

# THE *informed* PARENT

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## PARENT'S CHOICE IS OVERRULED

*In Northern Ireland, in May this year, a new born baby girl was vaccinated against Hepatitis B, although the parents were opposed to this decision.*

During the pregnancy the local health authority had informed the parents that the baby would need the Hepatitis B vaccination in the first day of its life. This was due to the fact that the mother was found to be a Hepatitis B carrier, and the health authority insisted that the baby would be 'at risk'.

A couple of months before the birth the health authority had sent out an intimidating letter to the parents stating that if the parents continued to refuse the vaccination they would have to take legal action i.e. make the baby a ward of court.

About a week and a half prior to the birth their GP requested a meeting in which he told them that the health authority had arranged for a meeting for the following week and that they wanted a signed consent for the vaccination. Their GP informed them that the health authority had made arrangements for a Ward of Court order and that the police were informed. He also presented the father with a written consent form which he was asked to sign. He initially refused, however under the stress of the moment, and under the impression that he could avoid the threatening action by the health authority, he said to his GP that he would allow the vaccination to take place. But he protested that this was against his wishes and that it was a pressurised consent.

The father was under the belief that by 'giving in' he would avoid the threatening action. However he was mistaken.

On the day of the birth of his baby

daughter, which was a home delivery, their GP arrived a few hours after to proceed with the vaccination. They refused and so he left saying that he was obliged to report their refusal. At 2.00pm they received a phone call from a social worker informing them that a court hearing had been scheduled for 4.30 that afternoon and asked if they wished to be represented. Since they could not afford legal and medical back-up the only option left was for the father to travel to Belfast and represent the case himself which would have had a doubtful chance of success. He was also at that moment physically and mentally unfit to drive and present their case.

The father decided to move his wife and baby to a nearby friend in order to evade the treatment and to spare his wife from the impending scenario. Between 3.00 and 4.00pm 2 police officers, 2 social workers and 3 ambulance men arrived at the door.

They had come to take the new baby by force to the hospital to perform the vaccination. The father protested and told them that child was not there. One police officer warned him of further legal action if he did not reveal the whereabouts of the mother and baby. He also said that if the father prevented the vaccination he could be charged with manslaughter should the child die of Hepatitis later in life.

At this stage further resistance was hopeless and could have resulted in further hardship and stress for his family, so he agreed to allow the vaccination to take place.

Once the vaccination had been given the social workers present advised the parents that the child was now legally in their custody until the Ward of Court is withdrawn, i.e. until both the booster shots at one month and six months have been given.

The father's main reasons for refusing this vaccination were as follows:

1. The vaccine has not the full efficacy, i.e. it does not protect in every case against the disease.
2. The effect of the vaccine on a new born baby's immune system is not fully known.
3. The vaccine has in some cases conferred the disease to previously uninfected persons.
4. The vaccine has brought about through mutation, new virulent strains of a virus striking in an unpredictable manner.
5. The vaccine can cause serious adverse reactions to the recipient.

Additionally, their first child developed a severe weeping dermatitis, neurodermatitis, after receiving the hepatitis B vaccination as a baby. The condition lasted for several months.

The father feels, therefore, that as long as these uncertainties about this vaccine exist he cannot but refuse the vaccination.

Recent studies have also shown that the screening tests at present failed to identify carriers of Hep. B which leaves him doubting the 'carrier status' of his wife.

The parents attempted to stop the 2nd booster shot being administered through court, however due to lack of support the court hearing never took place. Since then the baby girl has received the 2nd dose, and about fourteen days later developed a skin rash which looks very much like the same type of rash her brother developed after his vaccination. The parents are now looking into the possibility of stopping the last dose being administered.

This appalling situation should never have happened as it is a violation of their parental rights. Under British law a vaccination should not be performed against the wishes of the parents.

Please take time to write to your local MP and/or the Department of Health to air your concerns over this case. The freedom of choice must be preserved.

Also if anyone can offer any useful advice or contacts on this matter please write to: The Informed Parent or phone 0181 861 1022.

# VACCINE RESEARCH PROGRAMME

I am at present conducting a research programme to establish a comprehensive correlation between the vast array of the complications and side-effects directly related to specific conventional vaccines, and symptoms connected to multiple or combination vaccines.

Anyone willing to take part in this current research is requested to give as many details (specific and general) as possible. Any information, no matter how remotely connected to a vaccine, is acceptable. It can be from personal experience or pertaining to family members. All information received will be treated with the strictest confidence. Hyperactivity, concentration difficulties, dyslexia, D.P.T. syndrome, sleep disorders and respiratory problems, are just some of the areas covered by this research.

Replies to your letters may take some time so please be patient.

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# UPTAKE OF IMMUNISATION

While national uptake of immunisation in 1990 was 93% for diphtheria, polio and tetanus vaccine, 90% for measles, mumps and rubella vaccine (before the recent immunisation campaign) and 88% for whooping cough vaccine, some districts had rates as low as 61%. More knowledge is needed on the long-term effectiveness of current vaccines and the need for booster doses. Parental perceptions of immunisation are important in achieving the necessary uptake. Qualitative research would be helpful in understanding concerns among parents and the effect of health education programmes. Existing evidence suggests that variation in uptake may be associated with variation in advice given by professional staff. Studies of the perceptions of health care workers would also be useful as well as evaluation of different methods of giving advice and information to parents and health professional staff of long-term efficacy and sequelae of different immunisation treatments.

Research objectives include interventions to improve uptake of immunisation, based on understanding of parental perceptions of the immediate and long-term health effects of immunisation.

*Taken from: Improving the health of mothers and children: NHS priorities for research and development. Report to the NHS Central Research and Development Committee. Dept. of Health, July 1995.*

## POLIO BOY'S WAIT FOR AN OPERATION IS SET TO END

*Taken from: Evening Standard. 17.7.95.* Surgeons were today preparing to operate on three-year-old polio victim Daniel Hadlow, ending an agonising wait after two earlier operations were cancelled.

Southampton General Hospital said a bed had been found in the intensive care unit, allowing the operation to go ahead this afternoon.

Problems finding intensive care space at the hospital have meant that twice in three weeks Daniel's operation has been called off just minutes before he was due for surgery.

Daniel is having the operation to straighten his spine and relieve breathing difficulties. After the last cancellation at the weekend, Daniel's father Mark threatened to block the doors of the hospital to stop his son leaving until he was treated. He said: "I do not care who I upset, I am not letting Daniel leave this hospital until he has his operation. I will block the doors if I have to." Mr Hadlow was backed by his local MP, Tory Barry Field.

Daniel was first due to have the five-hour operation three weeks ago. It was cancelled as a hospital porter was wheeling Daniel to the operating theatre because of a lack of trained staff to look after him. Hospital managers apologised and promised it would not happen again.

*On reading this article my first thoughts were 'did this child receive the polio vaccine?' I have since spoken with Daniel's parents and they have informed me that Daniel became ill directly after his first vaccinations, which of course included the polio vaccine! They also mentioned the fact that their older son had developed a form of meningitis after receiving the early vaccinations. Editor.*

## WANTED: 60 HEROES TO TAKE AIDS JOB

*Taken from: Daily Express, July 1995.*

A call went out yesterday for 60 volunteers willing to be jabbed with an AIDS vaccine. For trials of a British antidote which could ultimately beat the disease are about to go ahead.

If the £500,000 tests are successful, a widespread immunisation programme could be introduced in five years. Tests on humans will begin in September. So far the vaccine has only been tried on animals.

One of the first to sign up was comic and TV presenter Kate Copstick who once appeared naked on BBC TV's Anne and Nick Show.

"It's scary," said 38-year-old Kate, founder of the charity Children With AIDS. "But I move in showbusiness circles, so I know a lot of gay people. Eight or nine friends have died from AIDS and about a dozen others are HIV-positive.

I just feel I want to do something useful with my life to help fight this terrible disease even though it is a major step into the unknown."

Each volunteer will receive a total of three jabs in the arm and then submit to a series of health checks and blood tests over the following 18 months.

The synthetic vaccine contains artificial, non-harmful elements of the AIDS virus. The purpose of these man-made antibodies is to repel the AIDS virus by "tricking" it into believing the bug is already in the body. But the volunteers are not being encouraged to indulge in promiscuous, unprotected sex or other high AIDS-risk pursuits.

Most vaccinations against other diseases involve injecting the patient with a tiny amount of the actual germ.

But because the AIDS virus is so deadly it would be too dangerous to use the real thing in any immunisation programme. Scientists of the Medical Research Council and St Mary's Hospital in London, who are heading the research, said yesterday that the guinea pigs could end up testing positive for HIV. But the researchers reassured volunteers that it will be a 'false positive' reading and that they will not actually have the virus.

Neither, they said, was there any danger to sexual partners of the volunteers.

The scientists admitted there had been no early stampede by the public to sign up.

*I can't think why? - Editor.*



# FAMILIES 'WERE MISLEAD' OVER MEASLES DANGER

*Taken from: The Times, 31/8/95.*

More than seven million children vaccinated against measles in Britain's biggest public health campaign were victims of an unnecessary scare, a doctor claims today.

Dr Richard Nicholson, editor of the Bulletin of Medical Ethics, says doctors and parents were misled by government advisers who predicted an epidemic on the basis of inadequate evidence. He claims that there was never going to be an epidemic and that the Government "knowingly misled parents about the need for the campaign and the relative risks of measles and measles immunisation." Last November, ministers announced a £20 million mass vaccination for all children aged 5 to 16 because the World Health Organisation had predicted that without it there would be 100,000 to 200,000 cases of measles. The WHO said thousands of children would be admitted to hospital with measles complications and about 50 would die. It claimed that the campaign was a success after measles cases in the first half of 1995 fell to

4,400, half the number in the first six months of 1994.

In the magazine's September issue, Dr Nicholson says that the predictions depended on unlikely assumptions about the low protective effect of the vaccine and the high transmission rate of measles in secondary schools. He says the WHO's backing for mass vaccination in measles control was aimed at the developing world but government doctors may have been keen to "gain favour in international circles by showing it could be done in the developed world." The threat of the epidemic may have been seen as an opportunity to test whether a single dose of vaccine could eliminate measles, mumps and rubella instead of the more costly two dose strategy. He adds that the campaign was a gift horse for the drug companies, which had large supplies of vaccine about to pass its "use by" date.

He calls for an independent enquiry, saying that the campaign "misled millions of parents into allowing needles to be stuck into their children for purposes other than those given in public".

The Health Department said: "We make no apology for a campaign which shows we could have virtually wiped out measles in this country."

*In an article in The Telegraph, 27/4/95, Dr Calman, the Chief Medical Officer, was quoted as saying "there have been only 21 confirmed cases so far this year.....there has been only one confirmed case of measles in children whose ages were covered by the campaign and that child's parents had withheld consent for immunisation". Surely if the MMR is given to one-year-olds, which they claim has over a 90% uptake, then apart from the under-ones the vast majority of children should be 'protected'. And yet in the above article from The Times it states there were 4,400 cases for the first six months of the year. It would be very interesting to know how many of these cases have occurred in vaccinated children, but presumably that data isn't collated.*

*We have also had quite a number of letters and articles sent in over the last few months regarding the number of deaths from meningitis since the measles campaign. Of course there is no connection. Editor.*

## FORTHCOMING SEMINARS

'Immunisation' by Salli Rose LCH  
Oct. 20th/21st at the Natural Health Care Centre, Tyne & Wear.  
For further details, ring Annie Gray on: 0191 296 0026

## JAB BLAMED FOR SICKNESS

*Taken from: The Portsmouth News, 22.4.95.*  
Teenager Carla Lanzon is confined to her bed, unable to walk, stand or even see properly. But before having a vaccination for measles in January Carla was a healthy 14 year old with a passion for rock'n roll dancing. Her parents Sandra and Ricky are convinced she is another victim of vaccine side-effects, but doctors say they are baffled by her illness.

In 1994 the Dept. of Health launched a measles vaccination campaign, warning a potential epidemic was on its way. About seven million children in schools across the country were injected with the vaccine, including Carla.

Carla became ill with dizziness, a fever and sickness just days after receiving her jab. Two weeks later she was admitted to St Mary's Hospital, at Newport on the Isle of Wight where tests were carried out.

Her mother Mrs Lanzon said doctors were mystified by her symptoms and sent her home two weeks later without a conclusion.

Later tests at Southampton General Hospital also proved fruitless. "When Carla brought the form home from school we returned it saying 'no' to the injection. Then we changed our minds. If only we had stuck to our original decision she would be healthy now. She was a happy and lively girl. It is dreadful to see her suffering like this."

But Dr Michael Sadler, Portsmouth public health medicine specialist, said an extreme reaction to the rubella jab is very unusual and women should not be put off.

Yesterday the Isle of Wight's consultant of public health Dr Paul Bingham said Carla's reaction was unusual and said he could not link her symptoms to the vaccine.

A homoeopathic practitioner recently wrote in to say

"I am writing to inform you that a local patient of mine who has an autistic son, has been offered immunisation for chickenpox, as her daughter has chickenpox. The GP has explained that this is because GP's are finding that children are getting a particular bad dose of chickenpox."

*Is this the beginning of the 'build-up of fear' the public seem to receive before yet another vaccine is introduced?*

*No doubt we shall begin to hear phrases like: 'chickenpox the killer disease', so that by the time the vaccine is introduced the public will be scrambling to line up for the jab! Editor.*

# POLIO, TETANUS & RUBELLA

We often receive enquiries regarding polio and tetanus, so reproduced below is a letter featured on the 'Questions and Answers' page of The International Vaccination Newsletter, June 1995, which we hope will assist parents with their concerns. Dr. Gaublomme's answers are shown in italics.

Dear Dr Gaublomme,

We have decided against all vaccinations for our son, Christopher, and instead focus on maximising his personal health and vitality, primarily through a healthy diet and the use of homœopathy, for both constitutional and acute treatment as required. So, with perhaps quite natural residual anxiety, we feel that with the help of people like yourself we have reached the best decision for our son.

There are however, a few specific questions that we did not have an opportunity to ask and we wonder if you would be kind enough to take a few moments to briefly answer them for us.

1. How would we recognise polio? *If Christopher was infected by one of the three polio viruses, you probably would not know at all. Many of these infections are countered with no clinical manifestations at all. If symptoms develop, they probably would be diagnosed as a 'flu', with some general malaise and muscular soreness. Only a small percentage of infected people develop paralytic symptoms, so paralysis has to be considered to be a complication of the disease, rather than being pathognomonic. In that case you can notice that his extremities go limp, that his muscular power has decreased. Again, in most cases this situation subsides after a few weeks. If there is any doubt in your mind, I would suggest you should go and see a homœopath or a natural healer who will be able to deal with this situation. Very important in preventing susceptibility to polio appears to be a diet poor in refined sugar. So I think your intention of focusing on his diet is the most important thing to do. Enough fresh air (playing outside) is another important thing. Finally, your love for him would be my number one prescription! To be boosted every day. There can not be physical well-being without a sufficient degree of emotional stability! And, vice versa, with an immune system that flourishes on these grounds, no virus will ever take him down so badly that he would develop paralysis! Like Ian Sinclair writes in his last book: there is only one immunity-health!*

2. In the years to come, perhaps when he is an adult, Christopher may travel to countries where polio is more prevalent. What would be the risk to him and how would you advise that he should protect himself?

*This also answers your second question, even when travelling, I would not advise him to be vaccinated. Taking proper hygienic measures are the only important thing to do.*

3. If he has a wound, perhaps a deep puncture wound, what is the incubation period for tetanus and how would we recognise its onset at an early stage? What is the prescribed interval following such a wound for giving TIG? Would this be the treatment you would recommend and if not, what would you suggest please?

*In case of a superficial wound, simple but profound cleaning of the wound is the only thing necessary. Use soap and finish with peroxide. In case of a puncture wound, try to make the wound bleed. This clears it and supplies oxygen which kills the tetanus bacteria. Again, soak it with peroxide. In case of a puncture wound I would also suggest to give him the homœopathic remedy 'ledum 200K' right away. Together with the other measures, this will accurately prevent further infection. In extreme cases, immune globulins can still be administered, but in general this will be unnecessary if the former procedure is followed.*

*I have seen cases of incipient lymphangitis (red stripes) after injury with a rusty nail subsiding within hours after this kind of treatment. If he was ever vaccinated against tetanus, there is no scientific ground for boosting this vaccination with every injury, as is general practise.*

4. We are hoping at some stage to have a second child. If we have a girl and she does not contract German measles prior to reaching her child-bearing years, what would you suggest she should do at that stage? Would you perhaps advise making use of contact registers in order to encourage her to catch it in her early years? Whilst somewhat less crucial for Christopher, we also wonder if we should do this with him, since the earlier he has the illness the sooner he is of no risk to any pregnant women with whom he comes into contact.

*I most definitely would encourage you to bring your children in contact with German measles while they are young, boys as well as girls, for the reason you give. I used to advise 16 year old girls with no antibodies*

*to be vaccinated, but I became increasingly reluctant to do so, since 1.) I do not think antibodies are a good measure for immunity and 2.) there are cases of vaccinated women who still contract the disease during pregnancy.*

To subscribe to The International Vaccination Newsletter (a quarterly publication), please send 1000 BEF to: I.V.N., Krekenstraat 4, B-3600 Genk, Belgium. Methods of payment are:

- by bank card payment (VISA- MASTERCARD)
- by transfer to the bank account - BAC 833-4395275-75
- by international cheque (Eurocheck) in BEF currency
- sending cash money
- by post assignment

## POLIO DID YOU KNOW THAT ...

The actual figures given by the Registrar General show that during the years 1943-53 the average annual number of cases of poliomyelitis in England and Wales was 3,328, giving a monthly average of only 227 in a population of 42,290,000 or 6 per million.

According to Dr Dennis H Geffen, OBE, MD, DPH, of every 100 people who become infected with the virus, 90% remain symptomless, 9% show some slight sign of the disease, such as sore throat or stiffness of the neck, whilst only 1% develop definite paralysis.

He is reported in Public Health (March 1955), to have told the Metropolitan Branch, Society of Medical Officers of Health, that "we are apt to forget that poliomyelitis is the least serious of all the infectious diseases with the exception of that one complication, or extension of the disease, which destroys motor cells in the brain and spinal cord and causes paralysis. Apart from this it appears to be a mild infection lasting a few days, the symptoms of which are probably less serious than a cold in the head, and from which recovery is complete and immunity lasting. If we could be sure that an individual contracting polio would not become paralysed then there might be much to be said for spreading the disease in order that a community might develop natural immunity."

*Taken from: Vaccination and Immunisation: Dangers, Delusions and Alternatives by Leon Chaitow. Page 45.*



# THE "TRUTH"

*I have spoken to a number of parents who indicate their need to search for the 'truth' on the issue of vaccination.*

*Reproduced below is an extract from a book entitled 'The Quintessence of Natural Living for Health and Happiness', which I felt may be useful.*

## What is truth?

People have been taught for many centuries that certain diseases are contagious. This they have been constrained to believe as truth. But if disease is not contagious, the teaching is a falsity, no matter if the whole world believes the teaching, and it be taught for a billion years.

Men think they are searching for the Truth. They are not. They are simply searching for information with which they hope to confirm their own convictions and opinions. And woe has always been unto him who had the courage and temerity to question these. The bold reformers have always been gaily poisoned, burnt and mobbed. With their blood and tears have been written the inscriptions on the milestones that guide progress through the years.

In all ages, Truth has been suppressed by 'the powers that be'. It is advantageous for the rulers to keep the people in ignorance, for ignorance makes men believers and slaves. Have you the courage to doubt the ruling doctrines of the day?

There was a time, and still is in some places, when it was considered

dangerous to listen to reason. One was admonished not to reason nor to think, but to believe what was taught.

Reason was an evil spirit, that was trying to lead men astray. The first men of history who had the ability to think and reason for themselves, and the courage to face the wisdom of the world in defence of their convictions, were persecuted, cast into prisons, and crucified.

Today the man who thinks and reasons, and is brave enough to publish his findings, is no more cast into prison, but he is ridiculed, satirised, maligned and ostracised.

People must be kept in ignorance. Not that ignorance arises from a lack of schooling, but springs from the suppression of Truth.

An education based on falsity is more dangerous by far than no education at all. For by enslaving the mind with false teaching, we enslave the body yet more firmly. The ignorance of Truth is the real bondage of mankind.

Always doubt what you are told until you have some reason on which to base your belief in the matter presented. For honest doubt brings search for knowledge and knowledge leads at last to Truth.

*Taken from: 'The Quintessence of Natural Living for Health and Happiness' by Keki R Sidhwa ND, DO, DNH. (p.192-193.) For a copy, please phone: 01255 672823.*

## BOOK NEWS

'Immunisation- Theory vs. Reality' is the title of the new book written by Neil Z Miller, author of 'Vaccines: Are they really safe and effective?'

Miller looks at the whole issue in greater depth and reveals the many tactics used by the authorities to mislead the public.

Viera Scheibner PhD, author of 'Vaccination: 100 years of orthodox research shows that vaccines represent an assault on the immune system', has been quoted on this latest publication as stating:

"The USA is world renowned for its appalling infant mortality rate. If anything should be compulsory in the United States, it is the reading of this book by every politician, medical doctor, parent and citizen."

*Needless to say, that should go for the rest of the world, too! Editor.*

This book is available from:  
Vaccination Information, PO Box 43, Hull, HU1 1AA. Tel. 01482 441115. Price: £10.00 (inc. p&tp).

## SCIENTISTS CAST DOUBT ON MALARIA VACCINE

*Taken from: The Guardian, 18.8.95.*

British scientists today cast doubt on the effectiveness of the world's only malaria vaccine, saying they can find little evidence that it protects children against the illness.

The vaccine, SPF66, was developed by the Colombian scientist Manuel Patarroyo, who has given the patent to the WHO. In trials in South America it proved between 40% and 70% effective against malaria, and a more recent study from Tanzania found it had a 31% success for children aged one to five.

However, scientists from the Medical Research Council's laboratories in The Gambia and at the London School of Hygiene and Tropical Medicine, say in the Lancet that the vaccine has a protective measure of just 3%. The researchers looked at 600 children, aged six to eleven months, for about a year.

## GRANDPARENTS - CAN YOU HELP?

We would be very interested to hear from grandparents about their recollections on how they dealt with nursing their children through the childhood illnesses. It would be interesting to hear of any useful tips you may be able to pass on to new parents.

Please send articles to: The Editor, The Informed Parent, 19 Woodlands Road, Harrow, Middx. HA1 2RT.

## VACCINE HOPE FOR MALARIA

*Taken from: Telegraph 14.7.95.*

Scientists have discovered how the malaria parasite evades the bodies defences, opening the way to new vaccines for a disease that claims millions of lives.

The Institute of Molecular Medicine in Oxford identified genes in the parasite that produce proteins on the surface of infected blood cells, enabling them to stick to the lining of the blood vessels.

# Book Review

**The Medical Mafia**  
by Guylaine Lanctôt, MD.

Dr Lanctôt has written this book with the main purpose of shedding some light on just how the medical system works, in order to better direct and focus our efforts if we wish to change it. She examines in a particularly critical light the interwoven relationship between physicians and the drug industry. She also questions the governments role in the care and maintenance of this symbiotic relationship. The establishment have acquired so much power, she writes, that it has become the sole arbiter of all our health care options, its financial link with the pharmaceutical industry not withstanding. In her view, this is an ethically untenable position.

In her prologue she writes, 'this book is not a denunciation of the medical world. Many others have already done that. I am not looking for a guilty party or a scapegoat. For who are we to judge others? Besides, I am not in a position to do that, given the fact that it is by having been a participant and having collaborated with the industry that I discovered the Medical Mafia and its machinations.'

There are also chapters on vaccination, cancer treatments and AIDS, all of which come under a section entitled the trilogy of lies.

Reproduced below is an extract from the chapter on vaccination, where Dr Lanctôt examines the social marketing of vaccination and how the public are manipulated.

**Influence.** One must do like the others. If everyone else does it, then it must be good. But have we forgotten the Pied Piper of Hamelin? That is submission. And that is what it leads to. We follow fashion fads in clothing, foods, music. And vaccinations. Above all, don't question. The authorities know better than us. And they tell us that all is well. Who are we to dare think any differently? One calls that social pressure. It is orchestrated by the establishment & associates: financial.

political, industrial, medical, insurance, religious, artistic and academic. It is disseminated by social marketing.

**Morality.** The authorities speak of the 'right to health for all'. Who could put it better? Yet whoever speaks of a right speaks of a duty. And from here stems the concept of a 'social duty' to be vaccinated. To refuse to do so would be to refuse health for all. What a lack of ethics and social conscience! And being a good citizen, we fulfil our duties and get vaccinated. And social marketing has met its goal.

**Information.** Medical or non-medical, information is in the hands of the establishment to serve its own ends. It is the tool of broadcasting social marketing. Many journalists transmit information which comes to them from the authorities and simply reproduce it faithfully, without doubting it for one minute. Particularly when it comes to the highly protected subject of vaccination, they hesitate to stray from the beaten track and ask questions. If they ask too many, their text is cut. Then their job. Be that as it may, some have questioned. For example, in 1979, the CBS television programme '60 minutes' presented an inquiry on the massive vaccination campaign against swine fever in the United States in 1976. This vaccine created so many complications, particularly neurological, resulting in death or paralysis, that the manufacturers were inundated with massive legal actions and the vaccine was suspended. This broadcast was the show case of social marketing in all its glory. All the elements are there. I strongly recommend that you get a copy of the video or a transcript to see how one organises a massive vaccination campaign.

*Copies of 'The Medical Mafia' are available from: Whale Books, Kentchurch, Hereford, HR2 0BZ. Tel. 01981 240125, Fax. 01981 240749. Price: £12.99 (inc.p&p) for members of The Informed Parent.*

## Vaccine victims ignored

*Taken from: Daily Mail, 10.5.95.*

Up and down the country there are any number of children who have developed varying degrees of damage following vaccination.

My daughter Susan fell victim to a routine rubella vaccination in April 1993, but we can't convince the medical profession that the vaccination caused the problem because this challenges one of its sacred cows.

As a parent, I feel a profound sense of frustration and despair at the attitude I encounter.

My daughter had the injection at school, one month short of her 12th birthday. Until then she was a perfectly healthy, normal girl. Within an hour she had an aching head and leg. By the next morning her left arm and leg were paralysed and she was in considerable pain. Her skin was hypersensitive: just touching the hairs on her arm or leg caused excruciating pain for the first four weeks.

She finally recovered use of her limbs that July. Since then she has suffered relapses of varying degrees of intensity the last between September 1994 and the end of February. She was in pain and partly paralysed for most of that time. At present she's more or less okay but still has residual weakness of her limbs. Relapses come with no warning.

Fortunately she has a bubbly personality and despite the disruption to her life, including having to change schools so she can attend in a wheelchair, she bounces back.

No one will admit the injection was the catalyst. Most of the time, we're told her symptoms are psychosomatic. Our experience isn't uncommon. When speaking to the various voluntary bodies, almost without exception they have encountered the same attitude.

The comments by Professor Alex Campell, chairman of the Joint Committee on Vaccination and Immunisation, that adverse reactions involving vaccinations had been given the highest priority, rang very hollow.

My daughter is now approaching 14, and we still await diagnosis of what has been triggered, let alone acceptance of the indisputable evidence. Up and down the country there are many children in similar and much worse circumstances. The truth is that doctors do not want to admit there is a problem.

What of my daughter and the other children's future, damaged by the state for the benefit of society as a whole and almost forgotten?

*Mr M R W Hansford. Leigh on Sea, Essex.*

### MOTHER'S APPEAL

On the 27th January, 1995, Zachery David Lee Helms died, within 33 hours of receiving the following 8 vaccines at once: MMR, DPT, Hib and Oral Polio.

A Trust fund has been set up to legally determine his cause of death. Michelle Helms, Zachary's mother, has a team of attorneys one of which is also a medical doctor. He believes that Zachary's death is vaccine related and therefore his team is pursuing the appropriate remedies. However, this is a costly endeavour and Michelle, as a single mother, needs help. Any financial assistance, no matter how small, would be greatly appreciated.

The purpose of this trust is to finance, accept donations and pay expenses relevant to the case. Such expenses may include but are not limited to an autopsy or any medical procedure, exhuming the remains, private laboratory analysis and testing, professional and expert witness fees and costs, and public awareness and education regarding immunisation.

Please send any donations to:

The Zachery David Lee Helms Trust, Wells Fargo Bank, 12625-U  
Frederick Street, Moreno Valley, CA 92553.  
Account # 0803 023050



# A DOCTOR'S COMMENTS

Natural course of 500 consecutive cases of whooping cough: a general practice population study. *BMJ*, 4th February, 1995.

*Dr Robert Blomfield, a medically qualified homeopath, looks at the main conclusions drawn from the study mentioned above, and adds his comments.*

Dr Blomfield states:

This study was carried out by a general practitioner working in a semi-rural area of Nottinghamshire.

The GP's main conclusions were:

1. Whooping cough is a relatively mild illness in most children. This contrasts with the impression many parents have been given by GPs, health visitors etc. that it can be a real life-threatening illness.

2. The incidence of whooping cough in the practice population was about six times as high as the notification rate for England and Wales for that period: i.e. this suggests an underreporting tendency by GP's as a whole. This can be due to genuine underdiagnosis due to an absence of the classical 'whoop' and also a tendency not to diagnose an illness against which a patient has been immunised. This latter tendency can apply to illnesses other than whooping

cough.

3. One hundred and eighty two of the patients had been immunised 277 had not and no immunisation data was available for 41. This hardly fits with the claim of 'good' protection against illness, though the immunised patients had slightly fewer symptoms such as vomiting and whooping.

4. Five children developed pneumonia but all fully recovered. Four of these children were aged 5-7 years and three of these had been immunised. The fifth child was only 5 weeks old, so had not been immunised.

5. Whooping cough did not appear to exacerbate pre-existing asthma in patients and during and after whooping cough asthma was less troublesome and often remained so for many months. This latter finding is of special interest in view of Dr Michel Odent's study, published in his newsletter *Primal Health Research*, Spring 1994, which showed that children immunised against whooping cough as babies were five and a half times more likely to develop asthma

# SURVEY OF 146 PERSIAN GULF WAR VETERANS

"In the early months of 1994, staff of the Senate Committee on Veterans' Affairs interviewed 146 Persian Gulf War Veterans.....

The respondents complained about numerous negative side effects of the vaccines and pills... One claimed that two people in his unit had heart attacks after taking (the experimental drugs) and that one died. There was numerous complaints about the quality of care and the lack of compassion of VA physicians and nurses. This included a doctor's comment claiming that the Persian Gulf War 'wasn't a real war' and a patient's complaint that a doctor told her that she was fine, after using a stethoscope that he had forgotten to put in his ears."

Here a few selected comments from the survey:

On Vaccinations:

"Passed out after anthrax shot."

"We were told not to tell we got anthrax shots because there wasn't enough for British and French troops." "Several reported flu symptoms at time of vaccinations."

"I argued that I was pregnant, so finally they let me not take the shot. It was a big argument."

"They made me sign something, but the form was folded so I couldn't read what I signed."

"We were ordered to sign the consent form."

"I could refuse the shot if I wanted court martial."

"I tried to refuse anthrax; was threatened with Leavenworth."

*Extract from: Immunisation- Theory vs Reality by Neil Z Miller. (See Book News on page 5.)*

# ENVIRONMENT & HEALTH NEWS LAUNCHED

April '95 saw the launch of The Environment-Health Trust and the first edition of its quarterly news digest, *Environment-Health News*. Set up by health campaigner and long-term supporter of The Informed Parent, Nick Anderson, the Trust and its news digest seek to promote knowledge of the links between our worsening environment, our lifestyle and our health.

One of Nick's main concerns is that what we are doing to our environment and the way we live effects our children right from conception and will have a knock-on effect for future generations.

To produce each edition of *Environment & Health News* Nick and his co-editor Jenny Spinner monitor 4 national news papers and over 20 international journals on a daily basis for the latest news and research findings. The second issue - just out - is 16 pages with 136 news items.

Subjects covered include the effects on our health of: chemical pollution

like dioxins and oestrogen; air pollution caused by traffic, industrial emissions and energy generation; lifestyle factors such as fluoride, mercury fillings, poor diet and cooking with microwave ovens, and, of course; the inappropriate use of drugs, antibiotics, anti-depressants and vaccination.

Once *Environment & Health News* is established the Environment-Health Trust plan to develop more in-depth briefing packs, set up telephone information lines, campaign more actively and promote research.

An annual subscription (four issues) to *Environment & Health News* costs just £12.50. To subscribe, complete the response form on the leaflet enclosed with this issue of The Informed Parent and send it to Nick or Jenny in Glastonbury with a large stamped addressed envelope.

## EDITORS'S COMMENTS

I recently received yet another appointment to take my daughter into the surgery so that she could receive 'protection against': Diphtheria, Tetanus and Polio (booster) and Measles, Mumps and Rubella.

I find it hard to believe that any health professional, regardless of their views on vaccination, would consider that pumping two vaccines, covering six different diseases, into a child, simultaneously, is a health promoting procedure!  
Magda Taylor.

# TB VACCINES MOVE A STEP CLOSER

Taken from: *New Scientist*, 27/5/95.

A technical hitch which has held up TB vaccine research for years has now been overcome. A team at the University of Surrey, led by Jeremy Dale, has perfected a gene replacement technique which could speed up the search for new vaccines to replace BCG, the existing one. "New vaccines are now needed because in countries with high levels of TB, the BCG vaccination no longer appears to be very effective," says Dale.

Developing a vaccine depends on removing the part of a bacterium that spreads the infection. This process inactivates the bacterium so that it is no longer virulent, but it can still kickstart a person's immune system if they later come into contact with the same bug.

One stumbling block in the search for effective TB vaccines is that no one yet knows which genes are responsible for producing the virulent proteins in *Mycobacterium tuberculosis*. Surrey's recent success with gene replacement means

that these virulent genes should soon be identified. They reported their method in Washington DC this week, at a meeting of the American Society for Microbiology.

Gene replacement involves substituting a targeted gene with a cloned version which is similar but inactive. The cloned gene can be incorporated into the bacterial chromosome by breaking and recombining the DNA strands. The inactivated gene should then be passed on to future generations of bacteria as they replicate.

Gene replacement has not worked with TB because, for some reason, the cloned gene is incorporated haphazardly into the bacterial chromosome, so not all the target genes are replaced. Dale and his colleagues have solved this problem by inserting the cloned gene into a plasmid, a section of DNA which exists separately from the bacterial chromosome. The plasmid

replicates independently, making it more stable, so recombination and inactivation of the target genes are more likely. A full description of Surrey's method will appear in *Molecular Microbiology* in June.

The next stage is to use gene replacement to help identify the specific genes that make TB virulent. By producing strains in which only one gene has been inactivated, scientists should be able to deduce its function. A gene which determines the virulence of the bacterium will show up when its inactivated version does not cause the disease.

Once the virulent genes are known, scientists will be able to "knock" them out using gene replacement, giving an inactivated strain of the bacterium which will be suitable for a vaccine. The virulence genes could also be used as targets in the design of new drugs to treat TB.

## CAN YOU HELP?

I am gathering together the stories of mothers, birth partners and midwives, in which water has played a significant part in labour or birth. If you would like your story to be considered in the publication, (photographs can also be included) please forward to: Stephanie Hibbert, 59 Albert Street, Chadderton, Oldham, OL9 7HG.

Viera Scheibner will only be visiting the UK for a few days, as she has a very busy schedule. A talk is also being set up in the Herefordshire area, for further details please ring Marie-Helene on : 014322 71427

Saturday, 11th November, 1995, 10.30am - 4.30pm  
Brighthelm, Church and Community Centre,  
North Road, Brighton.

- Viera Scheibner, author of the book: *'Vaccination - 100 years of orthodox research shows that vaccines represent a medical assault on the immune system'*, presents her findings on this controversial subject.
- Trevor Gunn, BSc, RSHom, looks at *'Immunity In Context'*.
- Nick Smith, a personal development coach, presents a short session entitled *'Completing the past to create the future'*.  
Changing attitudes with our relationship to health.

Bookings in advance only.

Tickets: £10.00 each. Couples £15.00. (Concessions available.)

Please phone: 0181 861 1022 a.s.a.p.

Please support this event! We would like to see a full house, especially as Viera is travelling all the way from Australia to present her well-researched findings.

*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 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.*