

# THE *informed* PARENT

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## STRUCK OFF THE GPs LIST

*A mother has been struck off her GPs list for deciding her baby boy should not be vaccinated.*

The Harrow Observer reported (24.6.93) that Lesley Dove of North Harrow and her 10-week-old son have been told by their GP to go elsewhere for treatment after she expressed concern about vaccinations.

"I told the doctor of my concerns about the documented problems with the vaccines but I was told that I was being a negligent parent," Mrs Dove is quoted as saying.

"All I want is the best for Jonathon and I really believe there are more problems with the vaccines than without. They guarantee nothing and at best are unnecessary and, at worst, are a risk to child health. I am being bullied by doctors who want to play God."

In a letter from her doctors Mrs Dove was told: "We both feel we must ask you to seek a different practice. We agree that everyone is entitled to hold their own views: we respect the democratic right of individuals to make and hold those views."

"However, this is not to say we can always respect the views that are held."

One of the doctors went on to say that they were strong believers in vaccination and pride themselves on their "good record" in the area.

"We do accept that some patients do suffer side-effects from the vaccines we give. Despite this, we also accept the natural diseases against which we seek to protect are potential killers."

Mrs Dove is now searching for an alternative GP and said: "I am not scared because it is my choice as a parent to choose what's best for my child."

The newspaper's health correspondent spoke to Magda Taylor of The Informed Parent who said: "Since we set up we have

heard of a number of people with problems with GPs concerning immunisation and many have been put under enormous pressure to go along with their view.

"GPs have told parents they are irresponsible and many parents end up breaking down in tears. They are the very group of parents who care enough to find out what is best for their children."

Veronica Chamberlain of Pinner, Middlesex has also been asked that her child be removed from her GPs NHS list because of the vaccination issue.

This story has a different slant to it because Ms Chamberlain says her "caring and committed GP" is going to treat her son privately, free of charge.

Ms Chamberlain, Liberal Democrat Parliamentary spokesperson for Harrow East, wrote to her local newspaper, saying: "Increasingly parents are, after careful thought, refusing vaccinations for their children. One reason for this is that vaccines in use for many years have been shown later to have undesirable side-effects. Only recently, such a vaccine - for measles, mumps and rubella - was withdrawn."

"It is up to parents to investigate this and reach their own decisions. We do still have freedom of choice in this country. Or do we?"

"The Department of Health is putting GPs under pressure to achieve vaccination targets. Unless 90% of their child patients are vaccinated, GP practices can lose hundreds or even thousands of pounds. Parents can be persuaded for quite the wrong reasons to have their child vaccinated or the GP may not treat their child on the NHS."

Ms Chamberlain calls for anyone else who has been struck off or has felt coerced by their GP to contact her c/o Harrow Liberal Democrats, Freeport, Harrow, HA1 4BR.

The Harrow Observer, which carried both these stories, later felt the need to carry a full-page feature about vaccination, written by Brent and Harrow Health Authority's consultant in primary health care, Dr Mahendra Mashru.

The article refers to the "myths feared by parents" and suggests these fears have been removed by the 1992 Department of Health booklet "Immunisation Against Infectious Diseases".

"The booklet documents scientific studies which show the limited dangers are far outweighed by the benefits to children," says Dr Mashru. "It has given doctors the confidence to promote vaccination and parents the confidence to accept such advice."

"...Most parents are happy to have their children immunised, basing their decision on sound medical advice."

"Nevertheless, we fully respect the right of parents to exercise their freedom of choice and will play our part in ensuring that all families have a doctor who best suits their particular needs."

*The Informed Parent checked the regulations with the Family Health Services Authority - see back page.*

### THANK YOU...

*...For your comments, letters and questions. We enjoy hearing from our members and try to answer questions directly relating to vaccination either by passing on information or asking an expert to help.*

*Our aim at The Informed Parent is to offer information about vaccination and directly related issues. We do not feel we can deal with other health or child-rearing concerns.*

*But we do understand that many of our members are seeking additional information and so we are compiling a resource list of other organisations which we hope will be of help.*

*This will be available shortly and anyone interested should send an SAE to The Informed Parent, 29, Greyhound Road, Sutton, Surrey, SM1 4BY.*

*We are also bringing up to date our reading list and if you require a copy, please send an SAE to the above address.*

# THE TRAGIC CASE OF SARAH

*Following the article in The Guardian about vaccination, which mentioned The Informed Parent, we received this heart-rending letter from May Gardner who lives in Esher. We publish it here unabridged:*

"I understand from yesterday's Guardian that you have set up an information service on the subject of immunisation and vaccination and I hope you will find it possible to include the following information.

"Sarah- age six months of Esher, Surrey.

"One day in February 1989, Sarah, who up to then had seemed perfectly well became a little feverish and vomitted after tea. The doctor advised on the telephone mild medication and said he would see her the next day if she was not better. Her condition worsened and he saw her at 2 a.m. but was unable to diagnose her condition but still thought it a mild childhood infection.

"He saw her again at 8 a.m. and she was admitted to hospital. By midday she was in intensive care. Despite all the efforts of the medical staff, by next day she was thought to be brain dead. A scan at Ormond Street Hospital on the following morning confirmed this. Within a few moments of being disconnected from life support Sarah was lying in her mother's arms. Dead.

"Cause of death. Meningitis and Septicaemia caused by Haemophilus B.

"Protection. A vaccine has been developed and used in USA and Finland where a dramatic fall in the number of infant deaths caused by HIB has occurred. This protection is now available to our children.

My advice to parents. Sarah's death was not only tragic, it was accompanied up to the time of death by severe convulsions which could not be controlled by any treatment tried. It was the cause of great anguish to her parents who were with her throughout, the doctors and nurses who attended her, to the local GP and to all who knew and loved her.

Think very hard before you withhold your child from the HIB vaccination. Meningitis caused by HIB may not have been the commonest cause

of infant death but would you risk the possibility of your baby's dying like that when it could be prevented?

"What I have said about Sarah is absolutely true - it is not a scare story made up by interested parties in order to sell drugs!

"Sarah's parents still live in the same house and, if you wish, I am sure they would be prepared to discuss HIB with you and tell you how they feel - that the vaccination did not become available in time to protect their baby. They are not people who are sold on immunisation and vaccination in all circumstances and in fact the whooping cough element has been omitted from the immunisation programme of two of their other children for sound medical reasons.

"On the subject of other immunisations I would suggest to you that you should discuss epidemic diseases with people of my age and over (65). I can remember the fear that would strike a whole community when a case of diphtheria and later poliomyelitis occurred.

"I can remember the suffering of little children with whooping cough and the death of one in the street where I lived, the life of constant illness of a little girl in Worthing when I was a young mother, because she had missed her immunisation programme having spent her infancy abroad and, consequently, had lungs permanently impaired by whooping cough.

"Measles frequently damaged the sight or hearing of children irreparably. Many people who are prepared to issue advice on the subject, and this includes some doctors, and practitioners of alternative medicine have had no experience of the diseases of which we speak. Some have principles guiding them which are not necessarily scientific and which they may not declare.

"Unless you were a Catholic would you accept advice on contraception from

someone who was, or from a Jehova's Witness on blood transfusion if you were not of that church?

"I believe you are a group of young mothers who, loving your children and wishing to do the best for them, as all mothers do, have a very proper concern for what medical procedures they are submitted to.

"But I beg you - whatever guiding principles you decide upon in bringing up your own children, you will exercise the utmost caution in advising others if only for your own sake.

"After all, what will you say to the first mother who, after acting upon anti-vaccination advice, loses her beloved child to HIB - and the possibility exists."

(The Informed Parent would like to emphasise that we are not offering advice. We are an information service and only wish to provide as much knowledge as possible to parents, so that they can make up their own minds on the question of vaccination.)

*\*If anyone wishes to reply to May Gardner please write to The Editor, The Informed Parent, 114, Victoria Road, Elland, West Yorkshire, HX5 0QF.*

## BREASTFED BABIES STUDY

*Are you able to participate in a study conducted by Esther Culpin and Dr Michel Odent on behalf of the Primal Health Research centre in London?*

*They are looking for information about children who were exclusively breastfed for at least six months, not weaned before one year of age, not vaccinated against whooping cough and who are now more than four years old.*

*Participants have only to fill in a very short questionnaire which will be treated in strictest confidence. Copies are available in English, French and German and may be obtained from Esther Culpin, 36, Queenswood Drive, Hampton Dene, Hereford, HR1 1AT. Your help would be appreciated.*

# HIB MENINGITIS AND THE NEW VACCINE

Melany Still has researched the disease and the new vaccine. Here she gives her summary of this most difficult subject...

According to the Department of Health, the new Hib vaccine has reduced Hib meningitis in babies under 12 months by 70% to 22 cases in the first three months of this year.

Virginia Bottomley, health secretary, hopes she "will soon be able to add Hib meningitis to the list of serious childhood diseases which are history." (The Times 3.5.93.)

Hib is the name of a bacterium (germ) responsible not only for Hib meningitis but infections such as pneumonia or epiglottitis (severe swelling in the throat causing obstruction) as well as arthritis or osteomyelitis (bone infections).

It is only responsible for Hib meningitis and not for other bacterial forms of meningitis. Hib accounts for approximately one third of all bacterial forms.

Likewise, the vaccine only offers protection against Hib bacteria.

However, all forms of meningitis share symptoms which are initially flu-like and possibly include drowsiness, vomiting, high pitched crying, a stiff neck and dislike of bright light.

*A patient may deteriorate rapidly so if you suspect meningitis, call your doctor or go straight to hospital.*

You may be reassured that your child has flu or some other infection. If you are unconvinced, ask for another opinion. Immediate orthodox treatment is penicillin which could be life saving.

Virtually all children carry the germ at some time, passing it on with sneezes and kisses and by the age of four or five will have naturally acquired immunity. Unfortunately, the germ does occasionally infect.

Hib infections are not common childhood diseases which is why most of us hadn't heard of them until the Hib vaccine hit the headlines last October.

Exposure to the germ alone is unlikely to result in infection because germs do not enter a body and make it sick. If they did then all our children would suffer from one of the Hib infections.

But certain children are susceptible.

For example, infections are more likely where overcrowding, poor nutrition and lower standards of living are prevalent in communities.

Seventy per cent of Hib infections occur in infants between six months and one year when the immune system is immature. Before three months the baby carries antibodies from the placenta and breast milk. These gradually decrease and the baby must acquire its own antibodies.

In an article entitled "Haemophilus" the author raises the question of increased susceptibility in babies, saying it is "quite conceivable that ... excessive use of medical drugs and childhood vaccinations increase the infant's risk of reacting to the presence of the bacteria in a pathological way. Thus it may well be that the impaired state of health caused by the traditional set of vaccinations is the main reason for introducing another vaccine (Hib)." (Kris Gaublomme MD. The International Vaccination Newsletter Issue 2. But can we

be certain of our new babies' resilience even without excessive medical intervention? It does appear that the vaccine has reduced cases of Hib infection in the UK though doubt has been expressed elsewhere.

A study from the USA reports that "If vaccine use was responsible for the decline in Hib disease, it remains to be explained why disease decreased in infants less than one year of age before vaccine was licensed for that age."

Those commenting on the study couldn't be certain that there were fewer people carrying the germ and therefore fewer babies being infected. More likely it was due to "cyclical variation" rather than "changes in medical practice."

The study also says that vaccine-induced immunity may not be long lived and although Hib infection in children may decline, it asks "will there be an increase in the proportions of both older children and adults who are susceptible to Hib infections?" (Jama 13.1.93. Vol 269 No. 3)

*Further information and references available from Melany Still by contacting The Informed Parent. (Please enclose SAE).*

*For specific information about meningitis contact The National Meningitis Trust, Fern House, Bath Road, Stroud, Glos, GL5 3TJ.*

*Meningitis Research 24-hour helpline offers counselling for bereaved parents and comfort for people who may have loved ones in hospital or at home. Their address is Old Gloucester Road, Alveston, Bristol, BS12 2LQ.*

*What Doctors Don't Tell You Vaccination Handbook comments on the Hib vaccine. Send £4.95 to What Doctors Don't Tell You, 4, Wallace Road, London, N1 2PG.*

## AN ALTERNATIVE VIEW OF HEALTH AND DISEASE

Trevor Gunn, well-known for his opposition to vaccines, and David Cocks, acupuncturist, will be speaking on vaccination and other ways to boost the immune system on October 16th 1993 at

the Unitarian Church, New Road, Brighton, between 3-5pm.

Charges are £3 for individuals, £5 for families and £1 for concessions. Telephone 0273-208855 for further information.

"...and the worst of all delusions is the germ theory and the consequent introduction of the serum therapy with its various dangerous vaccines....which have been the cause of more injury and death than famine, pestilence and war combined." *Dr Thomas Morgan in his book "Medical Delusions."*



# TETANUS-THE VACCINE WHICH RAISES MOST DOUBTS

*It does appear as though the tetanus vaccination raises the most doubts amongst parents when deciding which, if any, vaccination should be given to their children.*

*There are probably two main factors that distinguish the tetanus vaccination from the other childhood vaccinations.*

Firstly, the vaccination procedure appears to mimic quite closely the mode by which the disease is contracted naturally. Injection of tetanus toxin from the vaccine appears quite similar to the penetration of the tetanus toxin into the blood system via a wound.

In addition to this, the risks of infection would seem to be quite high in most children. Tetanus is not a contagious disease and infection occurs through wounds contaminated with horse manure, garden soil, rust and other dirty objects that harbour the tetanus bacteria.

However, the presence of the bacteria itself in a wound does not necessarily indicate contraction of the disease tetanus.

Sufficient unclean material from the original site of the bacteria should be present in the wound with the exclusion of air. In these conditions the bacteria can grow and multiply, producing a toxic substance that enters the blood. Sufficient toxin in the body stimulates muscle spasms, the first sign of which can usually be seen as a spasm of the jaw ('lockjaw'), with a later generalised rigidity and spasm.

Primary wound cleansing is therefore the most important factor preventing infections of any sort. A drugs and therapeutics bulletin study of 1991 demonstrated that wounds heal safely and efficiently by themselves and need not be made sterile. That is to say, one does not need to make sure that all micro-organisms are killed, but if the wound looks clean, it should simply be irrigated with saline or tap water.

In fact the substances used to sterilise wounds are often quite harmful. Antiseptics can be used to clean dirty wounds however, unnecessary or prolonged use of antiseptics can delay healing. Many casualty departments routinely use tap water and ill effects have not been reported.

Topical antibiotics have no place in wound management, except metronidazole in smelly wounds, i.e. wounds that are

already considerably infected.

The immune system at the site of the wound can effectively deal with foreign particles and micro-organisms, including tetanus, without recourse to anti-microbial agents. The only necessary factor seems to be adequate cleansing with clean water.

Under normal conditions, tetanus, or any other serious infection, should not take place. Therefore, we need to discuss the risk of infection, under what conditions are these likely to occur and what procedures are available for dealing with them.

The depth of the wound is only important in how it relates to ease of

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L.C.H., a graduate in medical  
biochemistry and a practising  
homoeopath.

cleaning and the possible exclusion of air, hence puncture wounds are potentially more hazardous. (In severe cases, the length of healing time may also be a factor.)

The methods of treating wounds are now very good, homoeopathically and allopathically.

With adequate cleansing and topical application of the homoeopathic remedy hypercal (hypericum and calendula) cream or liquid tincture, the risks of tetanus must be extremely small. Ledum and hypericum have been used to treat the onset of tetanus successfully. There are also many other

remedies at the disposal of homoeopaths that can successfully treat any infective condition.

Tetanus has also been successfully treated with large dose vitamin C injections. Tetanus bacilli are also penicillin sensitive. If the risk of infection from a particular wound appears to be quite high, then it is also possible to have a "passive immunisation" whilst undergoing treatment for the wound. This is an injection of human antibodies to the tetanus toxin, its effectiveness not dependent on any previous immunisation. Patients are receiving antibodies and not making them themselves.

The tetanus vaccine, usually given as the triple vaccine DPT (diphtheria, pertussis, tetanus) is for the purpose of creating prior immunity - it contains tetanus toxoid, preservative and toxin-deactivating agent. It is hoped that patients can create their own antibodies to the toxoid that will guard against future infection. This is called "active immunisation."

The initial criticisms of immunisation are still true for the tetanus vaccine, as with any other injected vaccine.

By injecting a high dose of toxin into the body, the non-specific systems that normally deal with infection have been bypassed i.e. the usual first lines of defence at the site of the wound - systems that would have dealt with a slow accumulation of bacteria and toxin.

Doctors have demonstrated a drop in the ratio of helper to suppressor T-lymphocytes (the cells involved in the immune response) in healthy adults, after tetanus vaccination. This can lead to

## CAN YOU CATCH POLIO FROM SWIMMING POOLS?

Members have asked this question and we hope to have a full reply from Trevor Gunn in our next newsletter. However, in What Doctors Don't Tell You (Vol 4, no.3) Dr. J. Anthony Morris, former FDA official, is quoted as saying: "Polio virus is mainly transmitted through fecal matter, not through urine. Although many babies urinate in pools, few defecate in them. However, should any of the polio virus become circulated and somehow make its way into the pool, the level of chlorine in most swimming pools added to kill most infectious diseases should be adequate to inactivate it."

"So if there is any danger at all, it is so minute you can forget about it."

immunological unresponsiveness i.e. an increased susceptibility to other diseases.

This immune response to the vaccination is not a healthy immune response and is characteristic of AIDS. Because the secondary system has been stimulated by the vaccine, it naturally suppresses the primary system. It therefore leads us to question what possible effects this could have on a young child.

The results of the tetanus vaccination in reducing the incidence and severity of tetanus itself are also open to question. The vaccine appears to have needed a high dose of toxin relative to the amounts involved in natural infection to stimulate antibody response.

Although the toxin is somehow deactivated, the vaccine has still caused deaths and adverse effects, even though the numbers are probably very small.

The vaccine has now been considerably weakened in order to reduce the incidence of adverse reactions.

Therefore its effectiveness in stimulating antibodies is reduced, however the adverse effect on the immune system is still present whenever foreign particles are injected into the body.

In Germany (the only country for which I have information with similar standards of hygiene etc. to the UK) the incidence of tetanus has not declined any more since the introduction of the vaccine. There have been cases of illness and death, even among immunised individuals.

In the USA, government statistics admitted that 40% of the child population were not immunised, yet the infection rates have still declined markedly in these children. This cannot be attributed to the immunisation of the other children, as this is not a contagious disease.

It appears as though the improvement in the general living conditions of the population (hygiene and diet) has had the greatest effect in reducing the incidence and severity of this disease, along with

increase ability to deal with wounds.

Tetanus is still more common in countries with very poor levels of sanitation, wound hygiene, nutrition etc., in spite of medical procedures and vaccines.

The subtle effects of a procedure that attempts to stimulate only a very small part of our immune system, by injection of toxic material into the underdeveloped bodies of children, are only just coming to light.

The reductions in disease rates that have naturally occurred due to improvements in diet, hygiene and wound management, have been wrongly credited to tetanus vaccination.

The effectiveness of the procedure itself is therefore not known.

The real risks of contracting tetanus are very small; the methods for treating wounds are now very good. Even if one is still worried, it is possible to obtain a passive vaccination at the time of wound treatment.

## IN THE NEWS AGAIN...

*Lucy Williams revealed a shocking secret in the Guardian newspaper in July - a secret that she claimed causes horror and disbelief when she reveals it.*

Her daughter has not been vaccinated.

Pregnant and pro vaccination, she became less sure when she saw how healthy her new-born child was.

When she mentioned it to her mother, there followed an avalanche of Press cuttings about the adverse effects of vaccination, plus "graphic tales of my own bad reaction to the whooping cough vaccine, refusing to open my eyes and screaming all night."

Lucy's GP accepted that, because the baby was being breastfed, the vaccinations could be put off until she was six months old. But in the meantime, Lucy read up on the subject and "found there were few easy answers."

The article (The Guardian 20.7.93) mentions The Informed Parent and our membership of 300 (double that now) and Lucy says: "The comfortable body of public opinion may not be behind us but we are not alone."

Of vaccines, Lucy says, "Increasingly, concern is expressed over their long-term effects on child health.

Fears are growing that disease, injected into the immature immune system, takes root there to flourish at a later date. Symptoms of the weakened system include 'glue ear', persistent colds and flu, and hyperactivity.

"Statistics and scare stories can be used to prove both sides of the argument. As yet, there is no body of information in the anti-immunisation camp as powerful as society's existing faith in the science of vaccination, backed up by drug companies whose motive is profit"

The Guardian printed three of the letters it received in response to the article - two from pro-vaccination writers and a third from a parent who chose not to have vaccinations for his three children.

Three GPs from Scotland wrote: "Immunisation works by protecting both the individual child from infection and the community at large by preventing the spread of infection. Therefore, other children, e.g., those suffering from cancer or Aids, would benefit if Lucy Williams's

child and all other healthy children were immunised."

Bryan G. Reuben, Professor of Chemical Technology, South bank University, London, said, amongst other things: "As long as Ms Williams remains a lone eccentric, her children will be protected from contact with childhood diseases by the immunity of the general population. Were her views to gain ground, however, we could look forward to a resurgence of traditional childhood diseases".

And H. Clarke from Bakewell said: "Lucy Williams should take heart. None of my three children has been immunised and they're now in their twenties and none the worse, despite wide travel abroad. They threw off mumps, measles etc., just as readily as they recovered from infections for which there is no vaccination and they have not suffered from any of the vaccine-linked diseases."

### DID YOU KNOW?

*In 1942 the US Secretary of War, Henry L. Stimson, reported: "Recent army experience with yellow fever vaccine resulted in 28,505 cases of hepatitis, with 62 deaths, as of July 24 1942."*



# VACCINES AND THE U.S. LAW

President and Hillary Clinton would like to see the United States government guarantee healthcare coverage for all Americans.

Their worthy but ambitious goal will no doubt face powerful opposition as lawmakers battle over such complex issues as "core benefits", "universal insurance" and "value-added taxes."

So to kick-start the programme on a winning note, the president announced he will seek funds from Congress to provide free vaccines for all U.S. children. Lawmakers responded by drafting several bills on vaccines that greatly expanded upon the president's original intent and may threaten our right to choose against vaccinating our children.

Some of these bills, along with their potential consequences if passed, are noted below.

On January 5, 1993, H.R.77 was introduced to amend the Social Security Act "to require as a condition of participation under the medicare program that hospitals provide parents of newborn children with information and recommendations on childhood immunisations." If passed this bill will require hospitals "to provide written information on generally accepted recommendations" for childhood shots. This law will not require hospitals to provide details of the potential risks associated with vaccines, nor does it tell parents whether their children may be contraindicated for one or more of the vaccines.

On January 5, 1993, H.R.78 was introduced to seek funds from Congress "to provide for the development of a single vaccine" (known as the supervaccine). This law acknowledges that "the number of visits to a healthcare provider (for vaccines) is an impediment" to receiving the entire battery of shots. It is based on the

belief that one shot can provide protection against at least eight childhood diseases. Readers should be aware that currently there are no

by Neil Z. Miller  
Author of "Vaccines:  
Are They Really Safe and  
Effective?" Neil Z. Miller  
has sent this article to The  
Informed Parent from his  
home in Santa Fe,  
New Mexico...

studies anywhere in the world indicating whether vaccines in combination - like the MMR and the DPT shots - are safe or effective. The courts have consistently recognised that children are hurt and killed each year from combination vaccines.

On February 17, 1993 H.R.940 was introduced and on April 1, 1993, H.R.640, S.732, and S.733 were introduced as well. These bills may be jointly referred to as the "Comprehensive Child Immunisation Act of 1993." They seek "to provide for the immunisation of all children in the United States" and intend to follow up on this dubious goal by creating a national registry to track parents who resist. "The system shall be designed to obtain timely information about the immunisation status of individual children and to monitor immunisation rates at the State and local levels." These laws will also override current state laws on vaccines and will severely

limit exemptions parents may claim. Ironically, these laws also treat the manufacturer's cost of producing each vaccine - including awards to parents of damaged children - as a "trade secret or confidential information."

On April 22, 1993, H.R. 1840 was introduced "to deny benefits under the program of aid to families with dependent children with respect to any child [who has not been immunised]." Childcare providers who receive grants from the government will also be required to deny services to families who refuse vaccines.

Clearly these laws seek to restrict, not empower, our choices in healthcare. I seriously doubt if that is what President and Hillary Clinton had in mind when they began the process of reforming the healthcare system. Many parents are opposed to vaccines. In a free country like the United States of America, no one should be compelled to submit to dangerous health practices against their will.

Health and illness are personal experiences belonging to the people undergoing them. Nobody else has the right to dictate how they will be managed. That choice is the individual's alone, or belongs to the legitimate guardians of a dependent child.

If you are opposed to mandatory vaccines, contact your own government officials. Get involved. Let them know how you feel. And do it now, before your health care options are denied.

*\*Neil Z. Miller's book, mentioned above, is available for £5 inc p & p from Vaccination Information, PO Box 43, Hull, HU1 1AA.*

## COMPULSORY VACCINATION IN NEW ZEALAND...

*Taken From Healthy Options, a New Zealand natural health magazine (June/July 1993)*  
Early April 1993 Jenny Shipley, the Minister for Social Welfare, invited comments and an open debate on compulsory immunisation of children as a pre-requisite for receiving Family Support payments.

A letter of concern was sent from Health Options and a reply from Jenny Shipley assured us, as quote: "If the proposal is to be advanced it will require wide consultation and the provision for parents to opt out if for some reason they were against immunisation, would need to be included."

If this were the case then the minister's proposal would not need to be proposed. Send your letters of concern to: The Minister of Social Welfare, Parliament House, Wellington - before we find that vaccinations are compulsory and your right to choose is denied.

Already schools are receiving 50c per child vaccinated, which makes this a business venture and open to abuse.

If you have already had your child vaccinated against your wishes contact us or the Immunisation Awareness Society, PO Box 56048, Dominion Road, Auckland.

# AN ALLERGIC REACTION TO ALUMINIUM

A member from Leamington Spa writes.

"I took the decision not to immunise - with the exception of polio and tetanus for what I hoped were very good reasons at the time.

"I now wish I had not agreed to the tetanus.

"Four years later my daughter has a large patch of changed skin on her thigh with black hair growing out of it which she has scratched and worried at intermittently ever since she was tiny.

"It turns out that the tetanus vaccine is delivered in an aluminium solution to which she has proved to be allergic. The aluminium is now deposited in granules under her skin and spreading as she grows.

"Having seen several consultants

who were initially baffled, I suggested that I was suspicious of the tetanus jab as the cause of this patch and they told me that in the 1970s concern had been raised about this reaction but that the issue had died down.

"Indeed it must have done. Had news of any such side effect been available in the considerable amount of literature I read beforehand I would never have agreed to the tetanus injection - not much consolation to my daughter when she is older.

"Perish the thought that this information may have been excluded from the Government's advice leaflets in order to maintain immunisation levels and reach financially rewarded targets!"

*\*The writer of this letter would be interested to hear of any other parents who have had similar experiences.*

*(Editor's note: Some vaccines are known to contain aluminium, mercury and formaldehyde. Aluminium and mercury are highly toxic to humans and formaldehyde is a known carcinogen.)*

## *Missed Some Newsletters?*

*If you have missed some of our newsletters or want extra copies to pass on to friends, we can supply them if you write to The Informed Parent, 19, Woodlands Road, Harrow, Middlesex, HA1 2RT. Issues 1 and 2 together cost £1.50 and any others are £1 each. Please send a SAE.*

# THE RISK FACTOR

*Mr Gunn responds to a question which has arisen in members' letters*

Which risk is higher - that of the body exposed to diseases or that of the body suffering from the side-effects of vaccines?

This is, in essence, the whole issue. To answer this question fully, we need to find out what are the chances of catching a particular disease and how dangerous is this disease?

We then need to assess how effective the vaccine is and then of course, what is worse - the risk of harmful effects from the vaccine or the disease?

Each specific case of disease in each individual will therefore be different. However, it is possible through an understanding of disease and vaccines to arrive at a general understanding of the main issues. This is, in fact, the subject of all the books on the vaccine issue.

I will, however, give a brief outline of my approach to making an assessment of this controversial issue.

Firstly, disease is the result of a state of health of an individual and the condition imposed on that individual. It is not a chance affair left to the discretion of the microbes.

We all have bacteria, viruses and genetic material present in our bodies which are in fact necessary for maintain our health. However, if our cellular

environment deteriorates - due to toxins, poor nutrition or chemical changes from mental and emotional stress etc - then these same bacteria, viruses and genes can become pathogenic (disease producing.)

In a state of ill-health, external

by Trevor Gunn,  
B.SC., L.C.H., a graduate  
in medical biochemistry  
and a practising  
homoeopath.

micro-organisms are able to infect and proliferate thus causing secondary complications. These infecting micro-organisms are not however the cause of the original condition.

The results of the recent World Health Organisation report shows that the disease and mortality rates in the Third World bear no correlation to the amount of money spent on medical treatment, including vaccination programmes, but are more closely related to the standards of hygiene and diet. It is suggested that these are the real reasons for the decline in infectious diseases world wide.

Through catching certain childhood diseases naturally we are able to develop long-lasting effective immunity. This may be a very necessary process in the development of young children. After a childhood illness it is often noticeable how children improve physically and/or mentally. After a vaccine quite the opposite is often true. Even the vaccine-induced immunity tends to be much more short lived than when contracting the disease naturally.

The results of the vaccination programmes are so far inconclusive. They have not been assessed by taking into account the natural decline in disease due to improved standards of living. In addition they have not been assessed in terms of an individual's total state of health i.e. if in fact they make individuals more susceptible to other more serious diseases.

The theory of administering a large amount of toxic material into the body in the form of a vaccine to promote an antibody response and induce immunity is an old idea that has serious problems. New evidence suggests that by stimulating a blood antibody response we are in fact suppressing a major part of our immune response. This immune damage will probably occur to all taking vaccines even though it may not be so apparent.

Vaccinated and unvaccinated people will always be exposed to disease and as long as we are alive we will have the potential for disease. Disease is inherent in our being. We need to learn the conditions that support health and hence prevent disease safely and naturally.

Vaccination appears to be an ineffective and dangerous procedure with, therefore, unacceptable risks. Their harmful effects are grossly underestimated.

There are far safer, more effective ways of disease prevention that are in keeping with almost all of the evidence concerning disease prevention and health improvement.

The above should indicate areas needing further enquiry and therefore help each of us to come to our own, more informed, decision.



# IS MEASLES AN ILLNESS?

To orthodox medicine measles is an unpleasant childhood illness which can turn into a killer.

But for many practitioners of alternative medicine, measles is seen as having a cathartic effect, helping to clear toxins from the child's system.

This unconventional view was mentioned in The Guardian's article on vaccination (discussed elsewhere in this newsletter) but brought a resounding response from Bryan G. Reuben, Professor of Chemical Technology, South Bank University, London.

His letter to The Guardian states: "Belief in immunisation is, at any rate, more rational than seeing measles as 'helping clear toxins out of the child's system.' That must have been very consoling to the parents of the 120 per million children who died of it in 1935/40."

Nevertheless, this view is staunchly defended by some alternative practitioners and we decided to quote from one of the books on our reading list so that members can make up their own minds or do further reading themselves.

Michio and Aveline Kushi in "Macrobiotic Child Care" (ISBN 0-87040-612-4) suggest that measles is a natural discharge of unnecessary factors accumulated in the womb. Noting that it is now relatively rare for children to experience measles, the authors give several possible reasons.

"The first is widespread use of mass-produced, chemicalised, artificial foods, many of which are extremely yin. Items such as ice cream, sugared cereals and sweets, soft drinks, processed fruit juices, cow's milk and artificial infant formulas weaken a child's ability to discharge effectively.

"When children eat a large volume of these and other modern foods, or if they are consumed during pregnancy, the child's capacity for discharging excess, including measles, is diminished.

Another factor that inhibits discharging abilities is the use of the measles vaccine. The vaccine has the potential to cause many serious complications and stimulates the production of antibodies that interfere with the natural discharge of the measles.

"If a normal healthy child with measles is cared for properly by parents, the risk of complications is slight. It is actually beneficial for children to discharge excessive factors in the form of measles. The attempt to prevent measles through vaccination could cause excess to be stored deep within the body, contributing to more serious degenerative conditions in the future".

"The incidence of measles started to decline before the vaccine was widely introduced. This was largely due to the shift from a more natural to a more artificially processed diet and the corresponding decline in natural discharging power. However, many children who receive the vaccine develop measles anyway, indicating that the vaccine is frequently ineffective."

The authors go on to describe the first symptoms of measles and the type of care that they advocate for the patient.

"Parents need not fear the measles," say the authors. "With the proper dietary lifestyle approach, children shed their embryonic excess smoothly and begin a new stage of growth and development." (J.F.S.)

With thanks to Jill Thompson, a member who suggested we quote from the book.

## CHECK WITH HEALTH AUTHORITY

*The Informed Parent was told that a GP has the right to strike off a patient from his or her list without giving a reason.*

*To do this a doctor must write to the local Family Health Services Authority and ask for the named patient to be removed. The doctor is still responsible for the patient for seven days after the letter has been received, but on the eighth, the doctor is no longer responsible.*

*However, if the patient is receiving treatment at intervals of less than a week (e.g. daily treatment at the surgery) he or she cannot be removed from the list until that treatment is completed.*

*A letter is then sent to the Family Health Services Authority explaining that Dr X has asked for the patient's removal. The patient is then asked to make arrangements to register with another doctor. The patient is also given the address of the Community Health Council in the area, who will help put a complaint together if that is what the patient wishes to do.*

*If one doctor in the practice asks for a patient's removal, then the patient is removed from the practice altogether and cannot attend another doctor in the practice.*

*When the patient registers him or herself with another doctor, the second doctor can ask for the patient to be removed straight away.*

*If the patient has made attempts but cannot register with another doctor, the Family Health Services Authority will allocate a doctor to the patient. This doctor is obliged to keep the patient for three months but can make an application for removal before that, depending on circumstances (e.g. the threat of violence.)*

*The Informed Parent would be pleased to hear from any members who have had problems with a GP over vaccination. Please write to us c/o 19, Woodlands Road, Harrow, Middlesex, HA1 2RT.*

*The views expressed in this newsletter are not necessarily those of the members or founder members. We are simply bringing these various viewpoints to your attention. This organisation is entirely voluntary and non-profit making.*

## AIMS AND OBJECTIVES OF THE GROUP

1. To promote awareness and understanding about vaccination in order to preserve the freedom of an informed choice.

2. To offer support to parents regardless of the decisions they make.

3. To inform parents of the alternatives to vaccinations.

4. To accumulate historical and current information about vaccination and to make it available to members and interested parties.

5. To arrange and facilitate local talks, discussions and seminars on vaccination and preventative medicine for childhood illnesses.

6. To establish a nationwide support network and register (subject to members permission).

7. To publish a newsletter for members.

8. To obtain, collect and receive money and funds by way of contributions, donations, subscriptions, legacies, grants or any other lawful methods; to accept and receive any gift of property and to devote the income, assets or property of the group in or towards fulfilment of the objectives of the group.

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