

THE *informed* PARENT

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IS THIS A £20M MADNESS?

Seven million school children are the target of a Government campaign in a £20 million vaccination programme this autumn.

Although the vast majority of these children will already have been vaccinated against measles, the Government intends that they should be vaccinated again - because they fear a measles epidemic.

The Government also intends to add rubella to the vaccine (German measles) even though the majority of these children will have either had a single shot rubella jab or the MMR (measles, mumps and rubella).

The whole campaign raises dozens of questions about the measles and rubella vaccines.

If we are to believe the propaganda of drug companies and Government health departments, the measles vaccine has helped to eradicate this disease from modern day Britain.

If it has, why do they fear an "epidemic"?

And if the measles vaccine works, why is there a plan to re-vaccinate already vaccinated children?

Surely they underwent their initial vaccinations so that they would be "safe" from any so-called epidemics.

Unfortunately, many parents will not be given the opportunity to think of the pros and cons of this step and they will believe that the Government knows best.

But it would be worthwhile asking yourself, your GP and any other health professional who suggests you subject your child to yet another measles and rubella vaccination - why?

1. Why re-vaccinate when my child has already had the vaccination?
2. Why is there an epidemic expected if children have been vaccinated against measles?
3. Does this mean the vaccine doesn't work?
4. Why does this vaccine not contain the mumps component? If the MMR was "safe", why not just give the seven million children another dose of the MMR?

5. Will the same quantity of the vaccine be given to my three-stone five-year-old as to my 10-stone 16-year-old?

6. Who will check each child for contra-indications on the day - is she or he suffering from a cold/ just recovered from an illness/ on antibiotics or any other drug?

7. Will the nurse, or whoever administers the shot, ask if there is a history in the family of asthma, eczema, allergy to egg, febrile convulsions, epilepsy?

8. Has the nurse or your GP - who come into regular contact with pregnant women - been vaccinated against rubella?

9. Will my doctor use the yellow card system if my child does have a reaction to the vaccine thereby notifying the authorities?

10. What compensation will my child get from the Government if the vaccine goes wrong and my child ends up with brain damage, epilepsy or any other illness?

**Ten questions
to ask your GP
about the
measles jab.**

*JABS reports that a 14-year-old boy went down with measles a short time after having the MMR vaccination. His parents were told it was impossible. A blood sample has been taken but they were told it is not possible to test whether the measles was wild or vaccine related. Several other children have contracted measles after a jab in the UK and JABS is now looking at batch numbers.

*JABS has more than 200 British children on its books who have suffered a serious reaction to the MMR vaccine.

Gulf Troops Health Scare

(Taken from the Halifax Evening Courier 8.8.94)

Vaccinations given to British soldiers in the Gulf War could have damaged the health of hundreds of troops, it was claimed today.

Lawyers are predicting a flood of compensation claims after TV's "World in Action" produces what it says is new evidence that inoculations to protect against biological warfare caused serious reactions including cancer.

In the Granada programme to be screened tonight it is said that about 400 war veterans are already taking action against the Ministry of Defence for symptoms such as rashes, breathlessness, headaches and bleeding gums.

"World in Action" says it has obtained a letter from an MoD medical adviser which confirms the vaccinations caused the soldier's serious illness.

Former Gunner Robert Lake from Swindon, Wilts, collapsed after an anthrax injection and has since suffered acute allergic reactions.

The programme quotes the letter as saying: "It is clear from the history that his ill health stemmed from a series of immunisations that he had before he went to the Gulf." He is now pursuing the claim through the courts.

Manchester solicitor Raymond Donn, handling 350 compensation claims from former troops said: "I feel this is the tip of the iceberg. We had in excess of 40,000 troops in the Gulf subject to identical conditions. It would be unrealistic to think we have only a few hundred who are affected."

World in Action points out that despite the medical diagnosis on Gunner Lake, the MoD still insists the vaccinations were safe.

(See also page 6)

YOUR CHILD AND MEASLES

Measles is a contagious viral disease that can be contracted by touching an object used by an infected person, writes

Dr Robert Mendelsohn.

At the onset, the victim feels tired, has a slight fever and pains in the head and neck. His eyes redden and he may be sensitive to light. The fever rises until about the third or fourth day, when it reaches 103-104 degrees.

Sometimes small white spots can be seen inside the mouth and a rash of small pink spots appears below the hairline and

behind the ears.

This rash spreads downwards to cover the body in about 36 hours. The pink spots may run together but fade away in about three or four days.

Measles is contagious for seven or eight days, beginning three or four days before the rash appears. Consequently, if one of your children contracts the disease, the others probably will have been exposed to it before you know the first child is sick.

No treatment is required for measles

other than bed rest, fluids to combat possible dehydration from fever and calamine lotion or cornstarch baths to relieve the itching. If the child suffers from photophobia, the blinds in his bedroom should be lowered to darken the room.

However, contrary to the popular myth, there is no danger of permanent blindness from this disease.

Dr Robert Mendelsohn, How to Raise a Healthy Child in Spite of Your Doctor (See The Informed Parent reading list.)

HOT TIPS TO HELP WITH FEVER

by Dr Robert Mendelsohn

Fevers are a common symptom in children and are not an indication of serious illness unless associated with major changes in appearance and behaviour or other major symptoms such as respiratory difficulty or loss of consciousness.

The height of fever is not a measure of the severity of the illness. Infection-induced fevers will not reach levels that can cause permanent damage to your child.

Fevers do not usually require medical attention, except as recommended below. They are the body's defence against infection and should be allowed to run their course without medication or other treatment to bring them down.

1. If your child is less than two months old and his temperature exceeds 100 degrees call your doctor.
2. For older children it is unnecessary to call the doctor unless the fever fails to abate within three days or is accompanied by other major symptoms such as vomiting,

respiratory distress, persistent cough lasting several days and other major symptoms not normally associated with the common cold.

3. Call your doctor regardless of temperature level, if your child is experiencing difficulty in breathing, is vomiting repeatedly or has a fever that is accompanied by twitching or other strange movements, or you are concerned about any other alarming element of the child's behaviour or appearance.

4. If your child experiences chills along with his fever, don't pile on more blankets. This will cause the temperature to increase more rapidly and the chills are not to be feared because they are a normal bodily response. The chills do not mean that the child is cold but are part of the mechanism through which the body adjusts to a higher temperature level.

5. Encourage your feverish child to rest, but don't make too big a production of it. There is no medical need to confine him to bed or even to keep him indoors if the weather is

reasonably decent. The fresh air and moderate activity may improve his disposition and make him easier to live with and it won't make him any sicker. If you have reason to believe that the fever is the result of a cause other than infection, such as heat-stroke or poisoning, take your child to a hospital emergency room at once. If there is no emergency room in your area seek medical attention wherever available.

6. Ignore the old wives' tale "feed a cold and starve a fever." Nourishment is an important part of your child's recovery from any illness. To the extent your child will tolerate it, you should feed both colds and fevers. Both conditions burn up the body's supply of proteins, fats and carbohydrates and they should be replaced. If the child won't eat, give him fluids such as fruit juice that has some caloric value.

(This must be emphasised is Dr Mendelsohn's view. Other health practitioners may suggest that a child takes only fluids. But perhaps the best route is to be guided by the child's own requests. Editor.)

7. Fevers and other symptoms commonly associated with it may cause your child to lose a significant volume of fluids. This could lead to dehydration, but you can avert this by making sure he has plenty of fluids.

Fruit juices are fine, but if he resists them, almost any other fluid will do. The trick is to get him to consume eight ounces an hour.

MEASLES AND IMMUNITY

This article has been written as a result of the current measles immunisation campaign which has prompted many requests for balanced information not driven by pharmaceutical directives. The material presented here is a fraction of what is currently available, and an attempt to firmly sow the seed of doubt and promote further enquiry.

Measles is essentially a mild childhood disease and in the vast majority of cases there are very few or no complications. The incidence and severity of the disease had largely declined before the introduction of measles immunisation.

The childhood illnesses (measles, chickenpox, mumps, rubella and the many mucus discharging processes) are recognised by many practitioners as important processes in the maturity of an individual's immune system. Furthermore these diseases often correlate to stages of physical and mental development in children.

Homoeopathic literature also confirms the frequent observations, that individuals with cancer often have very few or none of the usual childhood illnesses.

Therefore it would appear to be an advantage to contract these diseases in childhood, which is an extremely effective way of conferring life-long immunity. This being especially important as they can often lead to complications if contracted in adulthood.

Therefore why vaccinate?

Some individuals do develop serious complications such as eye damage, respiratory problems and encephalitis (inflammation of the brain) which can be fatal. The risk of encephalitis is a major factor which is cited to justify the use of measles vaccine.

However, about half of these deaths occur in children with serious chronic disease or disability, on top of which other factors also play an important role such as serious head injuries, close exposure to certain animals, poor nutrition, (specifically vitamin A deficiency) failure to treat complications and poor disease management.

The real risks of serious complications arising from contracting measles in the average child may be extremely small, and without the necessary contributory factors, most children are not at risk at all. However there are real risks of adverse effects associated with all vaccines. Immunisation has been directly responsible for conditions as mild as sore throat, headache, fever or rash, to more severe conditions such as arthritis, paralysis, brain damage and death. Furthermore, the measles vaccine itself has been proven to cause encephalitis, the vaccine virus has been isolated from the spines of victims.

There have been numerous examples of measles outbreaks among vaccinated individuals, for example in the USA the measles vaccine has been available since 1957 and the triple vaccine against measles, mumps and rubella (MMR) has been available since 1975. In spite of this, 1983 to 1990 there has been a 423% increase in the number of measles cases. Various studies have shown these to be among mostly vaccinated individuals. This is not an isolated case, there are many other examples of vaccine failure

available in the literature.

In fact, the vaccine appears to be creating a delayed susceptibility with greater risk of adverse effects. There are now many cases of "atypical measles" occurring in vaccinated children and adults, often hospitalised cases with high fever and pneumonia, resistant to many treatments.

In addition, as a direct result of immunisation, many individuals now have "inadequate immunity", where so called immunity from the measles vaccine soon declines. As a result, young adults are not able to pass on placental immunity to their children, hence the increase in incidence of measles in young babies at an age when they are normally protected by maternal antibodies.

There is strong evidence to suggest that measles immunisation is not working, hence the need to re-vaccinate the current population of 5-16 year olds in the UK, in spite of the previous MMR immunisation campaign. Immunisation does not create a safe and long lasting immunity compared to naturally acquired immunity.

Furthermore, immunisation does not address the reasons why some people suffer adversely from measles, and so after immunisation they will continue to suffer, in addition to those that will now be subjected to the harmful effects of the vaccine.

Once again, I urge those of you interested to read more, the measles issue cannot be divorced from the whole immunisation debate. Valuable sources of information can be obtained from the various titles on the Informed Parent book list.

Trevor Gunn B.Sc.

There is strong evidence to suggest that measles immunisation is not working—hence the need to re-vaccinate

THE ROLE OF VITAMIN A

Vitamin A supplementation, particularly during severe measles, or in children under two, may be more appropriate than booster shots.

The richest sources of vitamin A in our foods are the livers of some fish, the halibut and the cod. Animal liver is also high in vitamin A. Smaller quantities occur in eggs and in milk and thus in butter and some sorts of cheese. In the UK the law requires Vitamin A to be added to margarine.

Vitamin A also occurs in carotene from which the body can make the vitamin. Cabbages and carrots contain carotene for example. But only about one sixth of the

carotene ends up as vitamin A.

If your child is healthy and well-nourished before measles strikes, then there is little need to fear lack of vitamin A or any other vitamin. It is mainly thought to be poorly nourished children in under developed countries for whom measles is a threat.

There are, of course, vitamin pills, and it may be simple to require an older child to take a supplement this way. But for younger children, giving vitamin A as a supplement poses a problem.

However Vitamin A in large doses can be toxic if large amounts are accumulated in the body. So only give the vitamin with the

guidance of a health professional.

● In the Mvumi Hospital in central Tanzania, 180 children admitted with measles were randomly given routine treatment alone or with additional large doses of vitamin A (200,000IU orally immediately on admission and again the next day.)

Of the 88 children given vitamin A, 6 died. Of the 92 not given the supplement, twice as many (12) died.

This difference in mortality was most obvious for children under two.

● *What Doctors Don't Tell You Vol. 5. No. 6. September 1994.*

"A CONSPIRACY OF SILENCE"

The government was accused of a "conspiracy of silence" over vaccine damaged children by Labour peer Lord Ashley in a BBC radio programme, Face the Facts.

He was referring to children who had suffered physical and mental damage as a result of vaccination in the 1960s and the programme suggested that the then government had wanted this information "kept under wraps."

Lord Ashley, better known as the former Labour MP Jack Ashley, was speaking to John Waite on the programme, which was highlighting the inadequacies of an effective compensation system for children who have been vaccine damaged.

He told the programme, "The government kept very quiet about the damage to these children and when I first raised the issue the government actually said there were only two cases a year which is clearly wrong. It was a silence for honourable reasons because they were afraid of damaging their own immunisation programme."

But when the public didn't know that children were being damaged, they couldn't get compensation."

John Waite suggested in the programme, broadcast on June 1 1994, that

these children's lives were altered, ruined forever by vaccination - a scheme that was supposed to be for the good of everyone.

"Having been damaged," he said, "the State then walks away."

His research started with Rosemary Fox, founder 30 years ago of the Association of Parents of Vaccine Damaged Children. After Mrs Fox highlighted the plight of hundreds of children the Labour government announced in 1978 a compensation scheme - £10,000 for children who were judged to be 80% brain damaged and over.

But many were still outside this compensation and those who actually received it, believed it was an interim payment. The programme suggested that a change of government did not worry parents because Dr Gerrard Vaughan, the then Tory health spokesman had said: "Right from the start we on this side have put to the government that there is a special responsibility on the part of society. A child is vaccinated partly for his own protection but also for the sake of society."

"Society has asked for children to be vaccinated and the government, representing society, have endorsed the procedure. It is therefore right that the government should shoulder some of the burden when the procedure goes wrong."

Dr Vaughan, now Sir Gerrard Vaughan, said John Waite, also appeared to think that the £10,000 was not compensation, but an interim payment.

But the recommendation that vaccine damaged children should no longer have to prove negligence never became law. The payment was increased over the years to £30,000 but the programme claimed that it was "so set about with restrictions that most vaccine damaged children get nothing at all."

The programme then went on to mention two cases - Billy damaged by the MMR and Sally, damaged by polio vaccine.

Billy's screaming fits, where he hit his head and made himself bleed, did represent 80% brain damage said the DSS and he was awarded a disability allowance. But when the family tried to get the interim payment for vaccine damage they were told - by a different government department - that he was not 80% damaged and wasn't eligible.

Sally's parents always believed the polio vaccine had damaged their baby but the doctors said they worried too much, she was just a little backward and that she'd catch up. When she was nine, it was admitted that she was seriously damaged. By then the six year rule had passed, above which no compensation can be claimed.

The programme said that of the 4,000 or so who have applied for financial help since the vaccine damage payment was set up, four out of five children have gone away empty handed.

THE NEXT ELECTION?

Since Tony Blair's face appeared in our newspapers and on television, the nation has been captivated with the idea of a new party and a new leader at the next election.

But how does the Labour party stand on the issue of vaccination?

Remember that the Conservatives decided to make a payment to doctors for vaccinating up to 90% of the children on their lists - thereby creating a dilemma all of its own.

David Blunkett MP, currently Shadow Secretary of State for Health (and MP for

Sheffield Brightside) has told one of our members that the party is "in favour of the widest possible vaccination within the wishes and choice of the individual and family concerned."

He goes on to say, "My own grandfather was vehemently against vaccination because of what had happened to one of his brothers as a consequence of inoculation"

Mr Blunkett says that his own view about the GPs targets is, that patients should be given the opportunity to put in writing that they have been approached by their GP and have declined to take up the

service. He says that a formal declaration would then count as the equivalent of a completed vaccination and would ensure that the GP did not lose out in terms of payments made, or accreditation given, for the target that has been set.

"We are concerned anyway, about the nature of the particular targets being offered," says Mr Blunkett. "Obviously they take no account of the particular nature, culture or socio-economic background of the area concerned. They are therefore discriminatory and unhelpful in terms of genuine health promotion."

THE FIGHT CONTINUES...

Many parents of vaccine-damaged children feel bitter about the lack of adequate compensation for their children.

Even though the award is now £30,000 - if your child is eligible - this does not compare with some of the damages being claimed in our courts for other forms of injury.

Nor does it go far towards providing for a severely disabled child, especially as the parents grow older.

An Early Day Motion is to be put before Parliament this October when the award system may be given an airing in the House. So far it is believed to have the support of 200 MPs. There are three main points of contention:

1. Was the money an "interim" payment as parents were led to believe? If so, is any more money due to them?

2. The 80% disabled ruling means many severely damaged children get nothing.

3. The six year time limit to apply for the award fails many parents who may not be given the real cause of their child's disabilities until it is too late.

The Informed Parent has sent a letter to every MP asking her or him to support the motion (no. 1271) and there may be still time for members to send a personal letter to their own MP about the subject.

One member from Yorkshire wrote to her MP, Sir Donald Thompson

(Conservative, Calderdale) and he elicited a reply from William Hague, Minister for Social Security and Disabled People.

The letter says that "the Government is satisfied that the existing time limit and the 80% disability test maintain the scheme's intention of providing a relatively quick payment to a person who is clearly severely disabled as a result of vaccination.

"Existing time limits allow for claims to be made any time within six years of the date of vaccination or, in the case of a child, within six years of the child reaching the age of two, whichever is the later.

"Evidence suggests that the abolition of the six year rule would not assist the overwhelming majority of cases as adverse reaction to vaccination normally occurs within 72 hours. Any resulting disability which may be attributed to vaccination will therefore be evident well within the existing time limit.

"Also if the six year rule was totally abolished it would be very difficult to obtain medical and other relevant evidence in cases where vaccination had taken place some time earlier. No time limit would make the scheme unsatisfactory or even unworkable."

The letter goes on, "The 80% disability test is used to define the lower threshold of

severe disablement and ensures that Parliament's original intention of providing help for those severely disabled following vaccination is maintained.

"In addition to satisfying the disability test, a claimant must also show that, on balance of probability, any damage caused is due to vaccination. Figures show that the benefits to claimants would be negligible if the disability test were graduated to take account of varying degrees of disability as most claims fail on causation.

"The payment provides vaccine damaged children with a measure of preference without prejudicing the right to seek compensation through the courts.

Our view is that any development should not extend this preference. Our long term strategy is to work towards a coherent system of benefits for all disabled people, this recognising the burden of all disabled people, in so far as resources allow."

If you would like more information about the award scheme or wish to help in this fight for justice, you could contact either JABS or the Association of Parents of Vaccine Damaged Children.

JABS - Mrs Jackie Fletcher, 1, Gausworth Road, Golborne, near Warrington, Cheshire, WA3 3RF. 0942-713565.

Association of Parents of Vaccine Damaged Children - Rosemary Fox, 2, Church Street, Shipston-on-Stour, Warwickshire, CV 36 4AP. 0608-661595.

New Zealand

The Immunisation Awareness Society Inc., of New Zealand is to hold an international symposium on vaccination on Saturday and Sunday, April 1 and 2, 1995.

It will be held at the Aotea Centre, in Auckland and is the second such symposium for the sharing of ideas and information.

If you require more information contact the Society at PO Box 24, Kaukapakapa, Auckland 1250, New Zealand, 09-420-5801.

And it goes without saying that if any Informed Parent member can and does go to the symposium, we would be more than grateful to have a report!

PETS AT RISK

(Taken from the Hemel Hempstead Gazette. Aug 1994)

Pet rabbits are at risk of dying from myxomatosis because of the heat wave warns a local vet.

Roger Wickenden at Barton Lodge veterinary centre in Hemel Hempstead says rabbit owners living in Boxmoor, Grovehill and Woodhall Farm are particularly vulnerable and may have to watch their pet die in agony come September.

This is because pet rabbits living on the edge of town and near to open fields where rabbits roam are more likely to get infected by biting insects carrying the virus disease.

Roger has sent out more than 200 letters advising anyone with a rabbit to have it vaccinated immediately at a cost of £9.55.

He said, "This is the cost of the vaccine and I make very little indeed out of it, deliberately because I want to save animal's lives and suffering."

PERTUSSIS VACCINE AND ASTHMA - IS THERE A LINK?

"If children were immunised against whooping cough they were six times more likely to have asthma as those who hadn't been given the jab." (The Lancet, 9 July 1994.)

Michel Odent, the well known doctor who has been at the forefront of natural childbirth, has reported on a possible link between the whooping cough (pertussis) vaccine and the incidence of asthma in young children.

His research was carried out at the Primal Health Research Centre, London with Esther Culpin and Tina Kemmel, and a letter outlining his findings has been published in the Journal of the American Medical Association (1994; 272:592-3.)

It reads:

From the article by Drs Ellis and Douglas* it appears that where the overall population of infants is concerned, the use of acellular pertussis vaccine might be one of the many changes to be expected in the near future.

This gives us the opportunity to report unexpected findings apparently linked with the use of the current inactivated bacterial vaccine.

We were studying criteria of health in 446 children and adolescents. All of them

received only breast milk during the first six months and in particular on the first day following birth.

All of them were weaned after one year of age and were older than four years at the time the parents responded. The mean age was 7.87 years.

To the question, "Has your child ever been diagnosed as asthmatic?" there were 30 positive answers (6.72%). The surprise came when we classified the questionnaire according to the pertussis vaccination.

Among the 243 immunised children (mean age 8.12 years) 26 were diagnosed as having asthma (10.69%), compared with four (1.97%) of the 203 children (mean age 7.59 years) who had not been immunised.

The relative risk is 5.43 (95% confidence interval, 1.93 to 15.30).

The significance is at the $P = .0005$ level.

All the subjects who had received pertussis vaccination received other vaccinations as well. There was one case of asthma among the 91 subjects who had no

vaccination at all.

There were three cases of asthma among the 112 subjects who had no pertussis vaccine but received other vaccinations. These differences are not significant. Therefore the focus should be on pertussis.

Up to now, we have not been able to detect any confounding factors explaining such differences. We hypothesised that the absence of vaccination might be a sign of a general attitude compatible with the tendency to under diagnose certain diseases; but the fact that most subjects were traced with the help of La Leche League International is an indicator of the capacity to seek advice. Moreover such significant differences were not found with other diagnoses (in particular eczema) and whooping cough was diagnosed among 16 non-immunised (vs one immunised) children.

Further research is needed using different methodologies. We find it relevant to communicate these data at a time when human clinical studies of short term and long-term side effects of acellular pertussis vaccine are probably in progress.

* Ellis RW, Douglas RG Jr, New vaccine technologies JAMA 1994;271:229-31.

EXPERIMENTAL VACCINES AND THE GULF WAR VETS

(Taken from the newsletter for the National Vaccine Information Centre, USA, Vol.4, No1)

A report released by an NIH panel of experts in June came to the conclusion that a single cause of Gulf War Syndrome, which has crippled many veterans with symptoms ranging from lack of concentration, severe headaches, memory loss, rashes, joint and muscle pain, diarrhoea, fatigue and shortness of breath, has not been found.

In addition there are reports of a high number of birth defects in babies born to Gulf War veterans for which no cause has been identified.

However it is known that troops were given two experimental vaccines against

deadly organisms that had been stockpiled in preparation for possible biological warfare.

The Pentagon reports that at least 150,000 veterans received an experimental anthrax vaccine and 8,000 received an experimental vaccine called botulinum that had never been tested on healthy humans and was not approved by the FDA.

Both vaccines have been used as antidotes to treat people already infected but neither had been proved safe or effective as vaccines to prevent infection. Reportedly the troops were ordered to take the experimental vaccines and the Pentagon has told veterans that no records were kept of which vaccines were given to each individual.

DIRTY NEEDLES - COULD IT HAPPEN HERE?

Americans given vaccines at a number of worksites may be at risk of infections from needles being reused or improperly sterilised. Workers at a site in the US may be tested for HIV after a health officer gave them a flu jab with a used needle. (JAMA 19 January 1994.)

Employees at another office have also been offered the test after a physician punctured vials of vaccines with used needles.

What Doctors Don't Tell You
Vol. 4 No.12.

One Week Old Baby Catches Whooping Cough

Diana Schad of Glasgow tells how she coped with her new born baby...

In March I had my third child who promptly caught whooping cough - my two older children were at the end of it but it must have still been infectious.

It was a very worrying time as nobody would believe us when we said we thought it was whooping cough. We were made to feel we were simply neurotic parents with a baby who just had a bad cough - until the baby coughed for the paediatrician.

She admitted me and the baby into hospital at six weeks to do a few tests - check for antibodies etc. - though by this time he was actually more or less over it.

No antibodies were found for pertussis (whooping cough) yet we and the paediatrician were convinced from the clinical picture that it was whooping cough.

I'd be interested to know if anyone has an explanation for this - perhaps it takes time for antibodies to show up? However I wouldn't subject him to another blood test - it was the most distressing thing of all.

While he was ill, it wasn't the whooping cough itself that was worrying - it was the not knowing. If we'd known sooner, i.e. the moment he got it, around one week old, we could have dealt with it with confidence rather than uncertainty. Our Anthroposophical medication would have helped him. (In fact at six weeks

we gave him Anthroposophical medicine and all is now well.)

We knew every coughing fit was to help him get the mucus out and I think it was rather distressing for the little one for a cry to go into a coughing fit which would finish bringing something up.

Having said that I have spoken to a couple of families - three in fact - whose unvaccinated children all had whooping cough, including their tiny babies, and all have come through in their words, stronger - the tinier ones getting over it quicker than the older ones.

My children are not vaccinated - I have a three year old and a two year old as well as the baby - and I've had a lot of raised eyebrows over this recent incident. While I would agree it's fine for older children to experience this disease, I'm not so confident about tiny babies in case they can't cope with it.

It was a little frightening to watch him turn blue and then not be able to expectorate. As a result, he'd vomit up his feed and he lost weight.

If he hadn't started off a healthy 10lbs 6oz or been breastfed, I think he may not have had the strength.

Damian is well now but I would still be interested to hear anyone's comments on the lack of antibodies and whooping cough in general.

Diana Schad is a member of The Informed Parent. Letters can be sent to her c/o 19, Woodlands Road, Harrow, Middlesex, HA1 2RT.

ME: WAS IT THE JAB?

Four years ago, Karen Pettett was running and swimming for her school, performing on stage and catwalk.

Now she is in constant pain and even getting in and out of bed is an effort. The dramatic change came overnight the day after Karen, now 17, was given a rubella jab.

She was smothered in a rash, had an agonising headache and stiff neck, and could hardly lift her head. For three weeks she hardly moved from her bed.

Since then she has been in and out of hospital, spent nine months in a wheelchair and has only been able to return to school after a few months. Often she is too weak even for home tuition.

Karen has myalgic encephalomyelitis, or ME.

Her mother says that 18 months ago, Karen had a relapse and started to have frightening, violent body seizures.

"She does not know what a good night's sleep is and is in pain all over her body," says her mother. "To me ME is a mystery no one can get to the bottom of."

"I blame the rubella jab and always will."

From Southend Evening Echo, May 12 1994.

SPENDING £1 MILLION

"Sir- How typical to see Virginia Bottomley, like all good Government ministers, appearing on television last week to take the praise for the success of the HIB meningitis vaccination programme.

Not a mention was made of the hard work by practice nurses, health visitors and GPs who counsel mothers and give the vaccines.

One million pounds was spent by the Government to advertise the vaccination programme. But not a penny was given in extra funding to general practice to implement it.

Congratulations Mrs Bottomley. Another feather in your political cap; another exercise in demoralising the troops"

Dr Ivan Weir, Jordansdown, Co Antrim. Taken from The Telegraph 6.5.93.

The Struggle of a Vaccine Damaged Teenager

A grandmother, prompted by her own granddaughter's tragic story, is setting up a scheme to offer training to handicapped young people.

Joanne Blackwell was left severely paralysed after a vaccine jab went wrong when she was a child.

The Southend Evening Echo reported that she was in a coma for nine days and paralysed down one side. A few months later she caught meningitis and now, at 19, has only the use of her right hand.

Known as Business Opportunities for Physically Handicapped, the scheme will eventually enable handicapped youngsters to find work.

Grandmother Joan Lythgoe said: "These young people have a lot to offer and with computer technology and adaptations, could show their worth if they got the chance."

Anyone wanting to help can write to Mrs Lythgoe at 29, Deepwater Road, Canvey, SS8 0LA.

PETS, VACCINES AND THE DRUG INDUSTRY

Families who shun vaccinations for their children may well find themselves in a quandary when faced with a new kitten and a hypodermic syringe at the veterinary surgeon's.

You may well find that kennels and catteries won't take your pet when you go away if it hasn't had the recommended vaccines.

Some animal magazines have addressed this issue and we offer you some of the views from *Outrage*, an animal aids magazine and *Fauna*, which is anti-vivisection.

"Many of us in the animal rights movement who proclaim the cause of anti-vivisection are often the first people to queue up at the vet's for the vaccines, drugs and wormers churned out by the vivisection-based, multi-national drug companies," says a writer in an issue of *Outrage*. "Quite simply, most diseases can be prevented, illnesses cured and worms cleared without recourse to commercial drugs and vaccines. As with humans, the key to preventing illness lies in ensuring good all-round health."

The writer suggests that herbal and homeopathic worm treatments work more slowly and gently whilst at the same time strengthening and improving the health of the animal. His own goats were often ill and plagued with worms, but from being wormed herbally to the present time, they have not had worm or health problems.

Dr. J.E. R. McDonagh, FRCS, bacteriologist, wrote in *The Nature of Disease*: "Immunisation with attenuated virus cannot prevent distemper. The author has treated many dogs, which have developed distemper despite two or three injections of the preventive agent. He is of the opinion that fits, chorea, hysteria etc., in dogs have become more frequent since the use of distemper vaccine. Successful prevention will never be achieved by inoculation."

Mr James Baldwin, greyhound authority and breeder of German shepherd dogs wrote in *Dog World* concerning a failed anti-distemper vaccination movement among Irish and English greyhound breeders: "Vaccination has an

insidious effect on general canine health and it is noted by many observant dog-breeders that it is one of the causes of chronic skin disease, especially in the form of mange."

Some breeders of racing dogs have claimed that vaccination has a substantial adverse effect on the speed of their animals.

The writer in *Fauna* says, "The evidence that the disease rate among modern dogs is on the increase, despite, or because of, vaccination, is also well-documented, as are the claims that vaccination has actually produced carriers of virulent diseases. As with the plagues of human disease in former times, animal diseases also owe their decline to improved conditions like sanitation and housing."

Fauna suggests that vaccination is a very profitable business, both to the manufacturers of vaccines and the distributors.

Clifford Hubbard, international canine authority and author, contributor to *Our Dogs*, *Dog World*, *The Field Dogs in Britain*, *The Observer Book of Dogs* and many others, wrote that he was, "completely in agreement...against the so-called immunisation of dogs against distemper by the injection of various potent vaccines the exact micro-organisms of which must always remain unknown."

Fauna also claims that in Israel, popular veterinary opinion is that canine vaccination not only undermines health but that it causes many chronic diseases.

In the *Complete Herbal Handbook* for the Dog and Cat by Juliette de Bairacli Levy blames the ailments of modern cats and kittens on the result of man's mismanagement. Canned and packed food, curtailed exercise, and air and water pollution, she says, causes feline distemper, hepatitis, feline infectious peritonitis, salmonella and feline leukaemia.

Dr Pierluigi Castelli, director of an animal clinic in Italy is quoted as saying, "Infectious enteritis in cats is also now a serious disease in dogs (known as parvovirus). It is suspected that this is a mutation of enteritis in cats and that the virus escaped from laboratories producing vaccines and became pathogenic for dogs. This

demonstrates how experimental research deviates from the proper practice of medicine."

According to *Outrage*, promoting general health in your animal requires knowledge of physical and emotional needs.

One of the simplest ways to improve health is to give garlic daily. It has many qualities and is antiseptic and anti-viral. It is also anthelmintic which means that it will destroy and expel worms and it is an alternative, gradually restoring the proper functions of the body by cleansing the system.

It is widely available in tablet form, but if your animal will take chopped fresh garlic, so much the better.

As far as the mental well being of your animal, *Outrage* suggests this depends on whether it is a pack, herd or solitary animals. Thus a dog, the descendent of the wolf, should not be left alone for periods of time without its canine or human "pack." Likewise a herd animal, like a goat, should not be kept in solitary, especially at the end of a tether.

"It is important that Animal Aid's 'Living without Cruelty' campaign should extend to our four-footed friends, not just for the reason of avoiding vivisection-based products but also for the benefit of their own health," suggests *Outrage*. "It is not totally possible for our animals to live without all cruelty but learning to treat animals herbally and homeopathically is something we can all do to reduce one of vivisection's big money-making products."

Taken from Outrage, June/July 1987 (Animal Aid, 7 Castle Street, Tunbridge, Kent TN9 1BH), and Fauna, (PO Box 43, Hull HU1 1AA).

From a member of The Informed Parent...

"Just to say how much I have appreciated being a member - the newsletters are readable and understandable and offer great support, especially in those brief moments of doubt.

Two of my three children have had no vaccinations - the eldest had the triple before I knew better.

Although I feel I have done the right thing, it has taken courage to discuss it with friends, relatives and professionals but with your help, I have done so and many of them have doubts.

Thank you - I look forwards to my next year's membership."

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 contributions, donations, subscriptions, legacies, grants or any other lawful methods; to accept and receive any gift of property and to devote the income, assets or property of the group in or towards fulfilment of the objectives of the group.

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