

THE *informed* PARENT

ISSUE ONE - 2002 A QUARTERLY BULLETIN ON THE VACCINATION ISSUE & HEALTH

MMR HITS THE HEADLINES

In the last two months there has been a phenomenal amount of coverage on the MMR and threats of a measles epidemic, throughout the media. This has led many parents to panick and the demand for single measles, mumps and rubella vaccines has escalated. Sadly the majority of parents are stuck in 'fear' mode, scared of the MMR but scared of the illness also, so many see the single jabs route as a compromise between the two. There is very little factual information, especially when it comes to the measles illness itself leading parents to assume that single jabs are the only option.

The Informed Parent has been inundated with enquiries in recent weeks, particularly after the Panorama special on MMR which was broadcast on February 3rd. Whilst it is important that there is coverage on this very controversial subject I personally feel that the way in which these programmes are presented are not always that helpful to the average parent and judging by the numerous calls I took over the following days, many parents were more confused than ever.

For example, the opening case regarding Adam Morrish, who had caught measles as a baby, aged 15 months, and then many years later suddenly developed a rare and normally fatal condition SSPE (subacute sclerosing panencephalitis) obviously shocked many viewers about the potential effect measles infection may have on their child's health. However Panarama researchers chose to omit one piece of information about Adam's case which, in some people's eye, may be very significant. I recently corresponded with Adam's father, David, and have discovered that his son Adam did in fact receive a MMR vaccination in 1990 at the age of 10 years old. It was in the spring of 1993 that Adam neuro-

logically deteriorated and by November of that year he last spoke. David Morrish has made it very clear that he does not consider that the MMR played any role in the condition. He stated that 'if in the unlikely event the MMR booster played a role, as it surely can not be ruled out, he still would consider the direct cause as being the wild virus infection.' Therefore he felt that Panorama were justified in the omission of this detail.

However, in the medical journal, Pediatrics, Vol 59 No 4, April 1977, an article entitled: 'Epidemiologic Studies of Measles, Measles Vaccine and Subacute Sclerosing Panencephalitis' the opening paragraph of the abstract states:

'Histories obtained in 350 of 375 clinically confirmed cases of SSPE reported to a national registry showed that 292 patients had measles and 58 had no history of measles. Forty of the latter patients received live, attenuated measles virus vaccine. In patients with a history of measles, measles illness occurred before age 2 years in 46%, and a mean of 7.0 years before onset of SSPE. In contrast, there was no relationship of SSPE with age at vaccination in 35 of the 40 patients historically associated with measles vaccine, and SSPE occurred a mean of 3.3 years after vaccination.'

So according to this paper the average time for developing SSPE after the illness is 7 years whereas after the vaccine 3.3 years is the average time. Based on this alone, surely the MMR vaccine should also be at least considered as playing a role in Adam's case?

This example illustrates the need to research more deeply into any coverage because some facts are sometimes omitted and may shed an entirely different light on to the situation.

So I would strongly urge any parent to always look beyond the surface information, and also to write into the newspapers, and phone into TV or radio stations and air your views, it can make a difference! *Editor, Magda Taylor*

DR SCHEIBNER'S DATES

Dr Viera Scheibner will be arriving in the UK this month, at her own expense, for further lectures. Please support these events and the efforts of those involved in the organising of them by attending and, also, letting others know of these 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:

- 15th March. - Berkhamsted, Herts.
Joan or Jill 01442 261416
- 16th March. - Ealing
Valerie 020 8400 7699
- 17th March - Canterbury
Sue 01233 731071
- 18th March - Glasgow
Fiona 0141 639 8171
- 19th March - Leicester
Sue 01455 828778
- 20th March - Walthamstow, London
Jo Redmond 020 8503 7794
- 21st March - Brighton
Karel 01273 277309
- 22nd March - Ealing (full day)
Valerie 020 8400 7699
- 23rd March - Dublin, Eire
Ben 01884 252703
- 24th March - Kingston, Surrey
Elaine 020 8287 8642
- 25th March - Bath, Avon
Graham at Neals Yard Remedies
01225 466944
- 26th March - Bristol, Avon
Pip at Neals Yard Remedies
0117 946 6034

VACCINES CAN FAIL, BUT THE REASON MAY NOT BE OBVIOUS

- *Determining why includes looking at the disease and the person as well as the immunization.*

By Susan J. Landers, AMNews staff. Jan. 28, 2002. "http://www.ama-assn.org/sci-pubs/amnews/pick_02/hlsb0128.htm"
Plus Additional information.

Washington -- Vaccines are a wonder of modern medicine and have spared millions of people harm from such diseases as measles, polio, whooping cough and diphtheria.

However, sometimes vaccines fail to provide the reliable protection that many patients, especially the parents of young children, expect.

A recent outbreak of chicken pox in Connecticut, for example, resulted in a flurry of phone calls that kept Vincent Sacco, director of the state's immunization program, busy for several days.

He was able to tell parents that the number and severity of cases did not appear to be out of the normal range. He also stressed that his state is far from the 100% immunization rate that would make such an outbreak unusual. Connecticut began requiring students entering preschool and kindergarten to be vaccinated against chicken pox in 2000, so many students are not yet immunized.

But outbreaks do occur, even among children already vaccinated.

"We don't always know the answer to why a vaccine fails," said Julia McMillan, MD, a professor of pediatrics at Johns Hopkins. "And chicken pox is probably the most problematic."

She was quick to note that the varicella vaccine is still a very good vaccine, with an effectiveness rate at about 85%. And parents should be told that even if a child gets the chicken pox from a classmate or sibling after being immunized, the vaccine almost always protects them from "significant" infection, she said.

To really come to grips with why vaccines aren't 100% effective, "You have to look at the vaccine, the disease and the person," said Bruce Gellin, MD, executive director of the National Network for Immunization Information. Some people are more susceptible to a disease than others. "We don't always

know why some people get sick and die while others may not be affected at all even though both may have been infected by the same organism," said Dr. Gellin, who is also an assistant professor in the Dept. of Preventive Medicine at Vanderbilt University, Nashville, Tenn. Ongoing work in human genetics may provide some answers about the components of the immune system that are critical in responding to vaccines and more guidance on individual responses to vaccines, he noted.

But there are other intervening factors.

Vaccines, for instance, could also fail to be effective if they are not stored at the proper temperature. The varicella vaccine has a very strict temperature requirement, Dr. Gellin pointed out. It must be stored frozen at -15 C, and it shouldn't be refrozen. Therefore, a vaccine can fail because of an unplugged refrigerator or the inattention of a delivery person. Vaccines can lose effectiveness if not stored correctly.

The development of combination vaccines may bring other new problems. Such vaccines include those for measles, mumps and rubella, polio, diphtheria, pertussis and tetanus. Care must be taken to ensure that one vaccine doesn't interact with another to alter the immune response, said Dr. Gellin. Such interactions may be revealed after a vaccine has been used for some time. Dr. McMillan cites recent findings indicating that the immune response to the chicken pox vaccine appears to be diminished when it is administered within 30 days of the MMR vaccine. The best time to administer the varicella vaccine is now thought to be either on the same day as the MMR vaccine or more than 30 days after the MMR vaccine is administered.

The disease itself must also be examined when a vaccine fails to provide protection. "It is possible the organism is evading the immune protection the vaccine is delivering," said Dr. Gellin. The pneumococcal vaccine, for example, is designed to protect against 23 pneumococcal bacteria -- those thought to be most likely to cause disease in people. However, there are approximately 90 different types of pneumococcal bacteria.

Additional causes for vaccine failure include a person's age, weight, whether he or she smokes or whether they are male or female, he added.

The hepatitis B vaccine, for example, had been administered in a patient's rump until it became apparent that it wasn't finding its way to the immune system of obese people. Now it's routinely given in the deltoid, said Dr. Gellin. (*Editor: There seems to be an increasing number of different reasons for vaccine failure. Now the medical profession have a wide range of excuses from what sex you are to how large your 'rump' is.*)

The fact that vaccines are not 100% effective can also cause disease outbreaks. While the measles vaccine is highly effective at 95%, said Dr. Gellin, that rate also means that one in 20 people walks away unprotected. When a pool of unprotected individuals comes together at a school, for example, an outbreak can occur. About 10 years ago such an outbreak did occur, Dr. Gellin pointed out. Now the vaccine is administered in two doses with the goal of protecting those people who failed to be immunized at the first go-round. The technique appears to have worked. In the last couple of years, said Dr. Gellin, there have been fewer than 100 cases of measles. "We've gotten our community so protected that if a virus shows up it has no place to go."

ADDITIONAL INFORMATION

Too many shots? Researchers say no
Washington -- Parents should be assured that the vaccines their children get are beneficial and are not overwhelming and weakening their immune systems, according to a paper published this month in *Pediatrics*.

"Infants have an enormous capacity to respond to multiple vaccines as well as to the many other challenges present in the environment," according to the authors, who reviewed the recent literature on vaccines.

The paper should serve as a valuable resource for pediatricians, family physicians and other health professionals to use in addressing parents' concerns, said Jon Abramson, MD, chair of the American Academy of Pediatrics' Committee on Infectious Diseases. Rather than overwhelming their immune systems, vaccines prevent the weakening of infants' immune systems by protecting them from a number of

bacterial and viral pathogens, said the authors.

Children in the United States now receive 11 vaccines that are administered in as many as 20 shots by the time they are 2 years old. The multiple shots had apparently led parents to question whether the process might actually be causing harm.

Responding to a survey conducted about a year ago, one in four parents of children younger than 6 said they thought too many vaccines could weaken their child's immune system, said Bruce Gellin, MD, an assistant professor at Vanderbilt University, Nashville, Tenn., who participated in the project. The new paper was written to address those concerns.

"We've had a tremendous impact on disease and we've done that by introducing new, effective and safe vaccines," he said. "Yet there is a perception that there might be some problem related to them. So we wanted to provide a scientific basis to give some kind of rebuttal to that concern."

Editor: The Guardian, 8/1/02 also featured an article regarding the above paper from American journal Pediatrics stating: 'a baby's immune system could safely cope with as many as 10,000 vaccines at any one time and is not at risk from the current practice of giving combinations such as measles, mumps and rubella together.'

"Current studies do not support the hypothesis that multiple vaccines overwhelm, weaken, or 'use up' the immune system," says the paper....The authors calculate that if each vaccine contains 100 antigens, the immune system of the baby could respond theoretically to as many as 10,000 vaccines at one time.

Editor: Again and again there is no comment on the entry into the system -injecting into the body is not a normal or natural entry.

I doubt if the authors of this paper or other vaccine promoters would line up and receive 10,000 vaccines all at once, even though theoretically this is a completely safe and effective procedure.

What seems to be emerging more and more is the lack of the true understanding, by the so-called 'leading health experts', of the immune system and how it works along side all the other systems of the body.

MEASLES VIRUS LINKED TO AUTISM

By Jennifer Warner

WebMD Medical News. 8/2/02

<http://my.webmd.com/content/article/3606.1234>

For parents and doctors confused about the much-reported and much-refuted link between the combined MMR (measles, mumps and rubella) vaccine and developmental disorders such as autism, a new study is sure to spark even more debate.

The study, to be published in the April issue of *Molecular Pathology*, raises questions about whether the measles virus plays a role in triggering an inflammatory bowel disease found in children with developmental disorders.

Researchers identified a portion of the measles virus in the guts of 75 out of 91 children who had the both conditions, but only five out of 70 healthy children had the virus.

"The interpretation of this finding is difficult," writes Alan Morris of the Department of Biological Sciences at the University of Warwick in an editorial that accompanies the study. "It would be entirely wrong to jump to the conclusion that the measles component of MMR 'causes' the [inflammatory bowel disease] or the developmental disorder in these particular (or any other) children."

The MMR vaccine contains a disabled version of the measles virus. Morris says most diseases are caused by many factors and to single out one cause-and-effect relationship in this case

would be wrong.

Researchers say the findings raise some important questions about the link between the measles virus and developmental disorders but caution against jumping to any hasty conclusions based on their study.

"I stand behind the findings of our research," said study author John O'Leary, molecular pathologist at Coombe Women's Hospital in Dublin, Ireland, in a news release. "But the research did not set out to investigate the role of MMR in the development of either bowel disease or developmental disorder, and no conclusions about such a role could, or should, be drawn from our findings."

The parents of some children with autism and very limited research have suggested that the MMR vaccine may be associated with a form of autism that isn't apparent at birth. However, experts have disputed this claim, arguing that symptoms of the developmental disorder typically appear at the same age, 12 to 15 months, that children receive the MMR vaccine, which makes the relationship coincidental -- not causal.

In addition, a comprehensive review of the research conducted by the Institute of Medicine in 2001 found no evidence to support a link between the MMR vaccine and autism, but it said more research is needed to better understand the causes of autism in general.

GOVERNMENT SHOULD ABANDON IMMUNISATION TARGET PAYMENTS

26/02/2002

Dr Evan Harris MP, Liberal Democrat Shadow Health Secretary, today called on the Government to abandon immunisation target payments for GPs, saying they "corrupted the system".

Speaking in a House of Commons Adjournment Debate, Dr Harris said: "Immunisation target payments are a conspiracy theorist's paradise and they pollute the doctor-patient relationship. "How can we expect parents to believe they are getting the best independent advice from their GP, when the spectre of

financial incentives hangs over the consultation?"

Dr Harris criticised GPs who suspend patients from their lists in order to achieve immunisation targets:

"It is totally unacceptable and wholly unethical for practices to strike families off their list for refusing to accept immunisation, or to suspend children temporarily from their lists in order to claim the immunisation target payment.

"The GMC and primary care trusts must re-issue urgent guidance and clamp down on any such practices."

THE INFORMED PARENT WEBSITE

By the time this issue reaches your home we should hopefully have a website to visit! The main purpose of the website is to let people know about us and the service we provide. We will also have an 'events' page, which will be updated with details of any forthcoming lectures. We would be happy to list any talks/workshops on vaccination or other related health issues, so please send in the details. If you want to let others know about the organisation and the quarterly newsletter the website is :

www.informedparent.co.uk

"WILL THE POLIOVIRUS ERADICATION PROGRAM RID THE WORLD OF CHILDHOOD PARALYSIS?"

Editorial for the Vaccine Risk Awareness Network (VRAN) Newsletter (June-Oct. 2001) By Edda West

The Vaccine Risk Awareness Network Inc. was formed in Winlaw, British Columbia, in 1992 in response to growing parental concern about the safety of current vaccination programs in Canada. The following editorial was written by VRAN Coordinator and Newsletter Editor Edda West (eddawest@netidea.com) to accompany a Chronicillnet.org Special Report, "Will the Poliovirus Eradication Program Rid the World of Childhood Paralysis?" This article has been reprinted in two parts, with Part 2 to follow in the next issue of this newsletter.

PART ONE

Time and again, when parents call VRAN searching for vaccine risk information, the question of polio comes up. Anxious mothers ask -- but what about polio -- isn't that an important vaccine to get? What if my child gets polio? Although most young parents today didn't live through the polio era, there is an inherited fear that lingers on -- a fear that is reinforced by health officials who use the threat of the resurgence of infectious diseases like polio to elicit compliance with mass vaccination programs. Statements like "these diseases are just a plane ride away" conjure images of predatory pathogens invading from more primitive corners of the world.

That the polio virus is the sole cause of polio is accepted by most people as gospel, and that the Salk and Sabin vaccines eradicated polio in the western world is etched into our collective consciousness as the major medical miracle of our time. But the history of polio and its vaccines is shrouded in a murky mist of politico/scientific manipulation, altered statistics, redefinition and reclassification of the disease, increased cases of vaccine induced paralytic polio, and monkey viruses transmitted by contaminated vaccines to millions of people worldwide. Live virus oral polio vaccine continues to be the only source of paralytic polio in North America. And the fallout continues as researchers find the imprint of SV40 virus in a wide range of cancers and tumours, even in people who were not exposed to contaminated polio vaccine.

Neenyah Ostrom's feature article invites us to broaden our concept of the disease called polio. Was the polio virus really to blame for all those cases of polio in the '40s & '50s -- and what factors other than a virus are precipitating polio-like paralytic disease?

The last case of indigenous wild poliovirus transmission in Canada and the American region, was "certified" in September 1994, says Health Canada. Yet, despite polio having been officially conquered in the western world, crippling disease still strikes young and healthy people, the majority being children between the ages of 6-10. In Canada, health officials eagerly monitor all cases of Acute Flaccid Paralysis (AFP) because it is the yardstick by which they monitor polio.

Health Canada's Dr. Paul Varughese emphasizes that when symptoms of paralysis present "the single most important laboratory investigation is a stool specimen collected within two weeks of onset of paralysis for screening for wild or vaccine strain poliovirus, and that negative results of polio-specific investigations are as important as positive results for the evaluation of AFP cases." (1)

With a measure of pride, Health Canada says that 59 confirmed AFP cases were reported in 1999 in children under the age of 15. "The number of cases in 1999 represents a 40% increase over the number of cases reported in an equivalent reporting period for 1998, indicating continued improvement in reporting and that the majority (83.1%) of cases were diagnosed Guillain-Barre syndrome, followed by transverse myelitis (10.2%)." (1)

No speculation is offered as to what may have triggered the paralytic illnesses. Within VRAN, we know of several families whose children have suffered acute long term paralytic illness following MMR vaccination which later was reclassified as transverse myelitis. Yet the attending medical experts vociferously deny a vaccine association. One can almost hear a collective sigh of relief every time a paralysis is diagnosed as AFP -- never mind what caused it -- it's not polio!

Within days of launching the Salk vaccine in the U.S. in April 1955, 79 polio cases and 11 deaths were caused by the Cutter vaccine, which was found to contain live virus. Assuming contagion patterns, the numbers were later increased to 204 cases.(4) A fascinating chapter in the Rodale Encyclopedia of Common Diseases (1962) gives a year by year report of the Salk polio vaccine drama. Fast tracked through government approval processes, rigorous safety testing thrown to the winds, and a massive propaganda campaign oiled to the nines, the vaccine

was thrust onto a fear-filled public.

As the Salk vaccine program expanded, cases of paralytic polio began to increase -- "in 1959 more than 5,000 paralytic polio cases occurred -- 50% more than in 1958, and 100% more than in 1957. This trend developed in spite of 300,000,000 doses of Salk vaccine administered in the nation (U.S.) by the end of 1959. Dr. Harold Fletcher predicted in the Journal of the American Medical Association (April 9, 1960) that of a probable 6,000 paralytic cases expected by the end of 1960, 1,000 were likely to have had 3 shots." (2)

Rodale offers some prophetic insight: "Beneath all the hullabaloo over the Salk polio vaccine runs a consistent thread of hesitation and doubt expressed by responsible medical men throughout the world. There are doubts as to its safety; doubts as to whether this is the best way to make the vaccine; doubts as to whether, even if the vaccine does conquer the present-day forms of polio virus, we will perhaps then be confronted with a host of viruses just a little different, each of which will also have to have its own vaccine." (2)

One of the heroes that emerged during the Salk polio vaccine debacle was Dr. Herbert Ratner, MD. As public health director in Oak Park Illinois, assistant professor of Preventive Medicine and Public Health at Stritch School of Medicine in Chicago, and editor of the Bulletin of the American Association of Public Health Physicians, Dr. Ratner took on the corrupt polio vaccine establishment.

In an eloquent editorial in the Bulletin, he criticized the blatant manipulation of statistics, the "double standard" in reporting vaccine induced paralytic polio, and the secrecy that shrouded the 1954 polio vaccine field trials saying, "One questions the propriety of imposing upon the medical profession at large, and local health officers in particular, an 'enforced' inoculation program in the absence of making available to them the written report on the basis of which the program was presumably launched. Such a failure has the effect of converting the medical profession into slave technicians." (3) Dr. Ratner was referring to the Francis Report -- a key evaluation of the field trials that tested the vaccine on humans. Fraudulently, it failed to disclose to the medical community "that those who contracted polio after their first inoculation and before their second inoculation were placed on the 'not inoculated' list"! (4)

Citing the prudent approach of other countries, Ratner hoped to infuse a measure of sanity into the chaos. "All European countries, with the exception of Denmark, have discontinued their programs -- even Denmark is reported to have found live virus in the Salk vaccine. . . . English authorities have cancelled the Salk vaccine program as too dangerous." And quoting Dr. G.S. Wilson, director of the British Public Health Laboratory Service, "I do not see how any vaccine prepared by Salk's method can be guaranteed safe" and, ". . . Canada has postponed its vaccination program until the early part of 1956 in keeping with its earlier prudent approach." (3)

In May of 1960, Dr. Ratner chaired a panel discussion, at the 120th Annual Meeting of the Illinois Medical Society to review the increasing rise in paralytic polio in the U.S. The proceedings were reprinted in the August, 1960, Illinois Medical Journal which exposed the Salk vaccine as a frank and ineptly disguised fraud. One of the experts on the panel, statistician Dr. Bernard Greenberg, who went on to testify at Congressional hearings, revealed how data had been manipulated to hide the dangers and ineffectiveness of the vaccine from the public. Dr. Greenberg explained that the perceived overall reduction in polio cases was achieved by changing the criteria by which polio was diagnosed. (2)

Prior to 1954, all that was required was an examination on admittance and another 24 hours later; if the classic polio symptoms were discernible, the patient was considered to have polio. No lab test, and no residual paralysis were required to establish a paralytic polio case definitely. When the new criteria was established in 1954, for a case to be reportable as polio, residual paralysis had to linger for 60 days or longer. From this time onward, all cases in which paralysis lasted less than 60 days would no longer be classified as polio! Overnight, the majority of cases that would have been diagnosed as polio, were now shifted into a new disease category, cocksackie virus, or aseptic viral meningitis.

In Canada, the Dominion Bureau of Statistics issued an official bulletin in June 1959 titled Poliomyelitis Trends, 1958. "Data shown in this report are confined to paralytic poliomyelitis only. It may be noted that the Dominion Council of Health at its 74th meeting in October 1958 recommended that for the purposes of national reporting and statistics the term non-paralytic poliomyelitis be replaced by 'meningitis, viral or aseptic,' with the specific viruses shown where

known." (13)

Dr. Ratner continued to stir up the dirt. Having already publicly stated that "in 1957 the largest producer of Salk vaccine in the U.S. had several million dollars worth of vaccine on hand which did not pass the minimum potency requirements of the U.S. Public Health Service . . . and that subsequently, the Division of Biological Standards reinterpreted the minimum requirements to make possible the commercial utilization of the vaccine," he then dropped another bombshell in the February 16, 1961 issue of the Journal of the American Medical Association. Ratner denounced the Salk vaccine as "an unstandardized product of an unstandardized process" and that the 335 million polio shots given until now were a waste because they were too weak to be effective and that one's chances against polio, regardless of the previous number of shots, were no more dependable than those of someone who had not been inoculated at all. (2)

In her soon to be published book *Vaccination and The Making of Mass Mind*, author, educator and historian Walene James exposes the ruthless methods employed by the medical/ pharmaceutical industry to forward their toxic agenda with the complicity of government and the media as willing co-conspirator. Having lived through the polio era, she bears witness to the hideous charade that masqueraded as a public health measure. With keen insight, she dissects the statistical and epidemiological evidence that was suppressed to forward the big lie.

Walene James gives voice to the many medical people whose views disagreed with the official polio (viral caused) construct, many of whom questioned polio being a contagious disease. Some medical people had already begun to link paralytic polio-like illnesses as a response to the increasing use of serious neurotoxins like DDT, lead and arsenic compounds. Dr. Ralph R. Scobey presented "compelling evidence" that the real cause of polio is not viral, but a response to poisons in a series of articles published in *The Archives of Pediatrics* (1946-53). (4) Dr. Scobey's work can be viewed on line at the Images of Poliomyelitis website. (10)

Revisiting the work of numerous doctors, naturopaths and chiropractors whose natural therapies helped heal polio victims, James cites the tremendous work done by Dr. Frederick Klenner, MD, whose unequivocal success with vitamin C in healing polio and many other diseases, including recovery from pesticide

poisoning, is best described as a true gift to humanity. (5) Another important discovery was forwarded by North Carolina physician, Dr. Benjamin Sandler, MD, who found that polio could be prevented by a diet that eliminated refined carbohydrates, sugar, candy, cookies, pop and ice cream, which were ingested in enormous quantities in the summer months when polio was rampant. His research showed that hypoglycemia (low blood sugar) was a common disorder in children and adolescents and was at the root of polio attacking this age group. Low blood sugar is readily induced by wrong diet, followed by overexertion.

Many people followed Sandler's recommendations, and the incidence of polio in North Carolina dropped from 2,402 cases in 1948 to 214 cases in 1949 when the country as a whole showed an increase in the number of cases in that time frame. (4)

Around the turn of the 20th century, people began reporting paralytic illness after smallpox vaccination. (15) By the 1920s, infantile paralysis (later renamed polio) began to emerge as an important new disease that often afflicted the limb that had been vaccinated. And later, when typhoid vaccine, then diphtheria, tetanus vaccines and pertussis vaccines gained widespread use, illness and paralytic episodes following vaccination became common knowledge. Provocation polio is a well known phenomenon precipitated by "diverse factors that provoke or increase the severity of polio in its victims, or localize it to a certain section in the nervous system." Some of these factors included: vaccination, trauma, tonsillectomies, pertussis vaccines, and the injection of numerous substances such as cortisone, bismuth, guanine and penicillin. (9)

Strangely enough, polio is the only disease whose rise has been linked to improvement in sanitation and hygiene. Epidemiological theory speculates that early on in the 20th century, people in the upper classes who could afford a cleaner environment became more susceptible to polio than poorer class people who lived in more primitive conditions, where early exposure to the virus enhanced immunity readily acquired in infancy and early childhood. Undoubtedly, the decline of breastfeeding among the upper classes played an equally important role in the increase of paralytic diseases involving enteroviruses. The infant immune system evolves from the gut, and intestinal integrity determines whether the baby's immune function will be weak or strong. The most critical

immune protection arises from the foundation laid down by breastfeeding -- a foundation that cannot be derived from any source other than mother's milk.

Dr. Derrick B. Jelliffe, MD, describes colostrum and breast milk as an "antiseptic intestinal paint," protecting intestinal epithelial surfaces until the infant's own immune mechanisms mature. He explains that "the proven effect of sIgA [secretory Immunoglobulin A] appears to be enteral, including as a mucosal protection, particularly against the dominant pathological bacteria in the newborn, and especially pathogenic E coli, and enteroviruses such as polio virus and probably such newly recognized pathogens as rotaviruses . . . as well as other micro-bacteria, including streptococci, staphylococci, and pneumococci." Dr. Jelliffe lays particular emphasis on the crucial role of human milk in infant health: "This is extremely important as not only is infective diarrhoea a serious neonatal disease, but in addition many systemic generalized infections, such as some cases of septicaemia of the newborn and poliomyelitis, commonly enter via the intestinal tract." (7)

Polio is in a class of enteroviruses -- meaning they can colonize the gut. In a discussion paper on CFS (Chronic Fatigue Syndrome), Dr. William Campbell Douglas, MD says that many researchers view CFS as another form of polio. "Modern genetics has confirmed the genetic similarity between polio viruses, coxsackie, and another group called the echo viruses. Before the advent of the Salk and Sabin vaccines, there were only three polio viruses.

Now, with the drastic alteration of the human gut over the years as a result of these vaccines, there are at least 72 viral strains that can cause polio-like diseases." (6)

"When the coxsackie viruses were first isolated from CFS patients, it wasn't realized that we were simply dealing with a new form of polio. This new polio was caused by the replacement of the polio viruses with their brothers, the coxsackie viruses. As the researchers didn't get the connection at first, these new polio cases were labelled 'post-polio syndrome,' 'chronic fatigue syndrome,' and 'myalgic encephalomyelitis.' By altering the population's resistance to a particular organism, we alter the balance of infectious agents in the environment. The circulation of wild polio viruses 1-3 has declined through vaccination. However, this has left us open to the other 69 polio-related viruses, which have thrived." (6)

•PART 2 IN ISSUE 2-2002, out in June

IOM REPORT ON CHILD VACCINATIONS URGES MORE RESEARCH

*National Vaccine Information Center
421-E Church Street, Vienna, VA 22180,
USA. Contact: Barbara Loe Fisher, 20/02/02.*

Washington, D.C. 'Responding to a report issued today by the National Academy of Sciences Institute of Medicine (IOM) on child vaccinations and auto-immune dysfunction, the nation's oldest and largest vaccine safety and informed consent advocacy organization, the National Vaccine Information Center (NVIC) endorsed IOM's call for expanded basic science research into the development of the human immune system and identification of genetic and other biomarkers which could predispose some children to vaccine based adverse events, including autoimmunity.

The report, issued by the IOM's Immunization Safety Review Committee, found that scientific evidence from epidemiological studies on whether allergy, including asthma, can be caused by multiple vaccinations was conflicting and concluded that the evidence 'was inadequate to accept or reject a causal relationship.' The Committee concluded that epidemiological studies to date 'favor rejection of a causal relationship between multiple immunizations and increased risk for infections and for type 1 diabetes.'

However, the Committee also concluded that they did find some biological mechanism evidence that vaccines could increase the risk of immune dysfunction in some children that could lead to increased infections and allergy, including asthma. They stated that 'the biological mechanisms evidence regarding increased risk for infections is strong.'

The National Vaccine Information Center (NVIC) has long advocated increased basic science research into the biological mechanisms for immunity and vaccine adverse events, with particular emphasis on identifying genetic and other biomarkers that may play a role in increasing susceptibility for vaccine-induced neuroimmune dysfunction. Acknowledging the absence of research into this area, the Committee said, 'The Committee was unable to address the concern that repeated exposure of a susceptible child to multiple immunizations over the developmental period may also produce atypical or non-specific immune or nervous system injury that could lead to severe disability or death. (Fisher, 2001). There are no epidemiological studies that address this. Thus, the committee recognizes with some discomfort that this report addresses only part of the overall set of concerns of some of those most wary about the safety of childhood immunizations.'

NVIC President Barbara Loe Fisher called the report 'an important step in acknowledging the very real basic science research needs of our nation's mass vaccination system. We cannot continue to turn a blind eye to the growing minority of children who, for biological reasons, are not able to handle the increasing numbers of vaccinations routinely being given to all children.'

The IOM Committee pointed out that 'as the array of available vaccines and disease targets expands the current emphasis on universal recommendations and state mandates for vaccine use should be reassessed.' It encouraged 'an exploration of the merits of accommodating requests for alternative vaccine-dosing schedules and the development of appropriate clinical guidance for any such alternatives. A more flexible schedule might allow for a reduction in the number of vaccines administered at one time.'

Although the IOM Committee report did not recommend a policy review by the Centers for Disease Control, the Food and Drug Administration or the American Academy of Pediatrics at this time, the Committee report summary clearly recommended continued scientific research and consideration of 'new frameworks for immunization policy, particularly as the number of licensed vaccines increases.'

'While we disagree with some of the Committee's conclusions regarding the relative strengths and weakness of both the epidemiological and biological mechanism data that bears on proof of causality involved in vaccine-related autoimmunity and believe that specialized, methodologically sound studies of possible associations between multiple vaccinations and immune system dysfunction should be given a high funding and program priority by federal health agencies, we are pleased that this IOM report has identified a number of areas in which vaccine adverse event and policy research should be re-examined,' said Fisher. 'We hope that both government and industry will pay attention to the signals given in this report and work with parents of vaccine injured children to come to a better scientific understanding of why, for some children, the risks of vaccination are 100 percent.'

A non-profit, educational organization founded in 1982 by parents of vaccine injured children, NVIC serves as a consumer watchdog on vaccine development and policymaking. NVIC advocates the institution of safety and informed consent protections in the mass vaccination system and basic science research into genetic and other biological factors which place some individuals at high risk for vaccine injury and death. To view the full report: <http://National-Academies.org> and www.iom.edu/imsafety

MENINGITIS C VACCINE WASTAGE 'IS FARCICAL'

Taken from: BMA News, 26/1/02

Meningitis C vaccines are being wasted and the scheme to distribute the vaccines for GPs to give to under-25s has been described as 'farcical' by GPs.

Buckinghamshire GP Eric Rose said his two-GP practice had had 207 doses of the vaccine 'dumped' on them, without any communication from Farillon, the firm that delivers the drugs, meaning many will be wasted.

He said the drugs were delivered to him before his practice had received a letter from the chief medical officer for England stating how the vaccines should be distributed. Dr Rose said the expiry date for the vaccines he had received meant that he and his partner had less than 3 weeks to issue all of them, which would not be possible.

'I contacted Farillon and they said I should just throw them away but, apart from the waste involved, you can't just discard them. As much as anything else, we have only got a small fridge and there just isn't the room to keep them.'

North-west London GP Gillian Braunold said: 'We had enough vaccines delivered at our practice to cover the whole of South East of England.'

Farillon declined to comment. Another article in Pulse, 14/1/02, entitled CHAOS AS GPs SWAMPED WITH OLD MEN C VACCINES, read:

GPs are claiming the Government's order to extend the meningitis C vaccination campaign to all under-25s is a 'cynical ploy' to get rid of surplus vaccines

NEW JAB FOR AT-RISK INFANTS

Taken from: GP, 14/1/02

The Government is ordering GPs to vaccinate all at-risk under-2s with Prevenar, the new conjugate pneumococcal vaccine from this month.

GPs have been told to immunise just under 10,000 children who would otherwise be offered the polysaccharide vaccine over the age of two.

At-risk groups include those with asplenia or severe dysfunction of the spleen; chronic renal disease or nephrotic syndrome; immunodeficiency or immunosuppression including HIV; chronic heart disease; chronic lung disease; chronic liver disease and diabetes.

GPs have been told to give three doses, at two, three and four months, or two doses at least a month apart if the child is between five and 24 months. But children must also receive the polysaccharid vaccine after their second birthday.

before they expire.

A picture of chaos unfolded last week as some practices were swamped with unsolicited vaccines with an expiry date of Jan. 31 while others received no vaccine at all.....GPs complained they had been given no warning of last week's announcement that they should start urgent opportunistic vaccination of any unimmunised patient under 25.

Dr George Rae, chair of the BMA representative body and a GP in North Tyneside, said: 'It's very unfortunate if the vaccines are due to expire, as targeting 20 - 24 year olds is impossible for most GPs.'

Dr Rae also questioned the urgency of extending immunisation to 20-24 year olds as laboratory confirmed cases of meningitis C in that age group fell from 45 in the first three-quarters of 2000 to 42 in the same period of 2001.

Dr Gavin Jamie, a GP in Swindon, Wilts, received 112 doses of vaccine last week. He said: 'I only heard about the campaign when I read it in Pulse. The chances of this age group coming in before the end of the month, are pretty small. At best it smacks of (Government) incompetence; at worst it's a cynical ploy to get rid of vaccines.'

Dr Simon Morris, a GP in Reading, Berks, doubted his practice could use even half of the 100 doses it received before they expire. He added: 'I have a feeling that this campaign has been organised to take care of lots of vaccine that is going out of date.'.....Max Evans, managing director of Farillon, the Government's vaccine distribution agency, said they were only ordered to start shifting surplus stock on December 28.....

Acute encephalopathy followed by permanent brain injury or death associated with further attenuated measles vaccines:

A review of claims submitted to the National Vaccine Injury Compensation Program

Weibel R E, Caserta V et al. Pediatrics, Vol 101 No.3, March 1998, p 383.

Brief Extract:

Results. A total of 48 children, aged 10 to 49 months, met the inclusion criteria of receiving measles vaccine, alone or in combination. 8 children died, and the remainder had mental regression and retardation, chronic seizures, motor and sensory deficits, and movement disorders. The onset of neurologic signs or symptoms occurred with a nonrandom, statistically significant distribution of cases on days 8 and 9. No cases were identified after the administration of monovalent mumps or rubella vaccine.

Conclusions. This clustering suggests that a causal relationship between measles vaccine and encephalopathy may exist as a rare complication of measles immunisation.

RIOTS IN ALGERIA AS VACCINE KILLS SEVEN BABIES

From: Telegraph Group Limited 2001.

26/12/01. www.portal.telegraph.co.uk

RIOTS swept through the Algerian town of Oued el Abtal after the deaths of seven babies who had received measles vaccinations.

Residents fought police and set fire to government buildings when the town's prefect arrived to attend the children's funerals.

Police fired warning shots in an attempt to disperse the crowd in the town near Mascara, about 225 miles west of Algiers.

The seven victims were between three and 18 months old. Three died immediately after receiving the injections last week as part of a vaccination campaign and four others died within an hour, witnesses said. Dozens more were taken to hospital in a serious condition.

Local doctors claimed that the vaccine had passed its expiry date, but health authorities later denied this and said the vaccination had been administered incorrectly.

NO REPLY SO FAR

On 30th January 2002 I wrote to the head of immunisation at the Dept. of Health, regarding the recent introduction of the acellular whooping cough booster jab. So far there has been no response. It read:

Dear David Salisbury

I am writing to you regarding the recent introduction of a pertussis booster at pre-school age. In a Dept of Health letter, dated 15 October 2001 - Current vaccine and immunisation issues, it states that: 'The existing wholecell pertussis vaccine, as used in the current DTP immunisation programme at 2,3 and 4 months, has been considered unsuitable for use as a routine booster due to the increased rate of reactions in older children. However, recently available acellular perussis vaccines, which are well tolerated at older ages, offer the opportunity to boost immunity.'

Please could you explain clearly why the whole cell vaccine causes more noticeable reactions in older aged children and yet is allegedly perfectly safe to inject into 8 week old babies. What are the biological reasons for a young and immature immune system to be able to cope so well with the whole cell vaccine, when a 4 to 5 year old, with presumably a more mature immune system, is unable to cope?

Thanking you in advance and I look forward to hearing from you soon.

Yours sincerely
Magda Taylor

M.D. URGES PHYSICIANS TO GIVE PARENTS CHOICE OF SEPARATING THE MEASLES, MUMPS, AND RUBELLA (MMR) VACCINE

Rep. Dave Weldon, M.D. Urges Physicians to Give Parents Choice of Separating the Measles, Mumps, and Rubella (MMR) Vaccine Due to Growing Concern. 8/2/02

Washington, D.C. -- U.S. Rep. Dave Weldon, a Florida physician, urged the American Academy of Pediatrics (AAP) to fully inform parents of their choice in having the MMR vaccine separated and administered at different times.

There is growing concern among parents and medical researchers that concurrent exposure of the measles virus with other viruses may be linked to serious developmental disorders in some children. A recent study in the Journal of Clinical Pathology (Ulmann et al.) found persistent measles virus in the intestinal tissue of 75 of 91 patients with developmental disorders (i.e., autism) who also exhibited severe bowel disease.

"I am very disturbed by these findings and believe it is critical that we give children's health the highest priority," said Rep. Dave Weldon. "While the verdict is still out on whether the MMR vaccine causes regressive autism, an association has been demonstrated in this study and others. I call upon the AAP to urge pediatricians to give parents all the facts about this safety concern and allow parents to make an informed decision about whether or not they want to separate the MMR vaccine for their children."

"Vaccines have saved millions of lives. However, there are growing concerns about the safety of the MMR vaccine that must be independently studied," said Rep.

HEPATITIS VACCINE RECALL STUNS PASSPORT HEALTH

Baltimore Sun (www.sunspot.net) (02/01/02)
P. 1C; *Sentementes, Gus G.*

Merck is recalling batches of its hepatitis A vaccine manufactured by Passport Health. The reason for the recall is that some batches of the vaccine did not contain the recommended dose. The financial responsibility for contacting affected patients, scheduling appointments, giving blood tests, and giving new vaccinations falls to Passport.

Passport President Fran Lessans, pointing out that the company pays \$45 for each vaccine dose and charges patients \$70, asserts that the recall will have a tremendous impact on his company.

Weldon. "These clinical laboratory findings cannot be dismissed with epidemiological studies. The Centers for Disease Control and the National Institutes of Health must apply vigorous, independent tests to evaluate the concerns over the MMR."

There is an epidemic of autism among children in the United States. Ulmann et al. focus their research on a cohort of autistic children who develop what is known as regressive autism. Children with regressive autism meet normal developmental thresholds, but shortly after receiving the MMR (12-15 months of age) they begin to regress. Many public health officials have stated that the timing is simply a coincidence. However, Ulmann's discovery of measles in the inflamed intestines of 75 of 91 children in this recent study gives serious cause for concern.

It is believed that persistent measles virus in the intestines of these children may be the cause of the severe bowel disease (lymphoid hyperplasia and ileocolitis). Bowel disease is believed to result in the neurological disorders in these children. It has been established by other researchers that developmental disorders are associated with severe bowel disease. Last year the Institute of Medicine urged further study of this issue and the Congress has included language urging the National Institutes of Health to support research in this area. Additionally, a research paper published in Adverse Drug Reactions in January 2001, showed flaws in the pre-licensing studies of the MMR vaccine.

MY STAND ON MMR COST ME MY JOB...BUT I'LL FIGHT TO TELL THE TRUTH

The Mail on Sunday, 6/1/02, featured an article by Dr Andrew Wakefield himself. Here are just a few brief extracts:

"There is growing support from other doctors. People are coming off the fence and acknowledging that genuine questions need to be answered. Unfortunately, the Government's determination to exonerate the MMR vaccine has led to research data being used inappropriately. Conflicts of interest abound, scientific arguments have been misconstrued, and what remains amounts to little more than propaganda.' Also: 'Two of my four children, now four and seven, have not received the MMR vaccine and have yet to receive the single vaccines.'

THE EFFECTIVENESS OF A SECOND DOSE MMR?

*Vaccine 2002 Jan 15;20(7-8):1134-40
Immunogenicity of second dose measles-mumps-rubella (MMR) vaccine and implications for serosurveillance. Pebody RG, Gay NJ, Hesketh LM, Vyse A, Morgan-Capner P, Brown DW, Litton P, Miller E. Sero-Epidemiology Unit, Immunisation Division, PHLS Com.Dis.Surveillance Centre, 61 Colindale Avenue, London, UK*

Measles and mumps, but not rubella, outbreaks have been reported amongst populations highly vaccinated with a single dose of measles-mumps-rubella (MMR) vaccine. Repeated experience has shown that a two-dose regime of measles vaccine is required to eliminate measles. This paper reports the effect of the first and second MMR doses on specific antibody levels in a variety of populations. 2-4 years after receiving a first dose of MMR vaccine at age 12-18 months, it was found that a large proportion of pre-school children had measles (19.5%) and mumps (23.4%) IgG antibody below the putative (supposed) level of protection. Only a small proportion (4.6%) had rubella antibody below the putative protective level. A total of 41% had negative or equivocal levels to one or more antigens. The proportion of measles antibody negative (but not rubella or mumps) was significantly higher in children vaccinated at 12 months of age than at 13-17 months. There was no evidence for correlation of seropositivity to each antigen, other than that produced by a small excess of children (1%) negative to all three antigens. After a second dose of MMR, the proportion negative to one or more antigens dropped to <4%. Examination of national serosurveillance data, found that following an MR vaccine campaign in cohorts that previously received MMR, both measles and rubella antibody levels were initially boosted but declined to pre-vaccination levels within 3 years. Our study supports the policy of administering a second dose of MMR vaccine to all children. (*Editor: Why - if studies show that after a booster the antibody level declined to a pre-vaccine level within 3 years?*) However, continued monitoring of long-term population protection will be required and this study suggests that in highly vaccinated populations, total measles (and rubella) IgG antibody levels may not be an accurate reflection of protection. Further

studies including qualitative measures, such as avidity, in different populations are merited and may contribute to the understanding of MMR population protection. (*Underlining our emphasis.*)
Editor: Papers such as these leave me far from feeling reassured by the assumed knowledge and abilities of health departments and monitoring units.

ABNORMAL MEASLES SEROLOGY AND AUTOIMMUNITY IN AUTISTIC CHILDREN

From: Journal of Allergy Clin Immunol 109 (1):S232. Jan. 2002 Abstract. Vijendra K Singh, Courtney Nelson, Utah State University, Logan.

Immune factors such as autoimmunity may play a causal role in autism. We recently showed that many autistic children have autoantibodies to brain myelin basic protein (MBP) as well as elevated levels of measles virus antibodies. To extend this research further, we conducted a serological study of measles virus (MV), mumps virus (MuV), rubella virus (RV), cytomegalovirus (CMV), human herpesvirus-6 (HHV-6), measles-mumps-rubella (MMR), diphtheria-pertussis-tetanus (DPT), diphtheria-tetanus (DT) and hepatitis B (Hep B) and studied correlations with MBP autoantibodies.

Antibodies were assayed in sera of autistic children (n=125) and normal children (n=92) by ELISA or immunoblotting methods. We found that autistic children have significantly (p=0.001) higher than normal levels of MV and MMR antibodies whereas the antibody levels of MuV, RV, CMV, HHV-6, DPT, DT or Hep B did not significantly differ between autistic and normal children.

Immunoblotting analysis showed the presence of an unusual MMR antibody in 60% (75 of 125) of autistic children, but none of the 92 normal children had this antibody. Moreover, by using MMR blots and monoclonal antibodies, we found that the specific increase of MV antibodies or MMR antibodies was related to measles hemagglutinin antigen (MV-HA), but not to mumps or rubella viral proteins, of the MMR vaccine. In addition, over 90% of MMR antibody-positive autistic sera were also positive for MBP autoantibodies, suggesting a causal association between MMR and brain autoimmunity in autism. Stemming from this evidence, we suggest that an "atypical" measles infection in the absence of a rash but with neurological symptoms might be etiologically linked to autoimmunity in autism. (*Supported by grants from the James Dougherty Jr Foundation, Unanue Foundation, Lettner Jr Foundation, Autism Autoimmunity Project and Autism Research Institute.*)

MMR CHIEF BLAMES THE MEDIA FOR JAB 'ERRORS'

From: The Independent, by Steve Connor Science Editor, 11 Feb.2002

The doctor behind the nation's childhood immunisation campaign launched a scathing attack yesterday on those who continue to question the safety of the triple MMR vaccine. His intervention came as the Government was forced to admit it was losing the public relations battle to shore up public support for the measles, mumps and rubella triple vaccine.

David Salisbury, a paediatrician for more than 30 years, said any change in the present policy to one in which parents were offered the choice between a single or triple vaccine, as suggested by Liam Fox, the Tory health spokesman, would be highly damaging for children. "The health service has never given parents the choice to do harm before," Dr Salisbury, head of the immunisation group in the Dept. of Health, told The Independent. (*Editor: Now, why would a parent choose to do something harmful?*)

"Why should we actually contrive to cause harm?"

He poured scorn on sections of the media for undermining the MMR vaccine, and questioned if he could serve a government that reverted to single injections for measles, mumps and rubella. "I would find it extremely difficult to be promoting a policy I thought was dangerous," Dr Salisbury said. "I never went into medicine to do things that are dangerous and I would find it enormously difficult to implement a policy I sincerely felt would put children's lives at risk."

He said Whitehall was working on ways to swing public opinion behind the triple vaccine. "We'll be taking a very much more active approach in communicating to parents and providing them with the best information and the best opportunities possible to have their children immunised," he said.

"If they [parents] are getting all their information from the newspapers then quite a bit of what they are getting is misinformation. Every day I read articles in our newspapers that contain factual errors. I don't know if that is deliberate misinformation, or poor journalism, but every day I see factual

errors given credibility.

"One of the first patients I saw [as a young doctor] was a 12-year-old boy who had come into hospital to die because his brain had been so devastated by the long-term effects of measles," he said. "And one of the first babies I had seen in the neonatal unit was one who had been damaged by congenital rubella. I don't need to see any of those again, but that will be the consequence of this drive for single vaccines." (*Editor: Obviously doctors working in hospitals will see the very worse cases of a disease, but they are not typical cases. Most cases are dealt with at home and are not necessarily observed by health professionals. Doctors should do more study in understanding why certain children suffer with complications. Why would a virus strike randomly? It doesn't ring true.*)

Dr Salisbury said the MMR vaccine had never been linked with autism or bowel disease despite repeated assertions to the contrary by some media commentators. "I wonder if at some point all those journalists who have done a great deal to destroy an immunisation programme question what they've done," he said. "You only have to look at the hysteria in our papers and then ask yourself why do the other 90 countries that use this vaccine think we've gone completely mad?" (*Editor: There are problems in other countries, but some have less freedom of speech, so the public are kept in the dark!*)

Dr Salisbury also criticised Andrew Wakefield, the doctor whose research led to the current scare over MMR, for failing to include "very elementary details" about the autistic children he cited in his study.

"How many people picked up the fact that in his paper that went on the internet last week, some of his cases had had measles vaccine not MMR?" *Editor: Hopefully more people will start to pick up on the fact that the measles vaccine may also be causing damage. Sadly the press and TV coverage has given the general public the notion that there is only one other option, ie single doses. Also the coverage on measles outbreaks have been so grossly overstated that parents across the country have developed a very unrealistic view of the illness itself. I would agree with one comment by Dr Salisbury, it's about time we had more factual coverage.*

A FATHER'S DILEMMA

As a parent who has decided against the MMR vaccine for his child, I am apparently in a minority of about 1 in 5 of the parental population. This gives me no satisfaction as I am still faced with the dilemma of whether to have the single vaccine or not. I am angry at having to divert a lot of time and energy researching something that should logically be a non-issue. Vaccines are necessary to build our immune system against disease and technology has provided us with the means to reduce risk.

The single measles vaccine is no longer licensed in the UK, it may be administered privately and I could give my daughter the jab tomorrow at any one of the clinics listed on the website www.singlevaccine.com. That is not the point, I want to know unequivocally that the single vaccine is safer than the triple. Unfortunately nobody is prepared to confirm this and the latest research by Dr Wakefield casts doubt on the measles vaccine itself, irrespective of whether it is administered singly or in combination with mumps and rubella. The anti-vaccine lobby is strong, and has as much scientific evidence as the government and public health authorities. It is the single vaccine lobby that is weak.

Let's take a step back, I am not anti-vaccination per se, in principle I am in favour of stimulating the immune system to prepare defence against dangerous viruses. It is just that vaccines sometimes cause more damage due to patient

reaction and I need to know how safe the single vaccine is for my child.

Unfortunately vaccine reaction is vastly under-reported. The World Health Organisation estimates that only 1 in 5 of all drug reactions are recorded and that for vaccines it is significantly lower. True vaccine safety, and the gulf between principle and practice in vaccine effectiveness, is just one of the reasons the MMR controversy will not go away quietly.

The second issue raised by MMR is the arrogance of scientific proof. This is a symptom of our era as much as anything else, but the conventional wisdom is that if it can't be proved then it doesn't exist. I am a parent not a scientist, in fact if anything I am a historian. The last five centuries of scientific discovery are littered with those who in their own time were certain about a fact that later generations disproved, humility and science are not familiar bedfellows. Remember the official line on BSE barely ten years ago - absence of evidence is evidence of absence. You know this is wrong. Parents don't need to see proof of a link between autism and MMR, they are quite prepared to make a decision based on probability not certainty.

The third issue relates to the track record of the authorities in the arena of public health, irrespective of party politics. Both BSE and Foot & Mouth have dented the credibility of the public health authorities in the eyes of the general public. To politicians saving face in office can be more important than

getting to the truth. Admittedly responsibility for public health is a poisoned chalice, but that is what you inherit with government. If only those in power would show a little magnanimity and admit error at the right time things wouldn't get so out of hand. Those who suffered from the Urabe strain of MMR vaccine in 1992 have heard it all before and they are right to be sceptical. For myself my wife was nearly born with thalidomide deformities but for her mother's decision to reject a drug considered safe in the 1960s.

The fourth issue emanates from the third. National policies on public health have as their driver the interests of the state in respect of the majority of the population. Statisticians recognise that some infants will react to the vaccine but that this is inevitable in a mass immunisation programme. In the war against disease there will by necessity be casualties. Parents by contrast hold the safety of their own offspring as paramount, being rightly less concerned for herd immunity than those responsible for quotas or costs within the NHS.

These are the reasons MMR will not go away quietly. It raises issues of true vaccine safety, scientific arrogance, government credibility and public health interests, none of which can be solved overnight, certainly not to the satisfaction of parents who only want to make the right choice for their child.
By Garry Honey, a father of a 21 month old baby girl.

MORBIDITY AND MORTALITY AFTER POLIO VACCINATION IN ASSAM

The following article featured on: BBC News Online, Mon 12 Nov 2001
<http://news.bbc.co.uk/1/hi/english/health/newsid_1651000/1651863.stm>

CALCUTTA: At least 10 children have died in India's northeastern state of Assam of side effects after being administered a vaccine during a polio immunisation campaign run by the state government. More than 500 children have been admitted to government and private hospitals after falling sick.

Angry groups of parents have surrounded offices of the local administration in protest in Assam's southern city of Silchar.

On Sunday, thousands of children were administered a polio vaccine throughout Assam and the rest of the country. But within a day of the massive polio immunisation campaign, reports have come in of large-scale side effects in and

around the city of Silchar in southern Assam. Officials say 9 children have died in one village -- Labok -- while one died in Malugram locality of Silchar. Non-governmental organisations in Silchar who assist the government in this campaign say outdated vaccines were possibly supplied in some areas. But officials were not willing to speculate on the causes of the large-scale side effects.

However the following day the reports suddenly changed to laying the blame on vitamin A overdoses!?!

UNEXPLAINED ILLNESS, CHILDREN - INDIA (ASSAM)

*Date: 13 Nov 2001 10:59 AM ET
Source: Reuters - Hundreds of Indian Children Ill After Vitamin Dose*

DISPUR, India: A U.N.-sponsored drive to protect against blindness in northeastern India left 700 children

hospitalized and a 2-year-old girl dead, government officials said Tuesday. Medical workers gave the vitamin A, supplied by U.N. humanitarian agency UNICEF, to 321 000 children up to the age of 6 to ward off blindness in the northeastern state of Assam, state officials said. "At present there are 700 children hospitalized in different parts of the state and they are not in a serious condition," state Health Minister Bhumidhar Burman told a news conference. He said a 2-year-old girl died 2 hours after she was given a dose of vitamin A on Sunday, adding earlier reports, that up to 10 000 children might have been affected by the concentrated vitamin A solution, were unfounded.

Vitamin A is regarded by doctors as a simple, cost-effective way of preventing blindness among poor families, whose diets often lack vitamins.

HERD IMMUNITY

The following is an extract from the book 'A Parent's Dilemma' by Greg Beattie.

When you have groups of people (or animals) living in close proximity, as in a herd, they tend to share their germs around. It follows that after a particular germ has been passed amongst the herd, the bulk of them will become immune to future attacks. With most of them immune, it is unlikely the germ will be able to circulate in the herd again, because there will not be enough non-immunes to sustain its circulation. This is a state called herd immunity which, theoretically, protects the herd from outbreaks. As new members are born the proportion of non-immunes rises. When it reaches a certain level the herd once again becomes susceptible to outbreaks.

Let's have a look at how the concept came about.

A researcher by the name of A W Heidrich published a study in 1933 on the patterns of measles in Baltimore from 1900-31 (approx. 40 years before measles vaccination became available). He concluded that epidemics of measles could only occur when the number of immune children was less than 68%. Any more than 68%, and there weren't enough non-immunes to spread the disease.

This concept was built on the understanding that children developed immunity to a disease after suffering from it. Nowadays, we are told that vaccines do the same thing. If we vaccinate the bulk of the herd; we can achieve herd immunity. But interestingly, the figure of 68% has increased over the years, and is now 95% compliance, and we are assured that this accomplishment

Parents rushed the children suffering from fever, vomiting and stomach pains to hospitals after vitamin A was given, said Dr. B.C. Kro, head of state health services.

UNICEF regional officer Carrie Auer, speaking at a news conference in the capital of the tea- and oil-rich state, denied allegations by police that the vitamin A batch was contaminated. Burman said samples had been sent for testing and the government had banned use of the vitamin A solution until the results were known. Auer said the batch was "not contaminated but fine as the products were manufactured in the months of June and August," adding the agency was "seriously looking into the incident."

In Geneva, UNICEF spokeswoman Wivina Belmonte said that the agency

will rid our communities of outbreaks.

However, no proof has ever been presented. In fact, the evidence is quite to the contrary. Here's a sample:

The first country to be declared free of a disease by the World Health Organisation (WHO) was the Gambia in 1967. The WHO, with three mobile teams using jet injector guns, vaccinated all children aged six months to four years. It was estimated that 96% of the population were vaccinated and the country was declared measles free. That was in 1967.

In 1981, a research team went back to the Gambia and studied the population for a year. They found that over 13% of them fell victim to measles in that year. But the really shocking observation was that 14.8% of these died within nine months. Hardly a successful eradication programme.

Let's look at the United States. As explained in the previous chapter, the US continues to experience major outbreaks of measles in schools despite vaccination levels of around 98%. Researchers in 1994 tabled 18 school outbreaks of measles in highly vaccinated populations (half the schools had vaccine coverage above 98%).

They commented: 'In one case, five generations of measles cases occurred among the student body. In another notable outbreak, measles transmission occurred for 2 months in two schools despite immunisation levels of 99% and immunity levels documented by serologic testing in 96% of students.'

They reluctantly concluded: 'In the particular case of measles, "herd immunity" is not completely effective in preventing an outbreak of measles despite extraordinarily high immunisation rates.'

eagerly awaited the results of the investigation by Assam's Health Ministry. "This was the third round of Vitamin A administration in Assam this year. There were no complications from the others. In the past year, a total of 35 million Indian children have received doses to prevent blindness," Belmonte told a news briefing.

Kro said the children may have received an overdose. He said a preliminary investigation had showed the doses were not contaminated and the expiration date on the vitamin was 2003.

"There must be something wrong with the amount of medicine given to the children," Kro said. "A child up to the age of one year needs only 10 milliliters (2 teaspoons) while a child between one to 5 years requires 20 milliliters (4 tsps) These children were probably given

FIELD TRIAL OF COMBINED MEASLES AND RUBELLA LIVE ATTENUATED VACCINE

*From Japanese journal: Kansenshogaku Zasshi 2002 Jan;76(1):56-62
Takeuchi Y, Togashi T, Sunakawa K, Katou T, Kamiya H, Nakayama T. Department of Pediatrics, Kawasaki Municipal Hospital.*

We investigated the antibody responses and clinical adverse reactions after immunization with live combined measles and rubella vaccine (HF vaccine) in 442 healthy children, aged 12-90 months of age. We obtained 368 paired sera.

Among them, 363 were initially sero-negative against measles virus and 343 (94.5%) became sero-positive after immunization. Sero-conversion against rubella virus was demonstrated in 349 (96.7%) of 361 initially sero-negatives against rubella virus. We investigated the clinical adverse reactions in 406 recipients. In 102 (25.1%) recipients, febrile reaction (>37.5 C) developed on the day 6.7 of vaccination on average, with a mean duration of 2.2 days. Only two (0.5%) developed high body temperature over 39.5 C. Skin rash was noted in 87 (21.4%) on day 7.1 of vaccination on average, with a mean duration of 4.8 days. Lymphadenopathy was demonstrated in 12 (3.0%). Thus, measles and rubella combined vaccine was safe and sufficiently immunogenic as well as each monovalent one, having clinical advantage in immunization practice. (*Our underlining*)

Editor: Was the skin rash that developed around 7 days after the vaccine in 87 recipients, measles by any chance??

CHILLING REPORT ON DOCTORS

About half of doctors' fridges are set at the wrong temperature, putting vaccines at risk, a study shows.

The five-year study showed a quarter of GPs fridges reached freezing point, ruining vaccines against polio, hepatitis and influenza. Many GPs weren't aware vaccines could become ineffective if frozen, researchers said.

The study by Central Coast Public Health Unit researchers, was published in the ANZ Journal of Public Health. Herald Sun, Melbourne, Australia. Jan 31st, 2002, pp5.

Editor: Yet another aspect of this highly controversial issue that leaves one cold!

TRAVEL VACCINATIONS & HOMEOPATHY

Homeopathy is an effective alternative for travelling in countries where conventional wisdom suggests a vaccination programme before departure. Contrary to popular belief virtually no country requires you to have vaccinations and certificates - most countries have signed a WHO accord to this effect. Travel agents' literature only tells you what is advised.

There are four stages to making the inoculation decisions.

1) Assess the risks - do you really need this protection in the area you are going to? The country you are visiting may be listed as a high-risk place but you may be going to an area where there is no risk. If you are going to Kenya, for example, it may only be worth taking malaria prevention in Mombasa, where malaria is a known risk, while the safari parks, especially in the dry season, may not be a risk at all. My son backpacked through Thailand and Malaysia, but the only place he went where I might have worried about malaria was in the jungle. To get more specific information, try the relevant embassies. Bear in mind GPs will recommend vaccination, because that is the business they are in!

2) Decide who in your family can take what kind of prevention - in many cases, such as with pregnant or breastfeeding women, or young babies, conventional vaccination is not advised. You may also want to consider whether it's worth exposing yourself and your children to all those toxic substances for a mere two week holiday, especially when several vaccines are bunged in at the same time. All of them have side effects, even when administered separately.

3) Find out about the street cred of individual vaccines, which vary from offering some protection to being of no use at all, such as the cholera. An invaluable book outlining the relative effectiveness of each vaccine, countries where various diseases are a problem, and what you can do with homeopathy is: 'THE WORLD TRAVELLERS' MANUAL OF HOMEOPATHY' by Dr Colin Lessell

4) Decide what kind of protective measures to take. It is important to know that no system of prevention on its own, conventional or otherwise, comes with a guarantee - the best preventative is a strong, healthy immune system. This happens to be the speciality of homeopathy.

Homeopathy can help in four main ways: good constitutional treatment from a homeopath raises the level of health and boosts the immune system to avoid disease; it strengthens the inner organs to keep the body detoxed and free of disease; it

provides nosodes, a type of homeopathic vaccination (eg HEPATITIS A or B), to encourage the body's resistance to specific diseases, without exposing the body to injurious and noxious substances. It can also be used alongside conventional inoculations to help the body clear out any side effects.

So, do you go the conventional route and choose all or some of the inoculations on offer, with or without the support of homeopathy? Or do you boost your immune system and/or take Homeopathic nosodes? Or do you do nothing? It's your choice. You could discuss your options with a registered homeopath - a list is available from The Alliance of Registered Homeopaths on: 08700 736339.

There is a lot you can do for yourself too. You can obtain specific organ tonics to strengthen the liver, for example - very important when visiting countries where hepatitis may be a problem.

CHELIDONIUM 6x, is recommended for this.

Among the nosodes, it is worth considering the malaria ones. There is a MALARIA COMBINATION NOSODE, which contains four types of malaria protozoa. This or MALARIA OFF 30 should be taken twice on one particular day a week, morning and evening. If visiting an area endemic with malaria, CHINA OFF 8x or 30 can be taken in addition twice daily - ideally you should start two weeks before going to the area, and continue for at least another 2 weeks afterwards.

Remedies, organ tonics, nosodes and books are available from the Homeopathic Pharmacies. Helios, for example, (01892 537254) will supply individual or a combination of nosodes geared to your particular circumstances. They also sell homeopathic travel kits, well worth taking along with you to treat any holiday ailments.

The best form of prevention for many diseases is to avoid being bitten. You can take a several-pronged approach for this. You could take the homeopathic LEDUM 30 twice daily when in a high-risk area, (also treats insect bites), and for extra protection CALADIIUM 6. You could cover arms and feet in the evenings, eat lots of garlic, take Vitamin B1 (50mg every twelve hours), and use protection on your skin. Natural herbal repellants such as Mosiguard are good, but I often find the need for something extra in the evenings in infested areas, such as a very sparing dash on the wrists and ankles/feet of an anti-insect repellent containing Deet!

My family and I have traveled all over the world for our holidays and have used homeopathic remedies exclusively with no problems. My children had the remedies

when they were babies, and now one is at university, and the other is on her gap year - The only bug they ever caught was the travel bug, and my daughter is currently embarking on not one, but three major far-flung journeys this year.

As a Homeopath, I advise my travelling patients - so far they have encountered no problems. Be sensible but not fearful when making your decisions. Whatever you decide, once it is made, don't worry. Enjoy your holiday - happiness and peace of mind is the best boost to the immune system!

Valerie Southorn practises Homeopathy at RealHealthWorks Childrens Clinic, Ealing. Travel remedy workshops are held from time to time. For further info phone: 020 8400 7699 or email: info@realhealthworks.co.uk

HYPERACTIVITY & ATTENTION DEFICIT - IS THERE HOPE BEYOND RITALIN?

By Margit Wendelberger-James, RSHom

The toddler who aggressively throws his toys at other people and never plays *nicely*, the school child who won't ever sit still and can't focus on any single task, the 'nerdy' teenager with food allergies and obvious communication problems. All these children probably suffer from hyperactivity in some form or other, or, in technical terms, ADHD (attention deficit and hyperactive disorder). Likewise we have related disorders like ADD (attention deficit), ODD (oppositional Defiant Disorder) and CD (conduct disorder). Hyperactivity often goes together with poor attention, impulsivity and aggression in any shape or form, including defiance, bullying and cruel behaviour towards smaller beings, including siblings and pets.

Where do these illnesses originate? There seems to be no single simple cause. Hereditary traits, environmental factors, diet, lifestyle and in susceptible children, vaccinations, can all contribute. The number of children on Ritalin, the childhood disorder drug, increases daily. Although this might help with the most obvious behaviour aberrations and therefore appears to be blessing for the family, it solves nothing. We can only guess the long-terms side effects of the drug, which cannot be under estimated.

What can be done naturally? One of the most important factors in these disorders is diet and supplementation. Most of these children cannot digest lactose and gluten properly; therefore eliminating milk and wheat products can be a breakthrough. Hyperactive children may suffer from 'leaky gut syndrome' where the intestinal lining is somewhat damaged. Supplementing digestive enzymes as well as Lactobacillus Acidophilus to help to build up beneficial bacteria in the gut may be indicated. If there is a sugar craving Chromium is a good! (contd. on back page)

SNIPPETS FROM RECENT ARTICLES

• BUPA BANS SINGLE JABS FOR BABIES AT HOSPITALS - *By Geoff Marsh, 16/2/02 Daily Express. (Extracts.)*

BUPA, Britain's largest private hospital group, yesterday gave its backing to the Government's stance on the controversial MMR jab.

It said it would stop doctors giving children inoculations for measles, mumps and rubella separately because the Department of Health had "made it clear" that the combined MMR jab was safer.....

Although Bupa does not provide the separate inoculations itself, it has always allowed GPs to perform them in its hospitals. But yesterday the company told doctors to stop giving the series of six injections, costing a total of £460, despite the growing popularity with parents.....
....The Bupa hospital at Whalley Range, Greater Manchester, was the first to shut its doors to the procedure. Dr Simon Fordham, who runs the Manchester clinic, said he had no doubts that the combined MMR jab was safe. But he insists that he gives the separate jabs because the alternative is that some parents would not have their children vaccinated at all. "Bupa HQ have told us that they don't want us giving single dose vaccines anymore," he said. "I don't know why. It is a real problem, I don't know if I will be able to find anywhere suitable with all the equipment we need.

"For us to start from scratch and rent a building and equip it would mean borrowing thousands of pounds without any guarantee of getting that money back." He added: "I haven't banked any of the deposit cheques I have had from parents who are waiting (for the separate inoculations) and if I can't find anywhere in the next month I will have to write to them saying, sorry, but here is your cheque back.".....The huge surge in demand across Britain has already caused a worldwide shortage of the single-dose vaccines and manufacturers will not be able to supply anymore until next month... ..But despite the controversy over the MMR jab, Prime Minister Tony Blair has refused to reveal whether his own son has had the injection.

A spokesman for the Department of Health said: "We don't have any control over what Bupa do. Single vaccines imported into this country are not licensed so we can't vouch for their safety or effectiveness. MMR is the safest and most effective way of protecting children against these diseases."

•MMR SUPER JAB PLANNED

From: http://news.bbc.co.uk/hi/english/health/newsid_1823000/1823248.stm

Friday, 15 February, 2002, 17:49 GMT

A pharmaceutical firm hopes to introduce a new super jab combining the controversial MMR vaccine with a shot to protect against chickenpox. GlaxoSmith-Kline is submitting its MMRV vaccine for approval in Britain. If it is approved by the European regulatory authorities it could be available next year.....The new vaccine, which would include a dose of the varicella or chickenpox vaccine, is sure to provoke more controversy.

A GlaxoSmithKline spokesman said the vaccine would work out cheaper than MMR because it cuts down on the number of injections a child has to undergo....
....Currently, licensed chickenpox jabs are not available in the UK although they can be obtained through some private companies.

Although the disease is not seen as dangerous, latest figures show it accounts for about 25 deaths annually in England and Wales. Topically, this is more than from measles, mumps, whooping cough, and Hib meningitis combined.

A Department of Health spokeswoman said: "We are not in any way considering adding any vaccine to MMR at this point. "If and when such a vaccine is licensed we will consider all the evidence on its safety and efficacy in combating chickenpox and shingles." Chickenpox can be fatal, especially in people with suppressed immune systems, and deaths from the disease in adults have increased over the past 30 years, despite the availability of a vaccine against it.....

•EIGHT OUT OF 10 ARE OPPOSED TO MMR TRIPLE JAB

February 4, 2002. Daily Telegraph (UK)
(www.portal.telegraph.co.uk) p5;

G Hamida

In the United Kingdom, a recent poll revealed that 8 out of 10 people thought parents should be given an alternative to the MMR vaccine, which is given to children to protect them from measles, mumps, and rubella. According to the poll, which was commissioned by ITV's *Tonight With Trevor McDonald*, 85% of the respondents believed the NHS should offer a choice between separate injections and the triple vaccine. A further 55% of respondents wanted the British Prime Minister, Tony Blair, to say whether his son was given the combined vaccine, and 38% expressed a general unhappiness with how the British government had handled the campaign to convince parents to allow their children to be given the MMR vaccine.....

•MMR-TYPE VACCINE FOR CATTLE WITHDRAWN AFTER TEST FEARS 15 YEARS AGO

From: www.sundayherald.com/22053

By Sarah-Kate Templeton, health editor, 3/2/02

A combined vaccine similar to the controversial MMR jab was withdrawn from use on cattle because it did not work properly, a leading Scottish vaccine expert has revealed.

As a cluster of measles cases were reported in an area where parents are boycotting MMR due to suspected links with autism and bowel disorders, Dr John March of the government-funded Moredun Research Institute, warned that vaccines for cattle are tested more thoroughly than jabs for children.

March believes the measles vaccine weakens the immune system and that this can be problematic when it is given at the same time as other live vaccines, such as mumps and rubella.

He said it is not known, as yet, whether the MMR vaccine causes autism --as some experts have claimed -- but he believes there is the 'potential for problems'.

'Immuno-suppression can easily be detected and monitored in an individual animal. With current human vaccine trials this would never be observed,' he said. Evidence of a problem with the cattle vaccine has been available for 15 years, but March said the comparison between the cattle and human vaccine has not been made until now as veterinary scientists and medics were working in isolation.

A paper published in the scientific journal *Veterinary Record* in 1987, the year before the MMR was licensed in this country, showed that when cows were given a combined cattle measles and pneumonia vaccine the measles part interfered with the pneumonia component and weakened the immune system.

In his work on animals, March and his colleagues study immune responses to vaccines over months and years, taking blood samples at regular intervals to measure whether the immune system is suppressed or modified and for how long. March pointed out that in humans, however, blood samples are taken only on a single occasion, and the results from different children are pooled to give an average. He said the available data is therefore extremely limited and the chances of picking up individual reactions small.

'Perhaps only one in 200 children may not be able to handle three live viruses and these are the ones who become autistic. It is more likely to happen with three simultaneous live infections. We simply do not know as we have never done these studies .

'If we look at a similar situation in animals then yes, the measles vaccine did interfere with the other component. It did affect the immune response. Although there is this potential in humans, they say it is not going to happen so they are not

going to investigate. '.....March's call for more research comes as three children were confirmed as having measles and a further 22 possible cases are being investigated at two private nursery schools in South London.

Bill Welsh, chairman of Action Against Autism, said parents would welcome screening to identify children at risk of an adverse reaction to the MMR vaccine. He said: 'If multiple vaccines containing live viruses are unsafe for beasts in the field, why are they being injected directly into the bloodstreams of our children?'

•DRUG TYCOON IN £50,000 LABOUR LINK

From:www.scotlandonsunday.co.uk/index.cfm?id=185742002 By Brian Brady.

THE boss of Britain's biggest vaccines company made a £50,000 donation to Labour two months after winning a £17m NHS contract, Scotland on Sunday can reveal.

Dr Paul Drayson, chief executive of bio-science business Powderject, handed over his donation after winning a deal to provide all the UK's anti-TB jabs at a price four times that of the previous contract. The cash - from a family fortune estimated at over £100m - was donated shortly after Blair's election victory last June.

Drayson, 41, has made a string of statements in recent months praising the Prime Minister and his government, including a defence of Blair's refusal to reveal whether his baby son Leo had had the controversial MMR vaccination..... A spokesman for Powderject last night confirmed that Drayson was a Labour party member who had given the money as an individual donor. The spokesman insisted it was 'completely unrelated' to Powderject's dealings with the government.....But shadow health secretary Liam Fox, who complained about the cost of the BCG deal when it was announced, challenged the government to lay bare full details of its contacts with Drayson.

He said: "Any suggestion that the NHS is being overcharged for vaccines would naturally be a cause for concern at anytime.

"Given recent events, in particular the scandal surrounding Labour donors, it clearly becomes a cause for heightened public anxiety. The questions raised must be dealt with speedily and transparently."

.....Powderject, the sixth largest vaccine company in the world, also produces the leading flu vaccine, Fluvirin, vaccines against yellow fever and tetanus, and the Diamorphine pain-killer.....The decision last March to award Powderject the £8.5m a year contract over two years to provide the BCG jabs against TB provoked furious complaints that the government had not got value for money.

Ministers had been forced to halt the

BCG schools immunisation programme in 1999 after their supplier, Medeva, ran into production problems. Powderject later took over the Merseyside-based company, renaming it Evans Vaccines. The DoH then negotiated the new BCG contract with Powderject, but at a price more than four times the original £2m a year.

The Powderject spokesman said last night: "We are the only licensed supplier of the TB vaccine in the UK. We won that contract in an open manner and we announced it."

Powderject is now believed to be helping the government strengthen Britain's defences against bio-terrorism in the aftermath of the attacks on September 11. Evans Vaccines has restarted production of a smallpox vaccine and stepped up output of an anthrax vaccine it already supplies to the Ministry of Defence.

Drayson co-founded Powderject to sell a needle-free injection system, but the company's main focus is now the vaccines business. bdrady@scotlandonsunday.com

•DEFIANT PARENTS COULD FACE MMR 'INQUIRY' BY GPs

Daily Mail 20/02/02; p.3

Parents who refuse to have their children vaccinated with the combined MMR jab could face a questioning from their doctor on the subject. The idea is part of the government's bid to force up MMR immunisation levels, which have fallen to crisis levels in London. Campaigners have condemned the plan as 'outrageous' and accuse the government of trying to intimidate parents into having their children vaccinated.

Editor: Parents should start questioning their GPs about the MMR, they might be surprised at their doctor's limited knowledge, and that most simply follow guidelines.

•DOCTOR TO MAKE £40,000 FROM SINGLE MMR JABS

From:www.thescotsman.co.uk/health.cfm?id=192782002 By Jeremy Laurance Health Editor, 19/2/02

The past few weeks have been bedlam for Dr Christopher Parry. His Tuesday afternoon clinic held in the centre of Colchester, Essex, offering single measles, mumps and rubella vaccines to the children of parents worried by MMR has been overwhelmed.

"They have come from Wales, from the North, from all over. It's madness," said a receptionist at his vaccination clinic yesterday.

His appointment book is full until the end of July but callers were being told yesterday that a second clinic could start next month to cope with the demand. The charge is £75 a vaccine, making £225 for the course of three.

Parents are willing to pay the high charges because few doctors are prepared to

provide the single vaccines and they are in short supply. The single vaccines are unlicensed in this country and must be ordered individually on a "named patient" basis.

Dr Parry is likely to receive more than £40,000 in gross fees from his Tuesday afternoon clinics in the next six months. His clinic runs from 1.30pm to 6pm and he vaccinates five children an hour, yielding a gross income of about £1,600 for the afternoon.

Dr Parry, an NHS GP, backs the MMR vaccination but insists doctors must respond to demand. "I think MMR is safe and I have given it to my three boys. But people are not convinced of its safety and therefore will opt to have nothing. I think single vaccines are slightly less safe [than MMR] but they are better than nothing."

He defended the high charges saying he had had to hire a receptionist and a "bevvy of maidens" to cope with the volume of calls from worried parents in the past few weeks. "I started last May doing it for a couple of afternoons a week seeing 10-15 patients an afternoon. Now it has taken off and I am really stretched.

"If I am accused of cashing in I would say I cashed in on it well before the latest hullabaloo - and the driving force has been the refusal of parents to have MMR. I could be accused of cashing in but I am offering a pretty sensible service."

Dr Parry said he obtained his vaccine supplies from IDIS World Medicines in Surbiton, Surrey. There had been a hiccup in the supply but he was expecting fresh vaccine to be available next week. IDIS was not returning calls yesterday.

For his own NHS patients, Dr Parry said he would administer the single vaccines without charge, but they would have to obtain the vaccines themselves. "I would advise them to have MMR but if they say no, and put it in writing then I would give them a private prescription to take to the chemist. I would never dream of denying my NHS patients a service I was happy to provide privately."

A spokeswoman for Boots said that a patient with a private prescription for measles or mumps vaccine would have to have it ordered individually, and the cost would be £50 to £60 for each vaccine. Rubella vaccine is licensed, because it is given to pregnant women, and would be "much cheaper", the spokeswoman said.

In Louth, Lincolnshire, Dr Peter Mansfield's 'Good Healthkeeping' clinic had been inundated with 10,000 calls a day, a receptionist said yesterday. There are 8 staff taking calls and the single vaccine clinic, which runs on Mondays, Tuesday and Thursdays, is fully booked until April.

60 YEARS OF PROVEN SUCCESS

'The Gerson Therapy - The Amazing Nutritional Program for Cancer and other illness - 60 Years of Proven Success' by Charlotte Gerson and Morton Walker, D.P.M. Twin Streams, Kensington Publishing Corp. New York USA. ISBN 1-57566-628-6

Dr. Max Gerson was a German physician who developed his therapy between 1925 and 1955. The Gerson Therapy's lifesaving nutritional programme has successfully healed thousands of patients from a wide range of chronic, degenerative diseases for over 60 years. In this authoritative and much awaited book, Charlotte Gerson and medical journalist Morton Walker reveal the powerful healing effects of organic fruits and vegetables and show how juicing can not only reverse the effects of many illnesses considered 'incurable', but can save lives. This new book, scientifically validates the therapy and adds to the last and most widely distributed of Dr Max Gerson's books, *A Cancer Therapy: Results of 50 Cases*. His book was first published in 1958; it has sold nearly half a million copies in five languages.

In *THE GERSON THERAPY*, Gerson and Walker fully describe Max Gerson's groundbreaking healing program and present case studies, as well as special recipes and juices designed to speed the healing process. They reveal the potent healing effects of juicing with organic fruits and vegetables, and explain how other practices, such as detoxifying the body, can achieve recovery. In their discussion of The Gerson Therapy the authors include topics such as overcoming allergies, obesity, high blood pressure, cancer, AIDS, lupus and other chronic illnesses, revealing supplements that strengthen the immune system, beating disease by changing blood chemistry, and which foods and spices to avoid to stay healthy.

Toxicity is our dilemma, the cause of our diseases. As dwellers on this earth we have become inured to the destructive nature of the material world in which we live. The fundamental basis of the Gerson Therapy is addressing body toxicity and nutritional deficiency. Stop polluting yourself, is the call. The increasing use of drugs in conventional medicine is not the answer, according to Charlotte Gerson. 'You cannot treat toxicity (the disease) with toxicity (the drugs)'. The answer is to flood the body with nutrition with fresh vegetable juices and aid the detoxification of the body with the now famous coffee enemas. Coffee taken

rectally is totally different than if drunk. The science of this has been well documented as to why it works, but widely ignored. The effects speak for it. Patients with migraine headaches in 90% of cases are relieved with one coffee enema within minutes of administering. Cancer patients can come off painkillers permanently within days of commencing the Gerson Therapy. The substances in coffee taken rectally have the ability to open the bile ducts, thereby releasing liver toxicity. It is the poisons in the bloodstream, which accumulate in the liver, that cause us pain. 'Coffee in the bathroom', as Charlotte calls it, does not enter the blood stream in the way a cup of coffee does.

For the Gerson patient, and indeed for the health of everyone, alcohol, tobacco, coffee, tea, as well as fluoride, aspartame, soy products, meat, dairy, and all commonly consumed ready prepared food are on the list of forbidden foods and products. The therapy is exacting - no deviation from the list of foods. Only fresh organic vegetables. Yet people still fight her and the wisdom of Dr Max's cure, conditioned by the media and the lifestyle they have adopted.

The therapy works unequivocally if you follow the programme -neither add nor subtract anything. Dr Max experimented and by trial and error tried it all. 'Now do as I say and you shall live'. No one need die of cancer. This is her message and the mission. But will the world listen? But as she points out, you cannot patent carrot juice and there is no money in coffee enemas. It is so sublimely simple. This is what is so enthralling. Nature's way is so simple - but the pathway to healing is by no means easy especially from the brink of death. But there is hope for all, her readers, and her audience. She herself is living proof of the therapy and her zestful living. As a child she suffered migraines and later TB - both cured with the Gerson Therapy. At 80 years of age, her skin is youthful, no tell-tale liver spots, no signs of fatigue - the audience always applauds her when she offers her statistics and the details of the challenge of the tour she has just completed.

While much of the emphasis in the book is concerned with the treatment and cure of cancer, it is the every day non-threatening illness that all can most effectively use the Gerson Therapy. Medical scientists may insist that their surgery, drugs, and chemo & radiation for cancer, is the way, but we all know that to remain in good health is by living the

'Gerson life' is the real answer.

But the greatest dismay Charlotte expresses is the fact that patients do not realise that this therapy is to be their way of life. This in itself is an intriguing fact - why is it that once the body is diseased, the predisposition remains? Only after 2 or more years, can patients ease off the nutritional intake and detoxification - keeping clear of the forbidden list of foods and substances. But wait a minute! Those forbidden foods, toxic substances and chemicals are a 20th century invention. Is the rise in cancer and chronic diseases the product of modern living, agriculture, industry, medicine and technology? Whatever the cause of this modern scourge, whatever theories regarding treatment, the Gerson Therapy remains fundamental. There are variations of the theme of nutritional cures - but the Gerson Therapy remains the basis, most documented and most fundamental of all the treatments that have emerged in the 20th Century. Turn your eyes and minds to this book, and have it reveal to you the essence of living, and grow in the knowledge of hope for health. This book challenges the science of the well-meaning oncologists and pharmaceutical research with drug options. Open your self to total healing. Health is the absence of all disease and with it the clarity of mind to live a full and purposeful life.

© By Cornelis van Dalen, December 2001

Charlotte Gerson, the daughter of Dr. Max Gerson, has founded Gerson Healing Clinics in the United States and Mexico that have healed thousands of patients over the past 30 years. She lectures worldwide, has spoken by invitation at Parliament in London, and innumerable international health conferences. She lives near San Diego, California. Morton Walker, D.P.M., has written over 70 health books on a wide range of subjects, and is a regular contributor to The Townsend Letter for Doctors

THE GERSON THERAPY

The Amazing Nutritional Program for Cancer and Other Illnesses by Gerson & Walker. Paperback available at £15 + £2 p&p through Best Care Products
Tel. 01342 410 303

Charlotte Gerson is giving lectures and workshops at The College of Naturopathic & Complementary Medicine, CNM, in London on 11th & 12th May, For more details contact 01342 410 505

The Gerson support group can be reached on: 01372 817 652. There is a Gerson seminar to be held in Essex from 9th - 15th May for professionals only!

MMR VACCINE: WHAT THE GOVERNMENT ISN'T TELLING YOU

The government has decreed that there is no evidence of a link between the MMR vaccine and autism. So is that the last word? Many parents are not convinced, and a new report prepared following the latest controversy shows they have every right to be concerned. The report, based on extensive new research and discoveries that have never before been reported, has unearthed:

- a blood disorder in the mother could be the link to autism in the vaccinated child
- the measles virus has been found in the spinal fluid and brain of many autistic children
- children who have measles and mumps - either as an illness or as a vaccine - within a short time are much more likely to go on to develop problems such as IBS and Crohn's disease as adults.

The report also gives contact details of every practitioner in the UK who is offering the single vaccine, provide alternatives to the vaccine, including nutritional advice, your legal rights if your child is seriously affected by a vaccine, and a legal consent form for health practitioners to sign before your child has the vaccination. 'What The Government Doesn't Tell You About The MMR Jab' is produced by What Doctors Don't Tell You. The report is an essential read for any parent concerned about the MMR vaccine. It costs just £4.99, including p&p, or you can buy the new report, plus the best-selling book *The Vaccination Bible*, for a combined price of only £10.99 - a saving of nearly £2.

To order: By credit card: 0870 4449886 or fax 020 8944 9888

E-mail info@wddty.co.uk

By cheque, made payable to: 'WDDTY', and send to: WDDTY, 2 Salisbury Road, London SW19 4EZ. Include your name and address.

STUDY GROUP

Veronica Walton, a Brighton-based homeopath would be interested to hear from parents of autistic children who might wish to participate in a small study looking at homeopathically antidoting the vaccines their children had previously received before the onset of symptoms of autism or other related conditions. Please contact Veronica to discuss further details on: 01273 702070

ARE YOU IN MILTON KEYNES?

I would like to make contact with local like-minded parents who are interested in setting up a group or even a school. It would be great to hear from you!

Jan Barry. Tel: 01908 370864 or email me on: beauty.retreat@zoom.co.uk

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 June 2002. Cost: £130 - £120 if paid before 2/4/ 2002.

For further details, bookings or to arrange homeopathic, child health or vaccination consultations with

Dr Jayne Donegan please call:

020 8632 1634

(Contd. from p.12) supplement to reduce the imbalance in sugar levels, as well as regular healthy meals and snacks. All foods that stimulate the adrenal glands should be avoided, which includes tea & coffee (including coke and chocolate), refined sugar (reduce as much as possible), oranges and orange juice, hard cheeses. Most parents already avoid artificial colours, sweeteners and additives for good reasons. The diet should be supplemented with essential fatty acids and a multi-vitamin, preferably for children. Fatty acids, minerals and trace elements are lacking in our diet and supplementing with Flax or Hemp Seed oil will help the nervous system. (*Brand: Udo's Oil is a good choice.*)

Particularly for the hyperactive child there is a good herbal supplement 'Calm Child'; for the more attention deficient child there is a combination of amino acids and minerals 'Attentive Child', as a nutritional supplement. Both cost respectively £8.49 and £11.49 plus p&p and are available from BAREFOOT BOTANICALS, Tel. 02072 882977. As with all naturopathic products, you may have to expect a 6-8 week transitional period before you see some definite improvement.

Homeopathic treatment can perform nothing short of miracles if the child is under the care of a professional homeopath and remedies are properly indicated. This is an on-going process, as natural remedies need a little longer to dramatically help these conditions. However, they can help to make the child and the family feel drastically better, a form of healing takes place which cannot be gained from Ritalin, besides there are no side-effects from homeopathic remedies. Solace can be obtained even with in the most trialling personal situations and naturopathic methods, together with other forms of complementary therapy will improve the quality of these children and their family without doubt.

If you want to contact Margit about homeopathic consultations or allergy testing please call the Bishops Stortford Homeopathic Clinic on:
01279 658 138

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

The Informed Parent Company Limited. Reg.No. 3845731 (England)