

THE informed PARENT

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THE BULLETIN OF 'THE INFORMED PARENT GROUP' ISSUE 7

JACKIE FIGHTS FOR JUSTICE

Jackie Fletcher's life as a wife and mother of three children was following an ordinary pathway - until her youngest son's reaction to a vaccination catapulted her into the limelight.

She has been heard on radio, has appeared on television and several stories have been written about her and published in national and local newspapers.

Now Jackie, who lives near Warrington in Cheshire, is inundated with letters and telephone calls from all over the United Kingdom.

With mounting concern over the MMR

vaccine, Jackie and friends staged a meeting in Wigan in January 1994 which was attended by 150 people, many of whom had travelled for several hours to get there.

Jackie's story begins in November 1992 when Robert, then 13 months was given the MMR and Hib vaccinations. Ten days later he began having convulsions and has since been diagnosed as having epilepsy and a rare immunodeficiency problem.

The latter problem is acquired rather than congenital but there is no history, either, of epilepsy, no pregnancy or birth problems, no serious head injury and the x-rays and CT scans were clear, ruling out tumours and other causes.

"After much research I contacted our local Community Health Council," explains Jackie. "Their chief officer agreed to place an item in local newspapers to find out if any other families has also had a child suffer an adverse reaction. Thirty families responded."

Some of those families joined Jackie in forming JABS (Justice, Awareness and Basic Support) and their efforts succeeded in widespread media coverage and the meeting at Wigan.

"We have been inundated with calls and no one has contacted me with a minor reaction," says Jackie. "The majority had normal healthy children progressing nicely. The child has been vaccinated and has reacted within a short period of time and their lives seriously affected."

The JABS group is currently organising a survey. Questionnaires are being posted to the concerned parents and the results will subsequently be reported. As a self-help group they are neither recommending nor advising against vaccinations, but aim to promote awareness and understanding about vaccinations and offer basic support to any parent whose child has a health problem after vaccination.

"We accept that the majority of children suffer to ill effect from vaccination but the minority that do are not recognised by the Department of Health as Vaccine Damaged," says Jackie.

She believes that the monitoring scheme

known as the "yellow card system" does not appear to be effective. If a doctor considers that a child has had an adverse reaction, a "yellow card" should be completed and forwarded to the Committee of Safety of Medicines and a copy to the local Communicable Disease Control Centre. This is at the doctor's discretion.

JABS feels that parents at clinic level should be aware of this at the time of immunisation and any completed cards should be countersigned by parents

"Four parents so far have reported the death of their child. Three died exactly two weeks after vaccination, the fourth died of a massive fit in the night and a Vaccine Damage Tribunal has accepted the child's epilepsy had been caused by MMR."

and doctor.

"As it is, the CSM does not appear to have a true idea of the problems we are uncovering," says Jackie.

"The current compensation scheme is inadequate and could easily be improved. As I understand, a child has to be 80% disabled before being eligible for compensation. Many parents tell us that their children are classified by the tribunal as 75% disabled and are therefore eligible for nothing."

"A fairer system would be the introduction of a sliding scale of payments starting at 10% vaccine damage."

"In addition the period in which claims can be made is restricted and the maximum award is only £30,000 - for a life of severe disability."

JABS believes that legal aid should be reinstated to protect the rights of children.

"As I understand, it will only be awarded if children have suffered from a 'transient meningitis' as this was the reason given by the Department of Health for withdrawing two brands in September 1992. Our parents are reporting far more serious problems."

Jackie poses three questions:

1. The two withdrawn products were banned in Canada 18 months earlier than here. Why did it take so long to remove them in this country?

2. The two brands have never been granted licence in the USA. Why?

3. All three versions have been withdrawn in Japan. One is still in use here. Why?

"We know that drug companies manufacture products with the best of intentions for our children and doctors have children's welfare at heart, but any adverse reaction that seriously affects a child's life or quality of life cannot be ignored," says Jackie.

(JABS, c/o 1, Garsworth Road, Goldhaven, near Warrington, Cheshire, WA3 5RF.)

VACCINES BANNED IN JAPAN

Ten of the childhood vaccinations are to be removed from the compulsory list in Japan. This move follows the discovery of many unpredictable vaccine side-effects. Legislation was to be introduced in January 1994 by the Health Commission of the Japanese Ministry of Health.

The vaccines include those against measles, smallpox, polio and whooping cough. Parents are now given the option to choose or reject these vaccinations.

"The vaccines have been outlawed altogether since none have proved effective."

This legislation is being introduced because in December 1992 a tribunal in Tokyo declared that the government was responsible for vaccination side-effects in children and awarded damages against it.

(Taken from Doctors in Britain Against Animal Experiments newsletter.)

THE BEST GIFT OF ALL?

"Every new parent will be showered with gifts and advice for their new baby. But the best advice of all is that they should get their new addition immunised."

"This is how the Coventry Healthlink presented vaccination in their edition published just before Christmas."

Be wise, immunise - was their slogan.

"All babies should be immunised when they are young and vulnerable before joining the 'social scene' frequented by small children and their carers," says the article. "In fact babies can now be given protection against diseases feared by previous generations. Thanks to extensive immunisation programmes, these diseases are extremely rare."

The publication, which is published jointly by Coventry Health Authority and Coventry Family Health Services Authority and circulated to 123,000 homes, suggests that by vaccinating, you are giving your child the best of gifts, the gift of health.

The article doesn't mention:

*Hannah Baxton who died when she was three and that the Government Vaccine Damage Unit have agreed that the MMR vaccine was the blame:

and it doesn't mention -

*Michaela Neighbour allegedly brain-damaged by the MMR vaccine when she was 15 months old:

and it doesn't mention -

*Kenneth Best, now 23 and brain damaged by a whooping cough vaccine and it doesn't mention -

*Robert Fletcher who has had convulsions ever since his MMR vaccination 13 months ago

and it doesn't mention -

*Paul Wain who went into a

convulsion after the DPT (diphtheria, pertussis, tetanus) vaccination and has been brain damaged ever since:

and it doesn't mention -

*Christopher Blum who was found dead in his cot hours after the triple vaccine (DPT):

and it doesn't mention -

*Marcus Carlin whose reaction to a live measles vaccine left him with "organic brain syndrome" causing learning and co-ordination disabilities, behavioural and social problems.

In fact it doesn't mention any of the well-documented side effects of vaccines, major and minor.

The parents of the above children no doubt were told that they were doing the right thing at the time. But can anyone imagine they now consider it was 'the best gift of all'?

A BASIC SHIFT OF ATTITUDE

Caroline Sim once passively resisted attempts by health workers to have her daughter vaccinated.

But now, with what she calls a basic shift of attitude, she is putting forward an active request for accountability on behalf of the government.

Caroline, who lives in Ulverston, Cumbria hasn't yet decided how to take the matter further.

But she made a start with a letter to her health visitor which she has asked us to print "so that other parents would be inspired and empowered."

It begins:

"Dear Lynn,

Since you visited Rosie and I a few weeks ago to discuss a further jab for her, I have given the matter of immunisation a great deal of thought.

During your visit I said how unhappy I was that doctors' wages were linked to the percentage of children in each practice who received immunisations and that this seemed like a highly suspect basis for doctors and health visitors to be advising parents on their children's health.

Secondly, that companies who manufacture and profit from the production of vaccines were also

responsible for polluting our environment.

Our children and we depend on our environment to survive and therefore such a fragmented idea of health at the very expense of our environment runs counter to my idea of common sense.

I am no longer comfortable to passively thank you for presenting me with the orthodox viewpoint on immunisation and then politely decline vaccination for Rosie.

My growing discomfort seems from the fact that I am informed about the potentially disastrous consequences immunisation can have and also that homeopathy can successfully prevent or treat all of these conditions that the vaccines are supposed to prevent.

In the capacity of your work as our health visitor you seemed unaware of this growing body of evidence and uninterested in informing yourself.

It is for this reason that I enclose a copy of Trevor Gunn's booklet Immunisation - A Point in Question. I would also request that you investigate the alternatives to vaccination such as those offered by homeopathy so that you will be in a better position to assist other parents

less fortunate than myself to make a truly informed decision.

I would be grateful if you gave this matter the grave consideration I feel it warrants as our children's lives and health are at stake.

Yours sincerely,

Caroline Ruth Sim."

POSTERS!

We now have a well-designed and informative poster which poses the question: "Shouldn't the after-effects of childhood vaccination be discussed before?" It then goes on to put forward the case for seeking more independent information about vaccination before you make up your mind.

It can be reproduced for A4 or A3 size and is in black and turquoise.

If anyone feels they can display a poster, at their local playgroup or health food shop, or in the consulting rooms of an alternative health practitioner, please send for one.

Write to: Magda Taylor
19 Woodlands Road, Harrow,
Middlesex, HA1 2RT.

THE POLIO VACCINE - A PAINFUL PROCESS

I want to share with you the experience we had when we decided to have our son Sam vaccinated against polio. BY NICKY EDGE.

Dave and I had decided from the beginning that we didn't want Sam to be immunised. However as time passed and we wanted to take him swimming, we became more and more concerned about polio.

Ironically not the natural occurrence of the disease worried us - contracting the disease as a result of the vaccine.

The polio vaccine is a live one and that means it remains in the person's faeces for anything up to three months after having been immunised.

Hence the recent scares about relatives contracting polio from their children.

In addition, people were found to be burying soiled nappies on Paignton beach, not far from where we live, not to mention the contaminated coastal waters as a result of untreated sewer discharge.

We started our search for information.

I started with the Consultant in Communicable Disease Management, quoting from an American article - "diapers release over 100 different enteric viruses...some(including polio from live childhood vaccines) into an underground water supply..."

Having denounced the American nation as somewhat hysterical he then went on to write "every child has the right to expect that it will be fully protected against all diseases from which there are proven safe vaccines. Any parent withholding permission for such protection is failing in its duty to that child, to the family and to the society in which they all live."

Fear eventually led us to have Sam receive the first polio vaccine when he was one year, seven months. That very evening Sam developed a

temperature which he had for several days although his vitality was good. He then developed diarrhoea, followed by a runny nose and a cough. His symptoms took six weeks to clear.

You have every right to question our sanity when Dave and I took Sam to have his second vaccine dose. Exactly the same reaction...a temperature up to 39c, together with a watery eye and a build-up of mucous.

In addition this time, on the exact spot where the vaccine had been administered, there appeared what looked like a large blister. The nights were very disturbed with Sam crying in what seemed to be real pain.

I was sufficiently concerned by these symptoms to contact the sister at the surgery by

letter, detailing the events and asking for her comments. We received none and instead an appointment was booked on our behalf to see the GP. We also wrote to the manufacturers of the vaccine (Evans Medical) asking for their comments and received the reply that no communication could be made direct with the public but only through our GP with his consent.

When we met our GP he refused to give us any more information than we already had. When I asked if he would contact the manufacturer on our behalf he refused. As the meeting wore on he became more and more defensive suggesting at one point that we would have to have medical training to understand the information we were asking for. He finally concluded the interview by saying that he hadn't got time to explain everything to all his patients.

Never at any stage would he consider that the symptoms were anything to do with the vaccine and he certainly had no sense of compassion for anxious parents trying to safeguard the

health of their child.

Sam recovered. We changed our doctor and the new one was happy to help us in our search for information including contacting Evans Medical on our behalf, who said that no side effects had ever been reported.

Eight months later we decided to conclude the treatment. We felt damned if we did, and damned if we didn't.

The same symptoms occurred after this vaccine as had after the previous two.

I have no doubt in my mind that this polio vaccine had serious side effects and I would certainly not subject any child to this procedure again. As was said in one newsletter from *The Informed Parent*, it's a question of a possibility of catching polio naturally (many have contracted it and experienced nothing more than a cold) or the conscious decision to definitely expose your child to the disease he or she might otherwise avoid completely.

Throughout we used homeopathic remedies and between the second and third vaccine we gave Sam a constitutional homeopathic remedy - in simple terms a sort of MOT!

When dealing with fevers we did not use any medications and helped bring down the fever by putting socks soaked in vinegar/water solution on his feet - or, if he protested, cabbage leaves on his head!

No matter how bizarre they sound they do work excellently, thereby avoiding the suppressive quality of orthodox medicines such as Calpol.

Something that I learnt from this painful process was that no matter how much information I collected it would never be enough. I would never obtain the definitive right answer.

At some stage there was a required leap of faith as I could never control all the variables and could never know all the possible outcomes.

It was about trusting my own instincts and the natural robust nature of my child.

Once I did that, all fear left me.

(See Trevor Gann's article on polio elsewhere in this issue.)

"I was sufficiently concerned by these symptoms to contact the sister at the surgery by letter, detailing the events and asking for her comments. We received none"

VACCINES, ANTIBIOTICS, CHEMICALS, VIRUSES & M.E.

A CASE STUDY BY DORIS JONES

My 26-year-old son Stephen has had ME (myalgic encephalomyelitis) for the past 13 years. The problems and complexities of this affliction have led me to undertake a comprehensive postgraduate multifactorial research project into the disorder.

Although his health is relatively stable now compared to many, residual problems are sufficiently severe to impair the remainder of his working and social life.

A healthy 7 1/2 lb baby, normal delivery, Stephen was bright-eyed and took much interest in his surroundings. At six months, he pulled himself up into a standing position, tried to talk and was well on the way to being toilet trained.

He then had his first DPT (diphtheria, pertussis, tetanus) vaccination towards the end of May, 1968.

There was no immediate adverse reaction, but in retrospect I realise he stopped pulling himself up and trying to talk.

The booster to this triple vaccine, given at nine months, together with the oral polio vaccine, caused no apparent reactions.

Aged one he was vaccinated against measles, something I consented to after many misgivings.

Within 24 hours I regretted my decision: Stephen had repeated and prolonged screaming fits and was inconsolable.

Our GP advised me that this happened sometimes, but it would get better.

Over the next 16 months it became clear that he had no desire to either walk or talk. Instead he spent many hours in a sitting position, rocking backwards and forwards for no apparent reason.

We believed that my paralysed stroke victim mother-in-law, who used a walking aid and was also rather deaf, acted as a role model for him.

Hospital investigations at the age of 18 months revealed there was no hip

malformation. Eventually he walked unaided at 22 months and started talking in simple sentences aged three. He attended nursery school, had chickenpox, mumps and the usual DPT and polio booster vaccines before commencing school aged five.

Progress here was slow - he had difficulty in writing neatly and took longer than most children in completing work. At the age of six he had a severe attack of German measles. A bicycle accident at 9-plus necessitated a further tetanus vaccine and at the age of 10 he contracted measles and was very ill.

On entering secondary school in September 1979 he received the BCG vaccine. That autumn one complete set of molars was removed for orthodontic purposes and later his teeth were treated with fluoride, to prevent tooth decay, a treatment recommended by the dentist.

No warnings were given that fluoride was hazardous to human health.

In the six months which followed, his health deteriorated. Recurrent infections occurred. These were treated with the antibiotic Septtrin.

A chest and throat infection received similar treatments (Keflex). Stomach pains and bouts of sickness then developed, treated with a variety of indigestion remedies plus antibiotics.

At school, considerable unchecked bullying occurred. By Easter 1980, Stephen was very ill with glandular fever and a temperature of 103 degrees F. The antibiotic Keflex, liquid paracetamol and a cough mixture were prescribed.

Within 24 hours he could no longer hold a cup or stand on his feet. He took only fluids and complained about a very bad head pain which descended first down the right side of his body and then

the left.

Within a week he lost a stone in weight, had no muscle strength, could not climb stairs, experienced breathing problems and required regular sponging down. This illness left Stephen very weak and he slept for many hours daily, but recovered slowly.

In late May/early June 1980 he again contracted measles. This time it was atypical, i.e. the temperature returned after subsiding, bringing with it a hard persistent cough, fainting, giddiness and delirium.

This marked the onset of ME. A period of great distress followed. At school he was expected to participate in PE, only to have a relapse after each session. Our GP believed PE would improve his resistance to infections and make him stronger. But his immune system was no longer functioning; one infection followed another; he was drenched in perspiration nightly. Further antibiotics prescribed for another two infections made no impact. The infection lasted a whole year.

All PE was stopped eight months later and from then on he made a slow recovery. An ENT specialist prescribed Beconase for grossly dilated and hypersensitive nasal tissues. This was later replaced by Syntaris nasal spray. He was highly sensitive to temperature changes. I decided that his immune system needed boosting and ensured he took 50mg vitamin C daily plus Halibut liver oil.

Gradually his muscle strength returned and his previously impaired vision and hearing became almost normal again.

But infections continued to plague him. He tired easily, found it difficult to concentrate, to memorise and assimilate new information, suffered from muscle cramps and unpredictable tremors in hands and legs. Nobody

understood the problems he had.

Only in 1988 did I realise he most probably had ME. A consultant neurologist familiar with ME, diagnosed him as suffering from this disorder.

Halibut liver oil was replaced by evening primrose oil, the vitamin C dose doubled and later a calcium supplement was added, as he was allergic to milk and had almost none.

An accident at work in 1985 meant a further course of tetanus vaccines. A subsequent accident was treated with antibiotics. This was followed by a bad kidney infection, requiring further antibiotics. These events caused a severe setback. Certain metals, chemicals and solvents at work were now no longer tolerated. In certain combinations his hands puffed up to twice their normal size, were bright red and itched severely. Heavy lifting brought on uncontrollable tremors in legs and arms and fatigue was all prevailing, especially in the evenings.

Exposure to polluted air from a nearby municipal incinerator whilst under-going retraining at a college for disabled people and proximity to people with infections led to a marked deterioration in his health during 1992/3 including substantial hair loss.

Future employment for him can probably only be achieved in an SPS (sheltered placement scheme) basis. It is difficult to see how he would cope unaided with all daily problems.

Our greatest concern as parents of advancing years is how will Stephen cope if we can no longer provide the necessary support.

*Comments.

Stephen's detailed history and ME throw up many questions:

*What role do vaccinations, antibiotics and chemicals play in this disorder?

*Do they predispose subjects to develop viral or other infections?

*As far as vaccinations are concerned, Sir Graham S. Wilson devoted an entire chapter to this phenomenon (1.) Many others have done so since and various vaccines have been implicated in the onset of M.E./C.F.S. (2,3,4,5,6.).

It is also possible that Stephen had some of the DPT vaccines which were shown to contain an excessively toxic pertussis (whooping cough) component (7.).

*The question why Stephen had

measles twice despite being vaccinated against it as a baby may be significant. Did the fact that I, the mother, had measles late in childhood i.e. aged 16 have anything to do with his initial reaction to the vaccine?

*How important are allergic reactions in M.E.? Are they an integral part of it, as has been suggested by some? Or is it a combination of some or all of these factors, plus others like stress and diet, which lies at the root of the multiple enigma which makes up M.E.?

So far none of these questions can be answered with certainty. Only careful analysis of many people's data may get us a step nearer solving some of these puzzles.

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BREASTFED BABIES

The Primal Health Research Centre in London have asked us to say thank you to the members who were able to participate in a study conducted by Esther Culpin and Dr Michel Odent. They were looking for information about children who were exclusively breast fed 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. The results are being studied and at some time in the future we hope to report the findings.

KEEP THE BLINKERS OFF!

A letter from one of our members...

Dear Informed Parent,

You mention that GPs are reluctant to acknowledge cases of whooping cough. It seems that some of them are also unwilling to admit that measles is still alive and well - and that MMR isn't all it's cracked up to be. Just before Christmas my two-year-old, who has not had the MMR jab, had cold symptoms, followed by a day of high fever and mild delirium, followed by a lumpy rash on her body which lasted for several days. The symptoms weren't very severe so I assumed they were due to some non-specific virus and did nothing about them.

However, just over a week later my child-minder's son - who had had MMR - came down with a suspiciously similar, though rather more severe set of symptoms which were diagnosed by one GP as measles. Despite the fact that he had the characteristic white spots inside his mouth, a second GP was initially very unwilling to accept the diagnosis on the grounds that measles had now been eradicated by MMR.

Incidents like this do nothing to decrease my scepticism about the vaccination programme. However, genuinely informed parents need to know the risks as well as the benefits of refusing vaccination. For example, though if what my daughter had was measles it was extremely mild, my partner's sight is damaged apparently as a result of childhood measles.

I therefore applaud your decision to highlight, in issue 5, the sad case of the baby who died of meningitis and I hope you'll bring other "dissident" views to our attention. I for one don't want to replace the pro-vaccination orthodoxy foisted on us by health visitors and GPs, with an equally blinkered anti-vaccination orthodoxy.

Yours sincerely,
Candice Goodwin, London.

THE TRAGIC CASE OF SARAH

When the six-month-old daughter of a neighbour died from meningitis and septicaemia caused by haemophilus B, May Gardner was devastated.

Later when she saw an article in The Guardian about vaccination and heard of The Informed Parent, she wrote as a moving letter about Sarah's case which we published in October 1993, bulletin 5.

The main thrust of her argument was that although we might be well-meaning people, we were misinformed. She believes that Sarah's life could have been saved by the Hib vaccine. She also pointed out that to people of her age (65 and over) memories were still clear of the damage caused by "epidemic diseases" such as measles and whooping cough.

We asked readers to reply to May Gardner if they wished. We publish here a selection of the letters from people who did reply - followed by an article by medical biochemist and homeopath Trevor Gunn.

CONSIDER YOUR MOTIVES CAREFULLY

from a reader who wishes to remain anonymous...

"As children my brother and I both developed side-effects to immunisation. He spent much of his first year in hospital as a result of vaccine-induced fits and my continuing adverse reactions include nausea, dizziness and sometimes fits to most forms of drugs and even a tetanus vaccine.

"It was therefore a much thought-out decision when I declined immunisation for my baby daughter. She had already shown adverse reaction to treatment with a routine antibiotic. After consultation with the doctor we decided to wait until she was older and re-assess the situation.

"I therefore tried to increase her natural immunity by a healthy diet and positive lifestyle. As a result, she flourished and became a bright, happy and healthy child.

"Then, when she was just three years old she suddenly became very ill, vomiting, feverish and then listless. The GP prescribed antibiotics for a childhood virus and said that she should be better in a couple of days.

However her condition deteriorated over the next 24 hours and we rang the surgery and asked for a home visit as even the slightest movement seemed to cause her extreme pain.

"Another doctor from the same practice saw her but seemed unable to detect what was wrong with her and suggested she was a 'fractious child' but if she did not improve over the next couple of hours to call the surgery again.

"We were very confused as our daughter seemed very ill to us, but the doctor could not tell us what was wrong. By this time she had neither

drunk nor eaten for three days, had been hallucinating during the height of the fever and now moaned constantly, unaware of us.

"We decided to take her to hospital ourselves.....just as we were preparing to leave the doctor arrived and said he was admitting our daughter to hospital with suspected meningitis.....Thirty minutes after arriving three Hib meningitis was confirmed and she was treated with massive doses of antibiotics.....

"After five days of intensive care she was allowed home...For two months she was unable to walk, initially she was incontinent, had to be fed from a spoon, and could not even support her head. Side effects from the treatment included anaemia, eczema, urinary problems and digestive upsets. Continuing after effects are a partial hearing loss, and balance and co-ordination difficulties arising from damage to the cerebellum by the infection.

"I would never want to see another child go through it and would implore parents to consider very strongly their motives for the non-immunisation of their child.

"There is no doubt in my mind that vaccination has contributed to the reduction of incidences of many diseases, alongside improved nutrition, housing and standards of living.

"However, where there is an element of doubt, all other options should be explored. In a case such as ours I would ask the medical profession not to hand us to conform as a figure on paper but instead respond positively by treating and advising each

DISCOVERING THE TRUTH

"I should like to reply to the story of the tragic case of Sarah, the baby who died after hospital treatment failed to cure an infection.

"Diagnosed as cause of death - meningitis and septicaemia caused by Haemophilus B, for which the new Hib vaccine was suggested as the procedure that would have saved her life.

"With regard to this case, I will presume certain things in the course of my arguments. But I am willing to stand corrected which may make interesting debate and an opportunity for those that disagree with me to put their case forward. For my purpose is to move towards a knowledge of the truth and not to create a "religious" opposition.

"Sarah, a six month old child, was probably vaccinated at least once, at approximately three months old for diphtheria and tetanus. This is the usual time for administering the DPT triple vaccine (diphtheria, pertussis (whooping cough) and tetanus. To quote from the article "...the whooping cough element had been omitted from the immunisation programme of two of their other children for sound medical reasons." so I presume may have been omitted from this child as well. It

would be interesting to know what those reasons were.

"The problem with any immunisation injected into the body is that it puts the body in a state of toxic shock. It substantially commits the internal defences to fighting foreign particles and for a time creates a situation where the body may be more prone to other infections.

"Exactly the sort of problems predicted by those opposed to immunisation are occurring in those that have been immunised. My medical reasoning and that of many others in orthodox medicine and alternative medicine, suggests that the increase in polio, meningitis and now Hib meningitis have coincided with the development of immune suppressive treatment such as immunisation.

"We therefore have a case of a six month old baby who, having undergone immunisation and may be immune compromised, now develops a fever. A fever is generally a response to a toxic agent from either external infection or from an internal disorder. She was then given "mild medication" as advised by her doctor. I presume she was not treated homeopathically,

naturopathically, with acupuncture or any other holistic type therapy.

The above mentioned therapies would recognise the attempts of the body in its healing response and stimulate those same processes in order to speed healing. However, almost all drugs used in orthodox medicine, mild or otherwise, would suppress the fever.

Fever has only recently been revealed (by the orthodox medical establishment) as a beneficial response to infection. The response is triggered by bacterial toxins and the resulting increase in body temperature is hostile to invading micro-organisms. Reduce the fever - using aspirin for instance - and the disease may last longer, as Timothy Doern of John Hopkins University, Baltimore, has recently demonstrated in the case of chickenpox. (New Scientist 23.10.93).

Similarly it has been found that death rates increase in patients who are less able to produce a sufficiently high fever in response to infections. (American Journal of Medicine, 68:344-355, 1980.)

Suppressive treatment such as aspirin has long been given (for sound medical reasons) to patients with fever.

We must therefore ask what are the consequences of such treatment on the fragile bodies of young children?

The child was taken to hospital and I presume subjected to the routine hospital treatment reserved for children with fever of

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

patient on their own merit.

"Let's see more support for parents with advice on healthy nutrition and lifestyle and an awareness of the warning signs and symptoms of diseases however rare they may be.

"After all, we are not just statistics, we are the people who are responsible for the continuing welfare, health and future of our children."

A CHALLENGE TO DOCTORS

from Mrs B. C. Fox, Basingstoke.

"My son displayed all the symptoms of meningitis two years ago - stiff neck, vomiting, reaction to light etc. I was frantic with worry and contacted my homeopath first to discuss the situation with her. She wouldn't advise and insisted I contacted my GP. I waited for him to call me back and when he did, he dismissed all my concerns regarding meningitis and told me he was far too busy to make house calls and to bring him to the surgery.

"My son was vomiting and I explained that I could not possibly put him in the back seat of a car and also manage a small baby. I would have to wait for my husband to come home.

"My husband and I finally got there in the evening, the GP having made a point of telling me how he stayed back to see me! (I was a five-minute drive from the surgery).

"He thought my son should be taken straight to casualty. When we arrived, they too were convinced he had meningitis and admitted him and ran a battery of tests on him. Luckily he did not or if he did it did not develop into full blown meningitis.

"I have every sympathy with Mrs Gardner but her implication that our level of concern is negligent worries me. It is because of my concern for medical procedures that I started questioning vaccines and

medical teaching in general.

"Any parent who makes the decision not to vaccinate must at the same time makes the decision to arm themselves with as much knowledge and information as they can find. It is not always readily available. There is no group of people sitting waiting for a dubious parent in order to fill them with misleading facts.

"I am more and more horrified by what I read, not only about vaccination but the misuse of drugs and the inadequacy of our approach to healthcare.

"Responsibility for our own health starts with the individual. The way we live and how we think and feel governs how we get sick and why. Few people stop and ask themselves 'Why?'

"Most people rely on their doctors for explanations and remedies. We would not treat our cars with the abuse we throw at our own bodies...

"I would challenge any doctor to read the books, articles, reports etc. which I have read on vaccination and still hold onto their beliefs! When we have statistics thrown at us, do we ask who compiled them? ...One day people will have more understanding of how our bodies host disease. They will have no choice, as the National Health Service naturally erodes, there will be seen a clear way forward to natural, cheaper forms of medicine.

"We should never subject ourselves to medical treatment out of fear. Fear itself can cause illness."

DOCTORS SHOULD BE MORE VIGILANT

from Lesley Dwyer, Harrow, Middlesex.

"What a tragedy that the GP failed to spot the symptoms early and that Sarah's meningitis did

not get treated in time. The vaccine has been shown to only work for some children and is by no means a guarantee. It may have saved Sarah, we cannot know.

"We have to make up our own minds whether to risk the vaccine's effects and the possibility of disease if it doesn't work or the risk of getting the disease without vaccination.

"Doctors have to be more vigilant about spotting symptoms and acting early.

What would you say to the parents of 'vaccine-damaged' children who had acted on doctors' advice or the parents of vaccinated children who then still get the disease?

Our GP struck us off for refusing Jonathan's vaccinations so he not only advised but attempted to bully us to accept them. The Informed Parent would not use such tactics. They believe in informed choices whereas some doctors believe it should be compulsory. Hello Brave New World.

I do have guiding principles which are ethical as well as health-based. As a pen-life vegan I object to the use of chickens and monkeys and aborted fetuses in the manufacture of vaccines. I am always willing to declare these principles and my concern that parents should know how vaccines are produced make ethical as well as health choices.

As I understand it, most of the epidemic diseases you remember were declining well before vaccination became available and since then there have been outbreaks of the diseases among vaccinated as well as unvaccinated groups. I suggest May Gardner reads the 'What Doctors Don't Tell You Vaccination Handbook' available from WDDTY, 4, Wallace Road, London, N1 2PG.

unknown origin. However, the normal practice of hospitalisation and routine intravenous antibiotics is now disputed by researchers in Philadelphia. In their study of children under three months, they have found that most do not need this 'aggressive treatment'. (*What Doctors Don't Tell You* ed. Ns10)

Intravenous antibiotics, especially in a young child, can be dangerous and therefore to be avoided if possible. If these findings do not recommend what has been practised for sound medical reasoning in three month old babies, how different is the situation for six-month old babies?

The tragic case of Sarah article goes on to say that... "Despite all efforts of the medical staff, by the next day she was thought to be brain dead." A scan confirmed this and "within a few moments of being disconnected from life support Sarah was lying in her mother's arms. Dead."

Note, there were no other therapists on hand to give alternatives. The child's life was slipping away, not responding to conventional drugs and we do not know whether any other type of therapy would have saved her life. In this society that is the reality of orthodox medicine's monopoly over healthcare.

The diagnosis was death due to meningitis and septicemia caused by *Haemophilus B*. However, the mere presence of the HIB micro-organism does not mean that Sarah was destined to die. All disease agents can exist in individuals in a variety of conditions, ranging from a perfectly

healthy state with no symptoms, right through to a condition with symptoms that may prove fatal.

For example, flu viruses can be present in most individuals and create no symptoms at all yet can kill others who are sufficiently weak. I should therefore like to know what were the conditions of Sarah's body that allowed this micro-organism to kill her. The author of the Sarah article, May Gardner, has her heart in the right place and as she says: "It is not a scare story made up by interested parties in order to sell drugs."

However, she is scared and her ideas are largely dominated by the interested parties in the medical establishment of which the pharmaceutical industry is very much a part of. Ideas which May Gardner has taken on board without putting across in her letter any rationale for the use of immunisation as a safe and effective procedure in the prevention of disease.

The case of Sarah is not only of virus and child. Sarah has been treated through her mother's pregnancy, birth, her short life and disease right up to her death. A death that was the culmination of many factors of which the virus plays but a small part. Sarah was only six months in this world with a very fragile and immature immune system. She was subjected to the powerful effect of vaccines, antibiotics and other pharmaceutical drugs.

The immunisation issue is one of understanding health, disease and medical procedure. What effects did the drug treatment

have in the case of Sarah? What do we learn from Sarah's death and how can this scenario be avoided?

Is it that we need more vaccinations and there, I presume after that, more vaccinations?

My criticisms of immunisation come from my experience and study as a graduate in medical biochemistry, work in laboratories, hospital wards and now private practice as a homeopath. I too have seen disease and death and am fully aware of my responsibility in the health caring profession and also, may I add, as a father.

I remain convinced (and so do many others with vastly more experience than I have) that the proponents of immunisation have overlooked certain factors and are unable to answer the criticisms of immunisations. The evidence suggests that they are not a sufficiently safe and effective procedure in the prevention of disease.

Accounts of death due to disease or vaccines may be capable of stirring emotion, but do not prove or disprove the effectiveness and safety of immunisation.

There is no need to 'religiously' adopt any particular position. If that is possible then I would urge you to question and look openly at the evidence.

Sarah's parents, family and friends have my deepest sympathy. I want for all people as I want for myself, health and happiness through safety in understanding. A goal that I believe is well within our reach.

THE SECRET OF HEALTH

(Taken from *The Sunlight Year Book 1897 - the manufacturers of Sunlight and Lifebuoy soap.*)

Science teaches us that there are a number of diseases which ought not to exist at all and which will not exist when we take the trouble to learn how they are propagated and how their propagation can be prevented.

How many homes have been broken up, how many women and children have been driven to the workhouse by this cause? Who can calculate?

To what extent our present death and disease rates are capable of being lowered we can judge best by looking for a moment at the statistics of the prisons of our country. From these, strange to say, we learn an invaluable lesson of what may be done to prevent disease.

"For years back," says Dr George

Wilson, "the prisons of this country have been proved by the most rigid statistics to be far healthier than our homes, and so-called preventable disease of any kind is so rare within their walls, that when isolated cases do appear they at once give rise to surprise and are sure to call for an enquiry."

Why should this be? Why should the death rate in the free cottage be 20 per cent and the sick rate nearly 100 per cent higher than in the captive's cell?

Because in the prisons of today the great scientific fact is recognised that all infectious diseases are propagated by living seeds or germs and therefore means are taken to prevent their propagation.

The practical question for us all then is, how shall we prevent infectious diseases from entering our homes?

The answer is, by destroying the seeds of infection... 1. by boiling, 2. by burning and 3. by using Lifebuoy soap.

Thorough boiling or burning will destroy every kind of disease germs but we cannot obviously always employ such means. We cannot boil our hands or bodies on which the germs may lurk unseen if we have been near sick people or people whom we suspect have been ill.

If we are not rich we cannot burn everything in the room where measles or whooping cough is nursed. What are we to do then? Why, we can destroy it in another way which is simple, cheap and sure - by the use of Lifebuoy soap!

...Soap is so strongly impregnated with a potent disinfectant that its use will ensure the utter destruction of all germs of disease, which, because unseen, are often unsuspected until they have produced their deadly fruit.

Where there are dirty boards, filthy sinks, musty cupboards, foul smells, there disease is surely germinating and will thrive.

One bar of Lifebuoy soap will stop this deadly work.

Editor's comment: Although this is amusing at first reading, surely it shows what part dirt and lack of good sanitation and hygiene played in the spread of disease during the last century. And although Lifebuoy soap certainly couldn't make such claims today, does it not suggest that it was improved standards of living which brought about the reduction in disease as well as a general understanding by the average person of how cleanliness affects our health?

TOXIC REACTION TO THE LIVE MEASLES VACCINE

At 15 months, Marcus was a happy, social and well-developed toddler. He was becoming a confident walker with an expanding vocabulary. But all that changed when his mother took him for his measles vaccination. Marcus reacted badly and now is permanently damaged.

His mother Sandie, who lives in New Zealand, has contacted The Informed Parent to say that the family would very much like to hear from others whose lives have also been shattered following vaccination, especially if fevers, obsessions and purple-tinging of the skin is experienced.

Marcus's story begins at 15 months when he reacted within 24 hours to a live measles vaccine.

"We first experienced excessive sleeplessness followed by a major personality change," writes Sandie from her home in Palmerston.

The Plunket nurse (similar to our

health visitor) suspected diabetes although tests were negative. But Marcus showed intolerance to many foods and has to eat a sugar free diet from which wheat and dairy products have also been eliminated.

In March 1988 his diagnosis was "organic brain syndrome due to post measles vaccine encephalopathy causing learning and co-ordination disabilities, behavioural and social problems." There was also suspected "hypothalamic damage."

A claim was filed with the Accident Compensation Corporation in New Zealand and six weeks later it was accepted.

"In May 1993 our son was awarded a lump sum compensation for his vaccine-induced brain damage.

"Our son also suffers some kind of blood/immune system illness occurring every six to eight weeks. The symptoms are a fever, puffiness in the face, severe headaches in the back lower mid-line of his head, sore

puffy joints and on some occasions purple bruising of his lower body."

Blood testing by experts at Auckland Children's Hospital found that Marcus had no antibodies to protect him against measles - as the vaccine was designed to do.

"Our son is presently seeing a psychiatrist for assessment for a drug due to his behaviours - 'Obsessions to want to kill.'"

Sandie says: "They continue to vaccinate children yet they still don't know."

She refers people to the book, *Vaccination, Social Violence and Criminality* by Dr Harris Coulter (1990), North Atlantic Books, Berkeley, California. Available in this country from Minerva Books, 6, Bothwell Street, London, W6 8DY. 071-385-1361.

People can write to: Sandie Corbin, 73, Shamrock Street, Palmerston North, North Island, New Zealand.

DISAPPOINTING NEWS

Filmworks would like to thank everyone that took the time and trouble to contact us following the advertisement we placed in the last issue of The Informed Parent. Unfortunately, after a great deal of deliberation, the BBC decided not to commission our programme on vaccination. While this is obviously a disappointment, it does not deflect us in our determination to get a film made on this subject and we will continue to search for other outlets. Many thanks. Jonathan Bohn (Filmworks)

PROPER COMPENSATION- HOW YOU CAN HELP

Vicki Casson is a pretty young woman - but at 24 she cannot read or write, cannot wash or dress herself. She was brain damaged by the whooping cough vaccine when she was a small baby.

Since then her parents have lavished love and attention on her and have fought and won an interim payment of £10,000.

But Vicki's mother Sheila is not content with that.

"The term 'interim' means 'to be going on with' as far as I understand it," says Mrs Casson from Chadlington, Oldham. "When are we supposed to get another payment? And what will £10,000 buy for a young woman like Vicki who should at 24 be leading her own life and holding down a good job?"

Mrs Casson is northern area secretary of the Association of Parents of Vaccine Damaged Children, originally started and still headed by Rosemary Fox of Shipston-on-Stour, Warwickshire.

The Association is currently asking supporters to write to their MPs or anybody else who might be able to help with a campaign for proper compensation for vaccine damaged children.

"Vicki used to model for mail order catalogues when she was a baby - but they wouldn't accept her when she could no longer stand unaided," recalls Mrs Casson. "They used to say she had Steve McQueen eyes - and she still is a lovely looking girl."

"Money isn't going to put it right, we know that. But it's an insult when we read in the newspapers of a woman getting £79,000 compensation for repetitive strain injury. That's £79,000 for a wrist and £10,000 for a brain."

The recognised interim payment for vaccine damaged children has reportedly risen to £30,000 but many parents believe that this is still not enough.

"Vaccine manufacturers make millions of pounds - why can't they accept that sometimes vaccinations go wrong and put aside money so that these children can have some help in life?" asks Mrs Casson. "Why do we have to go through the courts and spend thousands of pounds to prove a point."

"What we want is some recognition that it happens, it has happened and what are they going to do about it?"

As the law stands at the moment, only victims with more than 80 per cent brain damage can even be considered for the interim payment. Many victims fall below this and get nothing at all.

And as any parent knows, bringing up a brain damaged child can at least be cushioned by money because of all the extras and necessities children like this need to make life more bearable.

The Association is urging ordinary people who care enough to write to their MPs, visit their MPs' surgeries in an effort to help this forgotten group of children and parents.

For more information contact:

*Northern area secretary,
Mrs Sheila Casson, Victoria Lodge, 5,
Rusfield Hamlet, Chadlington, Oldham,
OL1 2TB. 061-624-6069*

*Southern Area Secretary
John Cherman, 242, Cowley Drive,
Woodingdon, Brighton, 0273-306382.*

*Association of Vaccine Damaged Children,
2, Church Street, Shipston-on-Stour,
Warwickshire, CV36 4AP. 0608-661595.*

CHILD DIES AFTER MMR VACCINATION

(Taken from The Mail on Sunday, 9.1.94.)

A child died after being given a vaccine used on hundreds of children, it was revealed.

Hannah Barton developed convulsions after being given a triple mumps, measles and rubella vaccine when she was 18 months old.

She died 18 months later in 1990.

Officials at the Government Vaccine Damage Unit have accepted that the vaccine - one of the two banned in Britain 15 months ago - was to blame. It paid £20,000 compensation to Hannah's family last June.

Mrs Carol Barton, 35, spoke publicly about her daughter for the first time yesterday in support of other parents who claim their children have also been damaged by the vaccines.

They are angry that they have been refused legal aid to fight for compensation.

The two vaccines, Plusacur-MMR and Emtravex, were withdrawn by the Government in September 1992. The Department of Health said they might be linked to a mild meningitis.

But parents claim side effects in some children include brain damage.

Mrs Barton said last night: "A week after the vaccination Hannah went into a convulsion."

"After that she had continual fits, sometimes 10 or 12 a day."

Her case is thought to be the first official acknowledgement of a child's dying as a result of one of the banned vaccines.

CHILDHOOD DIABETES - THE HUNT BEGINS

Scientists in Plymouth are to screen 50,000 new-born babies in a search for the trigger for childhood diabetes. And one of the factors to be investigated will be vaccinations.

This was reported in *The Guardian* (December 1993) by Tim Radford, the newspaper's science editor. The project will be based on hospitals in Torbay, Plymouth, the Torbay and Exeter region and Bristol. Midwives will take samples from the umbilical cord blood of children born in the next three years. The samples will be screened by the University of Plymouth for signs of genetic susceptibility. Unlike adult diabetes, which can often be controlled by tablets and diet, childhood diabetes requires daily injections of insulin. There are about 150,000 sufferers in Britain.

"They are two quite different disorders - the childhood diabetes is caused by destruction of the insulin-producing cells by the immune system," said Professor Terry Wilkin of the University of Plymouth. "It's a so-called auto-immune disease, like rheumatoid arthritis."

At some point early in a child's life, a trigger may set off a slow invisible process of destruction of the insulin-producing cells.

Professor Wilkin and a team at the university have designed the study, called the *Early Bird*, which will cost millions. It will look at a wide variety of factors including milk formulas and vaccinations.

POLIOMYELITIS - THE DISEASE AND THE VACCINE

by Trevor Gunn BSc., LCH, a graduate in medical
biochemistry and a practising homoeopath.

The polio vaccine appears to create considerable difficulties in those deciding which vaccination should be taken. Even those generally opposed to vaccination tend to have doubts about the polio vaccine. (See "Polio Vaccine - A Painful Process" on page three of this newsletter.)

Polio is thought to be caused by infection from polioviruses types 1, 2 or 3 which are spread by droplet infection from nasal and oral mucous, flies, infected food, water and faeces.

It is estimated that, in epidemic conditions, more than 90 per cent of people in contact with poliovirus produce no symptoms at all. Of the small percentage that do, approximately 1 per cent of those may develop neurological complications. The official figures for classification of a polio epidemic in the USA is 35 per 100,000 head of population.

One may still feel justified in using a vaccine if in fact it offered some protection and the risk of the side effects was sufficiently small.

The first commercial polio vaccine was the Salk vaccine (IPV - inactivated polio vaccine) developed by Jonas Salk and produced in 1954. This was derived from killed polio virus and was administered by injection under the skin in the hope of stimulating sufficient blood antibody response to protect the individual.

However this vaccine, although assumed to be reasonably safe, was soon proved to be ineffective. The blood antibody response to the vaccine was not sufficiently capable of dealing with real infections. The polio virus was still able to infect the intestines. (There was no immunity here - remember the vaccine was injected under the skin.) Therefore when the individual was at a sufficiently low state of health, the polio virus would infect the body causing symptoms of paralytic poliomyelitis.

As a result of this failure, a new version was developed in 1955. However this was quickly withdrawn due to reports of adverse effects and subsequent legal damage suits in the USA.

Consequently, another vaccine was developed by Sabin, (OPV - oral polio vaccine) with live polio viruses, usually of the three types, 1, 2 and 3. They were grown in monkey tissue culture and changed slightly so as to reduce their harmful effects as much as possible. The vaccine was to be taken orally and it was hoped that the antibodies developed in the intestines would protect the individual on this primary level, before the virus could enter the nervous system.

However the effectiveness of the vaccine has never been adequately assessed. This reduced incidence of polio in the epidemics of the 50s has been credited to the vaccine when there were many other factors involved.

In the UK, USA and Australia, the two epidemics in the early part of the century declined when there was no available treatment.

The decline in incidence of polio in the 1950s epidemics has been credited to the polio vaccine. However statistics show that these epidemics were already declining before the introduction of the vaccine.

In the 1962 USA congressional hearings, Dr Bernard Greenberg, head of the Department of Biostatistics of the University of North Carolina School of Public Health, testified that not only does the vaccine appear to be ineffective but has increased the incidence of polio and that the statistics have been manipulated to give the opposite impression.

He brought attention to the fact that it was not until 1955 that a single person was given a polio vaccine. A 61 per cent decrease in polio cases in 1954 was credited to polio vaccine when it was not even available.

A further complication with regard to polio has been the reclassification of the

disease. In order to be diagnosed as having polio, not only was paralysis necessary but the patient had to exhibit symptoms for at least 60 days.

Prior to 1954 patients had to exhibit symptoms for only 24 hours.

This automatically cut the number of cases down to 10-15 a year, instead of the thousands of cases that were previously diagnosed as polio, with symptoms that were not life threatening and seldom lasting more than two weeks. (I. Golden "Vaccination? A review of risks and alternatives.")

Non-paralytic polio cases are now reported as viral or aseptic meningitis. In addition to this there was a further relabelling of disease. After the introduction of the polio vaccine, cocksackie virus and aseptic meningitis were distinguished from paralytic poliomyelitis.

The UK Health Department also acknowledge the inaccuracy of the previous epidemic figures as they would have included infections similar to polio. Many other infections are clinically indistinguishable from non-paralytic polio, except by extensive laboratory tests that were not readily available. In addition it is generally accepted that in epidemic conditions diseases tend to be over reported and when treatment becomes available diseases tend to be under reported.

With inaccuracies due to over reporting and under reporting and the effects of reclassification and relabelling of disease, there will obviously be enhanced reduction in the incidence of polio without there being any effect from the vaccine whatsoever. It is therefore possible that polio vaccine has had very little effect, if any, on the decline in incidence of polio.

In fact there are incidences cited in USA congressional hearings where outbreaks of polio occur more among vaccinated than unvaccinated people.

It appears as though some children are able to withstand the effects of the active virus in the polio vaccine while the more susceptible are not and hence come down

with the disease.

Yet it has not been shown whether this form of the disease from the vaccine is any less damaging than if the disease was contracted naturally. This makes the present situation rather more interesting.

The live vaccine, in some cases, can mutate in the intestines of those newly vaccinated individuals and can then be passed on to individuals that have come in contact with the vaccinated person. This can cause paralytic polio in the vaccinated individual or in the contaminated person. The major cause of polio in the UK and USA is the live vaccine in standard use. In September 1977 Dr Salk, who developed the killed polio virus vaccine testified along with other scientists to that effect.

One of the most frequently raised concerns of polio is that of the dangers of unvaccinated children in swimming pools.

This anxiety usually centres around the possibility of contracting polio by the transmission of the virus in the pool water, from either a carrier of the disease or from a newly vaccinated individual.

Former USA Federal Drug Administration official Dr J.A. Morris states that: "Polio virus can be shed through faecal matter not through urine. Although many babies urinate in pools, few babies defecate in them."

"The level of chlorine added to pools to kill micro-organisms should be adequate to inactivate it. So if there is any danger at all, it is so minute that you can forget about it."

He goes on to state that there is less risk of contracting polio from a pool full of newly vaccinated children than from the vaccine itself.

This confidence in adequately maintained pools seems to be shared by officials in UK environmental health offices. Poorly maintained pools that will support micro-organisms of this sort are very rare and in such instances many other infections will probably be of greater concern.

Infections that can be contracted from poorly managed pools include folliculitis, impetigo, otitis externa, conjunctivitis, influenza - the more serious being typhoid, paratyphoid, bacterial meningitis, Legionnaires disease, Pontiac fever and of course polio.

Therefore the risk of contracting polio from a swimming pool appears to be an irrational justification for polio vaccination.

Other diseases that are equally transferable are not vaccinated against. The question of irresponsibility in parents refusing to vaccinate their children against polio can be turned on its head and that the main force in the perpetuation of the disease comes from the polio vaccine itself.

Therefore if you are thinking of vaccinating to prevent contamination, there appears to be more chance of contracting polio from the vaccine than from the swimming pool.

Remember that most cases of polio from contamination occur in people that have been previously vaccinated therefore with an assumed immunity that has since worn off.

There are also other risks associated with polio vaccination. The injected version (using killed polio virus) suffers from the drawbacks of all vaccines that are injected into the body. The systems of the body that would have dealt with a slow accumulation of micro-organism and toxin (i.e. the systems involved when contracting the disease naturally) have essentially been bypassed and therefore immunisation creates a huge potential for immediate and long-term damage.

Sensitivity to the poisonous contents of any vaccine could result in conditions as mild as sore throat, headache, fever or rash to more severe conditions such as arthritis, paralysis, brain damage and death.

In addition millions of polio vaccine preparations used in the 50s and 60s were later found to have been contaminated with SV-40 (a virus similar to HIV). The contamination was due to the preparation of the polio virus in African Green Monkey kidney tissue. This has been discontinued.

But this potentially cancer-causing virus has since been found in human brain tumours. This highlights the inherent dangers in vaccines that are to be injected into our bodies.

The live vaccine carries with it a significantly high risk of contracting polio, as well as a higher probability of affecting normal growth rates in children. (What Doctors Don't Tell You - Vaccination Handbook.)

Both types of vaccines have also been strongly linked to the increase in Guillain Barre syndrome (GBS), an acute rapidly descending paralysis beginning in the lower limbs and eventually affecting other muscle groups - a condition very similar to paralytic polio. (New Scientist 25.9.93)

The authorities now consider replacing both vaccines with a new killed version (E-IPV). However the risks remain potentially the same and the knowledge of adverse effects from this vaccine are even more limited.

SUMMARY

The effectiveness of polio vaccines has not been demonstrated. The decline in incidence of polio due to natural immunity and statistical inaccuracies has been credited to the vaccine.

Presently the polio vaccine appears to

be the cause of most cases of paralytic polio, even among those who have been previously vaccinated.

There are therefore real dangers of contracting polio from the vaccine, in addition to suffering other adverse effects. Knowledge of the safety of these vaccines, especially the new E-IPV vaccine, is so far very limited.

Polio is a disease that occurs only in the apparently more developed countries. Declines in the incidence of polio cannot be easily correlated to improvements in hygiene and diet. However, paralytic disease of this nature can be linked to impaired immune function.

To quote from Dr K. Gaublamme of 'The International Vaccine Newsletter', Belgium, June 1993... "We have to avoid certain diseases first of all (polio and pertussis or tuberculosis)...we have to avoid impairment of the immune system e.g. by reducing the prescription of immune suppressive treatment, such as antibiotics, cortisone and vaccinations...and we have to restore the immunological capabilities of the patient, of which homeopathy is highly recommended."

The increase in polio, meningitis and now HIB meningitis have coincided with the development of immune suppressive treatment and are therefore, not surprisingly, phenomena of the so-called developed world. The greater our toxic overload and immune suppression, the greater the likelihood of disease.

We need to step out of the cycle of fear of disease and immune suppression which creates more disease, more fear and the apparent need for more vaccines.

If we choose not to vaccinate and follow a path of safety through increased health, then the incidence and severity of these diseases will decline.

THE CASE AGAINST VACCINATION

by W.R. Hadwen MD (1896)
In depth look at the fraud of vaccination from its conception.
Price £1.00

THE BRAINS OF THE INOCULATED

by Lily Loat. (1957). Price 75p

THE FRAUD OF VACCINATION

Articles by W.R. Hadwen MD (1923) Price £1.00.

VACCINES: ARE THEY REALLY SAFE AND EFFECTIVE?

by Neil Z. Miller (1993).
Systematically evaluates each vaccine; exceptionally well-documented (over 300 refs.); chapter on long-term effects; uncovers unscrupulous medical authority tactics; case histories. Price £5.00

All prices include p&tp, cheque payable to
Vaccination Information. Available from:
Vaccination Information, PO Box 43,
Hull HU1 1AA. Tel. 0482 441115

SOMEBODY DOES IT BETTER...

What do Minnie Mouse, Vera Duckworth, a blow-up doll, Attila the Hun, Goofy and a tin of boot polish have in common? They could all run the National Health Service better than Virginia Bottomley.

So says the abrasive Dr Vernon Coleman in his column in *The People* (23.1.94)

He lists ten ways that the NHS has been devalued during Mrs Bottomley's "reign" and his tenth reasons is: "The whooping cough vaccination programme continues. No one in the Government has answered my claim that it has probably been killing or seriously

damaging more children than the disease."

In his book, *The Health Scandal*, Dr Coleman states: "...the unavoidable fact is that the Government (in the form of the DHSS) has distorted the truth and has deceived both the medical profession (for the majority of doctors and nurses who give these injections accept the recommendations made by the DHSS without question) and millions of parents

"The DHSS may have saved itself a tidy sum in damages. But the cost to the nation's health has been enormous." (When the book was published, the Department of Health and Social Security was one unit.)

Good Diet For All from Linda Dobraszyk of Reading

I believe the Government is holding back on a "Good Diet for All" promotion as a demand for fresh fruit and vegetables would mean an increase in social security payments.

As a pharmacist I am already seeing kickbacks from the "flu" vaccinations - people have told me that their young children or elderly parents have had a series of infections since having the inoculation. "I feel very strongly that The Informed Parent should be pressing for scientific research funded from the Government into the relationship between health and resistance to infections.

We should be looking at:

1. The health of both parents before pregnancy
2. The health and most particularly the diet of the mother during pregnancy. Also whether she smokes, lives in a polluted environment etc.
3. The birth - whether drugs were used, if the baby was deprived of oxygen (distressed) at any point etc..
4. Whether the child was breast fed or bottle fed.
5. The diet of that child.

Only then will we see the demise of anecdotal stories for and against vaccination and truly make an informed choice. My own health visitor has expressed doubts about vaccination and is studying the subject for a project but is unable to find very much recent, hard scientific evidence.

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.

The Informed Parent, 29 Greyhound Road, Sutton, Surrey SM1 4BY.

FUTURE TALKS

VACCINATION- HEALTH MEASURE OR HEALTH DESTROYER?

Speaker: Patrick Rattigan
Monday 28th March 1994
at 7.30 pm

The Conway Hall
Red Lion Square
London WC1

For further details telephone:
071 281 5512

VACCINATION.

AN INFORMED CHOICE

By Chris Wilkinson RS Hom
Tuesday 7th June at 8.00pm
The Montpelier Natural Health
Clinic

26 Picton St. Montpelier, Bristol
For further details please ring Chris on
0272 632306

PREGNANCY WORKSHOP

Saturday April 23rd 1994
10.00 am to 1.00 pm

At the Hornsey Osteopathic Clinic,
Lausanne Annexe, 272 Wightman
Road, Hornsey, London N8 0LX
Fee: £10.00

For place or further information please
telephone:

081 347 9990

HOMOEOPATHY FOR PREGNANCY AND BIRTH

Miranda Castro FS Hom and
Dr Roger Lichy MF Hom

Saturday 23rd April 1994
The Friends Meeting House,
8 Hop Gardens
(off St Martin's Lane), London WC2
Cost £20 This includes tea,

but not lunch.

Registration at

9.30 am, day ends 4 pm.

For further details and bookings, phone
0892 536393 or 0892 537254