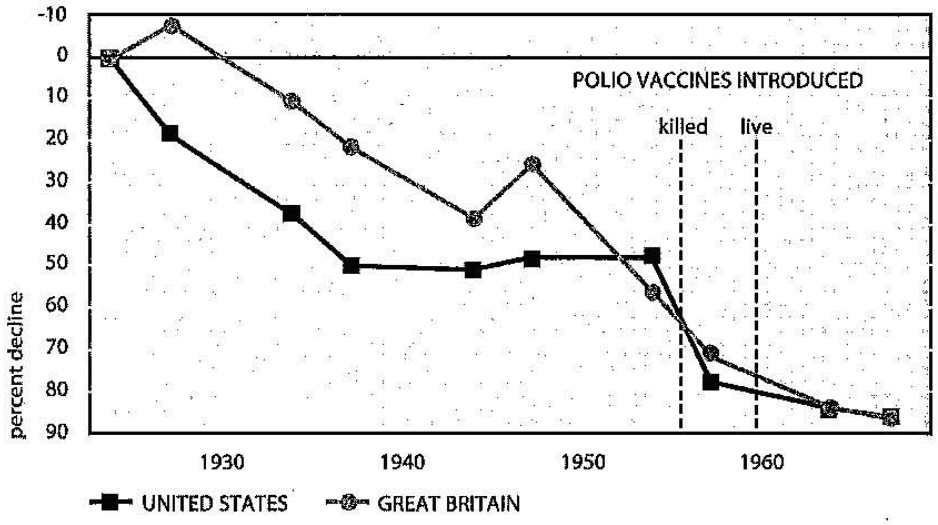
Measles Death Rate



Whooping Cough Death Rate



Polio Death Rate



Charts reprinted with permission from *Vaccines: Are They Really Safe and Effective?* (New Atlantean Press) © 1994 Neil Z. Miller.

the diseases were diminishing just as fast before vaccination as after vaccination.

In some cases, in fact, vaccination appears to have increased the death rate. This trend occurred with polio and smallpox. With both diseases, officials reclassified the diagnostic criteria, however, so the increased numbers of cases would not show up in health records. Additionally, many European

countries chose not to systematically inoculate with polio vaccines, yet polio epidemics just as surely ended in those countries as well.[5] It appears that vaccination had no positive impact upon these illnesses; rather, they diminished through natural resistance of the population. Improved hygiene also contributed to reduced infection and death rates.

Turning to veterinary medicine, let's examine a cattle disease that has a similar picture. Bovine herpesvirus I (infectious bovine rhinotracheitis) causes severe respiratory and genital infections. In the United States, vaccination has proceeded rather aggressively over the past ten to fifteen years in an attempt to reduce this disease. In Australia, however, health officials decided not to vaccinate, rather to allow natural immunity to develop within cattle populations. Interestingly, as of this date there is no difference in infection or immunity rates between the two countries—despite similar rates of infection at the outset.[6] Once again, vaccination does not appear to have made any impact, although we might have been tempted to credit vaccines if not for the comparison with conditions in Australia.

Christopher Day, a British veterinarian, compared the effectiveness of vaccination and homeopathic immunization for kennel cough among dogs housed at a boarding kennel. The kennel had been experiencing recurrent outbreaks of kennel cough prior to Day's study. Although the intent of the study was to evaluate the use of a homeopathic nosode for prevention of the disease, a curious finding was that vaccination actually increased susceptibility to the disease. This is particularly interesting in that it correlates with reports of increased susceptibility to smallpox and polio after vaccination. Incidentally, Day found the nosode to be quite effective at preventing kennel cough.[7] Nosodes are homeopathic remedies made from a product of disease such as saliva from a rabid dog *(Lyssin)* or a tuberculous lung *(Tuberculinum)*. In this case the nosode was made from phlegm of a dog with kennel cough.

In essence, vaccination is more about protecting populations rather than individuals, as Samantha McCormick so eloquently points out in the quote with which I end this section. As in the example above on bovine herpesvirus, vaccination is not necessarily an important component of herd immunity. And so Ms. McCormick's point becomes even more poignant.

> Vaccines are designed to protect populations, not just individuals, from diseases. Every individual who is vaccinated will not necessarily develop immunity. However, if enough individuals do

> respond to the vaccine in a given population, the organism, whose natural host is humans, will not be able to sustain itself in that population and outbreaks will not occur or will be limited. This concept is referred to as "herd immunity." It protects both immune and non-immune members of a community. If non-immune persons fall below a certain percentage, generally around 70–90%, outbreaks of the disease will occur (Plotkin & Mortimer, 1994). This is the reason that the state claims an interest in mandating vaccines, so that the unvaccinated do not pose a threat to the vaccinated. If vaccines truly conferred individual immunity, it would be no one's business if any individual chose not to vaccinate. The risk we ask some individuals to take on, when some vaccines have dangerous adverse effects, is that a few individuals are, in effect, sacrificed, so that the rest of society may survive disease free. Unlike the virgins sacrificed to the gods in primitive societies, the victims of vaccines are not informed beforehand of their brave duty to their community. Nor are they exalted for their sacrifice.[8]

Can Vaccination Cause Problems?

Vaccination may prevent specific diseases in the short term, but the usefulness of this prevention method is uncertain. Do these diseases perhaps provide some benefit that we do not understand? Perhaps we prevent them at some sacrifice to the greater good.

From a herd or species perspective, illness represents a strengthening factor. Overpopulation generally results in a disease outbreak, which reduces the herd size and cleanses the herd (or species) by culling weaker individuals. This, of course, is Darwin's survival of the fittest in action. Diseases such as rabies and distemper have historically provided this "cleansing effect" for wolf populations when necessary (although the dynamics of wolf packs tend to limit overpopulation better than most species, and certainly far better than modern humans).

A fundamental dilemma is that vaccination, in effect, leads to weakening of the gene pool, and thus the overall health of a given population. One way this occurs is by allowing individuals to live that would otherwise succumb to disease. The benefit of the disease process was recognized, and elegantly stated, by Higinio Perez, a homeopathic physician from Mexico who practiced early in the 1900s: "It is not enough to safeguard the individual,

who is a passing phenomenon. It is more important to safeguard the species."[9]

While this concept may seem harsh, particularly to the Western mind, our understanding of native or aboriginal thinking suggests that letting weak individuals die was implicitly understood to be not only acceptable but even proper. These cultures have long recognized the advantage of such a practice, and they remained in balance with their environments for incomparably longer time periods than we do today. Most modern, Western-patterned societies value the individual's right to be; therefore we make efforts to save all individuals. Our reversal of Perez's emphasis, both in human and domestic-animal realms, is conceivably a major factor in the ever-worsening health of individuals and of the species. I would even suggest it is leading to devolution of species. And, of course, the detriment to our planetary ecology is monumental.

The Chinese ideogram for crisis is formed by combining the pictograph for danger with the pictograph for opportunity. There is an old school of thought that suggests that illness is in fact a part of development, both on a physical and mental level. The crisis of illness presents an opportunity for growth. Indeed, I have a friend whose unvaccinated child made major progressions after febrile diseases. After one fever episode he began walking, and another episode was followed by initiation of talking. Vaccination may have prevented these fevers and thus the gains that followed. Perhaps this is one explanation for attention deficit disorder, hyperactivity, and other behavioral and developmental problems with children; these occur at epidemic levels today and have become more numerous over the past few decades. Is it only coincidence that this increase parallels massive childhood vaccination efforts? Apparently, vaccination is harmful not only to the species, but also to the individual.

When I first heard that vaccines may actually cause disease, I was skeptical. Of course, I knew about allergic reactions and other quick responses, but I assumed that these initial reactions were the extent of the problem. I remember a case, however, that opened my eyes. Fluffy was a sweet Persian cat who lived with an equally sweet woman.

Fluffy had recurrent bouts of cystitis (urinary bladder inflammation) that were very resistant to conventional and homeopathic treatment. Despite the fact that I liked Fluffy's guardian (and Fluffy), I hated to hear from her as it was such a frustrating case. The bladder infections were never under

control for long before they would return. One day I was reviewing the record for some clue as to what to do next when I had a stunning realization. The cystitis bouts were always about a month after the yearly boosters. I suggested to Fluffy's guardian that we no longer vaccinate Fluffy, and I never needed to treat Fluffy's cystitis again. I could only conclude that vaccines could indeed cause diseases—even a supposed infection.

Evidence for vaccine-induced damage in humans is vast. Pertussis is linked most often with problems, although all vaccines can and do cause reactions. One of the most common reactions to the pertussis vaccine is an abnormal respiratory pattern. These abnormalities tend to occur according to the typical pattern of response to stress. This pattern includes an alarm stage (the initial response), a stage of resistance (the body's attempt to negate the stress), and then a stage of exhaustion (when the bodily resources diminish).

Sudden infant death syndrome (SIDS) also occurs after DPT (diphtheria-pertussis-tetanus) vaccination, following the same pattern, with clumping of deaths during the three-week stress period following immunization. Younger infants tend to die early in the period (alarm stage), and older children later (exhaustion stage).[10] The death rate for children is eight times the average in the three days following DPT vaccination, according to some studies. Additionally, 85 percent of SIDS deaths occur during the age when children receive DPT vaccines.[11]

In 1976, Japan raised the minimum age for pertussis vaccination to two years; SIDS virtually disappeared from Japan at that time.[12] The United States was the third best in the world in infant mortality statistics in 1950. In the 1980s the country had dropped to number seventeen, and by 1994 we were at number twenty-one. Could this be related to our claims of "the most vaccinated children in history?" Japan, by contrast, was number seventeen in 1975; by 1990 they ranked number one.[13]