

THE *informed* PARENT

ISSUE THREE - 2001 A QUARTERLY BULLETIN ON THE VACCINATION ISSUE & HEALTH

REVEALED: COW VACCINE WAS GIVEN TO BABIES

Irish Independent 28/6/01

An animal vaccine, used to fight off serious diseases in cattle and sheep, was injected into Irish babies, the Irish Independent can exclusively reveal. Some of the children who received the vaccine were taking part in a drug trial, carried out on behalf of the multinational drug company Wellcome, in Dublin in 1973.

Instead of getting the 3-in-1 childhood vaccine Trivax, some of the children were inadvertently given a veterinary vaccine with a similar brand name, Tribovax T. The animal vaccine is solely for use on farm stock.

It is not yet clear precisely how many babies were vaccinated with Tribovax T. The commercially manufactured containers of Trivax usually held 10 doses each and numerous containers of vaccine were produced from each individual batch.

Massive quantities of the Trivax vaccine were ordered by the Irish health authorities from Wellcome in the 1970s as part of the State-promoted programme for the vaccination of babies all around the country. The revelation that some children received Tribovax T instead of Trivax is certain to strengthen the case of representative groups and opposition politicians who have been calling for a public inquiry into drug trials and other circumstances surrounding the use of the 3-in-1 vaccine in Ireland in the 1970s.

Last night Fine Gael deputy Denis Naughten, who has been pressing Health Minister Michel Martin on the controversy for the last three years, described the new information as terrifying. He said: "This is an appalling and outrageous development. There have been serious question marks over the production and use of Trivax in the 1970s and the minister must now act to compel Wellcome, the Eastern Regional Health Authority and anyone else, including his own Department, to make public all the facts surrounding this scandal. The case for an independent

public inquiry into this issue is now irrefutable."

In the early 1970s, Wellcome, it has since merged to become the pharmaceutical giant Glaxo Wellcome, wanted to run drug trials comparing the existing 3-in-1 (diphtheria, tetanus, pertussis) vaccines with new formulations of the same product.

A comparative trial was carried out in 1973 involving children in care homes and others in the wider community. The reactions to the vaccines were noted and returned to the UK headquarters of Wellcome. But extensive investigations have now revealed that a second trial was carried out. This was to further investigate the reactions in children injected with the newly formulated vaccine, compared with those experienced by children given the standard product then widely in use. No details of this trial have been published until now.

This trial solely involved children from the wider community who were routinely brought for infant vaccination to health clinics in Dublin and did not involve any infants in care homes. The Eastern Health Board, which was facilitating the trial, became concerned at the severity of reactions in children vaccinated at the clinics and forwarded details of more than 80 such cases to Wellcome for investigation.

The Irish Independent has seen these details, which include the vaccine numbers used to inject each child. In almost every case, the vaccine used has been shown by Wellcome's own records to be the standard Trivax infant vaccine. But one of the vaccines, which has been traced back to its originally manufactured batch, has been confirmed as the veterinary product, Tribovax T.

Wellcome's register of its manufactured products shows clearly that the vaccine was part of a consignment of Tribovax T which was produced at the company's manufacturing plant in the UK in early September, 1972. It is not yet clear just

how many other children also received the veterinary vaccine.

Tribovax T is a clostridial vaccine for the treatment of animals only. It is used for the active immunisation of cattle and sheep against diseases such as blackleg, braxy, black disease, bacterial redwater and tetanus.

Those using the (*contd. on page 2*)

VIERA SCHEIBNER'S AUTUMN TALKS!

Dr Viera Scheibner will be in the UK this month for a brief lecture tour. As usual, I would ask you to please support the efforts of the individuals who have come forward to arrange the talks, by attending and letting others know about the talks. Viera Scheibner is a dynamic speaker, leaving you with a great deal of food for thought on the subject of vaccination. Author of 'Vaccination - The Medical Assault on the Immune System' and 'Behavioural Problems in Childhood - Link with vaccination'.

Viera will be presenting numerous orthodox scientific papers, from highly respected medical journals, to highlight the dangers and ineffectiveness of vaccination.

The dates are as follows:

- 26th Sept - Canterbury
Hazel 01227 732389
- 27th Sept - Colchester
Brenda 01621 851741
or Imogen 01206 383436
- 29th Sept - Douglas, Isle of Man
Denise 01624 816132
- 1st Oct - Walthamstow, London
Jo 020 8503 7794
- 2nd Oct - Bristol, Avon
Neals Yard Remedies 0117 946 6034
- 3rd Oct - Sheffield
Sarah 0114 255 2664
- 4th Oct - Bradford, W Yorkshire
Jenny 01274 670615
or Rosie 01756 753067
- 5th Oct - Stourbridge, W Mids.
Alison 01384 395546
- 6th Oct - Regents College, London
Ben at : College of Natural Nutrition
01392 881091

NEWSBRIEFS FROM 'THE PULSE'

•FLU VACCINE FOR OVER-65s 'WILL NOT EASE WINTER PRESSURES' - 4/8/01

In this article Dr Fleming, director of the RCGP Birmingham research unit said that there was no evidence that vaccinating elderly patients reduced mortality from flu. In a recent conference he stated: 'Control of deaths and hospital admissions by vaccination is an illusory endpoint.' However, the final words of the article quote Dr Fleming as saying that vaccination of all over-65s was still the most desirable policy.

Editor: Where is the logic in that???

•DEMAND FOR SINGLE MEASLES VACCINE ON NHS SPARKS ROW... - 23/6/01

This article covered the fact that a motion had been submitted by the BMA's Lothian division that in view of some parents concerns over the MMR the Government should make single measles vaccine available. It apparently was not well received - Dr Marshall, a GP in Dalkeith said: 'The view of the LMC and the average GP in Lothian is that we wouldn't support this motion. We think it's confusing to patients.'

•SCOTS TO HOLD OFFICIAL MMR INQUIRY - 14/7/01

The Scottish Executive has bowed to public pressure and agreed to launch an official inquiry into MMR vaccine. Scottish Health minister Susan Deacon told Pulse she will take an 'open mind' to the debate. The group will be looking at the pros and cons of offering alternative single vaccines, and also review the steep rise in autism cases. Reverend Graham Forbes, chair of the group and provost of St Mary's Cathedral in Edinburgh said 'The only view I have (on MMR) is that I'm bringing an open mind to it.' Further members of the group are to be announced later. It will report within six months.

•PARENTS' MMR VACCINATION FEARS ARE BLAMED ON PRESS COVERAGE - 4/8/01

This article reported on a focus group study (48 parents took part) conducted by Dr Helen Stoddart to understand why parental anxieties have emerged over the

MMR. Apparently the majority of the 48 parents who took part in the study had doubts about the MMR and felt pressured (*our emphasis*) to consent to the vaccine. The study also found parents were aware that GPs were paid for meeting uptake targets, which led Dr Stoddart to say: 'It makes us seem less credible in their eyes.....' She said much of the anxiety had stemmed from Dr Wakefield's study published in the Lancet and that she thought that this was 'a lesson for editors of journals.'

The Government has urged GPs to be 'creative' in finding ways to improve uptake of MMR. Apparently one suggestion, in a national MMR information pack for health professionals, is for GPs to send a first birthday card to the babies on their books who will be due for the jab!!

•MUMPS OUTBREAKS PROMPT MMR CATCH-UP 9/6/01

Pulse reported that mumps notifications were on the rise and that according to Dr Mary Ramsey, at the PHLS, this is going to continue to be a pattern in the age group of children who are too old to have had a vaccine or who only had one mumps containing vaccine. Apparently 3 years ago when there was a similar outbreak in Gloucester local GPs were paid an item-of-service fee for vaccinating older children with MMR. *Editor: If the vaccine does not succeed then try try again, another great logic??!!*

• NEW LOOK AT PNEUMOCOCCAL VACCINATION PROGRAMME 9/6/01

According to a new report from the PHLS invasive pneumococcal disease is significantly more prevalent among the very young and the elderly. The Government's Joint Committee on Vaccination and Immunisation is considering adding the new conjugate pneumococcal vaccine - which received a UK license in March - to the childhood schedule.

Editor: How fortunate for the producers of the recently licensed vaccine that this new report may result in a call for the vaccine to be added to the immunisation programme. What a coincidence!

(Contd. from page 1) vaccine are referred to the package insert which advises them to keep it out of the reach of children and to take precautions against accidental contamination. A six-month-old Dublin baby who supposedly received Trivax, but instead received the Tribovax T vaccine at a health clinic in the city, had a severe reaction, according to the documents seen by this newspaper. The child vomited for 24 hours.

Under the heading 'Final Outcome', the notation by the doctor who examined the baby reads simply 'Injections Discontinued'.

Our investigations have also revealed that vaccine trials on children in care institutions continued over a longer period than had been believed up to now.

The tests were being carried out in at least five care homes up to 1976 and possibly even later. *Brian McDonald*

10 MINUTE CONSULTATION ON THE MMR

An article in the BMJ, Vol 823, 7/7/01, presents tips to GPs on how to deal with a concerned parent over the MMR. It runs through issues such as - dismissing the links between autism/bowel problems with the MMR, pointing out that autism becomes more apparent at around 18 months, and that autism has a genetic component.

It also states: 'Emphasise the potential serious complications of measles (death, pneumonia, deafness and a slow relentless form of encephalitis).....'

Later in the article it states: 'Have your own children vaccinated - it sends out a powerful message. Ensure that all members of the primary health care team, including non-clinical staff, receive consistent messages and understand vaccination policy.....Resist the temptation to refer to an "expert".....Maintain your relationship with parents by concluding that their decision will not affect your future care of their family..... Ensure you ask the parents at their son's next visit how he was after the vaccine. Discuss with team members how to maintain or increase uptake of the vaccine.'

SIX DIE AFTER YELLOW FEVER JABS

The Guardian, 13/7/01, reported on a call for an urgent review of the safety of yellow fever vaccine which is routinely given to travellers heading for Africa and South America, following the deaths of six people within days of immunisation.....Scientists investigating the Brazilian cases said universal vaccination should be stopped with only those in the areas where yellow fever is endemic receiving the jab.....Michael Martin and his colleagues from the national center for infectious diseases in Atlanta, Georgia, said the cases reported in the Lancet, "along with the growing momentum for mass immunisation in the wake of increased yellow fever activity, underscore the importance of further investigations" into the safety of the vaccine.

Editor: In the 1999 French publication 'Vaccination l'Overdose' by Sylvie Simon it states: Yellow fever - Associated with the amarilli virus, and transmitted by certain mosquitos in the tropics, this disease arrives with pronounced fever, headache and joint pains, leading on to neurological complications, vomiting of blood and hepato-renal haemorrhaging. In most cases, where the victim's general health is satisfactory, the disease abates in less than 10 days and confers lasting immunity.....In 1942 55,000 American soldiers were vaccinated against yellow fever. Le Concours médical, 13/3/1954, indicated that more than 20,000 came down with viral hepatitis. Several dozen died. JAMA (vol 149, 1952) related the affair stating: of 28,000 soldiers who contracted viral hepatitis after the vaccination, 62 died.

CONFLICT OF INTEREST FEAR OVER STUDY OF AUTISM

*Taken from: Daily Telegraph, 21/07/2001
By Roger Highfield, Science Editor*

The Medical Research Council said yesterday it was keeping a committee undertaking a study of autism under review after complaints about conflicts of interest. The MMR (measles, mumps and rubella) vaccine controversy led to the Department of Health asking the council to report on the causes of autism, from psychological factors to infections and diet, against a background of legal action launched by hundreds of parents with autistic children.

Four members of the four groups

FALSE HOPE ON TB

Letters page, Sunday Times, 15/4/01

John Humphreys (Comment, last week) writes that the Americans would not touch TB vaccine (BCG), but it seems to do the trick here. It does not. BCG, the most used vaccine in the world since it was introduced more than 50 years ago, has made no difference to TB in countries which rely solely on it to halt its spread. It has never been claimed to prevent TB, but even the evidence of its protectiveness is patchy and historical. And there have been no studies of its effectiveness in the past three decades.

It may leave an ugly scar and, indeed, do more harm than good. Further, as TB, with rare exceptions, is largely a disease of the elderly in the Western world,

vaccinating children makes no sense.

TB in Britain is a legacy of its empire. As long as people from third world countries come and settle here, there cannot be a let-up in its spread. People who come from high prevalence countries will continue to harbour TB germs in their bodies until they die.

The World Health Organisation has set its face against vaccination and routine screening. It advocates effective disease management - early diagnosis and supervised treatment - to contain it and avoid its spread to the host community. Vaccination wastes resources, gives false hope and distracts attention from what needs to be done.

Dr Surinder Bakshi. Consultant in Communicable Disease Control

DRUG COMPANY PAYS UP FOR VACCINE SIDE-EFFECTS

From What Doctors Don't Tell You, June 2001, Vol 12 No 3

A French appeals court has ordered drug giant GlaxoSmithKline (GSK) to pay US\$6,686 and \$10,697, respectively, as compensation to two women who developed MS after receiving the hepatitis B vaccine, Engerix B.

The women, both nurses, were vaccinated as part of a massive government immunisation campaign in 1994, aimed especially at health workers. The campaign was halted in 1998 when it became apparent that

recipients of the vaccine were developing MS-like symptoms.

A first court judgement found no link between the vaccine and MS, but the appeals court found that, even in the absence of absolute scientific proof, there was evidence of risk that could not be ignored. More judgements are expected - since the French campaign was stopped, 170 patients have filed lawsuits against GSK and Aventis Pasteur, the two main producers of the vaccine in France (*Lancet*, 2001; 357:1598).

conducting the review are involved in some respect with the action involving vaccine manufacturers but the council rejected claims of a conflict of interest.

Last week, several people raised questions at a workshop about whether the review groups should include scientists and lay people involved in the legal action.

Dr Andrew Wakefield, the scientist who first linked autism to MMR, two other scientists and a lay member asked to address the workshop, boycotted the meeting along with one invited delegate, citing concerns about the alleged conflicts of interest as their reason.

The council held a crisis meeting earlier this week after one member submitted a resignation letter and then withdrew it. Lord Clement-Jones, the Liberal Democrat spokesman on health in the Lords, has asked the Government what advice it was

giving the council to avoid conflicts of interest. Lord Clement-Jones, who is on the autism all-party group, said he was concerned by the "fuss that has been made over the people who have been advising the vaccine manufacturers in their court cases".

Dr Peter Dukes, of the council, said: "Quite rightly, parents involved in our review have asked us to explain how come we have scientists involved in the class action."

Four members are linked in some way to the legal action - Dr Eric Fombonne, of the Institute of Psychiatry; Prof Ian Sanderson, of St Barts Hospital; Prof Bert Rima, of Queens University Belfast; and Rosemary Kessick, a lay member. The MRC report will be presented to the Department of Health in November and be available more widely by the end of the year.

TV MMR DRAMAS

Drama series Peak Practice and ER both featured episodes on the MMR and measles recently. The story lines were similar i.e. depicting an unvaccinated child developing measles leading to their untimely death.

Apparently the ER episode was first shown in the USA earlier in the year, and actually featured vaccine advertisements in the commercial breaks!! Numerous complaints were circulating, Mothering magazine editor, Peggy O'Mara called for a boycott of ER. In the final part of her lengthy complaint she states:

- ER has misused its position of media privilege
- ER has violated its own standards of artistic excellence.
- ER has violate broadcasting integrity by overtly aligning the content of the episode with the interests of the advertisers
- ER has violated broadcasting ethics in their portrayal of a medical establishment that justifiably coerces parents into making vaccine decisions.

I wrote to the producers of Peak Practice with my concerns on their portrayal of the issue, which I have reproduced here:

To whom it may concern

I am writing to you regarding last night's episode of Peak Practice and your totally over-the-top presentation of measles. I can only assume that the medical adviser for the programme had been influenced heavily by the Dept. of Health on this controversial issue. I have many concerns about your programme's portrayal, however to avoid writing a book on it, I have just touched on some of my concerns.

I think it is deeply irresponsible to cover such an issue when it is clear that the writer of this episode had not studied the full facts before embarking on this subject. If the aim of the programme was to promote the MMR and terrify any parents watching, about the illness, then you will obviously be all very pleased with yourself. I can't help but conclude that programmes like Peak Practice are just used for propaganda purposes rather than real-life entertainment.

Most parents who decline the MMR and other vaccines make this decision after researching the subject well. They become informed and often find it frustrating when discussing it with their GP or health visitor since their

(the health professionals) depth of knowledge is usually very limited in this area and they are simply toeing the official line. Your depiction of the parents who had refused the vaccine showed them as close-minded, refusing purely because of a close family member's development of autism soon after the MMR. This is gross misrepresentation, most parents decline after thorough investigation, not just on a whim or because they know someone whose child developed autism soon after the MMR.

The doctor constantly throughout the episode is very critical of the local parents for not accepting this 'life-saving' vaccination and talks in a very patronising and, to a degree, aggressive manner.

Comments like 'measles is not some kind of right of passage, we all know how many deaths it caused before the vaccine' indicates to the viewer that the MMR has had a major affect on the decline of the death rate. This is totally inaccurate, one only has to look at the official figures on notifications and mortality rates of measles to learn that from the 1850s to the 1950s there was around a 95% decline in deaths from measles. This was BEFORE any kind of measles vaccine was introduced and the reason for such an incredible decline was improved HEALTH. Better nutrition, improved living conditions, clean water and so on were directly responsible for the fall in infectious disease over the years. Vaccines came at the tail end of the decline and yet constantly take the credit for the eradication of disease, your programme only helped to support that myth!

Although there were a few, more realistic, comments from the female doctor regarding the severity of measles, such as that it is 'very rare for complications,' the general depiction of this childhood infection was heavily weighted on the scare-mongering side. The rapid decline of the baby's condition was unbelievable along with the manner in which the doctor behaved and his grave looks throughout.

No one denies that complications and deaths do occur on rare occasions, but these do not happen at random. The measles virus does not suddenly pick on one child, out of the blue, and cause such devastating effects, your presentation was not factual. Also some would be critical of the use of

paracetamol, since supressing the early stages of the disease by reducing the fever could in itself lead to complications. If a disease such as measles is internalised then it could certainly result in respiratory problems, and pneumonia. Why did your writer choose to present such an exaggerated and distorted image of this infection? I accept that this programme is a weekly drama, but I feel it is your duty to give a balanced and realistic presentation of your chosen subjects.

In some parts it came across more like an extended advertisement for the MMR, echoing recent statements from health officials. There is indeed mounting evidence regarding links with vaccination and the development of autism, and additionally there is also concern that vaccines may be skewing the immune system leading to all kinds of conditions, including allergies and auto-immune disorders. Your doctor's statement that 'measles weakens the immune system' is far from the truth. A reasonably healthy child will sail through this condition, and will not only develop natural immunity but it will help prime and mature the immune system for adulthood. It wasn't that long ago when parents willingly exposed their children to measles in the hope that their children would catch it, the same way that chickenpox is still mostly viewed at present. No doubt Peak Practice will be featuring an episode of this 'killer' disease at some time in the future when the chickenpox vaccine is introduced into the immunisation programme. I would strongly urge you to do your homework before you embark on this issue again! Please do not use your position of power in broadcasting to present such issues unless you are absolutely certain of the subject you are presenting.

Yours sincerely Magda Taylor

The response was brief and did not address the issues raised.

The medical advisor for the program stated that it 'is a drama program rather than a documentary' therefore it is unable to fully expand on the full implications.....'At the end of the day, though, we have a responsibility to follow currently recommended medical advice, which at the moment is that MMR is safe and recommended to be used in this, and most developed countries.'

SNIPPETS FROM THE PRESS

•BABY DEATHS MAY BE LINKED TO TOXIC VACCINE

This headline hit the front page of the Sunday Observer, 8/7/01, followed by the revelation that the drug company GlaxoWellcome had allowed thousands of British babies to be inoculated with toxic whooping cough vaccines during the late 1960s and early 70s. The Observer investigation revealed that:

- Two batches of Wellcome's whooping cough vaccine which were more than 14 times more potent than the British standard dose, were given to GPs in Britain and injected into babies
- 14 other batches containing thousands of vaccine doses were not put through a crucial toxicity test.

The article stated that official figures on adverse reactions during this period had soared and that there had been a number of babies dying only hours after receiving their jabs.

The Observer also revealed the existence of an unpublished report which had been highly critical of the whooping cough vaccine used at this time. Professor Gordon Stewart, the author of the report said: "It was well known that between 1968 and 1970 there was a big jump in the number of adverse reactions from the vaccine, including numerous deaths. It is possible that a toxic batch could have been the cause."

•NEW MMR RESEARCH RULES OUT AUTISM LINK

This article in the London Evening Standard, 14/6/01 reported on new research which concluded there is no causal link between the MMR jab and autism. Prof. Brent Taylor was quoted as saying:

"It is difficult to prove a negative. We cannot say it is impossible for there to be an occurrence of a child having an adverse reaction to MMR which might manifest itself as an autistic disorder." However, he emphasised: "What we can say is there is no evidence that MMR causes autism and that has been shown by four other studies."

Editor: If it is not 'impossible' for a child to react to the MMR and then develop autism

then surely that means that it is possible for a child to develop autism after receiving the MMR jab??

•MUMPS VACCINE CHATTER 'PUTS CHILDREN AT RISK'

An article featured in The Daily Telegraph, 6/7/01, reported on a British Medical Association conference where a proposal that the Government should make single measles vaccine available was overwhelmingly rejected.

According to the Telegraph Dr David Sinclair, a GP from Fife, said that introducing a single vaccine would be like shooting themselves "collectively in our clinical feet." "There is no evidence that single vaccine works better. In fact evidence worldwide is that it leads to more childhood death and disability in those countries where it has been introduced. Single vaccine is a recipe for death in children, no more, no less. It is pandering to the chattering classes and not to children's health."

Also, Dr Salmon, a consultant epidemiologist based in Cardiff said there was clearly disquiet among parents and they had to ask themselves where it came from when there was no evidence to link the vaccine with autism or bowel problems. Clearly it is almost entirely manufactured by press and public relations interests which has led to coverage which is ill-informed and at worst cynically irresponsible."

The chairman of the council of the BMA, Dr Ian Bogle stated: "It is a matter of parental choice versus the greater interests of public health and the interests of public health must win."

At least Dr Robbe, a public health lecturer at the University of Wales college of medicine was quoted as saying that there was a great deal of anxiety among parents and as doctors they should respect patients' views. The evidence is mixed on single vaccines. We can't push ahead saying we know best."

Editor: If there is a lot of 'chatter' then it's about time there were more 'listening' doctors!!

•MoD'S USE OF ILLEGAL VACCINE BOOSTER LINKED TO GULF WAR SYNDROME

The Guardian, 30/7/01, reported that Gulf war syndrome looks likely to

have been caused by an illegal vaccine "booster" given by the Ministry of Defence to protect soldiers against biological weapons..... The common factor for the 275,000 British and US veterans who are ill appears to be a substance called squalene, allegedly used in injections to add to their potency. Such an action would have been illegal. Squalene is not licensed because of potential side effects..... Dr Asa said that, in her view the fact even non-deployed veterans were testing positive for squalene provided conclusive evidence vaccinations were a "major cause" of the condition..... The evidence could be devastating for the MoD, which is being sued for damages by 1,900 British veterans. If they show they were injected with an illegal substance, the damages could be astronomical. The ministry has refused to reveal what was in the injections..... and defence scientists are carrying out experiments on animals to see what effects the Gulf war injections could have. The results will not be known until 2003.

Editor: Squalene is an unsaturated hydrocarbon, synthesised in the body, from which cholesterol is derived. But injecting it into the body is illegal as past scientific research has found that it causes autoimmune disease.

•BRITISH SCIENTISTS MAKE HALF A MILLION DOSES OF ANTHRAX

Independent, 18/7/01, p.6 by Steve Connor.

In the United Kingdom, scientists at the British government's Centre for Applied Microbiology and Research (CAMR) in Porton Down, Wiltshire, have resumed production of an anthrax vaccine designed to protect military personnel against one of the most lethal agents in the arsenal of biological weapons. The vaccine will be produced at a new facility, which took two years to build at a cost of 2 million British pounds. The British Ministry of Defence has received about 500,000 doses of the vaccine, and the vaccine will be offered on a voluntary basis to troops serving in the Middle East and in other areas of the world thought to be at risk of biological warfare. CAMR is believed to be one of the few places on Earth where anthrax vaccine can be made. The Western world's other production facility, located in the United States, does not currently have a license from the U.S. Food and Drug Administration and is shut down at the moment.

MERCURY IN VACCINES

The Sunday Times, 17/6/01, reported that the World Health Organisation has launched an investigation into a possible link between mercury-containing vaccines and a rise in the incidence of autism among children in Britain.

According to the article, Dr Elizabeth Miller, head of immunisation at the Public Health Laboratory Service will analyse records of 500 GP practices to check for a possible link. The Times stated that there has been a big rise in the number of children exhibiting mild to severe neurological problems such as dyslexia and autism, quoting figures on the large increase of children with special educational needs in England and Scotland.

Dr John Clements, of the WHO, was quoted as saying: "We have permitted the use of thiomersal (mercury product) in vaccines for many years as an essential preservative in multi-dose vials. The study is to see if there is any evidence of a negative effect."

The article continues with: 'In America, where there has been a similar steep rise in autism, a survey by the Centers for Disease Control and Prevention has found a 'statistically significant' link between mercury in vaccines and developmental disorders, including Attention Deficit Disorder and speech and language delays.

An accumulation of mercury may damage the brain, central nervous system and gastro-intestinal tract and lower the child's immune system so it cannot cope with the MMR vaccine, which may trigger autism.

In 1999 the US Food and Drug Administration (FDA) revealed that the amount of mercury intake in vaccination in babies in their first six months exceeded the limit set by the Environmental Protection Agency. As a result the FDA and the European Agency for the Evaluation of Medicinal Products said thiomersal would be phased out of vaccine, but manufacturers have been permitted to use up their stocks.'

At the end of June The Informed Parent wrote to Dr David Salisbury, head of immunisation, Dr June Raine, Pharmacovigilance Dept. of Medicines Control Agency and two drug companies GlaxoSmithKline and Aventis Pasteur MSD for their comments on the mercury product. The letter read:

I am writing regarding the recent concerns over the use of a mercury based product, thiomersal, in a number of the current vaccines. I am receiving a number of enquiries from concerned parents on this matter and would therefore like to be able

to pass on the correct information. Please would you assist me by responding to the following questions.

1. How long has this mercury-based product been used in vaccine production?
2. What safety studies, in particular, long-term studies were conducted before the use of this product in vaccine production?
3. Which vaccines have contained thiomersal since mass vaccination programmes were implemented?
4. Which vaccines currently in use contain this product?
5. a) Are there any vaccines currently in use that do not contain this product?
b) And what product is used instead?
6. Is thiomersal used at any stage of the production of the MMR vaccine?
7. According to an article in The Sunday Times 17/6/01 'the FDA and the European Agency for the Evaluation of Medicinal Products said thiomersal would be phased out of vaccines, but manufacturers have been permitted to use up the stocks.' Would you say this is an accurate account of the situation, and is the 'phasing out' already in progress?

A speedy response would be most appreciated. Thanking you in advance.
Yours sincerely

Reproduced here are the responses from the Medicines Control Agency (MCA) and Aventis Pasteur, so far there has been no response from the others. Dr Phillip Bryan responded from the MCA, he stated:

Answer 1. Thiomersal, an organomercuric compound, has been used either as an inactivating agent or as a preservative in vaccine production since the 1930's.

Answer 2. Prior to licensing, medicinal products, including vaccines, must be fully evaluated for their quality, safety and efficacy. There is no evidence that cumulative exposure to mercury from thiomersal-containing vaccines results in long-term adverse effects. Suggestions have been made that the mercury contained in vaccines could be neurotoxic and thus links have been made with the development of autism. However, the level of mercury in any single medicinal product is not considered a risk. In June 2000, a US study, carried out by the CDC examining exposure of children to thiomersal in vaccines found no correlation between thiomersal content and 12 of 17 renal and neurological disorders. Inconclusive associations were observed with unspecified development delays, attention deficit hyperactivity disorder, language delays, speech delays and tics. The study did not demonstrate a causal association between thiomersal exposure and autism. This study is as yet preliminary and unpublished. It must be emphasized,

however, that the situation in the US with regards to the level of exposure to thiomersal in childhood vaccines may be quite different to that in the UK. The WHO has asked the UK Public Health Laboratory Service to investigate whether a further study could be done in this country, but this may be difficult since the levels of thiomersal exposure in the UK schedule may be at least half that that was used in the US.

Answer 3. By mass immunisation I presume you mean the routine childhood vaccines. For reply please see Answers 4 and 5 below.

Answer 4. The only vaccines that contain thiomersal currently used in the childhood immunisation programme in the UK are some diphtheria, tetanus and pertussis-containing vaccines.

Answer 5. a) Yes. There is no thiomersal, and has never been, in the following vaccines used in the childhood programme: MMR, Hib, polio, meningitis C conjugate or BCG.

5. b) BCG and oral polio vaccines contain live attenuated (ie non-pathogenic) strains. Th use of thiomersal is either as an inactivating agent eg killed bacterial vaccines, or as a preservative to prevent unwanted microbial contamination of the finished product. By its very nature, if it were added to a live vaccine it would kill the live cells and the vaccine would not be effective.

Hib vaccines have been licensed over the last 10 years. Meningococcal conjugate vaccines have just been licensed within the last two years. These vaccines contain components of the bacterial polysaccharide coat from killed organisms. The technology of manufacturing has progressed significantly since diphtheria, tetanus and pertussis (DTP) vaccines were first developed many years ago and hence, the manufacturing of Hib and meningococcal conjugate vaccines uses alternative methods i.e. not thiomersal, to kill the bacteria.

Secondly, most of these vaccines are produced in single dose units, and the development data generated to support a product licence has shown that there is no further benefit from adding a preservative to the finished product. This contrasts with the technology in use when DTP vaccines were first developed and licensed when it was felt necessary to add preservatives as further safeguards against contamination. Obviously, it must be stressed that thiomersal use may not be necessary anymore in these products, but before it may be removed the manufacturer must present data to show that the removal has no adverse effect on product with respect to its safety, quality or efficacy. A multidose

meningococcal conjugate vaccine has been licensed which contains an alternative preservative (not thiomersal or mercury based preservative).

Answer 6. MMR is a live vaccine and does not, and never has, contained thiomersal either as part of the end product or part of the manufacturing process.

Answer 7. There is no evidence of long-term adverse effects from exposure to thiomersal in vaccines. However as thiomersal contains mercury, both the FDA and EMEA have recently recommended that vaccine manufacturers phase out its use wherever possible as a precautionary measure to limit exposure to mercury. They have not recommended the withdrawal of any individual vaccines. Manufacturers are actively developing research programmes to eliminate, substitute or reduce thiomersal in vaccines, following the European recommendations. This may take time because manufacturers are required to ensure that the replacement or elimination of thiomersal does not affect the safety and efficacy of the final vaccine. Furthermore, it takes time to manufacture a batch of vaccines.

There is currently no recommendations on the maximum level of thiomersal that should be used in vaccines. However, public statements from the EMEA concluded that existing vaccines, including those containing thiomersal, continue to offer benefits to the general population of infants. The Committee for Proprietary Medicinal Products, the pan-European advisory committee, considers that the benefits of vaccination far outweigh the risks, if any, of exposure to thiomersal-containing vaccines.

The phasing-out of thiomersal is only a precautionary measure, therefore, while reformulation work on vaccines proceeds it is imperative that national vaccination programmes continue. Work is in progress to eliminate thiomersal as preservatives in vaccines. There is no formal timetable set for this to be completed. The process will depend on successful research and development of the vaccine formulations to remove thiomersal and/or introduce alternative preservatives.

The response from the Medical Information Officer at Aventis Pasteur read:

Thank you for your letter requesting information on the presence, and amounts of thiomersal in our vaccines. When present in our vaccines thiomersal is always listed as an excipient on the Summary of Product Characteristics for the product.

I can confirm that the following vaccines supplied by Aventis Pasteur MSD contain thiomersal (less than 50 micrograms per dose).

Act-Hib®DTP
Adsorbed Tetanus Vaccine BP
Adsorbed Diphtheria Tetanus and Pertussis Vaccine BP
Diftavax® (dT vaccine)
Adsorbed Diphtheria Tetanus Vaccine BP
Adsorbed Diphtheria Tetanus Vaccine for adults and adolescents BP
HB-VAX® II / HB-VAX® II Paediatric
HB-VAX® II 40

Please note that the following vaccines do not contain thiomersal:

MMR™ II; Act-Hib®; AVAXIM®;
Mengivac A&C®; Menjugate®;
Pneumovax®II; Rabies vaccine BP;
TyphimVi®; VAQTA®;
VAQTA® Paediatric.

Our Inactivated Influenza Vaccine (Split Virion) BP for the 2001/2002 season does not contain thiomersal.

In addition a hepatitis B vaccine without thiomersal will be available from Aventis Pasteur MSD in the near future.

Thiomersal (also known as mercurothiolate and thimerosal) is a derivative of ethylmercury and has been used as an additive to biological products and vaccines since the 1930s because it is effective in killing bacteria and in preventing bacterial contamination, particularly in opened multi-dose containers.

The risk assessment of thiomersal use in childhood vaccines, including a review of the animal and human studies carried out on thiomersal, was published recently (LK Ball et al. An assessment of thiomersal use in childhood vaccines. *Pediatrics* 2001; 107:1147-1154). The authors conclude that their review found no evidence of harm caused by the doses of thiomersal in vaccines, except for local hypersensitivity reactions.

UK childhood immunisation schedule - In the UK the three dose schedule of DTP/Hib vaccine at 2,3 and 4 months of age (ie 150 micrograms thiomersal) gives less than half the US FDA recommended thiomersal upper limit.

Removal/reduction of thiomersal in vaccines - It is misleading to say that the DoH have delayed the phasing out of thiomersal to allow the manufacturers to use up their stocks. Any gap between the decision to provide thiomersal free vaccines and their supply will come from the time taken to satisfy regulatory and production requirements. These requirements ensure that the reformulated vaccines continue to fulfill the high levels of quality, safety and efficacy.

Editor: I hope the two responses are useful for parents who have particular concerns on the mercury issue. Interestingly enough in a recent article featured in The Guardian (7/7/01)

looking at the problems with mercury emissions from crematoriums, due to the melting of amalgam fillings of those being cremated, it stated:

'Mercury is one of the most toxic substances, and the government is committed to reducing exposure wherever possible. The Environmental Industries Commission, which represents companies making pollution control equipment, says that to do nothing will expose those living near crematoriums to increasing amounts of mercury - causing brain and nerve damage, particularly in the young and the unborn.'

So how can it be acceptable to use mercury products in vaccines, inject them into the young (which is much more of an assault to the system than breathing in) and then claim that this is a safe procedure??

See page 9 for latest on safety studies, too!

DOCTOR FACES GMC INQUIRY

Dr Peter Mansfield has been summoned before the General Medical Council in a test case over the rights of patients and doctors. Dr Mansfield has been administering single dose measles, mumps and rubella vaccines to children of parents who feel concerned about the MMR triple vaccine. He is being investigated by the GMC following a complaint by Worcestershire health authority about his twice-monthly clinic held in that area.

The date of the hearing was to be 29th August in London, however just a few days before Dr Mansfield was informed that the hearing was to be postponed until 26th September.

According to Private Eye, 23/8/01, demands for single jabs have risen tenfold at his clinic and one GP has already come forward to fill any gap in the unlikely event that the GMC committee imposes restrictions on Dr Mansfield.

The re-scheduled hearing will take place on: 26th Sept. Wednesday morning - 9.30am at 44 Hallam Street, London, W1. This will be open to the public should anyone wish to attend.

Letters of support would also be very useful, it doesn't have to be lengthy! Letters should be sent as soon as possible to:

F.A.O. Nilla Varsani
Fitness to Practice,
General Medical Council
178 Great Portland St, London, W1W 5JE

Editor: Even though I personally believe single and triple vaccines both cause damage, I do believe in freedom of choice, so please voice your concerns, every letter counts!!

DEALING WITH CHICKEN POX AND SIMILAR AILMENTS

My son has just recovered well from chicken pox. It is considered a mild children's contagious illness, although the blistering eruption can be extremely uncomfortable, sometimes ulcerating.

Although the spots were extensive, affecting Tristan's rectum and scrotum, body, forehead and scalp badly, with the help of the homeopathic remedy *Rhus toxicodendron* he was only ill for two days, after which the spots didn't seem to bother him and he slept well again. The spots have healed up rapidly with the use of Calendula cream, which I applied several times a day to the bigger spots.

The remedy *Rhus tox* is made from poison ivy, and in homeopathic form it helps angry looking blistery skin rashes like that of chickenpox, soothing the inflammation and irritation.

Friends advised me that calamine lotion tends to dry the spots up and therefore aggravate the itchiness. Instead I gave my son frequent cool baths, with a few tablespoons of cider vinegar in the water.

Chicken pox has an incubation period of around two weeks.

It is one of the herpes family of viruses - called varicella, and can be caught through air-borne saliva or viral shedding from a chickenpox blister, or shingles. Older people, or people with compromised immune systems (for instance, after an operation, or chemotherapy) risk developing shingles from contact with your child.

SYMPTOMS OF CHICKEN POX.

It starts with a few flat red spots which swell up within a day or two to form small blisters. These red spots often start in the hair and inside the mouth, but rapidly appear all over your child's torso, erupting into water filled blisters. Crops of spots can appear every two days, so that the spots are in different stages at the same time; some are blisters, some are crusty and some are scabbed over. These blistery eruptions are very itchy and can become infected when scratched, usually scabbing over and healing within about a week.

As with most childhood illnesses, the infection usually starts with a fever, the body's attempts to deal with the infection. Your child also feels weak, achey and complains of a headache.

COMMON REMEDIES.

ACONITE

Giving aspirin to children can be dangerous, so if your child is distressed by the fever it is best to give

homeopathic remedies. Give Aconite if your child has a high temperature and is uncomfortable with flushed face, streaming nose (with watery fluid) and restless at night because of the heat. While their upper body and hands may feel hot, their feet are cold.

ANT. TART. (Antimonium Tartaricum)

Your child is drowsy, sweaty and may complain of feeling sick. They like to eat apples or juicy fruits when ill. Their tongue is coated white.

The eruptions are slow to come out - giving this remedy will speed the whole process up. Apparently these spots have a bluish hue to their appearance (I haven't seen that myself). They look very pale and their lower jaw may quiver. If your child starts getting a moist cough (you can hear phlegm rattling in their throat when they cough) this remedy will clear it up.

RHUS. TOX. (Rhus Toxicodendrum)

This is the remedy to think of when the eruption breaks out. In this remedy the eruption is severe on and around the genitals and on the scalp. Their glands may be swollen as a result of their immune system trying to deal with the infection.

Your child finds it difficult to sleep at night because they toss and turn due to the itching of the spots. They may like to be wrapped warmly - but be careful, as overheating will aggravate the itchiness.

This remedy will help if eruptions affect the conjunctiva (mucous membrane around the eye), or if the eruptions cluster around the genitals or over the joints. They may be stiff and achey, with fluey symptoms.

PULSATILLA

If your child is feeling lethargic and pathetic, wanting to flop on the sofa or have constant cuddles this remedy will improve their energy and mood and help them to move through the illness rapidly. Children who become clingy and whiny when ill generally respond well to Pulsatilla, whatever the diagnosis. Children in a state corresponding to this remedy picture want as much attention, comfort and cuddles as possible when unwell.

MERC SOL (Mercurius solubilis)

Give your child this remedy if the eruptions are very deep, almost looking like little ulcers punched out of the skin, full of yellow pus. They may have painful ulcers in the mouth and tend to dribble a lot. They have bad breath.

Your child is sweaty with a raised temperature. They feel weak and want to lie down much of the time.

SILICEA (Silica)

Slow healing of spots - the skin looks red and angry for some time after the scab has fallen off. Use this remedy especially if your child usually has poor healing after cuts and grazes.

RAN. B (Ranunculus bulbosis)

This is an excellent remedy for shingles, a herpes infection that erupts on the skin supplied by a nerve pathway, usually around the ribcage. The pain can be excruciating; sufferers describe it as burning or 'as if the flesh is being torn'. For this severe pain you can take *Ranunculus* in the 30 potency, three times a day, until the inflammation subsides. Cut down to twice a day, then once a day as the pain reduces.

CREAMS

For itching;

Use *Urtica Urens* cream when the spots look red and angry. *Urtica urens* is made from stinging nettles, so according to homeopathic use it soothes any angry skin eruption, whether from chicken pox, allergic eruptions (called urticaria) or minor burns.

For healing:

Use Calendula cream if the spots are deep, or get infected. Calendula is made from the antiseptic and healing marigold

**By
homœopath,
Cassandra
Marks Lorius**

plant. It helps clear up infection and stimulates the formation of healthy scar tissue.

DEALING WITH IMPETIGO

Impetigo is a very contagious bacterial infection which often occurs on the face, especially around your child's mouth. Like herpes it starts as a blister which forms sticky yellowish crusts.

ANTIMONIUM CRUDUM

Use this remedy when your child has a tongue which is thickly coated and white. They suffer from prickly heat which is aggravated by moving about or getting warm; after a bath or in bed.

PULSATILLA

Use this remedy when your child's psychological state is more worrying than the rash. Children needing this remedy are low and miserable, needing a lot of reassurance and comfort.

GRAPHITES

Give this remedy when the sores ooze a thick, honey coloured serum. This scabs over and the scabs are very crusty with dried serum making them look even worse.

DEALING WITH COLD SORES

Herpes simplex virus is contagious, spread by contact with fluid from the blister. The first bout of herpes can be severe, and needs to be treated with homeopathic remedies. Young children may develop stomatitis, where their gums and mouth becomes inflamed, like oral thrush, and they are feverish with it. I once saw a child who had herpes on the cornea of their eye, forming an extremely painful ulcer. Fortunately, the remedy Rhus tox healed it fairly quickly.

Herpes comes up as a blister which ulcerates and then crusts over. After the first outbreak the virus usually lies dormant, erupting after exposure to the sun and wind, with every infection, or if your child gets run down or stressed. This is a constitutional problem - and if it starts happening you'll definitely need to take your child to a homeopath for tailor-made treatment.

NATRUM MURIATICUM

Especially if an emotional upset has distressed your child around the time the herpes broke out, making them susceptible to the virus. Dry lips. Very thirsty.

This remedy is usually given to children who like a lot of salt (for

instance crisps, which are very salty!) The remedy is actually made from salt. Herpes usually affects the upper lip rather than the lower one.

NITRIC ACID.

Give it for herpes with deep cracks in the corner of the mouth. Your child becomes very irritable.

RHUS TOX OR MERCURIUS

(symptoms as outlined above)

Hand, foot and mouth disease in children is caused by one of the Coxsackie group of viruses. An outbreak was affecting the nursery a friend sends her child to. I hadn't heard of it before, so it's not at all common - but the symptoms are similar and your child should respond well to one of the remedies I have already mentioned above. Molluscum contagiosum is caused by an unrelated pox virus, and I'll discuss that in the next newsletter.

DOSAGE

Choose the remedy that best covers your child's symptoms and give one tablet of the 6 potency three or four times daily for mild infections.

One tablet of the 30 potency every two or three hours only if your child seems very distressed by the symptoms. Reduce the frequency when they start feeling better.

Be flexible regarding how often you give the remedy. Generally the worse the condition the more frequently it should be given. In less urgent problems, give a 6 potency three times a day until improvement sets in. Then quickly tail off the remedy.

HOMEOPATHIC PHARMACIES

•Ainsworth Homeopathic Pharmacy 36-8 New Cavendish Street, London W1.
Tel 020 7935 5330

Ask for granules, which are easier to give to children.

•Galen Homeopathics in Dorset
Tel 01305 263996 Send out prescriptions by post (arriving within 1-2 days). They use soft hand-made tablets, which children like because they dissolve in the mouth.

*Cassandra Marks Lorius RSHom, is available on Thursdays and Saturdays at:
North End Practice,
8a Burghley Road, London, NW5
Tel: 020 7485 9362*

NEW AUTISM DOUBT ON MERCURY IN VACCINES

*Taken from: Sunday Times, 22/7/01.
By Rosie Waterhouse.*

An official study used by the Department of Health to claim that there is no link between mercury used in National Health Service vaccines and autism in children is flawed, the author has admitted.

The research, by the American government's Centres for Disease Control and Prevention (CDC), has been repeatedly cited by the department and the Public Health Laboratory Service (PHLS) as evidence that mercury in vaccines is not a cause of autism. The fact that the research does not stand up to scrutiny will cause them acute embarrassment.

The CDC study cited by British officials examined whether there was any link between disorders in brain development, including autism, and a preservative called thiomersal, which is almost 50% mercury and is used in some childhood vaccines. It found no link with autism.

But confidential minutes of a secret meeting at which the research findings were presented reveal an admission by the author that many children in the survey were too young for autism to have been diagnosed.

Extracts from the minutes, obtained through America's freedom of information act by Elizabeth Birt, a lawyer and mother of an autistic child, were read out at a public meeting organised by the Institute of Medicine in Cambridge, Massachusetts, last week.

The author of the study, Dr Thomas Verstraeten, from the CDC's national immunisation programme, is quoted as saying: "One thing is for sure, there is certainly under-ascertainment of all these [conditions] because some of the children are just not old enough to be diagnosed."

A professor who has reviewed the research has also admitted that there were too few children in the study to pick up all cases of autism.

Regulators in both America and Europe recommended in July 1999 that mercury should be phased out of childhood vaccines and last month it emerged that the PHLS is to conduct a study into the possible adverse effects of mercury in vaccines, including autism.

There has been a rise in autism that coincides with the availability of more vaccines containing mercury, a lowering of the age at which they are given to babies and the introduction of the combined MMR vaccine, which does not contain mercury.

VACCINE SCENE: UPDATE AND OVERVIEW - PART TWO

THE MMR VACCINE (MEASLES - MUMPS - RUBELLA) AND AUTISM:

Probably the greatest concern with vaccines today rests with their possible causal relationship with the growing epidemic of neurobehavioral problems, especially autism, as reviewed in the previous section. Parenthetically, statistics may be open to question, but one cannot question the observations of veteran elementary school teachers who, in our experience, unanimously and emphatically report a marked increase in these disorders in recent years.

In regards to autism, probably the best statistics come from California, where a survey mandated by the California state legislature found a 273% increase incidence during the previous 11 years.(51) Reports from education departments of several states and reports from the U.S. Congress on the rapidly increasing needs of classrooms for developmentally delayed children reflect comparable changes throughout the nation.(52)

As clearly shown in a graph prepared by Bernard Rimland, Ph.D., founding director of the Autism Research Institute with headquarters in San Diego, sharp rises in the incidence of autism in the U.S.A. took place immediately following the introduction of the MMR vaccine in 1975, and in the United Kingdom following its introduction in 1988.(53)

In our own practice we have carried out a partial sampling of the charts of autistic children seen here in the year 2000. Among 32 charts that were reviewed, it was found that in 16 cases (50%) the onset of autistic features in a previously normal child took place in a time-related fashion following the MMR vaccine.

It is important to point out that an uncombined measles vaccine had been in use in the U.S.A. since 1961, with only a slight rise in autism from 1961 to 1975 when the combined MMR vaccine came into use, bringing with it the sharp increases in autism.

As a result of this, some are coming to believe that the 3 vaccines should be given separately, about which more will be said later.

In our opinion, one of the prime researchers in the field of autism is Vijendra Singh, Ph.D., Department of Biology, Utah State University, who published the report of a study in which he found that a large majority of autistic children tested had antibodies to brain tissue in the form of antibodies to myelin basic protein. He also found a strong correlation between myelin basic protein antibodies and antibodies to measles

(almost all of the children had been immunized with the MMR vaccine, and none had had these diseases).(54)

If the MMR vaccine is causing autoimmune reactions, what would be the mechanism? Although research in this area is in its infancy, we do know this: Both measles and mumps fractions of the MMR vaccine are cultured in chick embryo tissue. As purely genetic material, viruses are highly susceptible to the process of 'jumping genes', in which they incorporate genetic material from the tissues in which they are cultured.(55) Furthermore, protein sequences in the measles virus have been found to have similarities to those found in brain tissues, (56) so that by the process of 'mimicry', the formation of antibodies against one may cross react with the other, which the work of Dr Singh tends to confirm.

As another factor, it is possible that the reaction rates in the second-generation vaccine recipients of today may be happening on a much larger scale due to previous sensitization of mothers from their vaccines, this sensitization being transmitted in turn to the fetus.(57)

A second prime researcher in the field of autism, in our view, is Dr Andrew Wakefield, Reader in experimental gastroenterology, Royal Free Hospital and University College Medical School, London. This researcher and co-workers were the first to suggest a possible link between the triple MMR vaccine and clinical combination of autism with bowel disorder, now referred to as the autistic enterocolitis syndrome. As a result Dr Wakefield has become the center of a storm of controversy in the United Kingdom, as well as a highly sought speaker at conferences in the U.S.A. Although co-author of many peer-reviewed clinical and scientific papers, the course of Dr Wakefield's pioneering work in this field can be found in a series of three articles,(58-60) as well as his presentation to the United States House of Representatives Committee on Government Reform, April 6, 2000.(61)

In summary, Dr. Wakefield and co-workers have studied over 150 developmentally delayed children with colitis, in which enlarged and inflamed intestinal nodes are a prime feature. Wakefield stressed that patterns in these children appear to be distinct from other forms of inflammatory bowel disease, such as Crohn's disease and ulcerative colitis. Working in collaboration with a state-of-the-art laboratory in Ireland, subsequent molecular studies from intestinal biopsies performed on these children detected

measles virus genetic material in 24 out of 25 specimens (96%), in contrast with only 5% of detected measles virus in control specimens sent in a 'blinded' fashion.

In explaining the ability of the MMR-derived measles virus to establish itself in the intestinal mucosa of affected children, Wakefield cited earlier reports warning of the potential of viral interference in the triple MMR vaccine, whereby one virus could interfere with another.(62,63) Commenting on these early articles, Wakefield stated,

'The ability of mumps virus to interfere with the cellular immune response to certain strains of measles virus and thereby, in particular combinations potentially to reduce viral clearance and increase the risk of persistent (intestinal) infection, is an intriguing hypothesis to some of those involved in the current debate.'(61)

Parenthetically, Dr Wakefield is not opposed to the measles, mumps, and rubella vaccines, but he does believe that their administration should be widely separated.

In an article just released at time of this writing in the Adverse Drug Reaction & Toxicology Review,(64) Andrew Wakefield and co-author Scott Montgomery carefully reviewed the inadequacies of the early pre-licensing trials of the MMR vaccine with a maximum follow up of 28 days and even shorter periods in some of the studies. They stressed that such short periods of observation following the vaccine were totally inadequate to detect delayed reactions, including pervasive developmental delay (autism), immune deficiencies, and inflammatory bowel disease, which are known from earlier published reports to occur following both the natural measles infection and the measles vaccine.

Again the authors reviewed earlier evidence of viral interference in which the near proximity in time of the natural infections of mumps, measles, chicken pox, and other viral infections in the pre-vaccine days resulted in increased incidence of autism and enterocolitis. This is particularly true because the measles virus is an enteropathic virus capable of causing acute gastroenteritis, mesenteric adenitis, and ileocolitis.

Perhaps the most interesting feature of the article is that it was reviewed by four leading British authorities, all of whom had previously held positions in the regulation and licensing of medicines.(65) Taken as a body, the reviewers were supportive of the Wakefield/Montgomery paper, three highly so. Two of these will

be quoted here:

Professor Duncan Vere, former member of the Committee on the Safety of Medicines, agreed that the periods for the tests were too short. 'In almost every case,' he wrote, 'observations periods were too short to include the time of onset of delayed neurological or other adverse events.' He also added, 'one not insignificant detail is whether compensation for vaccine damage is available to an injured child and family, or is denied by the authorities who advocate the vaccine whilst denying the risks on the inadequate (if extensive) evidence available.'

Peter Fletcher, formerly a senior professional medical officer for the Department of Health wrote, 'being extremely generous, evidence on safety (of the MMR) was very thin.' Noting that single vaccines for measles, mumps, and rubella already existed, he argued, 'caution should have ruled the day. The granting of a product license was definitely premature.'

CHILDHOOD IMMUNIZATIONS AND THE INCREASING INCIDENCE OF ATOPY (ALLERGIES):

The increasing incidence of allergic disorders in Western nations is now universally recognized, with every third child in industrialized societies having an allergic disorder.(66) In some areas the incidence of asthma has increased 200% in the past 20 years.(67) Another survey showed a 46% increase in death rate nationwide from asthma between 1977 and 1991.(68)

There is a school of thought that the so-called minor childhood illnesses of former times, including measles, mumps, rubella (German measles), and chicken pox, which entered the body through the mucous membranes, served a necessary and positive purpose in challenging and strengthening the immune system of these membranes.(69)

In contrast, the respective vaccines of these diseases are injected by needle directly into the system of the child, thereby bypassing the mucosal immune system. As a result, mucosal immunity remains relatively weak and stunted in many children, complications of which may be the rapid increase in asthma, eczema, nasal allergies, food allergies, and a general pattern of sickness in today's children.

It has not gone unnoticed that the increasing incidence of atopic disorders has coincided in a time-related fashion with the childhood vaccine programs, and reports are now appearing from widely separated geographic areas in which vaccinated children were found to have

significantly more allergic disorders than children with limited or no vaccines.(70-73)

The suspected role of the pertussis vaccine in potentiating allergic disorders tends to be confirmed in animal studies (74-76) as well as a human study.(77) Thimerosal, an organic mercurial compound widely used as a preservative in vaccines, also has been studied for its sensitizing properties.(78)

Among these, the study by Kosecka and co-workers (74) deserves special emphasis: In the study rats were sensitized to ovalbumin (OA) by injection of OA alone or together with a very small dose of pertussis toxin. In each group secretory responses to nerve stimulation, serum IgE levels, and intestinal mast cell counts were determined. It was found that sensitization was very transient (14 days) when OA was given alone but when the OA was combined with pertussis toxin, the intestinal mast cell count, serum IgE levels, etc, remained elevated for 8 months. The authors concluded that their findings indicated that when tiny amounts of pertussis toxin were administered with a food protein, it would result in long-term sensitization to the antigen and altered intestinal neuroimmune function.

ARE VACCINES SKEWING THE HUMAN IMMUNE SYSTEM?

In brief summary, the immune system is divided into two major classes: Cellular immunity, in which the mucous membranes of the body play a prominent role, and humoral immunity, with the production of antigen-specific antibodies by plasma cells in the bone marrow. Cellular immunity, which involves macrophage activation and the cytotoxic T lymphocyte as its major agents, is responsible for control of viruses, fungi, as well as bacteria. Humoral immunity, on the other hand, is predominantly involved in control of bacteria.

Both of these classes are governed by TH lymphocytes, the 'T' referring to the thymus gland, from which they are derived, and the 'H' referring to a helper or activating activity. Early in life these 'naive' or uncommitted TH lymphocytes are differentiated into either armed TH1 cells, which governs in cellular immunity or armed TH2 cells, which governs in humoral immunity. This initial differentiation, at which naive TH cells become either armed TH1 cells or armed TH2 cells has a critical impact on the outcome of adaptive immune response, depending on whether it is dominated by macrophage activation of the former or antibody production of the latter.(79)

It has been found that this

differentiation is profoundly affected by cytokines, which are produced by lymphocytes and serve as chemical messengers. The two cytokines, Interleukin 12 and Interferon gamma, in vitro, tend to promote the development of TH1 cells. Interleukin 4, 5, 6, and 10, on the other hand, tend to promote the differentiation of TH2 cells.(80)

Once one subset becomes dominant, it is difficult to shift the response to the other subset, as the cytokines from one subset tend to dominate the other. The overall effect is that certain responses are dominated either by humoral (TH2) or cell-mediated (TH1) responses.(81)

Among the different cytokines, some have been shown to have damaging effects: Interleukin 1 may cause increased blood brain barrier permeability and meningeal inflammation (82) and brain damage in experimental animals.(83) Interferon-gamma has been found to reduce the intestinal barrier and increase permeability, (84,85) and to bring about profound morphological, functional, and permeability changes in human brain blood-vessel endothelial cells.(86) The study by Pabst and co-workers, previously mentioned as the first of its kind, with the testing of cytokines before-and-after the MMR vaccine, found that the predominant response was an increase in interferon-gamma.(11) As has just been shown (references 84 and 85), interferon gamma increases intestinal permeability. Does this tie in with the findings of increased intestinal permeability that has been found in children with autism (87) and consequently with the MMR vaccine?

In both the New England Journal of Medicine (88) and the journal, Thorax,(89) articles have appeared stating that a healthy immune system has a 'bias' towards the TH1 immune system, while people with allergies, asthma, and diseases of an autoimmune origin have what is known as the TH2-skewed immune response. However, either antibodies or T cells of the cellular immune system can cause tissue damage in autoimmune diseases.(90)

A study of cytokine levels in 20 autistic children by Gupta and co-workers found that TH1 cytokines were consistently lowered and TH2 cytokines were consistently elevated as compared with controls.(91) Once again, does this tie in with immunizations? Are immunizations tilting the immune systems into TH2-skewed immune response? Considering that vaccines are administered by parenteral injection, designed primarily to stimulate antibody response, this would appear to be the case.

However, we cannot know the answers

to this and other similar questions until definitive studies are done, testing both the immediate and long-term effects of vaccines on the human system. Among these, the testing of cytokines and related lymphocyte subpopulations before-and-after immunizations appear to be the most promising.

GULF WAR SYNDROME, CHRONIC FATIGUE SYND. & FIBROMYALGIA

In a study of 33 veterans suffering with symptoms of Gulf War Syndrome, there were marked increases in markers indicating increased coagulability of the blood of the subjects as compared with healthy controls.(92) The authors hypothesized that exposures to chemical, biological, warfare pathogens, and/or vaccine adjuvants (including the controversial anthrax vaccine) during the Persian Gulf War had brought about immune reactions which had activated the coagulation system by the cross reaction of antibodies with antithrombotic (anticlotting) proteins lining the endothelial surfaces of blood vessels, the end result being a deposition of fibrin within blood vessels and a reduction of blood flow. Similar hypercoagulability states have been found in patients with the chronic fatigue syndrome.(93)

At this point no one knows to what extent each of the various exposures (chemicals, biological warfare, and/or vaccines) played in the pathogenesis in the Gulf War illness, but serious investigators have little doubt it was a combination of these exposures that caused the illness. Considering that the GWS and CFS have much in common clinically as well as in laboratory findings, should we not be investigating the possibility that two conditions have similar causes?

ARE VACCINES BRINGING ABOUT GENETIC CHANGE?

In a Letter-to-the-Editor of Science Magazine in October 1967, Joshua Lederberg, Department of Genetics, Stanford University School of Medicine, warned about live-virus vaccines:

'In point of fact, we (are practicing) biological engineering on a rather large scale by use of live viruses in mass immunization campaigns....Crude virus preparations, such as some in common use at the present time, are also vulnerable to frightful mishaps of contamination and misidentification.'(94)

In a larger sense, the question about the possible effects of vaccines in causing adverse genetic changes might be considered as the black hole of scientific knowledge. Even if it is taking place, do we have the technology to identify it? For the present, however, genetic abnormalities

have been found only in persons with major vaccine-related health disorders, as reviewed below:

To date, a careful review of the world's literature has disclosed only two publications reporting on adverse genetic changes known or suspected to be related to vaccines: In a study from Italy, 30 patients with post-vaccine diseases of the central nervous system were tested for Herpes virus and tissue typing (HLA A,B,C, HLA DR-DQ). The comparison of the patients with controls showed an increased presence of HLA A3 and DR-7, reflecting genetic change in 73.3% of patients.(95) In the second report, a three-year study was done in collaboration with the University of Michigan School of Medicine involving 24 gulf war veterans with a pattern of symptomatic health disorders that have been referred to as the Persian Gulf War-Related Illness. Among these, 50% were found to have abnormal RNA, indicating chromosomal damage after 'toxic events.'(96) Although the report from the University of Michigan Medical School comments only on toxic chemical exposures in the Gulf War, vaccines may also have played a role, especially the controversial anthrax vaccine.(97) Perhaps the greatest significance of these reports, aside from the findings, is simply in the fact that scientific investigations have begun in this very important area.

THIMEROSAL (MERCURY) IN SOME U.S. LICENSED VACCINES:

According to recent revelations based on tables provided by the U.S. Center for Disease Control,(98) among the six vaccines required during 2, 4, and 6 months ages, which include DTaP, Hepatitis B, Hib, and IPV, if one includes the 25 micrograms of mercury in most DTaP vaccines, 12.5 micrograms in some Hepatitis B vaccines, and 25 micrograms in some Hib vaccines, theoretically it is possible that some infants are receiving over 100 times the amount of mercury that the US Environmental Protection Agency says is the maximum allowable daily exposure.(99) (Current EPA standards allow a maximum of 0.1 micrograms per kilogram of body weight as the maximum safe dose of mercury per day.)

For centuries mercury has been known to be a potent neurotoxin and one of the most toxic of the heavy metals. A possible mechanism for this toxicity was recently disclosed in an animal study in which mercury vapor exposures resulted in retrograde degeneration of neuronal (brain) membranes producing molecular lesions similar to those seen in the brains of patients with Alzheimer's disease.(100)

Recently it has also been shown to be sensitizing,(78) so that along with pertussis and the Hib vaccine,(35,74) we have 3 potentially sensitizing agents in this group of vaccines.

CONCLUSIONS:

Having in mind the foregoing material and today's vaccine scene, one is reminded of Hamlet's words when he said, 'The times are out of joint.'

By federal, state, and school policies, parents are being compelled to keep up-to-date on their children's vaccines whether they wish it or not, and then when serious health problems ensue, as appears to be increasingly the case, parents are told that the vaccines had nothing to do with it.

In more than a few instances, parents are threatened with having their children placed in a foster home if they refuse to complete the recommended course of vaccines, and in some cases this has actually been carried out.

Today we have a system in which vaccine production by the pharmaceutical companies is largely self-regulated. Naturally these companies are interested in profits from their products which, in itself, is not wrong. However, when arbitrary decisions in the mandating of vaccines are made by government bureaucracies, who are highly partisan to the pharmaceuticals, with no recourse open to parents, we have all the potential ingredients for a tragedy of historical proportions.

Nothing written in this paper is intended to imply that immunizations, when used in judicious moderation, do not at times serve a necessary purpose. However, simple observation throws strong suspicion on childhood vaccines, in their present numbers and forms, as posing one of the major causes of the increasing pattern of sickness, allergies, autism, and other neurobehavioral problems now being seen in our youngsters.

For sake of argument, let us assume that scientific proof eventually implicates the vaccines as one of the prime sources of these problems and that, in addition, it becomes known that safer methods could have been found to accomplish the same ends if they had been sought. If we continue to enforce the vaccine programs as at present, one shudders to think what future generations will think and write about us. Mistakes might be forgiven, but not the enforcement of those mistakes. If such does prove to be the case, we can rest assured that they will be neither kind nor charitable in their judgments of us.

Editor: Due to this article's incredibly long reference list, which would take up a full page of this newsletter, please send a SAE to TIP if you would like a copy.

WHO'S WHO AMONG ANTI-VACCINISTS OF THE PAST

Brief extract from chapter VI of a 1935 book entitled 'The Medical Voodoo' by A Riley Hale.

"As to the strength and character of this opposition in England, we need only cite the thousands who accepted fines, imprisonment and exile rather than submit to compulsory vaccination; the bills introduced by two home secretaries, Mr Gladstone in 1880 and Mr Asquith in 1893 for softening its requirements' the open defiance of the law in Leicester, and the popular revolt reflected in the election of 1885 which returned 49 members to Parliament pledged to vote against compulsion and 6 pledged to vote for a "conscience clause"; the appointment of the Royal Commission (1889-1896), and the triumph of the anti-vaccinist forces in the 1906 General Election which forced the British Parliament to give heed to the Commission's findings and recommendations in the enactment of a law in 1907 which virtually ended the persecutions "for conscience sake" in re the vaccination question in England.

Further light on the nature of the opposition to vaccination and the character of those offering it in England, is afforded by the witnesses who appeared before the Royal Commission to testify against the practice on humane and scientific grounds.

First comes Dr Charles Creighton, professor of Microscopic Anatomy at Cambridge, author of *Epidemics of Great Britain*, and of *Cowpox and Vaccinal Syphilis*, to tell the judges that while in his opinion the syphilis observed to follow vaccination in some cases was not identical with the venereal disease - meaning perhaps that they couldn't find the same specific germ in both - yet "the effects were the same." And the 'effects' of any disease are all that concerns most people. Creighton testified to outbreaks of syphilis, jaundice, erysipelas and vaccinal ulcers, as sequelae of vaccination, and said "in so far as causal experience can prove anything, these have been proven."

No one stood higher in medical and epidemiological circles than Charles Creighton at the time he gave this testimony before the Royal Commission, and when he pointed out to them the record of the sudden increase in deaths from syphilis by one-half among infants under one year in the first year of compulsory vaccination (1854), and how the increase had been going on steadily ever since the pro-vaccinist Commissioners were silenced though not convinced! He knocked the props from under the "protective" theory about vaccination by citing the records of the smallpox hospitals, which showed nearly 75% of the

cases admitted had been vaccinated - the majority showing "good scars."

As a final clincher to the relative susceptibility of the vaccinated and unvaccinated, Creighton brought forward the fact that at Cologne in 1870 the first unvaccinated person to be attacked by smallpox was the 174th one in the order of incidence; while in one other German city that same year, 224 vaccinated ones succumbed to the disease before the first unvaccinated person was reached.

Next in importance, from the medical view-point, among the witnesses for the opposition before the Royal Commission, was Edgar M Crookshank, professor of Bacteriology and Comparative Pathology in King's College, London. Crookshank had made a prolonged study of the history and pathology of vaccination, and had published a book under that title the year the Commission started its investigation. He acknowledged Creighton as the master in this field of research, and says his attention had been directed to Creighton's work by Sir James Paget. Crookshank's testimony before the Royal Commission on Vaccination may be compressed into two memorable sentences:

'We have no known test by which we can possibly distinguish between lymph which is harmless, and one which might be harmful to the extent of communicating syphilis.' And,

'Inoculation of cowpox does not afford the least protection from the analogous disease in man - syphilis; nor do cowpox, horsepox, swinepox, cattle plague nor any other radically dissimilar disease, exercise any protective power against human smallpox.'

Sir James Paget is one of the bright particular stars in the medical galaxy, whose portrait is seen on the walls of most medical academies; but medical historians of the Haggard-Hoffman pattern - special pleaders for "preventative medicine" - are discreetly silent about Paget and his anti-vaccinist leanings. They are more than discreetly silent about Creighton and Crookshank, whose very names have been erased from works of medical biography and even from the encyclopaedias under the control - as so many things are - of the powerful Medical Trust.

After the publication of Creighton's article on Vaccination in the 9th edition of the *Encyclopaedia Britannica*, and of his book (1891) entitled *Jenner and Vaccination*; a queer chapter in medical history, this scholarly medical liberal and witness for the truth about vaccination suffered the usual professional ostracism

meted out to the truth-tellers of orthodox medicine. He was ousted from his professorship at Cambridge, hounded and jeered at by his medical brethren until his death, in poverty and obscurity, a few years ago. In the edition of the *Britannica* following the Ninth, Creighton's article was dropped, and one was substituted which was written by Dr S Monckton Copeman - the reputed inventor of glycerinated virus - who gave a roseate account of the fruits of vaccination - of course.

Editor: I won't be rushing to look up anything in the encyclopaedia anymore believing it to be a reliable source of information! And as for the manner in which medical professionals who dare to question the status quo are treated, the same continues!! At present there are some doctors who are waiting to point the finger at a certain medical researcher should there be any measles deaths in the next few years.

SINGLE MEASLES JAB

The following was sent through by a US subscriber:

A nurse over at a BabyCenter brought this information to my attention. Evidently there is a study published in the *Journal of Infectious Diseases* which shows that the single measles vaccine interferes with interferon production. Big deal, you say? Well, turns out interferon is a necessary chemical produced by lymphocytes (a type of white blood cell). Interferon assists the host to be resistant to infection and interferon's production is stimulated by infection with a virus. Production of interferon is a good thing because its purpose is to protect the body from superinfection by some other micro-organism.

In the study, one-year-old infants were vaccinated with the measles vaccine. This caused a huge drop in the level of alpha-interferon produced by lymphocytes. Not only that, this harmful reduction in interferon production lasted for an entire year, at which time the experiment was ended. Conclusion: The study showed that the measles vaccine produced a significant long-term immune suppression.

• *J Infect Dis* 1988 Dec;158(6):1386-90
Related Articles, Books. This study showed that measles vaccine produced a significant long-term immune suppression. Comment in: *J Infect Dis* 1989 Sep;160(3):543-4 Long-term regulation of interferon production by lymphocytes from children inoculated with live measles virus vaccine. Nakayama T, Urano T, Osano M, Maehara N, Sasaki K, Makino S. Dept of Pediatrics, School of Medicine, University of Keio, Tokyo, Japan.

CAN YOU HELP?

In Issue 4 - 2000 of this newsletter we featured an article on the terrible plight of the Yurko family, and how the death of their son at 10 weeks old, resulted in the father being accused of 'Shaken baby syndrome' and subsequently sentenced to life imprisonment.

The father, Alan Yurko, has always protested his innocence, and with the love and support of his wife Francine, has spent most of his time, so far served, researching, writing and corresponding on the truth behind the death of their much-loved son. Mounting evidence indicates that the vaccines their son received 12 days before death played a major role. (Full details of this case can be found on: www.freeyurko.bizland.com or you can send a SAE plus 2 first class stamps for copying costs to The Informed Parent for a photocopy of 'The Story of baby Alan.' - 11-page article)

In mid-August I was fortunate to meet with Alan's wife, Francine and was deeply moved and shocked by the real-life tragedy her family have suffered and are still suffering. The errors and injustices which took place during the pregnancy, baby Alan's short life, and the aftermath are unbelievable, and it makes one realise how any one of us could find ourselves in such a nightmare situation.

With increasing evidence and world-wide support, including some medical and scientific professionals, the next stage for the Yurko's is to request a re-trial in order to prove Alan's innocence. The costs of such a re-trial requires around £12,000 and so I am urging you to make a donation to this cause, no matter how small. If we only donated a £2 coin each this would raise over a quarter of the target amount. A successful re-trial will not only help this case but could have a significant effect on the many innocent parents and carers who are being wrongly accused and imprisoned for crimes never committed. This is not just about one man's bid for freedom, it's about opening the floodgates on one of the many dangers of vaccination.

The money ideally needs to be raised by the end of November, so please assist as soon as possible, every little helps! Please send cash donations or cheques (payable to: CHC Yurko family fund) to The Informed Parent. Thanking you in advance.

Magda Taylor.

WHAT IS OSTEOPATHY

It is quite clear that the vast majority of the British public associate the work of the osteopath with bones, and with bones only. To them the very word Osteopathy implies treatment of bones; and up to a point they are quite right. What has to be emphasised is that to whatever extent the osteopath is pre-occupied with bones - or, rather, the mechanical structure of the human body - his treatment of structural defects and abnormalities is designed to cure ailments and diseases which have no apparent association with the body's framework. There are thousands of people today who if they have trouble with a specific joint - say, the knee - go to an osteopath in all confidence; but these same people do not even think of consulting an osteopath for their kidney complaint, their liver, their asthma. Those who do, soon discover that osteopathic treatment is no less efficacious for their organs than it is for their joints.

Osteopaths do not believe that ALL disease is caused by osteopathic lesions, but that a high proportion of disease is so caused; and that in all these cases osteopathic treatment can benefit the patient to the extent of completely curing the disease. Osteopathy is not the sole treatment which the osteopath employs; he expects his work to be accompanied by good nursing, sensible diet and proper respect of the laws of hygiene.

Here it will be useful to dispose of a question of importance: What is the attitude of the osteopath to micro-organisms (germs) as a cause of disease? The osteopath is quite aware of the existence of organisms and appreciates that they are associated with disease and ill-health. He knows also that bacteriologists no longer believe that germs are little animals with long whiskers and sharp noses. He understands that epidemics and infectious diseases result from dirt, bad feeding and bad living habits. The view is held in many quarters today that acute infectious disease is not necessarily a bad thing, and that "germs" should not always be looked upon as destroyers but sometimes as scavengers engaged in the work of ridding the body of hereditary taints. Osteopaths, therefore, do not say that Osteopathy can safeguard a person against infectious disease, but they can claim - and justify the claim by clinical results - that in persons who have osteopathic treatment, acute infectious diseases run a swifter and less distressing course. Children will

probably "catch" measles, chicken pox, scarlet fever and so on. It appears to be part of the natural process of growing up and one would be wrong to insist that there is anything really bad in their doing so. The evil effects which sometimes follow do not necessarily follow the disease, but might with equal (or more) justification be traced back to the so-called "cure". In the osteopathic view, children who are osteopathically fit can and do "catch" acute infectious diseases, but recover quickly, and are not greatly distressed during the course of the disease and avoid complications and injurious after-effects.

The osteopath does not claim that his art is a universal panacea. He believes that at our present state of civilisation we are still very far from knowing the truth about health and disease. He believes that his contribution is a sound one and deserves to be judged by its results; but he realises that in some happy future there may be a general science of healing to which many curative arts will contribute, when what is good and lasting in all forms of therapy will be fused into one healing science for the benefit of all mankind.

Extract from the booklet: Introduction to Osteopathy - John Wernham College of Classical Osteopathy.

For those who would like to learn more about osteopathic options the following conference details may be of interest.

Children's Health & Classical Osteopathy

November 17th/18th 2001

The Russell Hotel,
Maidstone, Kent

Cost: Saturday - half day £10 whole day including light buffet lunch £20

- Classical Osteopathy in Childhood - Mervyn Waldman, DO
- Healthy Nutrition for Childhood - Kate Neil, director of The Centre for Nutrition Education
- The Trouble with Vaccination - Magda Taylor, The Informed Parent

Sunday (including 3-course lunch) £45

- The Principles of Childhood Treatment in Classical Osteopathy - John Wernham, DO, FICO - 60 years experience as a practitioner/lecturer and an author and publisher.
- Technique and Practice - Mervyn Waldman, DO
- Vaccination and Homeopathic Alternatives - Christina Head, MCH, RSHom. Homeopath and author of 'An Educated Decision'.

For further details and bookings please phone 01622 765055

CHEMICALS ARE EVERYWHERE - NOT ALL OF THEM ARE SAFE

Just think for a moment how you've started your day?

Had a shower using shower gel, used facial cream, deodorant and perfume, put the washing on, dressed the baby and given him/her a toy to play with? Only these few activities have exposed yourself and the baby's body to various chemicals. Man made chemicals are in everyday products, i.e. in cleaning products, in clothes and in plastic toys and many other products.

This is not a horror story and not all chemicals are currently known to be toxic. There is no doubt that chemicals have made our lives easier, especially in and around the house. But we are exposed to chemicals on a daily basis, whether we like it or not. Over 300 man-made chemicals have been found in our bodies, linked with illnesses such as testicular cancer and prostate cancer, which are both on the increase. Trends such as falling sperm counts and girls entering puberty earlier may also be due to the hundreds of chemicals we are exposed to in our daily lives.

Of most concern are chemicals that build up inside our bodies, so called 'bio-accumulative' chemicals and chemicals that may be able to disturb our bodies, delicately balanced hormone systems, so called 'hormone disrupters'. The long term effect of most of these chemicals are not known until years later, so it is common sense to take precaution now. That is why Friends of the Earth is running the Safer Chemicals Campaign, aiming to get these unsafe chemicals removed from products.

Friend of the Earth with support of the National Childbirth Trust has produced a parent's guide, containing information about chemicals in the home, tear off tips, a shoppers update, three pre-printed postcards and a beautiful height chart for

your child. To order your free copy, please call Friends of the Earth free on: 0808 800 1111 or visit our website: www.foe.co.uk/safer_chemicals

How will it work? With your involvement as a concerned parent we can put pressure on MPs, demanding new tough laws for safer chemicals. You could help by sending off the pre-printed postcard to your MP.

Friends of the Earth has asked various companies to disclose the contents of their products. In response to their answers we produced a shoppers' update, to give you the information you need to avoid risky chemicals. What can you do? Boots, the chemist does not intend to remove risky chemicals. You could help by handing in the 'Come clean' pre printed postcard to your local Boots store. The shoppers' update could enable you to make informed consumer choices about where to shop, i.e. listed green companies are for example 'The Body Shop' and Superdrug. You find all this information on the website too. Being a parent myself I know how difficult it can be to keep the balance to be informed, but not to get paranoid and also to make the right decisions in the interest of my child. Apart from taking part in concrete actions like this one, one can also take simple daily steps to reduce the risk of chemical exposure, i.e. try to buy organic, try to buy unperfumed products, open a window rather than use air fresheners, buy PVC-free toys and replace worn teats and bottles.

Public pressure has changed laws and improved our life, you personally can make a difference by getting involved for the sake of your children.

Anja Leetz, Friends of the Earth, Safer Chemicals Campaigner

You can contact me to find out more or to get involved on:

Mon, Tue, Fri - 020 7490 0237
or - anjal@foe.co.uk

informed decision making in this area.

The meeting heard reports from the different countries' representatives on the situation with regards to the degree of official compulsion in each country on members of the public to have their children vaccinated. The degree recorded varied from an almost totalitarian attitude to mass uptake in some countries to a more relaxed attitude in others. The awareness of the potential for vaccine damage is growing and an article from the BMJ revealed that in the UK some health care professionals are becoming more wary of repeating vaccines such as MMR which have been implicated in the development of certain illnesses. (*Second dose of measles, mumps, and rubella vaccine: questionnaire*

TALK NEWS

Earlier in the year I organised a talk in London for Dr Keki Sidhwa on natural health, but due to a very disappointing response I was forced to cancel at the last minute. This resulted in a substantial loss of money.

I am still keen to invite Keki Sidhwa to speak about health and the naturopathic view but I need to get some idea of who might be interested. So drop me line if you're keen to hear Keki's views based on many years of study and hands-on experience. Apart from a lecture organised by the CNM, see below, Dr Sidhwa will also be lecturing in Blackpool on 6/10/01 from 2-5pm. For details please contact Dr Sidhwa on: 01255 672823

THE COLLEGE OF NATUROPATHIC & COMPLEMENTARY MEDICINE

OPEN DAYS

at REGENT'S COLLEGE,
REGENT'S PARK, LONDON
22/23 SEPT. 2001

SPEAKERS INCLUDE:

Naturopath, DR KEKI SIDHWA,
Homeopath, STELLA BERG,
Herbalist, NADIA BRYDON
HARALD BAUMANN, a speaker
on the Hamer theory of disease

FOR FURTHER DETAILS OR
TO BOOK, PLEASE CALL:

01342 410505

FOR IRISH-BASED

SUBSCRIBERS THERE ARE
OPEN DAYS ON 29/30TH SEPT.
2001, FOR DETAILS PHONE:
DUBLIN 01 2859743

STRASBOURG 2004

Notes on a Meeting of The European Forum on the Adverse Effects of Vaccines specifically focusing on the Strasbourg 2004 Project 14-16 July Yenne, France

Representatives from France, Spain, Italy, Belgium, Netherlands, Germany, Switzerland, Israel, and the UK recently met in France for the 3rd conference of the Strasbourg 2004 Project the aim of which is to present a report to the European Parliament in 2004 on the adverse effects of vaccines together with recommendations for their safer use, methodologies for treating the adverse effects of vaccinations, better information provision to patients and a strengthening of patient's rights to

survey of health professionals Marko Petrovic, Richard Roberts, Mary Ramsay BMJ Vol 322 13 Jan. 2001)

During the meeting a working group worked on a set of guidelines for minimising the adverse effects of vaccines. Once completed these guidelines will be made available for general use.

The main part of the meeting was given over to reviewing progress and planning the next stages of the project. It was agreed that it was time to begin making contact with MEPs and other relevant officials and organisations in order to prepare the way for the report and a proposed conference.

A presentation was given by Dr Tinus Smits of Holland on a research project he has been engaged in using (*contd. overleaf*)

potentised vaccines to treat children who suffer adverse effects from vaccines. The interest of this project is that not only does it appear to show that potentised vaccines can be successfully used to treat a significant percentage of cases suffering ill-effects of vaccination, but the specific successful use of the potentised vaccine would appear to act as confirmatory of the adverse reaction in the first place.

Also a research scientist Dr Jean Pilette gave a presentation on the Epidemiology of Polio Vaccine and AIDS in which he outlined the introduction of the different versions of the Polio vaccine (researched and produced by Salk, Sabin and Koprowski over the last 50 years) and the rise and fall of polio cases in relation to their introduction. He then attempted to show the relation between the vaccines and the rise in AIDS.

www.forparentsbyparents.com

An information/support site for parents, which looks at all the life changing elements of parenthood, even the grim bits...so we hope that it truly reflects the reality of being a mum or a dad today.

Most importantly the site is written by the real experts, parents themselves. Parents have recorded their own personal experiences in order to offer reassurance, information, ideas and practical solutions. Our initial focus is the first five years of a child's life. Where we cannot help directly we will always aim to direct you to someone that can.

SOUTH LONDON NATURAL HEALTH CENTRE

Treatment available for mothers and babies, including low cost craniosacral therapy, a gentle and effective way to treat a woman's body before and after childbirth. It can also be of great benefit to baby especially after a complicated labour.

Please contact our reception if you would like any more information on:
020 7720 8817

So you are worried about the side effects of vaccines but you are terrified that your child will die of a normal childhood illness?

Learn about holistic concepts of health and disease, the benefits of childhood illnesses, how to strengthen your immune system, basic homeopathic prescribing and nursing skills, how to resuscitate a child or baby and treat common accidents and emergencies and how to have the confidence to make the right decision about vaccination.

Dr Jayne Donegan, GP and homeopath, who has been researching into vaccination since 1994, and Annie Friedmann, an experienced homeopath, will be running another of their popular courses over five Sunday afternoons in October 2001 and June 2002. Cost: £130

For further details, bookings or to arrange homeopathic, child health or vaccination consultations with Dr Jayne Donegan please call: **020 8632 1634**

LA PREVENTION PAR VACCINATIONS HYGIÈNE NATURELLE HOMÉOPATHIE

6th Oct. 2001

9.00am - 6.00pm
Maison de la Culture
14 avenue Golenvaux,
Namur, Belgium

**Prof. Michel Georget
Dr André Passebecq
Dr Marc Deru
Dr Marc Vercoutere
Sylvie Simon**
Cost: 600 F

For bookings phone:
+(0)81 21 05 13

Childhood health and illness - promoting well-being and natural immunity

22nd Oct. 2001

Friends Meeting House, London
7.30 pm - 9.30pm

with **TREVOR GUNN, BSc. LCH RSHom**, graduate in biochemistry and author of 'Mass immunisation - A Point in Question'

£6.00 fee, pre-booking essential.

Enquiries: **020 8861 1022**

(The answer phone does take voice messages, so please leave your name and number clearly after the tone.)

Take steps towards empowerment and knowledge of your child's health, dealing with immunisations, infections, fevers, coughs, colds, allergies, eczema, asthma and meningitis.

- Is my child more or less likely to be unwell with or without vaccines?
- What determines whether or not my child gets ill?
- What can I do to effectively prevent illness?
- Do symptoms serve any purpose?
- What is the likelihood of lasting damage from vaccines compared to natural illnesses?
- What are the alternatives to vaccines, antibiotics, steroids....?

**BOOKINGS MADE BEFORE
SEPT. 26th - ONLY £5.00**

EVERYTHING YOU NEED FOR YOUR NEW BABY!

Would you like to be a natural parent?

Then look to: **www.van.org.uk**

We have a new environmentally friendly on-line catalogue with everything you and your baby needs.

- Vaccine information, books and pens
- Cloth nappies and wraps
- Baby clothes
- Natural medicines

The new Natural Family Catalogue - supporting the work of VAN UK, a leading vaccine information charity.

The views expressed in this newsletter are not necessarily those of The Informed Parent Co. Ltd. We are simply bringing these various viewpoints to your attention. We neither recommend nor advise against vaccination. 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, P O Box 870, Harrow, Middlesex HA3 7UW. Tel./Fax: 020 8861 1022

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