

# THE *informed* PARENT

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THE BULLETIN OF 'THE INFORMED PARENT GROUP' ISSUE 10

## SPOTLIGHT ON MEASLES

*When the Government suddenly announced its measles campaign for November, we did not anticipate the effect it would have in creating more awareness on the controversy of the issue. Along with JABS, which supports the families of vaccine damaged children, we were suddenly given the oxygen of publicity.*

The Press, who up to then had rarely printed a balanced article on the subject, came to us for more and more information. Maybe what they wrote wasn't all that balanced, but it was a step in the right direction.

It was wonderful to open newspapers, switch on the radio and watch television and hear people debating the issue.

The membership of The Informed Parent increased by almost 500 - we had just less than 1,000 members when the campaign started - and we had hundreds more requests for information. We sent out our own fact sheet of quotes and tried to tailor extra information to the individual request.

The postman at our Harrow address deserves some sort of award for staggering down the path with sackfuls of mail every day.

What we tried to say to worried parents who called was that they had the right to choose, and that they should not feel under pressure to consent if they did not wish their child to receive the vaccination.

Our own conference, organised by Magda Taylor at a London venue (see page three) turned out to be a timely event as regards to the campaign and was a tremendous success.

Doctors, homoeopaths, scientists and parents with opposing views to the Government, were heard on Radio Five, Radio Derby, BBC's

Kilroy, the Jimmy Young Programme, ITN News, Central Television and every national newspaper carried stories about the vaccination and its possible side effects. Sky Television and World In Action both screened half-hour documentaries on the subject also.

The debate hotted up when an important Roman Catholic college decided to refuse the rubella vaccine because the cell lines from an aborted foetus were used in its production. (Reported earlier in TIP.) Some Muslims followed suit.

A number of parents spent a great deal of time writing to local papers and MPs to try to create more discussion. Jackie Fletcher, founder of JABS, was also snowed

under with letters and telephone calls, many more parents ringing in to say that they also believed their child was vaccine-damaged.

What Doctors Don't Tell You brought out their own booklet on the measles and rubella jab and in their November issue presented a Measles Rubella Vaccine Consent Form. This gave the parent's consent to the jab if the person administering the vaccine agreed to sign it, adhering to three points, one of which was: "That the booklet which has been supplied is fully accurate both as to the safety and efficacy of the vaccine." Peter Smith of the Cornwall Health News sent out Press statements and was heard on the radio.

Of course it didn't stop the campaign and as I write we are hearing horror stories of children being vaccinated against the wishes of the parents by insistent school nurses and doctors.

We found more GPs backing our cause and even a consultant paediatrician came out and said that the campaign was "an experiment on our children." Dr Richard Nicholson, who is also editor of the Bulletin of Medical Ethics, also said in The Times, "The information sheets give quite inadequate information about the side-effects of immunisation. Also no research ethics committee should approve a document that is not written even handedly but tries to push parents into consenting to their child's participation."

A lawyer has also shown a great interest in the legality of the Government's campaign and has voiced his opinion in the Press and on television.

What we want is the truth - and at least some truthful statements were given an airing during the campaign.

**"an experiment on our children"**

### WHOOPING COUGH OUTBREAK

*Christie, CDC; Marx, ML; Marchant, CD; Reising, SF.*

The 1993 epidemic of pertussis in Cincinnati. Resurgence of disease in a Highly Immunised Population of Children. NEJM, 1994;331:16-21

In 1993, 6,335 cases of pertussis were diagnosed in the USA, the most for 26 years. During the prescribed epidemic, immunisation records revealed that 74% of the children with pertussis who were 19 months to 12 years old had received 4 or 5 doses of the DPT vaccine, and that 82% of those 7 to 17 months old had received at least 3 doses of DPT vaccine.

*Copies of the Australian book: Vaccination - 100 years of orthodox research shows that vaccines represent a medical assault on the immune system by Viera Scheibner are now available from Minerva Books. Price £15.50 (inc. p&p) To order please write to Minerva Books, 6 Bothwell Street, London, W6 8DY or phone : 071 385 1361*

Enclosed with this bulletin is a questionnaire compiled by Trevor Gunn BSc, LCH, which we hope all of you, with children aged between four and 16 will complete and return to the address given. Trevor hopes that the information will make a small contribution towards the assessment of the effects of vaccination.

The study referred to was reported in the last bulletin and concerns the connection between the whooping cough vaccine and asthma. (see page four.)

# WHAT LIFE WAS REALLY LIKE

ONE of the accusations levelled at those who condemn vaccination, is that we never knew what life was like half a century ago when childhood diseases were killers.

We're told that these diseases - measles included - were feared by mothers whose children often died or were left physically damaged by them.

And we are told that it was vaccination that stamped out the diseases.

It's interesting then that in 1946 before the introduction of the measles vaccine, the Medical Officer of Health for Halifax reports that measles "has lost ground as a killing disease. I attribute this to improved environmental conditions, to the delayed age of attack associated with smaller families and to the more successful treatment of secondary pneumonia with the sulphonamide drugs."

George Roe, the MOH in the borough, had seen measles kill one or two children a year before the war but was pleased to report no deaths in 1946 - that's fifty years ago.

He makes three crucial points. Many people have argued that improvements in sanitary conditions in the home had more to do with increased health than any doctoring and he seems to be agreeing with this. And smaller families mean (usually) healthier children, more food and money to go round and a mother that is healthier too. Treatment of disease had also improved and of course in 1946 the National Health Service bill was carried, to come into effect in 1948.

Before that people had to pay for their health care. Doctors were not called out until things were desperate because they cost money.

My research also shows that although there were ante-natal clinics in some areas, many women did not attend and few women contacted a doctor or even a midwife until they were several months pregnant. As we know today, the first three months of pregnancy are crucial and women I spoke to who had their babies around this time, sought no ante-natal care. Many continued working long hours in the factories and the mills and for those for whom it was not the first pregnancy, there was an endless round of housework and child care - few homes had vacuum cleaners or fridges and cooking was often done on coal fires.

My point here is that life was hard for women and little thought could be given to proper diet, rest, sleep and comfort for a pregnant woman.

Reading the rest of the MOHs reports around this period, one sees a high infant mortality rate either from stillbirths or those

who died aged up to four weeks old (neo-natal deaths.). Causes included bronchitis, congenital heart disease, marasmus and cleft palate.

Because of the lack of contraceptive advice in the Thirties and Forties, many women who were driven to despair by yet another pregnancy, often sought refuge in pills and potions that were supposed to abort the pregnancy. They used knitting needles or a sliver of slippery elm twig, inserted through the vagina, to bring about a miscarriage or

they went to a back-street abortionist who used similar techniques. Indeed in 1945 in Halifax, there were three maternal deaths of which two

were "criminal abortions" - one woman died from sepsis and the other from shock.

One midwife of the time told me that she was sure a good proportion of the children born with deformities or poor health were due to the mother's attempts to abort the foetus in the first three months. What chance would these babies have when measles came along?

The conditions in which many poor families lived were atrocious. Rowntree in his survey of the working population of York in 1935-6 found that 31 per cent lived below the poverty line, defined as the minimum income on which a family could live adequately with sufficient food after paying rent. He calculated that 14 per cent lived in abject poverty. He claimed there were many working class areas where the most obvious symptoms of poverty existed - undernourishment and deficiency diseases. There was no family allowance, no free medical services for wives and dependants (only wage earners were covered by health insurance).

According to one historian, by the late 1920s, many millions of families were still living in slums. In 1935 London had 30,000 basement dwellings, there were 75,000 back-to-back houses in Leeds, 33,000 of which were estimated unfit for human habitation. There were hundreds and thousands of tenemented houses in the poorest parts of almost every town in England where families lived in one or two rooms of decayed houses, sharing one lavatory and one water tap among 40 or 50 people.

In 1936, John Boyd Orr's report, Food, Health and Income, said that 50 per cent of the population were below his standard of perfect nutrition, with a predisposition to rickets, dental caries, anaemia and infective diseases such as TB. This was due to the inadequacy of protein and vitamins.

In an experiment by Lady Williams in 1934 in the depressed Rhondda Valley, an

improvement in ante-natal services did not reduce the high mortality rate - but when food was distributed to expectant mothers the maternal mortality rate fell by 75 per cent.

Historian John Burnett writes, "Overcrowding and bad housing conditions remained a major cause of ill health and disease."

He goes on to say "In such areas as Durham and Sunderland a high infant mortality rate and a high death rate from TB went hand in hand with poverty and insanitary living conditions. Immediately before the Second World War, Barrow-in-Furness had an infant mortality rate of 98 per thousand while Hastings had one of 35."

Even when housing did begin to improve with the introduction of council housing after the Second World War, health did not always get better. People found that higher rents and higher travelling costs meant there was less family money for food. Malnutrition was found in council houses as well as the slums.

Veneral disease was rife - in 1939-40 there were 16,664 cases of syphilis and 33,644 cases of gonorrhoea dealt with for the first time at health care centres in England and Wales. Thousands went unchecked and babies were born suffering from the effects of the disease.

My point in assembling these few pieces of evidence, is that the messages we receive today about childhood illnesses in the past, have to be viewed in the context of the health of people at that time.

When women had too many babies, when often efforts were made to deliberately miscarry, when diets were inadequate, when millions of people lived in slums, when there was little or no ante-natal - let alone post-natal - care, it would not be surprising if children died from such childhood diseases as measles.

But surely it is not vaccination that has meant these disease are no longer lurking to attack our children.

Thanks to improved health care, better wages, better food, improved housing, greater knowledge of hygiene and so on, we are now fitter to combat disease.

*Working Class Culture, John Clarke et al Hutchinson*

*Plenty and Want John Burnett, Routledge*

*Working Class Cultures in Britain 1890-1960 Joanne Bourke. Routledge*

*Wise Parenthood, Radiant Motherhood, Birth Control Today - Marie Stopes.*

*Labour Days - Women's Experiences of Childbirth Half a Century Ago, Janet Smith.*

BY  
**JANET SMITH**

# A FIRST FOR THE INFORMED PARENT

*The Informed Parent's first international seminar was an overwhelming success. It coincided with the Government's highly sensitive measles/rubella campaign and the rejection by two prominent Roman Catholic schools of the rubella vaccine.*

The audience of 200 heard about the undeniable "other side" to the vaccine story from speakers with a personal and professional interest.

Jackie Fletcher, founder of JABS, has a son who suffers from epilepsy after his MMR. She talked about the strong reactions of vomiting, rash, meningitis and febrile convulsions which can present ten days after the MMR as a reaction to the measles part of the vaccine. Through her research with JABS there seems to be a definite correlation between a family history of asthma and hay fever and a child's increased vulnerability to adverse reactions. Asthma and eczema and convulsions in a child is a strong contra-indication to vaccination, claimed, despite what some GPs say.

Lynne McTaggart, editor of *What Doctors Don't Tell You*, quoted Edwina Currie MP, who said in 1988, that the MMR gave "lifelong immunity with a single jab," and that it also had an excellent safety record. However in 1992 two versions of the MMR vaccine were withdrawn. Despite the 93 per cent take up of the MMR in the UK, the cases of measles has actually increased. There is also no change in foetal abnormalities since MMR was introduced. Lynne McTaggart concluded that measles is a nuisance and not a killer.

Dr Robert Blomfield, a homoeopathic GP, said, "Measles is good for you," using a research sample of overwhelming evidence that people who have had measles and the rash naturally, seem to be far more protected against auto immune diseases. He also warned that one of the ingredients in the measles vaccine was neomycin, which, according to the manufacture's instructions,

should only be given orally. Many children are allergic to neomycin, an antibiotic, and yet were not alerted to this danger in the government's literature.

Dr Kris Gaublomme, from Belgium, emphasised that the vaccination procedure

*Johanna Sheehan, a member of The Informed Parent, reports on the day.*

makes an individual sensitised to a particular illness and not immune. In fact it can be seen that disease is proliferated by vaccination as in Madeira, where there was no incidence of polio until the polio

vaccine was introduced. Similarly, the government urges a 95 per cent take up of a vaccine to acquire herd immunity and yet in parts of Africa there was only a ten per cent take up of small pox vaccination and no incidence of the disease.

David Cocks, an acupuncturist, together with Trevor Gunn, a homoeopath, closed the day on a mutual note: that such rash-causing illnesses as measles and rubella are good for our children (in that they mature and strengthen their immune systems) and for us as parents to take responsibility and to learn how to care for our children when sick tepid sponging for high temperatures and plenty of fluids - rather than reach for the nearest bottle of liquid paracetamol.

Finally, as parents, we must not be frightened of disease as fear can be so easily transmitted to children, but instead to create a lifestyle of happy routines in diet and meals, exercise and rest.

*\*Videos of the day, which was held at the Millbank Conference Centre, London, should soon be available from The Informed Parent, 19 Woodlands Road, Harrow, Middlesex, HA1 2RT.*

*The Informed Parent would like to thank Johanna and Trevor Sheehan for all the help and hard work they put in to making the day possible!*

*A member would like to know if any other parents have had a reaction to Homoeopathic potency of MMR (30x). Her son, aged four months, was given a prophylactic MMR remedy and later that evening came out in a red rash all over his torso.*

*The family observed no other ill effects and he seemed in good humour. The strange thing is he had no reaction to DPT or polio which he had been given previously on two separate days. The rash lasted three days. Anyone who can help can contact Judi Smith on 0689-821276.*

# WHAT THE PAPERS SAID...

Dr. James Le Fanu, *The Daily Telegraph* 1.11.94. "The general impression is that the public are being bullied and they resent it. There is a common apprehension, which may or may not be justified, that immunisation carries a higher risk of serious side-effects than doctors concede. This may be 'acceptable' when immunising against very serious childhood illnesses such as whooping cough, but with measles the situation is much less clear cut. In 99.5 per cent of those infected, it is, indeed, a trivial illness. The case for the current mass campaign, if there is one, should have addressed these reservations."

*John Illman, Guardian, 2.11.94. "Hold on you might say. Didn't they say that the MMR jab would provide life-long protection? They did indeed. Launching the MMR vaccine on October 3, 1988, Edwina Currie then Parliamentary Secretary for Health, claimed: 'It provides life-long protection against all three injections with a single jab.' it is small wonder that parents do not accept what they are told unreservedly. But they can rest assured that vaccines do save lives - at the expense of vaccine-damaged children. The maximum compensation pay-out for a vaccine-damaged child is £30,000 - that is, assuming the parents can prove cause and effect."*

Dr Joanna Cleeton, GP, *The Sunday Express* 6.11.94. "Measles is a mild childhood disease with few or no complications in the vast majority of cases and it is an important process in actually promoting the maturity of a child's immune system. Contracting measles is the best way of conferring lifelong immunity. Side-effects are rare and complications generally occur in children who have either got chronic disease or are debilitated in some way."

*Ann Sinnott, Camden New Journal, 10.11.94. "Parents have a right to know of the arguments against vaccination, for unless the counter view is known, the notion of 'informed consent' (Patient's Charter) is risible."*

# Immunity and the elusive antibody

**The last Informed Parent newsletter contained an article by Diana Schad describing how her new-born baby - about six weeks old - developed whooping cough.**

The paediatrician was convinced that it was whooping cough yet no antibodies were detected.

There appears to be some confusion as to how an individual can succumb to an acute infection, recover from an illness and not produce any antibodies. This does in fact bring us to question one of the most basic premises at the heart of the vaccine theory.

*Does antibody production equal immunity and, similarly, is antibody production necessary to fight infection?*

The immunisation procedure was, and still is, based on a very simplistic model of immunity - the blood antibody response. This is in fact only a small part of an extremely complex arrangement of immune responses. It has historically been the easiest way of detecting some sort of immune activity, but it is not necessarily indicative of a healthy immune response.

The picture emerging from the years of immune research now confirms that a whole host of mechanisms in the body are used to deal with foreign agents and the body's own toxic by-products.

Mechanisms involved in the skin and mucous membranes, their fine hairs and mucus.

- Microbe-killing substances e.g. gastric hydrochloric acid, lysozyme in saliva, phagocytes and blood lysins from damaged tissue.
- Normal body bacteria that have antibacterial activity.
- Special white blood cells that ingest bacteria.
- Interferon secreted by cells that acts against viruses.
- Small lymphocytes that act on virus and virus-infected cells.

The antibody response is in fact the last in a long line of defence mechanisms, and initiating this response artificially through immunisation depletes the body's immune reserve and increases susceptibility to disease. This is why so many vaccinated individuals contract the diseases against which they have been vaccinated and why present authorities are so confused over these issues. They tend to blame bad

vaccine batches and isolated instances of unvaccinated individuals when trying to explain the spread of disease in vaccinated populations.

The results of vaccine trials, from which vaccine effectiveness is predicted, relate to the ability of the vaccine to stimulate an antibody response only.

For example, when the effectiveness of the measles vaccine is quoted as 90 per cent, this means that, on average, 90 per cent of those vaccinated will produce detectable levels of antibodies.

However this does not indicate what percentage will actually be protected in a real disease situation, or for how long this apparent protection will last. Hence the need to re-vaccinate the current population of five to 16 year olds against measles, after the original assumption that a single jab of MMR vaccine would protect for life.

To illustrate this lack of relatedness between antibody production and immunity, we have only to look at agammaglobulin-anaemic children. These children are unable to produce antibodies and yet are able to overcome disease just like any other

child. (page 21. Mass Immunisation by Trevor Gunn.). Clearly the immune response is a very complex system to which antibodies play a small, and sometimes insignificant, role.

The cholera vaccine example serves to illustrate this point even further. Cholera vaccine is no longer advised to travellers as it is now known that it does not stop the spread of the disease. Other conditions of diet and hygiene play a far more significant role. Note the conditions recently in Rawanda that gave rise to epidemics of cholera and typhoid in spite of vaccination.

Cholera vaccine was in fact tested with regard to its ability to produce antibodies and so was used for many years on the assumption that antibody production equals immunity.

However, epidemiologists studying health statistics of large numbers of people eventually discovered the ineffectiveness of cholera vaccine.

Adequately controlled trials would have come to this conclusion sooner and, so far, such trials have not been carried out.

The present proponents of immunisation have made gross assumptions with regard to the effectiveness and safety of immunisation, based on the simple experimental data, without adequate trials. It has been left to other individuals to research current data, and to read between the lines.

**By  
Trevor Gunn,  
BSc, LCH.**

## ME and vaccines

Letter to The Times (25.11.94)

*"...For those engaged in the fight against myelo-encephalitis (ME) - a disease of which many are convinced that vaccines are one of the triggers - his article serves to raise yet more questions.*

*"If some 33 babies a year have been saved from disablement by congenital rubella syndrome, how much per baby did that cost? On the basis of the current programme, costing about £20 million, the cost per baby is over £600,000. Would the public really approve in advance this level of expenditure .... Mass immunisation against measles, which as a wild disease was once little more than a minor inconvenience, has actually caused it to be a much greater danger to older children and adults. The ultimate truth in this debate requires more disclosure about the commercial interests which we suspect to be at work behind the scenes.*

*Nick Anderson, director, Action for ME."*

# MAJOR RESEARCH ON VACCINE REACTION

*THE MMR and DPT vaccines increase the rate of seizure by more than three times, says research into the two jabs.*

The research has been prepared by the US Centers for Disease Control and Prevention in Atlanta, Georgia. Using database technology, the CDC pulled together virtually every piece of research and data into adverse reactions to the two vaccines. In all, they were able to monitor the progress of 500,000 children, by far the most ever observed by any single piece of research. They identified 34 major side effects to the jabs, ranging from asthma, blood disorders, infectious disease, diabetes and neurological disorders, including meningitis, polio and hearing loss. But it was the incidence of seizure that leaped off the graph. The rate of seizure increased three times above the norm within the first day of a child receiving the DPT shot, and the rate rose 2.7 times within four to seven

days of a child's being given the MMR shot, increasing to 3.3 times within eight to 14 days.

The effects of the DTP shot were immediate, causing seizures to increase three times the normal within 24 hours of the jab being given, but then falling rapidly to just 0.06 times the level of seizure after the first day.

The MMR vaccine, however, had a far slower effect, only reaching its most dangerous period within eight days to two weeks after the jab was administered.

The seizures were often serious the CDC reports, with a quarter of all cases being treated in hospital.

From *What Doctors Don't Tell You*, Vol 5. No. 8 November 1994.

## ASTHMA LINK

*Research shows that children immunised against whooping cough are six times more likely to have asthma was published in the JAMA and reported in The Informed Parent Bulletin in October 1994.*

Dr Michel Odent, founder of the Primal Health Research Centre, brought this controversial subject into the spotlight with research conducted with Esther Culpin and Tina Kemmel.

In a talk in Hereford this autumn, Dr Odent stressed there was very little knowledge of this subject as no long-term studies have been done since the inception of the vaccination programme.

What appears to emerge from his

study is a statistically significant link between whooping cough vaccination and the incidence of asthma in later childhood. This study was based on exclusively breast-fed children from around the world.

A tape of the lecture, "Consequences of early childhood vaccination" can be obtained from:

Esther Culpin,  
36, Queenswood Drive,  
Hampton Dene,  
Hereford HR1 1AT.

You can also obtain details of subscriptions to the newsletter of the Primal Health Research Centre.

## THE YELLOW CARD SYSTEM

The Committee on Safety of Medicines operates a yellow card system for the detection and recording of any adverse reactions to any drug including vaccines. The GP should fill in and return a card if he or she believes any symptoms may be related to a vaccine. In effect, we

understand this is rarely done and it is voluntary. Cards are available to the general public from CSM, Freepost, London SW8 5BR or dial 100 and ask for CSM Freephone. If you think your child has had an adverse reaction to the vaccine get hold of one of these forms.

## COUNSELLING IN SHROPSHIRE

The Shropshire Health Authority has obviously been concerned that families are refusing vaccination and has sent out a help list to health workers. It gives questions and answers so that the health worker can be prepared to reply to a concerned parent.

"Discussions are often time consuming, but may be worthwhile, especially if parents are convinced and pass on the message to their friends." It also mentioned *What Doctors Don't Tell You* and comments "rabbidly antimedicine on all fronts" and then mentions *The Informed Parent*. The comment about us is "Restricted to immunisation and allied topics. Slightly more balanced than *WDDTY*. (It says that all vaccines have undergone trials for both their efficacy and adverse effects - see below.)"

## DANGEROUS ALTERNATIVE THERAPY

People seeking treatment for allergies should avoid clinics that offer alternative therapies because they are a waste of time and many may be dangerous, two medical royal colleges said. (*The Times* 1.11.94.) The Royal College of Physicians and the Royal College of Pathologists said: "Until the methods have been evaluated by reputable, randomised, double blind placebo controlled trials they cannot be accepted into routine clinical practice."

Dr Robert Blomfield of Hebden Bridge, West Yorkshire, replied in *The Times* letters column of 9.11.94. "...I have been researching the subject of immunisation in depth over the past ten years and have been unable to find any trials of any childhood vaccines which meet these criteria."

# A GP'S ADVICE

**Twenty-five years ago the word was - start vaccinating at six months when the infant immune system is just about ready.**

Now we are told to start at two months, and add the new and hardly known Hib vaccine to the cocktail.

All my experience speaks for the older, slower policy and now goes further - I have grave reservations about *all* childhood vaccinations.

In the first place, breast feeding in a hygienic home environment is ample protection for the infant against all available ills. Mother working and low breast feeding rates spoil that, I know, but does not alter the basic requirements - good home feeding and lenience on mothers who also work.

In the second place, vaccination is not hazard-free, is not fully effective (may not be very effective at all) and offers no protection against the problems children actually face. Indeed, recent evidence published in a prestigious American medical journal (JAMA) indicates that pertussis (whooping cough) immunisation actually increases the risks of catarrhal ailments, ear aches and asthma. Other evidence suggests that immunisation preoccupies too much of the immune system and leaves too little of it available for the real work - protection from the common cold etc.

In the third place, immunisation does not offer life-long protection whereas harmless natural infection at around school entry protects for life. Consequently large numbers of teenagers are now vulnerable to the natural infections they should have had much younger. And measles, mumps and rubella are no means as harmless at 15 as they are at five.

Finally - and worst of all - we now know that viruses can mix and match themselves, creating new virus strains totally at random. Most of the newer virus vaccines are live, so combining two or more of them in one dose (or even perhaps one programme of doses) may be very dangerous indeed.

There is no guarantee that a new virus mixing bits from the measles and rubella vaccine viruses will be as harmless as its parents. And who said they are harmless? Germany pays pensions to thousands of its citizens proven to have been vaccine damaged. Japan has just de-regulated vaccination - and banned influenza vaccine altogether - because of doubts about effectiveness and safety.

The message in general therefore is - postpone immunisation as long as you can, minimise what you accept (polio and tetanus are probably the best buys), use alternatives where possible (homeopathic protection in pertussis for example) and bring up your children on good food and good home life. If you have the courage, don't vaccinate at all.

And now for this recent government campaign. We are about due for a measles epidemic, they say, because they come about every seven years. And it will be dreadful, if the tone of the government campaign is to be trusted. So roll up and get extra measles and rubella vaccine if you are between 5 and 16. And if you don't want to, explain yourself! There is no actual evidence of any measles epidemic. If past immunisations were as good as they cracked them up to be why not trust them and ride it out? No answer. If the last vaccination was NOT that good, what reason have we to trust another dose of it? No answer. And why include rubella - going to the trouble of making a new vaccine combination for the purpose - are we due for a bad time with that as well? Again, no answer. Why do it in such a hurry? The statistics gave them seven years notice. Still no answer.

I do not know what their real motives are, but they cannot be telling us the truth. And if they are ashamed of the truth, perhaps we should not trust what they conclude from it.

The nearest I can get is that they now realise that postponing infection into the teens is a bad idea - in which case they have let this generation down, and should own up to that. But vaccinating now only postpones it again and these infections are no better at 25, 25, 45...

If you decide not to accept their recommendation, I suggest you add your reasons along the following lines: "I am concerned at scientific evidence from overseas which casts doubts on the wisdom of immunisation and even more concerned that this is officially ignored in Britain." If they say "What evidence?" they have not been told about it which rather proves the point.

*Dr Peter Mansfield, family Doctor in Lincolnshire, child health specialist for 25 years.*

## Baby vaccine blunder

About 900 new-born babies may have been given doses of tuberculosis vaccine five times stronger than intended. The error emerged when some of them showed reactions to BCG vaccinations given at St Mary's Hospital, Manchester. Doctors said there was "very little" chance of any of the children developing harmful side-effects.....Most children are vaccinated (with BCG) at the age of 10 but because TB is relatively common in Manchester, parents are asked whether they want their infants vaccinated before they leave the hospital. Most accept.

(Daily Telegraph 25.11.94)

## TUBERCULIN RESPONSE

*(Midwifery Digest, March 1994)*

A total of 101 preterm infants between 26 and 37 weeks' gestation who received BCG vaccination at birth were evaluated between 2 and 4 months after vaccination.....It is considered that routine BCG vaccination at birth on preterm infants is not indicated until a much larger study has been performed.

Sedaghatian MR, Kardouni K. Archives of Disease in Childhood (Fetal and Neonatal Edition) Vol.69, No.3, Sept.1993, pp309-311.

## WHAT EPIDEMIC?

*From the BMJ volume 309 2, July 94.*

**Measles still occurs in schoolchildren despite the success of the vaccination policy.**

Two small outbreaks, affecting 30 children in a Cumbrian secondary school and 24 in two junior schools in Trafford, are reported in the CDR Review (1994;4;R70-3, R73-5).

Debate continues over the feasibility of a national campaign to vaccinate all schoolchildren. The high rate of vaccination with measles, mumps and rubella vaccine now being achieved, however, makes it likely that even limited outbreaks will become increasingly rare.

*This article appeared in the BMJ just a few weeks before the announcement of the measles epidemic. Ed.*

# THE W.H.O. AND THE INFORMED PARENT

*Our fact sheet on measles, given out during the Measles/Rubella campaign, mentioned that a study by the World Health Organisation (WHO) suggested you were 14 times more likely to get measles if you had been vaccinated.*

Our source was Neil Z. Miller's book, *Vaccines: Are They really Safe and Effective?* (see TIP reading list.)

We were contacted by the WHO indicating they had no such knowledge of such a study. After telephone calls and correspondence, this is their reply to our members:

"In your measles factsheet, you featured an article on the safety of the combined mumps, measles and rubella vaccine (MMR). The article suggested that measles vaccine was more dangerous to receive than getting the measles itself, quoting a WHO study which supported this view. As the person responsible for measles control in the WHO, I feel it is important to correct this statement.

The reference is drawn from a book by two Australians from the 1970s (Kalokerinos A. and Dettman G.) who say, 'WHO did a study and found that in a measles susceptible group of children the normal rate of contraction (of measles) was 2.4 per cent. In the control group that had been immunised the rate rose to 33.5 per cent.' The reference cited by these authors for the study is another of their own articles published in the *Australian Nurses Journal* on May 1978. They are unable to substantiate any WHO study

showing this. Further, I can find no record of any such study on the records of WHO.

On the contrary, a review of authenticated study on this subject which has been published in scientific medical journals shows the opposite effect. Immunisation experts throughout the world agree that measles vaccine is one of the safest and most effective of any vaccine ever produced. While no vaccine is without ANY side effects the benefits to children receiving measles vaccine far outweigh the slight risks associated with its administration."

Dr. C J Clements, Medical Officer, EPI, Global Programme for Vaccine, WHO, Geneva.

*The Informed Parent has since written to the WHO requesting copies of studies which back up their above statements.*

*We are also, still trying to trace the original data, as this particular study has been quoted in a number of books and articles. In one particular document it refers to this study as 'an unpublished WHO research study.'*

*We shall keep you updated with any further information on this matter in a future newsletter.*

## In brief...

*Thanks a million to all the people who wrote letters to newspapers during the measles/rubella campaign. We are grateful to everyone for keeping the debate going.*

To those of you who didn't make your views known, can you help swell the strength of opinion about vaccination by writing letters and telephoning television and radio stations at the appropriate times.

If you see a letter or an article in a newspaper about vaccination, please write in, giving your views. And if something is on radio or television, either write or telephone.

This applies more to your own local newspapers - although we'd be very grateful if you could write to the nationals as well.

And you can help us even more by sending any cuttings you see - again, especially in your local newspaper as we don't always know what's going on in your area. Please don't forget to write on details of the publication and date of article.

Send them to: The Informed Parent, 19 Woodlands Road, Harrow, Middlesex, HA1 2RT.

The Informed Parent has been hearing horror stories during the MR campaign of children being vaccinated even though a parent had signed the form, refusing consent.

If you know of any cases, we would be grateful to hear about them.

We are also asking for information about side effects after the vaccine. One nine-year-old boy known to us, had an acute asthma attack within 14 days of receiving the vaccine and was prescribed steroidal drugs.

He now has an inhaler. There is no evidence of asthma in his family and although he had had a cough at the time of the vaccination, he had no history of asthma.

## WIDOW'S FURY OVER SCHOOL JAB

*(Derbyshire Times 17.11.94)*

A devastated widow whose husband died within 10 hours of a flu jab is demanding the sack for a nurse who gave her son a measles vaccination against her wishes.

Memories of the tragic death of her husband Tim, three years ago, came

flooding back to Mrs Janet Clarke after she heard her son, Grant, 14, had received the injection at Hasland Hall Community school, Chesterfield...

According to Grant, the form refusing consent was thrown into a bin and, after a conversation with the nurse, he signed another giving his consent.

# JAB SIDE-EFFECTS?

*Dr David Sim, a Stockport GP has called for a government investigation into rare complications suffered by children as a result of the recent measles vaccination programme, reported the Telegraph (2.1.95).*

This call came when Jason Lloyd, 13, son of Clive Lloyd, the former West Indies cricket captain, developed Guillain-Barre syndrome causing acute inflammation of the nerves and impairing movement in his legs, just two weeks after the measles vaccination.

Dr David Sim said "Jason is not my patient, but his mother spoke to me when she was desperate to find out what was wrong with him."

One of Dr Sim's own patients, a schoolgirl, also developed Guillain-Barre syndrome shortly after the vaccination. He continues further in the report to say, "If two children in this area are suffering from the syndrome after being vaccinated it seems likely there will be more in the rest of the country. The Department of Health should investigate."

A spokesman for the department said a small percentage of children under 16 developed Guillain-Barre syndrome each year, but if Jason had had measles as a child it was

highly unlikely he would have developed the syndrome because of his latest vaccination.

In a report from the Manchester Evening News (3.1.95) it said Dr Sim said he had little doubt there was a connection between the condition of the two children and the rare illness. Both measles and rubella were known to attack the nervous system and he questioned whether two live vaccines should be injected together.

In this report the Department of Health had said that there was no proven link between the jabs and Guillain-Barre syndrome. A spokesperson said the condition was very rare, and if it followed vaccination, it happened by chance.

*David and Judith Dwyer from Cardiff lost their 4 year old daughter, Chloe, from Guillain-Barre syndrome in March 1989. Her death certificate said 'natural causes'. Her illness also began soon after her measles injection. Having been denied legal aid to take their case to court, the Dwyers are now pursuing a claim for compensation with the Blackpool-based Vaccine-Damaged Payment Unit. The maximum payment is £30,000. (Taken from the Sunday Observer 1.1.95).*

## Vaccination Workshop

by **acupuncturist David Cocks and homoeopath Trevor Gunn.**

Saturday 29th April and  
Saturday 27th May 1995

11.00am to 1.00pm ( morning sessions )  
2.30pm to 5.00pm ( afternoon sessions )

At: The Lotus Healing Centre,  
7 Newcourt Street, St JohnsWood,

London, NW8 7NA

Morning sessions are for the general public. Tickets £5.00

Afternoon sessions are for health practitioners only. Tickets £18.00  
( £15.00 if booked early)

Please ring David on : 0342 826581 for further details and bookings.

## New Release

**from The Immunisation Awareness Society Inc.(IAS) in New Zealand.**

*"For an Informed Choice" Audio cassette ( Price NZ\$9.50 & p&p)*

This one hour audio is especially designed to provide information to parents faced with the vaccination decision and features the following speakers:

- Chiropractic doctor Lisa Lovett
- Author & researcher James Hilton talking to Hilary Butler (IAS) on Radio Pacific
- Author & researcher Dr Eva Snead on Radio Pacific
- IAS chair Wendy Lydall on National Radio
- Dr Viera Scheibner, former Principal Research Scientist for the NSW government, on Radio Hamilton ZB

*Available from : The VINE, PO Box 21-654, Henderson, Auckland 8, New Zealand.*

*The Informed Parent are considering ordering a large quantity of copies if there is enough interest. Please phone : 081 861 1022 as soon as possible..*

*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.*