

# THE *informed* PARENT

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## TV DOCTOR - A ONE-SIDED VIEW

by Janet Smith

*Temperatures rose when Dr Mark Porter gave his views on vaccination in a day-time television programme.*

*With Anne and Nick, the presenters of the BBC morning programme named after them, he answered telephone queries from mothers during May (1994).*

But his responses made many mothers angry and outraged. Several contacted the BBC to protest.

• *Go ahead with the whooping cough vaccine, even if there is a history of epilepsy in the family, he told one mother.*

• *The MMR vaccine is perfectly safe, he told another.*

• *The Hib vaccine is the safest of the lot, he claimed.*

• *A vaccine at 13 for rubella doesn't give life-long immunity, he admitted.*

The one-sided information alarmed and angered many mothers some of whom were watching at home with their vaccine-damaged children. We would like to answer some of the points he raised.

The mother who queried the whooping cough vaccine for her son suffered from epilepsy. Dr Vernon Coleman quotes a vaccine manufacturer as saying that the pertussis vaccine should not be given 'when the child has a personal or family history of idiopathic epilepsy or other inherited diseases of the central nervous system.'

Dr Coleman, a former GP who now writes a column in *The People* newspaper, says that the whooping cough vaccine has always been a disaster and that it has already been withdrawn in other countries - Japan, Sweden, West Germany - because of the brain damage associated with its use.

The efficiency of the whooping cough vaccine is doubtful - thousands of vaccinated children get the disease. The official figure of one in 100,000 brain damaged by vaccine is a guess, says Dr Coleman. (And as he points out - even this risk is unacceptable.)

The MMR vaccine safe? How could Dr Porter say that when the programme's research staff were in touch with Jackie Fletcher, mother of a two-year-old boy brain-damaged by the MMR vaccine?

She had telephoned the programme shortly before Dr Porter went on air. And Jackie hasn't just the evidence of her own son to present. She is the mother who formed JABS - and who has heard so far of 140 cases of children who have been damaged by the MMR vaccine.

And no, Dr Porter, that isn't just the original vaccine - but MMR 2, which, he claimed was safe, is also causing problems.

'The preliminary results of our research has shown that in families with allergies - hayfever, penicillin, fits, convulsions - the children vaccinated with MMR are at risk,' said Jackie, who lives near Warrington, Cheshire.

'A huge question mark hangs over the MMR vaccine and that includes MMR 2. A significant number of people are reporting severe problems, including autism in vaccinated children - and the whole thing needs looking into.'

There is documented evidence of meningitis showing up in children right after they had been vaccinated with the Hib vaccine. *The What Doctors Don't Tell You* (WDDTY) Vaccination Handbook refers to a Minnesota study showing that the vaccine increased their risk five-fold of contracting the disease.

This is the 'safest' vaccine according to Dr Porter. 'It has been with us (in this country) for nearly two years,' he says and claims Hib vaccine has an impressive safety record. Surely two years is a drop in the ocean. As WDDTY says: 'The bottom line seems to be that this vaccine is still very much in its experimental stages.'

Jackie Fletcher of JABS has already had three reported cases of the Hib vaccine (when administered on its own) causing serious problems - one child is now profoundly deaf and the other two have learning difficulties.

Rubella vaccine certainly doesn't give life-long immunity - Dr Porter is right there. But if children get rubella (German measles) naturally,

it does normally offer life-long protection. The desire to eliminate rubella is the risk of pregnant women developing it which can cause birth defects. So why vaccinate 13-year-olds (or for that matter tiny babies with the MMR) when the immunity does not last? And why not vaccinate all those health care workers who regularly see pregnant women - GPs, nurses, gynaecologists, health visitors etc. etc.. When near your child is due for rubella or the MMR (the R refers to rubella) ask if the person administering the jab has also had it.

And safe? The disease itself is so 'safe' that often you don't know you've had it. But the vaccine? A study in the USA being carried out at the moment is suggesting that the rubella vaccination is connected with autism. And WDDTY reports that 26 per cent of children receiving rubella vaccination in national testing programmes developed arthralgia and arthritis. Some were hospitalised to test for rheumatic fever and rheumatoid arthritis.

JABS, *The Informed Parent*, the Association for Parents of Vaccine Damaged Children and all the other support groups in the UK and abroad could certainly fill the BBC studio several times over with children who have been sadly and badly damaged by vaccines.

Would Dr Porter then be able to sit there and say that vaccines are 'safe'?

*(The Health Standal by Dr Vernon Coleman; Sidgwick and Jackson)*

## AN INTERNATIONAL VOICE

*'I am glad that there are people out there who are concerned about vaccinating - I thought I was the only one. The problem is that we are all fragmented. No one knows what the other is doing. To get people together, an international voice is needed. We now have one.'*

*Quote by Peter Barabasz, MD, from Australia, writing in The International Vaccination Newsletter.*

*This publication is edited in Belgium by Kris Gansblomme MD and hopes to bring accurate, critical information about vaccines into the public eye and to link people and organisations who are engaged in this field.*

*The newsletter is published four times a year and is available on subscription at 500 BEF from Krekenstraat 4, B-3600 Genk, Belgium.*

*Bank account: BAC 833-4395273-75*

*Fax: 32 89 304982*

# WHY CAN'T I FIND A DOCTOR?

*The People,*  
September 26th, 1993.

**Question: I am finding it very difficult to find a doctor prepared to accept me and my baby on his list. Do you think this may be because I refuse to have my baby vaccinated against whooping cough?**

**Answer (from Dr Coleman):** "It's very likely. Because the Government realises that the facts about the safety of whooping cough vaccine are to say the least, unconvincing, they are now bribing GPs to make sure that as many babies as possible are given the jab. GPs who get 90 per cent of the young children on their list vaccinated are given a bribe of £1,860. So, by accepting you and your baby on his list, a GP would risk losing his bribe."

Personally having studied all the evidence, I wouldn't let a child of mine have the whooping cough jab either. I can only suggest that you keep shopping around to find an honest GP who is prepared to turn his back on the Government's dirty money. If you really can't find a doctor, then get in touch with your local Family Practitioner Committee - the address is in the telephone book. It is then their responsibility to find you and your baby a doctor.

I'd be happy to debate the whole whooping cough vaccine issue with any

doctor who believes the vaccine is safe. Unfortunately I don't think there is a doctor in the country prepared to take me on. I'm not boasting - just stating a fact."

• Dr Coleman has introduced a telephone advice line for people who want to know more about the whooping cough vaccine and the disease.

Call 0839-333-118 for the recorded message. Calls cost 36p per minute cheap rate and 48p per minute at other times.

The Informed Parent telephoned the advice line to hear Dr Coleman give many excellent pointers to the dangers of the vaccine, the reason why he claims the government still advocates giving the vaccine, and a history of the disease which suggests a decline in the mortality rate well before the vaccine was introduced.

Unfortunately, Dr Coleman tends to rush through the information (thereby saving your telephone bill!) and it is difficult to digest. Recording the information on a telephone answering machine might be the best way to absorb the information he gives.

# LAID LOW BY FITS

*(taken from the Daily Mail*  
25.3.94)

*Jenoza and Paul Lewis believe their daughter Jordan suffers epilepsy as a result of the MMR jab she had when she was a year old.*

*"Before vaccination Jordan was eating well and was very active," said Mrs Lewis at the family home in Thamesmead, South London.*

*"But a week later she started getting fits for the first time. She is now three-and-a-half and has continued to suffer fits.*

*"She is taking medication for epilepsy and the doctors cannot tell us how long she will need it."*

*Mrs Lewis, who also has a young son, went on, "We tried to take her off it (the medication) on the recommendation of the doctors but she immediately had a fit and went into hospital. She suffered another seven or eight fits before being stabilised."*

*Mrs Lewis, whose husband is a BT technician, said doctors did not warn them of the possible side effects of vaccination.*

*"When I took her for the vaccination I was just told she might have a possible fever," she said. "I think we should have been told if there was a risk of this happening and we are prepared to fight for compensation."*

# BREAST MILK - AN ARSENAL AGAINST ILLNESS

One of our members, from Romsey in Hampshire, is a member of La Leche League group and wants us to mention the organisation. La Leche League is world-wide and gives help, advice and information on breast feeding.

"While breast milk has long been

recognised as the superior food for the infant, in the last decade it has been found that human milk also contains living cells that actively protect the body against illness.

For the best start in life, breast milk is the only source of important elements that

help protect the new-born baby during the time his own immune system is maturing." *La Leche League of Great Britain, BM 3424, London WC1V 6XX. 071-242 1278.*

## THE INFORMED PARENT POSTER

*There is a poster available which poses the question: "Shouldn't the after-effects of childhood vaccination be discussed before?" If anyone feels they can display a poster, at their local playgroup or health foodshop, or in the consulting rooms of a complimentary health practitioner, please contact us on: 081 861 1022.*

# A MEDICAL TIME-BOMB

*The belief that vaccination is an effective and safe method of preventing disease is so widespread that to question it seems arch heresy - something you don't do unless you want to be branded irresponsible, ignorant and outrageous.*

So says author Leslie Kenton in her book *Nature's Child* (Ebury Press £6.99).

She goes on to say, however, that she strongly questions vaccination and so do a growing number of highly respected doctors and researchers, some of whom believe that mass immunisation may turn out to be one of the great medical time-bombs of the twentieth century.

Her book also discusses the relationship with the child's father, breast feeding, weaning, the working mother, physical and spiritual health - and ends with a list of healthy recipes. She deals with vaccination as one chapter in the book.

"Evidence is emerging that cot deaths, degenerative diseases later in life, allergies and serious immune dysfunctions may all be related to the standard vaccinations which our infants and children receive as a matter of course and which governments urge more parents to allow," writes Ms Kenton.

She goes on to dispel the myth that vaccination wiped out disease and points to improved sanitation, better nutrition and more humane living conditions as the possible cause.

She notes that vaccinations do not appear to provide a guarantee against infections and suggests that in some cases they have actually increased the virulence of the disease.

"...in a paralytic polio outbreak in Argentina between February 1970 and January 1971, 40 per cent of the cases occurred in vaccinated children," she writes.

"A World Health Organisation bulletin issued in 1970 states that, despite the introduction of the

vaccination in Africa, Asia and South America, polio has increased considerably. Earlier investigations had shown that natural immunity to polio was almost 100 per cent when the Africans were self sufficient in natural foods. And the decline in polio in Europe exactly paralleled the decline in the USA even though there were no major vaccination programmes there until later."

Ms Kenton quote Dr Harold E. Buttram's description of the theory that a human being's total immune capacity is limited. Buttram says: "Let's assume that a child is born with a total immune capacity of 100 units."

So if a child has measles naturally, he may well use three to seven per cent of his

immune capacity. But in the case of routine vaccination, "it is likely that a higher percentage of the total immune capacity becomes committed, perhaps something in the order of 30 to 70 per cent. It should be emphasised that, once an immune body becomes committed to a specific antigen, it becomes inert and incapable of responding to other challenges.

"A child could be reduced from an expectancy of exuberant health to a middle state never entirely healthy, never entirely well."

Ms Kenton notes that the average GP is only versed in one side of the argument - that for vaccination.

She suggests that parents examine both sides of the story before vaccinating a child.

"In my own case," she says, "I had my first child immunised against everything as was standard practice when he was born. Then with the second and the third, as I became more aware of the negative implications of vaccination, I allowed them to be immunised against progressively fewer illnesses until finally, with my last child, I chose not to have him vaccinated at all.

"It is a decision I have since been infinitely grateful for having made. There is no question that he has by far the strongest immune system of the four and the highest resistance to illness even though he was born when I was 39 years old."

*Despite the introduction of the vaccination in Africa, Asia and South America, polio has increased considerably.*

## SERIOUS DOUBTS...

*From a member in Cambridge:*

*I'm far too busy and distracted (by a two year old) for a proper letter but must not miss this chance - while I'm renewing my membership - to respond to the request in the last newsletter and give you information about my son, now aged 15.*

He responded to the measles vaccine by getting a high temperature and disturbed breathing. He was about seven months old I think. I rushed him back to the doctor who gave him piriton anti histamine which quickly seemed to restore him to normal. He later had measles (about seven years old) and I feel it's likely that the severity of it (i.e. ill but no complications, did not really need a doctor, duration average) was not affected by the vaccine as we eat a very good diet, never need antibiotics etc.

He had all the routine vaccinations except whooping cough which I refused

because I knew of a badly damaged child. For obvious reasons I refused measles as well as whooping cough for my daughter. She did have the routine polio, diphtheria and tetanus (before I heard of The Informed Parent) but I have serious doubts about those now.

I must also say that you are doing a marvellous job spreading information about this whole vital issue. I am very glad someone can find the time to do it - there is such a long way to go.

I am appalled at how ignorant I was less than two years ago in spite of being very interested in all aspects of holistic health for many years.

I have a book which was my mother's over 40 years ago called *Children's Health and Happiness* which recommends against vaccinations but I suppose one book won't help much with the confidence necessary to stand apart.

## SAFE?

"No vaccine is like another. The manufacture of vaccines is a live process so the batches don't come out the same. So how can they be positive that this or that vaccination is safe? It's like saying that every time you have a baby it will be exactly the same. The process for conception is the same - mostly! - but making a baby is a live process. You cannot be positive about how a baby will turn out."

*Quote from a mother of a vaccine-damaged baby.*



# IS THE FLU VACCINE

*Though we are hopefully enjoying summer sunshine at the moment, when autumn returns, so will the suggestion that we all rush along to the doctor's surgery for a flu jab.*

*We looked at some of the available evidence that you might not hear about in your doctor's surgery.*

## FROM WHAT DOCTORS DON'T TELL YOU. VOL. 4 NO. 11

Influenza may not be the great wintertime killer of the elderly as always believed. Instead they are as likely to die from acute respiratory disease than the feared flu virus.

These findings - by a Birmingham UK research team - put a question mark over the annual ritual of having a jab as protection from the latest "killer virus."

This ground-breaking research, based on elderly populations in England and Wales over four winters, reveals the lack of proper post mortem analysis among the elderly.

Doctors are too ready to blame a

person's death on the latest flu strain when it was likely to have been caused by respiratory syncytial virus (RSV).

More significantly, it indicates that the elderly require specialist care and treatment rather than visiting their family doctor with what they think is flu.

Dr D.M. Fleming, head of the Birmingham Research Unit that carried out

the study, points out that the findings also make impossible any useful analysis of the effectiveness of the flu vaccines.

The study explains that RSV is most likely to be spread in cold and damp conditions - a typical British winter in fact. Countries in

continental Europe often experience far colder, but drier winters than Britain and yet report lower death rates during the season. Increasing air pollution can also

exacerbate RSV.

The study team says that RSV peaks at the beginning of the year, while December tends to be the worst for flu.

But studying all deaths in England and Wales among the over 65s, they discovered that the number of deaths caused by influenza A and B strains varied during the four years whereas the number of RSV victims each year remained constant, again making it possible to isolate the deaths due to flu. The Lancet. 18-25 December 1993.

## FAUNA, A MAGAZINE BASED IN HULL AND CONNECTED WITH ANIMAL RIGHTS, GIVES EIGHT POINTS TO PEOPLE WHO MAY BE CONSIDERING A 'FLU' JAB.

1. The recent deaths attributed to influenza in the media were in fact due to respiratory problems.

2. In November 1991, a Chesterfield man died within hours of being injected with the 'flu vaccine.

3. In Birmingham, where GPs reported

*Flu vaccines have been outlawed in Japan since none has proved effective. (Taken from Doctors in Britain Against Animals newsletter.)*

## New Zealand Television Soap Highlights Vaccines

*New Zealand's number one television soap - Shortland Street - used vaccination as an issue in one of its storylines.*

A mother was given a "dressing down" by a medical person for neglect because she had not had her child vaccinated.

A viewer, Bridget McNamee from Southland, wrote to New Zealand's TV Guide (19.3.93) to object to the implications in the scene, i.e. that parents who don't vaccinate their children are lazy and/or ignorant and that vaccination would have prevented the problem.

"There is a large amount of evidence

available, other than the simplistic Health Department propaganda, which casts severe doubts on these two points among others," she wrote.

"I also wonder whether Shortland Street will have an episode that features either a vaccinated child who still gets the disease he/she is supposed to be protected from, as can and does frequently happen; or a severely vaccine-damaged child, as there are plenty of parents in NZ who could offer insight into the portrayal of the heartbreak and hardship that involves".

(Taken from Immunisation Awareness, newsletter of the Immunisation Awareness Society Inc., New Zealand.)

## Tetanus

*"With tetanus I can tell a personal story. At university we were taught that no cases of tetanus occurred during World War II among Australian service men because they were all vaccinated against tetanus. I believed this until I suffered an injury after being fully immunised. I received a booster shot and got tetanus. The cultural shock was enormous. When I reviewed the literature I found many such cases. In civilian practice it is impossible to totally protect against tetanus. Under near ideal conditions, there were in fact, cases in the army. They were kept well hidden."*

*Dr Archie Kalkreinos. Australia.*

# REALLY EFFECTIVE?

it could be harmful, the vaccine caused twice as much respiratory illness and visits to the doctor among 600 elderly people given the vaccine, compared with a control group who were not. Reports criticised the medical profession for continuing to administer the vaccine when the evidence showed it did more harm than good.

4. In 1976 more than 500 people who received the 'flu shots were paralysed with Guillain-Barre Syndrome, a devastating disease of the nervous system. Thirty of them died. This was reported in the *Journal of Neuroimmunology* in 1982. During the same year, the incidence of Guillain-Barre among flu-vaccinated army personnel was 50 per cent greater than among unvaccinated civilians (Dr. Robert Mendleson quoted in "Vaccines: Are they really safe and effective" by Neil Z. Miller.)

5. An epidemic of 'flu swept Russia in 1986 despite a mass vaccination programme.

6. Hans Ruesch in "Naked Empress" writes that "In the course of a vaccination trial that took place in France on October 1st 1981, Professor Mercie, former director of the glamorous Pasteur Institute, was asked why the Institute kept producing and selling its anti-flu vaccine despite its recognised worthlessness. Professor Mercie's reply: "Because it helps financing the Institute's research."

7. The Influenza Monitoring Bureau is funded by the vaccine makers.

8. Flu vaccines are made from "material" taken from flu victims and is then processed with mashed chick embryos from intensive battery sheds, which are often riddled with salmonella and listeria.

(Material taken from the BAVA leaflet, "Vaccination" 50 things Doctor Forgot to Tell You."

*"The risk of suffering serious complications from the 'flu vaccine is far greater than the 'flu."*  
Dr William Froesebauer, *Scripps Howard News Service*, November 5 1986.

(For information and subscriptions to *Fauna* write to PO Box 43, Hull, HU1 1AA.

Also available from this address a vaccination information pack for £1 inc. p & p and Neil Z. Miller's book, quoted above, price £5 inc p & p.)

**FROM DOCTORS IN BRITAIN  
AGAINST ANIMAL EXPERIMENTS  
(MARCH/APRIL 1994)**

"...our medical system has lost all control of cost. Each month sees withdrawal of yet another inexpensive, reliable old

remedy and its replacement with something new, untried, unnatural and ten times as expensive.

Take two recent examples. Doctors are now forbidden to prescribe Halibut Liver Oil, a cheap and concentrated source of vitamins A and D as well as marine essential fatty acids.

The cost for a month's supplementation was about £2.

We are on the other hand, offered a new antibiotic dental gel for use in periodontal disease - caused perhaps by poor oral hygiene or vitamin deficiency - at £42.50.

Or perhaps you would prefer a dose of influenza vaccine and its uncomfortable side effects at £5.08.

This vaccine probably never does much good in Britain.

This year I would say it was completely useless. More doses were administered than ever - despite the failure of one whole batch to pass government tests - but we had a massive autumn epidemic of true influenza.

Those of your patients who relied on our winter formula of Vitamin C and Halibut Liver Oil had a really good deal: far less serious symptoms, if any, and no side effects.

DBAE, PO Box 302, London, N8 9PP  
Tel. 081 340 9813

## TELEVISION LOOKS AT MMR

*Three mothers, each with a child damaged by the MMR vaccine, appeared in a short programme made by Yorkshire Television in May (1994).*

Called 3D, the programme was networked throughout the country and revealed the extent to which Rachael Coote, Billie Terry and Robert Fletcher had been brain-damaged by the vaccine for measles, mumps and rubella.

The Informed Parent helped with some of the research and Jackie Fletcher from Warrington, Cheshire, who set up JABS, was featured on the programme. (JABS, Justice, Awareness and Basic Support.)

Julia Somerville, the presenter suggested the vaccination had reduced deaths from certain diseases but that there

was growing concern over the MMR vaccine which had been given to more than 4 million children in the UK since 1988.

Ann Coote told how, after the vaccine, her daughter Rachael stopped breathing and went blue and how she now has severe learning disabilities and has to attend a special school. Maggie Terry's son developed a high temperature, became very poorly and eventually had convulsions. Her GP initially told her it was reaction to the vaccine. Billie is now unable to communicate, can only say a few words, but he is "not damaged enough" to receive payment from the Government Vaccine Damage Unit.

A solicitor on the programme spoke about the pressure from doctors who were

paid if their patients were vaccinated and how a tribunal assessed cases but only those children who showed 80 per cent brain damage were eligible for compensation..

Jackie Fletcher, whose son Robert had fits and immune problems as a result of the MMR vaccine, said that these children were not recognised by the Department of Health. She called for more information at clinic level so that "parents know about the bad reactions as well as the protective factors."

A contact address for JABS was given out and many people contacted the organisation. Several were referred to The Informed Parent because they wanted to know more about the subject of vaccination.

# HOMOEOPATHIC DOCTORS – WHICH SIDE OF THE FENCE?

by Janet Smith

*A huge question mark hangs over the heads of Britain's homoeopathic doctors. Do they support vaccination - or not?*

The Faculty of Homoeopathy, the body to which many homoeopathic doctors belong either as members or associates, certainly supports vaccination.

But do the homoeopathic doctors themselves, who are in daily contact with their patients? \*

John English, writing in the Faculty's journal says that it is most important for the cause of homoeopathy that its proponents adopt what is seen to be a responsible and reasonable view on issues such as immunisation.

"I would not advocate the adoption of 'reasonable' viewpoints merely to curry favour with the rest of the medical profession, but in this instance the arguments for so doing....are strong enough on scientific grounds and the Faculty's current support of immunisation remains correct." (Vol. 81, number 4, October 1992)

It must be made clear here that we are discussing conventionally trained doctors who have also studied homoeopathy and offer both skills to patients. The Society of Homoeopaths exists for lay homoeopaths and, by and large, their members oppose vaccination.

As a mother of an unvaccinated baby and toddler, I wrote to the Faculty in 1990 seeking help on the vaccination question. Fear from conventional propaganda about the desirability of vaccines led me to seek some security. After all, I had become a supporter of homoeopathy as a treatment for my children's ailments.

Their reply then, from Peter Fisher, consultant physician, was clear.

The Faculty believes that homoeopaths and conventional doctors should work together," he wrote. "They are also aware that there are considerable numbers of unqualified homoeopaths who advise against immunisation. The Faculty of Homoeopathy was set up by an Act of Parliament to train only qualified doctors. It is not against immunisation and we advise mothers to have their children inoculated in the normal way."

A homoeopathic GP, who is an associate of the Faculty, told me that he believes the reasons for this stance were

political as well as medical.

"They don't want to be labelled as cranks by the establishment," he said. "But there are quite a number of homoeopathic doctors who question vaccination."

The article enclosed with Peter Fisher's letter was clear. It was headed "Enough Nonsense on Immunisation" and maintained in its opening paragraph: "Certainly, the Faculty of Homoeopathy does not oppose immunisation."

The article, written by Peter Fisher himself, also suggested that Harris Coulter\*, the American author and anti-vaccination campaigner, had produced no evidence of a causal link between vaccines and certain social ills.

"Coulter appeared to blame virtually all the social ills to which modern society is heir on mass vaccination. These include drug addiction and sociopathy and even homosexuality!"

Peter Fisher regrets that homoeopathy became linked to "anti-vaccinationism" and he also claims that millions of lives have been saved and untold suffering averted by immunisation.

"...terrible epidemic diseases including diphtheria and polio, have been virtually eliminated from countries with efficient immunisation programmes.....But large reservoirs of epidemic diseases persist for socio-economic rather than medical reasons in underdeveloped countries. In the age of the 747, a fresh pandemic of a disease such as polio could sweep like wildfire through an unprotected population, which because of the very success of the immunisation programme, lacks immunity."

Writing again to the Faculty - since the setting up of The Informed Parent (Sept 1992) - I asked if their view was the same.

Their reply was to send me the article from the British Homoeopathic Journal, quoted from at the beginning of this article.

However, the anger of Peter Fisher's article is not apparent in this one, written by John English. But the stance seems the same.

"The issues are not as clear as the usual advice makes them appear to be," he writes. "Where a preventable disease is serious and rife, there is no doubt at all about the need

for vaccination. The decisions of our predecessors to immunise against smallpox, yellow fever, polio, tetanus and diphtheria were well taken.

"The situation changes as the naturally occurring incidence of the causative organism drops. In the case of smallpox, where the only known viruses are in laboratories, it has already been possible to suspend immunisation and the same could happen in a few years for polio, whooping cough, measles, mumps and perhaps some other diseases."

His comments about Harris Coulter are not quite so damning - "He argues that a wide spectrum of pathology, including autism, sociopathy and sudden infant death syndrome, might be due to vaccination. He might be right."

And he also says: "We don't know what value, if any, epidemic diseases of childhood actually have. Perhaps there is some, and that by vaccinating we are indeed laying the seeds to Aids and worse."

John English suggests that it is most important for the cause of homoeopathy that its proponents adopt what is seen to be a responsible and reasonable view on issues such as immunisation.

"I would not advocate the adoption of 'reasonable' viewpoints merely to curry favour with the rest of the medical profession but in this instance the arguments for so doing, as I hope I have shown, are strong enough on scientific grounds, and the Faculty's current support of immunisation remains correct," he maintains. "We might well be in the van of arguments about withdrawing vaccines which are no longer required... (but) the risk of imported cases spreading in an unprotected population is still too great at present."

"The options are to wait until worldwide elimination is achieved, or, if small enough areas remain, to insist on international immunisation certificates for travellers from these areas, as has been done for smallpox, cholera and yellow fever."

\*Harris Coulter is the author of two books on vaccination. The one referred to above is: *Vaccination, Social Violence and Criminality* (1990) North Atlantic Books, Berkeley, California. (Available from Minerva Books, 6 Bothwell Street, London, W6 8DY. 071-385-1361.) See *The Informed Parent* reading list for further books.

The Faculty Of Homoeopathy, Hahnemann House, 2, Powis Place, Great Ormond Street, London WC1N 3HT. (071-837-9469)

Society of Homoeopaths, 2, Artisan Road, Northampton, NN1 4HU. (0604-21400)



# THE COT DEATH LINK

*It was ten years ago that Dr Viera Scheibner, an Australian research scientist, set in motion a plan to develop a breathing monitor for babies thought to be at risk of cot death.*

She met biomedical electronics engineer Leif Karlsson, who specialised in patient monitoring systems and he agreed to develop a Cotwatch monitor.

It was to change Dr Scheibner's life.

For the research eventually showed a causal link between the DPT and polio vaccines and cot death.

This discovery, for which Dr Scheibner was unprepared, led to her looking more seriously at the whole subject of vaccination and to the publication of a book entitled: *Vaccination - 100 years of orthodox research shows that vaccines*

represent a medical assault on the immune system.

A year and a day after their first meeting, Leif Karlsson came up with a true breathing monitor and he and Dr Scheibner soon realised that it was sounding alarms when babies were affected by a host of stressful events, vaccination the most prominent.

The microprocessor Cotwatch recorded the breathing pattern of babies so that the effect of vaccination could be presented and clearly seen in the computer print out. The link between vaccine injections and cot death became painfully obvious.

At this time, Dr Schreiber did not know of the controversy surrounding vaccination. She studied some 30,000 pages of medical papers dealing with vaccination

and discovered that, in all that material, there was no evidence of safety or effectiveness of vaccines

Her book is the product of her research and offers an insight into most of the current childhood vaccines. It catalogues evidence and gives research references and is a book for those who want medical evidence of the adverse effects of vaccination.

Dr Schreiber is a retired Principal Research Scientist with a doctorate in natural sciences. During her distinguished career she published three books and some 90 scientific papers in refereed scientific journals in Australia and overseas.

She puts her case and ends by saying that there is not a shadow of doubt that vaccines are killing and maiming babies.

## Aborted Babies and Vaccine Manufacture

*Some common vaccines are manufactured using tissue derived from aborted babies, claims The Pro-Lifer magazine.*

*Writer Gareth Williams claims to have researched the subject and gives one of two reports in Vol. 1. No. 6 of the magazine.*

"Some but not all, viral vaccines are manufactured using foetal cells and anyone who is concerned should endeavour to find out the provenance of such a vaccine," he writes.

"Two such 'cell lines' are commonly used in vaccine manufacture, code-named MRC-5 (Medical Research Council 5) and W1-38 (Wistar Institute 38). MRC-5 originated from lung tissue taken from a 14-week male foetus aborted for 'psychiatric reasons' from a 27-year-old woman in the UK in the 1970s.

"W1-38 line originates from a female foetus aborted for 'psychiatric reasons' in Sweden in the 1960s. If the source of a vaccine is listed as 'human diploid' then it almost certainly derives from one or other of these cell lines."

He says that human tissues are not used in manufacturing bacterial vaccines.

"For vaccine production, a suitable culture of host cells must be maintained for the viruses to grow in. Most animal

cells cannot be grown in culture for more than a few cell generations. Some foetal cells, however, will grow and multiply indefinitely and are thus preferred for virus manufacture."

Mr Williams goes on to say that he believes certain polio and rubella vaccines are derived from foetal cells.

"Other means of culturing viruses involve the use of chick embryos and monkey kidney cells," he writes. "Some measles and mumps vaccines are from fertilised hens eggs, while for polio, African green monkey cells are often used. As these cells will not grow indefinitely in vitro, a constant supply of monkeys is required, which are killed to obtain kidney cells."

In his discussion of the facts as he sees them, Mr Williams argues that vaccine manufacture does not require continual

source of new cells from aborted babies. The existing cell lines will continue to meet this need indefinitely. So he suggests that some people

may argue that the use of these vaccines does not encourage abortion.

But he puts forward the idea that vaccine manufacture could be said to profit from abortion.

He poses the question: "If capital punishment were reinstated and the organs of executed criminals were used in medicine, then surely those opposed to capital punishment would object and would certainly refuse to be treated with any products deriving from this practice. One can not willingly profit, or benefit in any way from a practice that one believes to be a moral outrage."

Mr Williams also suggests that people who place a high value on the lives of animals might regard the use of foetal cell lines as preferable to the repeated killing of monkeys.

For himself, Mr Williams has allowed his son to have the alternative polio vaccine and plans to see that he will have separate measles and mumps vaccines, manufactured without use of foetal cell lines. But at the time of writing, he was still trying to find a suitable rubella vaccine.

"One alternative suggested to us is to ensure our offspring contract German measles naturally while they are children," he says. "The immunity thus gained is stronger than that acquired through a vaccine which lasts for life."

*Pro-Lifer, 42, Conway Road, Southgate, London, N14 7BE.*

***Some, but not all, viral vaccines are manufactured using foetal cells.***

***Some measles and mumps vaccines are from fertilised hens eggs, while for polio, African green monkey cells are often used.***

# THE GERM THEORY QUESTIONED

In 1985 Ian Sinclair decided to have his one-year-old son vaccinated. Within a month of his first vaccinations the boy developed an acute skin complaint, eczema, which required hospitalisation.

While in hospital, a young doctor advised that Mr Sinclair's son should have the whooping cough vaccine.

But the following day Mr Sinclair - an Australian - came across a British magazine in which a professor of medicine spoke of the dangers of the whooping cough vaccine and its failure rate.

It was the start of a personal search into the whole subject of vaccinations, for what concerned Mr Sinclair initially was that the young hospital doctor had never mentioned any of the risks whatsoever.

The product of that research is an impressive book by Ian Sinclair called *Vaccination - The Hidden Facts*.

Taking research and information from around the world, he looks at the safety and efficacy of vaccines and presents a case for the true decline of infectious diseases.

But what makes his book interesting is his research into the cause of disease, the germ

theory and natural health. Ian Sinclair looks at the modern inheritance from Louis Pasteur, the man whose germ theory of disease still dominates medical evolution today and "upon which rests the entire practice of vaccination."

Given our indoctrination with the germ theory, this part of his book needs an open mind, but he presents his argument most persuasively, helping the reader to look again at how we see illness and how it affects the body.

He discusses vaccine deaths and their implications, medical lies, cover-ups and propaganda, points to the link between cot deaths (SIDS) and the DPT vaccine - but gives hope in that he believes "health" is the only immunity from disease.

For a copy (inc. p&g) please send \$29 (payment required in Australian currency) to:

Ian Sinclair, 5 Ivy Street, Ryde, N.S.W. Australia 2112

Tel: (02) 808 3691

Please allow approx. 28 days delivery. Cheques/money orders payable to Ian Sinclair.

The *Informed Parent* is considering placing a bulk order, which will reduce the cost substantially (approx. by half). If you are interested please contact us as soon as possible on: 081 861 1022

## Polio

In our last newsletter (April 1994, Issue 7) we carried an article by Nicky Edge about her son's "painful process" with the polio vaccine. A reader has queried one of the facts in Nicky's story and we'd like to clarify it.

Nicky discusses the administering of the polio vaccine and says: "In the exact spot where the vaccine had been administered there appeared what looked like a large blister."

The reader queried this because the polio vaccine is given orally. We checked with Nicky and indeed the blister appeared in the mouth in the spot where the vaccine had been placed on the tongue.

(Back issues of the newsletter are available. Issue 1/2 (combined) £1.50. All other issues cost £1.00 each. Available from: 19 Woodlands Road, Harrow, Middlesex HA1 2RT.

## The Modern Plague

Patrick Rattigan has revamped his booklet, *Vaccine Legacy - The Modern Plague*. It catalogues vaccination from the smallpox injection to those given today and quotes many sources to justify the claims. Mr Rattigan's theory is that the pharmaceutical industry is at the root of the vaccination programme, supported by politicians, medical correspondents in the media and the Government's diversion of tax-payer's money. He takes an extremely tough and angry stance and believes that many modern illnesses are attributable to vaccination.

The booklet is available price £1.50 for one, two for £2, both including postage. Send cheques to Patrick Rattigan, 1, Quarry Bank Road, Chesterfield, S41 0HH.

## URGENT!

The Association of Parents of Vaccine Damaged Children are asking for your support regarding the amendment to the Vaccine Damage Payments Act 1979.

Please contact your local MP, as soon as possible, and urge them to support the amendment, (No.109 Notice of Motions 23rd May 1994 - 1271 Vaccine Damage Compensation) which proposes to:

- Remove Section 3(c), which places a

six year limit on the period in which claims can be made, thereby unjustly barring some families from at least having their claims investigated

- Graduate the payment to cover all degrees of disability, particularly in view of cases of partial paralysis from polio vaccination, excluded because of the 80 per cent disability rule

- Increase the provision made for vaccine damaged persons in a way which will adequately compensate them for the injuries they have suffered in the interests of public health policies.

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*, 19 Woodlands Road, Harrow, Middlesex HA1 2RT.