

THE *informed* PARENT

ISSUE TWO - 2002

A QUARTERLY BULLETIN ON THE VACCINATION ISSUE & HEALTH

MMR GIRL FELL INTO COMA

Yorkshire Evening Post. By Vicki Shaw

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www.thisisleeds.co.uk/ed/frontpage/464083/1,index.html

A THREE-year-old girl slipped into a life-threatening coma just days after having the controversial MMR jab. Levi Ellis began shaking uncontrollably and lapsed into unconsciousness exactly a week after having the injection.

Today mum Cheryl Bell said she planned to press for compensation over her little girl's ordeal. Cheryl, 33, of Glass Houghton, near Castleford, said little Levi began acting strangely almost immediately after having the jab at Castleford Health Centre in January. She said her daughter was visibly distressed, began to come out in a rash and suffered sleepless nights. A week later, when concerned Cheryl took Levi back to her GP, the toddler began to have a fit and fell into a coma in the surgery.

She was admitted to intensive care at Pontefract General Infirmary where for the next 24 hours Cheryl kept a bedside vigil, fearing she could lose her youngest child.

Levi came round a day later, but spent another week in hospital under close observation.

Today Cheryl said she felt "huge guilt" and wished she had never allowed her child to have the injection. The mum-of-three, of The Croft, said: "I really thought I was going to lose Levi. I kept asking 'Will she live, will she live?' but no one could tell me.

"If you don't have the injection you think you are hurting your child and when you do, and something like this happens, you end up racked with guilt."

Cheryl has two other children, Stephen, 16, and eight-year-old Nathan, who both had the MMR triple jab without any adverse reaction. The mum believes Levi's asthma might have triggered the serious side-effects, although it is not known for certain why the youngster reacted to the

injection.

Cheryl added: "If I could go back in time, there's no way I would have let Levi have that injection. I would have taken my chances that she might have caught measles or mumps.

And she said Levi had continued to have problems since the jab, including a lack of concentration, and that her speech development had been set back.

She now needs to visit hospital for regular check-ups to see how she is progressing, although a brain scan has not revealed any damage.

"Now, I just don't know if she will ever be the same little girl she was," said Cheryl.

She now plans to press for compensation under the Government's 1979 Vaccine Damage Payment Act. A special fund allows parents of children affected by NHS vaccines to win up to £100,000.

"No amount of money will change what has happened to Levi, but if she needs anything at all in the future, I want to be able to provide it," said Cheryl.

Uptake rates of the combined measles, mumps and rubella (MMR) vaccine have plummeted since a controversial report in medical journal *The Lancet* in 1998 first hinted at a link to bowel and behavioural disorders.

The report, by Dr Andrew Wakefield at London's Royal Free Hospital, has now been discredited several times over, but many concerned parents have continued to shun the jab.

Instead, many parents are campaigning for single jabs, which they believe have less impact on a child's immune system. But the NHS currently refuses to fund a separate vaccination programme.

The Government, which insists the jab is "perfectly safe", recommends an uptake rate of 95 per cent to ensure "herd immunity." But in West Yorkshire, the figure is around 80 per cent. Public health chiefs say serious reactions to the MMR vaccine are extremely rare.

vicki.shaw@ypn.co.uk

VIERA SCHEIBNER'S SPRING TOUR

Many thanks to all those involved in helping to arrange Dr Scheibner's recent tour!!! The lectures went very well, with good size audiences and a good deal of positive feedback. Also, a big THANK YOU for the kind donations made to *The Informed Parent* by some of the organisers, it's much appreciated!!!

Viera may possibly be here for further talks in early October, so if anyone is interested in organising a talk, please let me know.

Magda Taylor.

DEDICATION

This issue of the newsletter is dedicated to *Ian Stirling* (b.27-7-1919) who sadly passed away, at the age of 82, on 25th March 2002.

I first met Ian back in 1992 whilst attending a conference. The subject of vaccination was brought up and Ian launched enthusiastically into why many years back he had not had his 3 children vaccinated and all the research both he and his wife, Monique, had collected over the years. He frequently attended talks and seminars on the subject, and given the opportunity would stand up and address the audience with interesting data! Often Ian would phone to share something interesting he had discovered whilst reading on this issue, and I know that he kept the editors of the daily papers, such as *The Times*, busy with the numerous letters he wrote in - and he had a fair few published too.

In his wife's words - 'He was a man of extraordinarily wide interests and talents, and throughout his lifetime retained a child-like enthusiasm which left a profound impression on all who knew him,' and, 'it would be impossible not to mention that he was a civilised rebel who felt passionately about and committed to both aesthetic and ethical questions such as the arts, justice, peace, health and environmental issues.'

I feel privileged to have known him and I feel sure that Ian's hopes for the 'truth' to emerge will come to pass - and maybe in the not too distant future. *Magda Taylor*

MEASLES PUPILS HAD BEEN GIVEN VACCINE

Taken from: *The Times*, 6/2/02.

By Helen Rumbelow

SOME children who caught measles in the outbreak in South London had already had an MMR vaccination, it was disclosed yesterday as another suspected outbreak was reported in Gateshead.

Results were expected today on 23 suspected cases of measles connected to the White House school in Clapham, where there have been three confirmed cases in recent weeks. Four more suspected cases have been sent for testing by the Gateshead and South Tyneside Health Authority, where immunisation rates are 91 per cent, among the highest in the country.

The cases come only ten days after Durham Health Authority reported that there had been four confirmed cases in its area in the previous two months. The outbreak, which comes after one previous case in the last seven years, is now said to be under control.

Parents of children at the White House school yesterday said that they feared that the main MMR inoculation, given to children before their second birthday, was not protecting them against the disease.

The health authority for Lambeth, Southwark and Lewisham said that the suspected cases did include those who had the MMR vaccine but not the booster. The first MMR vaccine is supposed to confer 90 per cent protection against measles, the booster two years later another 9 per cent of protection.

Sarah Wilkinson, whose seven-year-old daughter, Georgina, attends the White House school, said that her daughter's friend, also aged seven, was one of the cases of measles, despite the fact that the girl had received the first MMR jab. "The big story is not that these children weren't getting the MMR jab, but that they were and it didn't work," Mrs Wilkinson said.

Helen Spiller said that her five-year-old daughter had two classmates with suspected measles, and as a result she immediately went to arrange a first MMR jab for her 15-month-old son. "The doctors said that they don't know why the children are getting it if they have had the first jab, they are checking to see if this is a particularly mutated strain," Mrs Spiller said. Parents were sent a letter, by the school then by the health authority, informing them of the outbreak and asking them to check that their children's vaccinations were up to date.

Pouli Otton spent £600 to have her children, Natasha, four, and Eleanor, two, immunised with single dose vaccines instead of the "triple" jab MMR. "If someone said, 'Here's the MMR, we're

going to vaccinate your daughter', it would be over my dead body," Mrs Otton said. The reason that the area had such a low take-up of the MMR vaccine, with one in three parents not immunising their child, was because they distrusted government advice, she said.

Clara Forbes, who is 16 months old, was taken to the school yesterday by her nanny, who was picking up her two brothers at the school. Both boys have had the MMR jab, but managed to pass measles on to their sister, who was taken to intensive care. Hazel Forbes, her mother, said that she had put off giving Clara her first MMR because she had had a cold, but would be giving her the jab as soon as she was fully recovered.

Gill Sanders, director of public health for Gateshead and South Tyneside Health Authority, yesterday sought to reassure parents that the MMR jab was safe. "Parents do not need to worry and should take up the MMR vaccine for their children," she said. "If you are looking for the best quality, cost-effective treatment, then it is MMR. Anything else is second-rate."

Samples from four children have been sent to the Public Health Laboratory in London for further tests, and it will be early next week before the results are known.

Alan Milburn, the Health Secretary, restated his confidence in the combined jab. He said: "I know there are real concerns about this among many parents.

"But the vaccine is the safest way of protecting children against what can be potentially life-threatening conditions."

Editor: I recently contacted the SE London Health Authority for fuller details. The Press Officer gave me the following:

Press Statement to The Independent 8th April, 2002. Dr Rachel Heathcock, Consultant in Communicable Disease for Lambeth, Southwark and Lewisham said:

Although this measles outbreak has now abated, the recent situation reminded us that measles is a serious illness which spreads easily amongst those who have no protection against it. In all of the 34 cases of confirmed measles locally, the children had either not had their MMR vaccine or had only had one dose. It must be remembered that the majority of children are being immunised and we continue to strongly recommend that all children should have both doses of the MMR vaccine to protect as many children as possible from these potentially dangerous childhood diseases.

I did ask about the age distribution, any hospitalisations, maternal immunisation status and so on, but they did not have that data.

MEASLES IN BIRMINGHAM

In the NHS Birmingham Public Health Network newsletter, 16/5/02, details regarding measles notifications in the period - 16/1/02 to 31/3/02 were reported.

There were 21 cases of clinical measles and under the heading Pre-disposing factors it stated:

'None of the cases were reported to be immunosuppressed, had a history of overseas travel, had a case of measles in their family or had contact with a known case.'

This highlights the possibility that some individuals may develop measles from within, it doesn't necessarily have to be 'caught' from external sources.

The main heading which caught my eye was:

Immunisation Status

The data resembled a riddle rather than straightforward information, and it went like this:

- Of the 21 cases five were under the age for MMR immunisation
- 14 had received their first MMR immunisation
- One had no record of his first MMR immunisation
- Four had received their second dose of MMR
- One parent had refused the second dose
- Eight were under age for their second MMR
- Eight had no record of their second MMR
- One had an unknown immunisation status

From the above, we can establish that 5 were under 12 months old, too young to have received MMR. It would be interesting to know what the immunisation status of their mothers were, and also if the babies were breast-fed and for how long.

That leaves 16 cases and we can see that 14 had received at least one MMR. Of the remaining 2 cases it's possible that they may have been immunised also, as it states that one had no record of his first MMR immunisation. That could mean that he had received two doses but there was no record of his first dose. The other case may be the one that had an unknown immunisation status. This occurs when the parent states that the child did receive the vaccine but there is no record on the child's notes. I intend to write to the Public Health department to see if they can clarify these points. Certainly it is clear that the majority of cases in this outbreak were in the vaccinated.

OBSERVED COSTS AND HEALTH CARE USE OF CHILDREN IN A RANDOMIZED CONTROLLED TRIAL OF PNEUMOCOCCAL CONJUGATE VACCINE

G. THOMAS RAY, MBA *et al*
THE PEDIATRIC INFECTIOUS DISEASE JOURNAL
2002;21:361-365

Background. Pneumococcal conjugate vaccine for infants has recently been found to be effective for prevention of meningitis, bacteremia, pneumonia and otitis media, but it is more costly than previously introduced vaccines.

Aim. We sought to determine the savings in medical costs through 36 months of life attributable to the use of the vaccine in healthy infants in a large randomized trial.

Methods. We analyzed the actual medical costs of 36,471 children involved in a randomized trial of heptavalent pneumococcal conjugate vaccine conducted in the Northern California Kaiser Permanente Medical Care Program. The costs of the vaccine and vaccine administration were excluded.

Results. Compared with the control group, the vaccinated group experienced a 2% reduction in clinic related costs [\$48; 95% confidence interval (CI), \$10 to \$83] and a nearly significant 14% reduction in outpatient hospitalization costs (\$32; CI -\$1 to \$66). The savings in total medical costs were 1.2%, but this difference was not significant (\$41; CI -\$204 to \$270). Inpatient hospital costs were highly variable and were responsible for the lack of precision in the difference in total cost. In a post hoc analysis that excluded hospital costs not believed to be potentially pneumococcal related, savings in medical costs were \$78 and significant (CI \$5 to \$158).

Conclusions. The pneumococcal conjugate vaccine reduced ambulatory care costs in children in the first 36 months of life, but without a larger trial, the magnitude of the savings in total medical costs is uncertain. These results indicate, however, that any medical cost savings that are associated with the vaccine are unlikely to be high enough to offset the cost of the vaccine at its current price.

CHILDREN'S CHICKENPOX VACCINATION A THREAT TO ADULTS

2/5/02, *The Scotsman*. By Kate Foster

PLANS to vaccinate children against chickenpox could lead to millions of adults developing shingles, scientists warned yesterday. Health officials in Britain are considering whether to include a jab for the infection in the childhood vaccination programme.

The chickenpox virus remains in the body and can flare up later in life as shingles - a painful rash which mainly affects older people.

But researchers say that, for adults, exposure to children with chickenpox can act like a booster vaccine against shingles. Adults living with children are less likely to develop shingles than those who do not.

John Edmunds, a researcher for Public Health Laboratory Service, in London, said: "Vaccination looks good in terms of costs if you just look at the economic effect of chickenpox.

"But shingles has been ignored, and if you include that, the costs and benefits may not be very good at all."

At present, a quarter of chickenpox veterans go on to develop shingles, usually after the age of 60. But if all children are vaccinated for chickenpox, adults who have had the disease will not be exposed to enough of the virus to prevent full-blown shingles later, according to the research in New

Scientist.

Dr Edmunds and his team calculate that, over the first 50 years, vaccinating a population the size of the US would save 5,000 children from dying from the complications of chickenpox, but an extra 5,000 people over 60 would die from the complications of shingles, and there would be 21 million extra cases.

Vaccination against chickenpox is not widespread in Europe because the disease is regarded as fairly harmless, but in the US, where vaccination was introduced in 1995, chickenpox cases have fallen by 80 per cent.

Dr Michael Oxman, of California, concedes chickenpox vaccination could lead to a surge in shingles, but one remedy could be to also vaccinate older people to boost their immunity to shingles.

Dr Oxman is heading a study of 40,000 Americans over 60 to be completed in 2004 to see whether this works. A new four-in-one jab which combines the chickenpox virus with the contentious MMR vaccine could soon be available in the UK. (*Vaccine* 2002; 19:3,076-90).

The drugs company GlaxoSmithKline is submitting a "superjab" vaccine against measles, mumps, rubella and chickenpox for approval in Britain. The new inoculation could be in use as early as 2003.

VARICELLA VACCINE PROTECTS ADULTS AGAINST SERIOUS DISEASE OVER LONG TERM

<http://www.medscape.com/viewarticle/430955?srcmp=id-040502>

NEW YORK (Reuters Health) April 2002 - The varicella vaccine provides adults with durable protection against serious varicella-zoster virus disease, according to a report in the March 15th issue of *Clinical Infectious Diseases*.

"The varicella vaccine was approved in 1995 for use in healthy varicella - susceptible children and adults," Dr. Anne Gershon and colleagues, from Columbia University, New York, note. They examined the long-term immunity to varicella in 461 adults involved in varicella vaccine trials from 1979 to 1999.

Forty of the vaccinees (9%) developed break-through chickenpox from 8 weeks to 11.8 years (mean, 3.3 years) after their last vaccination. This included 19 of 89

vaccinees (21%) with household exposure to chickenpox.

Among the 36 untreated vaccinees, the median number of skin lesions was 20. The number of skin lesions did not change significantly with time since vaccination, the team reports.

"Breakthrough chickenpox was mild, even among vaccinees who did not have seroconversion or those recipients who lost detectable antibody," Dr Gershon and colleagues write. "Lower varicella-zoster virus antibody titers measured within 3 months of vaccination as well as at the time of household exposure were associated with an increased risk of breakthrough disease." *Clin Infect Dis* 2002;34:774-779.

Editor: 'Breakthrough' is presumably a new term for vaccine failure ??

THE INFORMED PARENT WEBSITE

Finally, after a number of delays we have a website!! The main purpose of the website is to let people know about us and the service we provide. We 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?"

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, Part 1 was featured in the previous issue of this newsletter, Issue 1, 2002.

PART TWO

Shortly before his death in 1997, Dr. Herbert Ratner contacted SV40 virus researcher Dr. Michele Carbone and gave him seven sealed vials of polio vaccine that had been stored in his basement fridge since 1955. He had saved those vials for 42 years waiting for the right person to inherit them -- someone perhaps a little like himself, a man of integrity, a lover of truth, a whistleblower -- you could call it a kind of divine cosmic joke.

I had the extraordinary privilege of meeting Herbert Ratner on a number of occasions at La Leche League International conferences. He served on their medical advisory board for many years, along with Dr. Robert Mendelsohn -- two fearless mavericks who dared to expose the lies of the vaccine establishment.

Herbert Ratner was a philosopher, a theologian, a passionate advocate of family values and children's health, homebirth, and of course breastfeeding. He also published *Child & Family*, a journal on attachment parenting. He was a tremendous, loving human being. I loved his lectures -- they changed my life in the most profound way. "Love is the cement of society and the prime function of the family is to raise children who know how to receive love -- who know how to give love, who develop the kind of self-respect and love for themselves they must have if they are going to love anybody else. We have to do everything possible to give the newborn infant a sense of worth. The function of the family is to turn the newborn individual into an adult who is emotionally secure and capable of loving because love is what keeps us together." (From a 1979 lecture.)

On analyzing Dr. Ratner's vaccine vials, Dr. Carbone made a startling discovery. "Not only was the vaccine contaminated, it contained a second form of the virus -- an 'archetypal' SV40 strain." Explains William Carlsen in his in-depth review of SV40 viral research, "Although

manufacturers switched from rhesus monkeys to SV40-free green African monkeys to grow the bulk vaccine in 1961, they have continued to use potentially contaminated polio seed strains originally grown on the rhesus monkey (kidney) tissue to start the bulk vaccine process." (8)

"Manufacturers check the purity of their vaccine with a series of 14-day tests to detect whether any SV40 slipped through. But when Carbone replicated the tests, he found that the second, slower growing 'archetypal' strain took 19 days to emerge." Carbone noted in a published report that it is possible that this second strain of SV40 had been evading manufacturers' screening procedures for years -- and continued to infect vaccine recipients after 1962. (8)

"By the end of 1996, dozens of scientists reported finding SV40 in a variety of bone cancers and a wide range of brain cancers, which had risen 30% over the previous 20 years. Then, Italian researchers reported finding SV40 in 45% of the seminal fluid samples and 23% of the blood samples they had taken from healthy donors." This meant that SV40 was probably spreading through sexual activity, transmitted from mother to child, raising the possibility that the virus may now be incorporated into our genetic makeup. Another possibility is that, undetected by vaccine manufacturers, the virus continues to contaminate current stocks of polio vaccine. At a recent SV40 conference, it was revealed that funding has been granted to develop an anti-SV40 virus vaccine! (8) And so goes the disease merry-go-round: create more vaccines to target the diseases caused by vaccines in the first place. It is a very old game. Back in 1962, Rodale reported that spraying programs of DDT were carried out "regularly in many parts of our country as a precaution against polio?..we have never heard of any polio epidemic being stopped by spraying with DDT and we have heard of localities where the polio incidence rose after the DDT spraying." (2)

Today 40 years after Rodale's observations, New York researcher Jim West has assembled an impressive body of evidence that traces the parallel rise of polio with the widespread indiscriminate use of highly neurotoxic chemicals used in increasing intensity in the 20th century. He has created an extraordinary website called *Images of Poliomyelitis - A Critique of Scientific Literature*. (10) Early in the century, lead and arsenic compounds were

the favourites to control pests in agriculture. Later on in the '40s & '50s, powerful organochlorine nerve poisons like DDT & BHC (benzene hexachloride) were used as pesticides, for agricultural use, home and gardens and even sprayed over densely populated areas to control mosquitoes, exposing people to unprecedented poisonous chemical blasts. These neurotoxic chemicals were dumped into the environment by the billions of pounds. (10)

DDT was a popular chemical used in the dairy industry, so in the peak polio years, during the '40s and '50s, children were heavily exposed to high levels of contamination in milk and cow's milk based infant formulas, which had become a popular substitute for breast milk. In retrospect, we can see the multiple disaster that unfolded through toxic contamination of milk, a primary food ingested by most children, as well as the wholesale deprivation of the basic immune protection afforded by breastfeeding -- which in that era had become nearly extinct with only an estimated 5-10% of mothers initiating breastfeeding at birth. DDT was phased out in 1968 yet continues to be exported to the developing world where it is still widely used today as an agricultural chemical, and for mosquito control.

Jim West has create a composite graph of the most persistent pesticides: lead, arsenic, DDT and BHC (benzene hexachloride), a persistent, organochlorine pesticide that is several times more lethal than DDT, in terms of LD50 (lethal dosage required to kill 50% of a test population. The graph represents 3.1 billion pounds of persistent pesticides. (See the graph on Jim West's web site, *Images of Poliomyelitis -- A Critique of Scientific Literature*.)

These four chemicals were not selected arbitrarily. These are representative of the major pesticides in use during the last major polio epidemic. They persist in the environment as neurotoxins that cause polio-like symptoms, polio-like physiology, and were dumped onto/into human food at dosage levels far above that approved by the FDA. They directly correlate with the incidence of various neurological diseases called 'polio' before 1965. They were utilized in the "most intensive campaign of mass poisoning in known human history." (quote from Biskind) (10)

"In 1983, via new legislation, DDT was allowed back into the U.S. marketplace,

but only in pesticide blends. Within only a few months of this re-entry, a new kind of polio epidemic suddenly occurred. It was labeled 'post-polio,' the re-emergence of polio symptoms in former victims. This has involved approximately 600,000 victims. Like most of the data on this website, this correlation is not even a whisper in the mainstream media." (11) Central nervous system diseases other than polio continue in the U.S. and throughout the world: acute flaccid paralysis, chronic fatigue syndrome, encephalitis, meningitis, muscular sclerosis. A paper entitled "The Environmental Aspects Of The Post Polio Syndrome" explores the correlation. (12)

I can remember walking to Wellesley Park in Toronto with my three-year-old daughter in 1979 and fleeing in outrage because the city weed control people were there spraying herbicides all around the swings and slides. I remember thinking, "they" (city officials & parks department) must be insane to spray toxic chemicals where children play. Phone calls and complaints to city officials fell on deaf ears. I heard years later that herbicide spraying in children's play areas was discontinued.

Today's parents of autistic and neuroimmune injured children, understand the devastating effects of exposure to neurotoxic substances, in particular mercury and other toxic chemicals injected into children via vaccines.

We're talking about toxic exposures off the scale of insanity -- of injecting nerve and immune system destroying poisons directly into the internal fragile micro-environment of the young child. (14) Naively, we have trusted our precious children to the experts who have violated their sacred oath of "First Do No Harm." We are witness to the most shameful chapter in human history.

Children are the most vulnerable members of the human family. How gently and tenderly we cradle them when they are tiny infants. How carefully and lovingly we nurture them and guard them from harm. How diligently we protect their well being in their early years. How deeply we commit all our love and resources to ensure that they have the best opportunities to grow in the healthiest way possible. We hold them as the most precious gift that life can bless us with. What quality of commitment will it take to heal and protect our children? It will be the power of Truth as the driving force that will propel us to move heaven and earth to make this world a healthier and safer place for all the children. *E West, 2001*

Appendix & References

Appendix A

Vaccine Notes & Ingredients:

Both inactivated (IPV) and live oral (OPV) poliovirus vaccines are licensed for use in Canada, but because of the risk of vaccine associated paralytic polio, only IPV is recommended for routine use. IPV is contained in Pentacel.

Starting at two months of age, Canadian infants are injected with a five-in-one vaccine called Pentacel that is a comarketing of 2 vaccines, Quadracel and Act-HIB.

Pentacel ingredients: Lyophilized Haemophilus b Conjugate Vaccine (bound to tetanus protein) -- Act HIB, and is to be reconstituted with Component Pertussis Vaccine and Diphtheria and Tetanus Toxoids Adsorbed combined with Inactivated Poliomyelitis Vaccine -- Quadracel.

- Each .05 ml. dose of Act-HIB contains purified capsular polysaccharide covalently bound to tetanus protein .

- Each .05 ml. dose of Quadracel contains pertussis toxoid, filamentous hemagglutinin, fimbriae, pertactin (a membrane protein), diphtheria toxoid, tetanus toxoid (inactivated with formaldehyde), aluminum (.33mg), purified inactivated poliomyelitis vaccine: Type 1 (Mahoney); Type 2 (M.E.F.1); Type 3 (Saukett); and 2-phenoxyethanol 0.6% + 0.1% added as preservative. The vaccine also contains 20 ppm Tween 80, less than 0.05% human albumin, and less than 1 ppm bovine serum. Trace amounts of polymyxin B and neomycin may be present from the cell growth medium. The three poliovirus types are inactivated by formalin (formaldehyde) and are grown on human diploid cells derived originally from aborted human fetuses. (Source: Compendium of Pharmaceuticals and Specialties 1999)

Toxicology notes on some vaccine ingredients:

• 2-phenoxyethanol contains phenol which has the ability to inhibit phagocyte activity, meaning it is toxic to all cells. It can disable the immune system's primary response mechanism. It can cause systemic poisoning, headache, shock, weakness, convulsions, kidney damage, cardiac or kidney failure, death.

• The ethylene oxide component is an irritant causing dermatitis, burns, blisters, eczema. Animal studies have demonstrated that it can cause cancer in female mice. In 1978, the EPA issued "a rebuttal presumption against registration of ethylene oxide for pesticide applications.... ..on the basis of mutagenicity and testicular effects." Edda's note: But they

can inject it into infants and babies!

[The quote is from: Marshall Sittig, Handbook of Toxic and Hazardous Chemicals and Carcinogens, 2nd Ed. (Park Ridge, NJ: Noyes Publications, 1985): 433f.]

• Tween 80 -- Polyoxyethylene Sorbitan Monooleate:

"Previous studies by Gajdova et al. have shown that polysorbate 80 (also known as Tween 80) administered by intraperitoneal injection to neonatal female rats on days 4-7 after birth produced estrogenic effects including earlier vaginal opening, prolongation of the estrus cycle and persistent vaginal estrus. Some of these effects were evident many weeks after cessation of administration of polysorbate 80." [Gajdova et al - "Delayed effects of neonatal exposure to Tween 80 on female reproductive organs in rats." Food Chem Toxicol 31(3):183-90 (1993) Institute of Preventive and Clinical Medicine, Limbova, Bratislava.]

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HOMEOPATHS BLAMED FOR MEASLES

*From the Evening Standard:
Early March 2002. By Laura Smith*

Two homeopathic doctors who oppose the MMR vaccine are being blamed for a measles epidemic in a small German town.

Thirty children have been admitted to hospital in Coburg and it is feared there could be deaths if the infection continues to spiral.

Two of the town's seven doctors, who are fierce advocates of homeopathic medicine and oppose the MMR vaccine, are blamed for putting youngsters' lives in danger by persuading parents not to vaccinate them. The 30 children in hospital have ear, lung and larynx infections brought on by measles.

Helmet Weiss, head of the state Health Office in Coburg, said: "There are some strong-willed homeopathic doctors in the town who argue against vaccination. Their stronghold is the Waldorf School, which actively encourages people not to have their children vaccinated. Now we have an epidemic."

The Bavarian town is well known as a centre for alternative living and attracts parents keen to opt out of conventional schooling and question medical orthodoxy.

The Waldorf School is a holistic centre which advocates the teachings of Dr Rudolf Steiner, who developed alternative methods of bringing up children. There are 600 Steiner schools worldwide, including a number in the UK.

Public health officials in Germany now fear anti-MMR advice could lead to levels of measles so high that Germans will have to carry vaccination certificates when travelling.

In the UK, there were 69 cases of measles in January and February compared with 62 in the whole of last year. The majority of them were in London, where a quarter of parents have refused to give their children MMR.

NATUROPATHY

Taken from: Nature Cure - A Way of Life by S R Jindal, 1987, p5.

Dr Lindlahr, an eminent naturopath, states: "Every acute disease is the result of the cleansing and healing effort of nature. If you suppress the acute conditions by drugs or by any other means, you are simply laying the foundation for chronic diseases. All diseases, from a simple cold to skin eruptions, diarrhoea, fever etc, represent nature's effort to remove from the system some of the accumulated morbid matter and some poisons dangerous to health and life" is the basic premise of naturopathy. Drugging is like whipping an already exhausted horse.

POTENTIAL ALZHEIMER'S VACCINE WITHDRAWN FROM TESTING

*By Rick Weiss, Washington Post Staff
Writer. Friday, March 1, 2002; 1:57pm*

A promising experimental Alzheimer's vaccine that was reported last week to have triggered a dozen cases of brain inflammation in human volunteers has caused similar complications in three additional people and has been permanently withdrawn from human testing.

The vaccine, under development by the Irish pharmaceutical company Elan in conjunction with Wyeth, a division of American Home Products Corp. of Madison, N.J., had raised unusually high hopes in the Alzheimer's community after it had halted and even reversed an Alzheimer's-like condition in mice.

It had passed initial safety studies in Britain and was in the midst of being tested in about 300 people in four European countries and eleven U.S. medical centers.

Elan had suspended inoculations in mid-January after four volunteers fell ill with what it called "clinical signs consistent with inflammation in the central nervous system."

On Feb. 22, based on information obtained from sources close to the study, The Post reported that the number of cases had grown to 12, a number Elan declined to confirm or deny at the time. But today the company said the toll had risen to 15 and that dosing would be permanently discontinued. The company will continue to monitor the health of those who were part of the study.

Ivan Lieberburg, Elan's chief scientific and medical officer, said today that the 15 people who had experienced problems were all alive and that most of them were responding well to treatment. He said it's still not clear why they developed the complications--which he said had characteristics of both encephalitis (inflammation of the brain) and meningitis (inflammation of the membranes surrounding the brain), noting that no such symptoms had been seen in the earlier animal or human studies.

"We never saw a hint of this," Lieberburg said. "It came as a total

shock to Elan."

Most of the victims became ill after getting their second injection, which was given about a month after the first, Lieberburg said. Symptoms typically appeared about several weeks after that inoculation, he said, which is why the number of cases continued to expand even after the shots were halted in January.

Those symptoms included stiff necks and low-grade fevers, which were difficult to distinguish from ordinary flu, Lieberburg said. Some mild confusion was also noted--already a hallmark in Alzheimer's patients and a trait often exacerbated during periods of even benign illness.

The vaccine was designed to stimulate an immune system attack against protein deposits that accumulate in the brains of Alzheimer's victims. Those so-called beta amyloid deposits are widely suspected of being the underlying cause of the memory-robbing disease, which affects two to four million mostly elderly people in this country.

Experts familiar with the vaccine have theorized in recent days that the vaccine may have stimulated too powerful an immune reaction in the brain.

Another possibility is that inflammation triggered by the vaccine weakened the integrity of the protective barriers surrounding the brain, which could allow viruses into the central nervous system, which is normally sterile.

Laboratory studies found white blood cells in the patients' spinal fluid--often an indication of infection--but no bacteria.

It may turn out that some people are genetically more susceptible to an over-reaction from the vaccine, Lieberburg said. But he emphasized that while this vaccine, known as AN1792, will not be tested any longer in people, the company had still has many other promising experimental Alzheimer's products at various stages of development.

"We feel very very positive about this program," Lieberburg said. "We're committed to continuing this work."

LOWER VACCINE RESPONSE PERSISTS IN EXTREMELY PREMATURE INFANTS

NEW YORK (Reuters Health) Mar 05 - Former extremely preterm infants have lower antibody titers to many vaccine antigens at 7 years than children born at full term, according to a report in the March issue of Pediatrics. However, antibody titers are still in the protective range in most of these children.

Dr. Carl T. D'Angio and colleagues, from the University of Rochester, New York, compared the immune response of 16 former extremely preterm infants and 16 age-matched full-term controls at 7 years. All children had received their routine childhood immunizations at the appropriate chronological ages. The researchers measured antibodies to Haemophilus influenzae type b polyribosylribitol phosphate (Hib-PRP), tetanus, pertussis, diphtheria, polio, and hepatitis B.

The full-term group had higher antidiphtheria geometric mean titers (GMT) than the preterm group. Protective diphtheria titers (greater than 0.10 IU/mL) were found in all of the full term and 13 of the preterm children. Full-term children had tetanus GMT of 4.22 IU/mL, compared with 1.99 IU/mL in the preterm group. Protective tetanus titers (greater than 0.01 IU/mL) were found in all the children.

Pertussis titers were similar in both groups of children. The full-term group had higher Hib-PRP GMT than the preterm group, at 3.21 mcg/mL and 1.41 mcg/mL, respectively ($p = 0.03$). "All children had anti-PRP of at least 0.15 mcg/mL," the team notes. Twelve of the 16 full-term children and 10 of the 16 preterm children had levels at least 1.0 mcg/mL.

They observed no differences in polio serotype 1 and 2 GMT between groups.

Protective titers were found in all children. The full-term group had polio serotype 3 GMT of 59 Karber units, compared with 24 Karber units for preterm children. Protective titers were observed in all full-term children and 12 preterm children.

"Among children who had received hepatitis B vaccine, GMT were similar in full-term and preterm children...and similar proportions of children...had protective HBsAb titers (greater than 10 mIU/mL)," Dr. D'Angio and colleagues report.

Overall, "children who were born extremely prematurely [at 6.5 months or earlier] still get good levels of antibody (protection) from routine infant vaccines," Dr. D'Angio told Reuters Health.

"These findings support the American Academy of Pediatrics' general recommendation to immunize premature infants in the same way as one would immunize full-term infants," he continued. "However, the fact that premature infants' antibody levels are still somewhat lower than full-term babies' levels all the way out to 7 years implies that there may be some important, basic differences in the immune system if a baby is born early."

"Premature infants are at higher risk from vaccine preventable diseases," he added, "so it's particularly important for them to be immunized fully and on time."

Pediatrics 2002;109:498-504.

Editor: If it's still not understood what role antibodies play in relation to immunity, isn't a little presumptuous to talk about the 'protective range' and also to place the word 'protection' in brackets when discussing good levels of antibody?

RESEARCH BRIEFS

Under the above heading in the journal 'GP', 13/5/02 the following paragraph caught my attention regarding leukaemia. It stated:

"Toddlers who attend nursery school may be less likely to develop acute lymphoblastic leukaemia, according to a US study. The research suggests that delaying a child's exposure to infection may result in an underdeveloped immune system leading to an increased risk of leukaemia as the child's body produces cancerous cells in response to infection later in life. Starting younger,

attending for longer and having contact with a high number of children reduced risk (Brit J Cancer, 2002;86:1,419)

Editor: This seems to suggest that exposure to infections strengthen the child's immune system - so why attempt to prevent infections by vaccination, especially when it provokes an unnatural immune response? And why would a child's body produce cancerous cells in response to infection later in life - maybe the de-railment of the immune system, as well as the carcinogenic components from all those baby jabs, could be involved?

BCG COULD BE SWITCHED TO CHILD VACCINE

The JCVI is considering scrapping BCG injections for schoolchildren and including the vaccine in the childhood immunisation programme instead, according to an article in Pulse, 20/5/02. The review was in response to research evaluating an outbreak of tuberculosis in a Leicester school last year.

The article stated: "During the Leicester TB outbreak 1,127 students were screened for TB. A further 71 were then treated for the disease and 249 for latent TB infection, according to the study presented to the Royal College of Paediatrics and Child Health conference in York last month.

Of those treated 85% had previous BCG immunisation. The majority had received the vaccine neonatally because they were in 'high risk' ethnic minority groups.

Researchers found the efficacy of BCG at only 42% was 'not brilliant'. JCVI chair Prof. Langman said BCG gave 'really quite satisfactory protection' and there was 'good evidence' it was 'a useful vaccine.'

In the latter part of the article it states that lead researcher, Dr Bryant, said that 'incidence was so low in the indigenous white population - which the school's programme is aimed at - that the programme would be suspended under WHO criteria. But she believed selective vaccination of high-risk groups was not working and better coverage and preventing transmission of TB would be achieved by moving BCG to the childhood immunisation programme for all infants up to 3 months of age.'

Editor: If the majority in the Leicester outbreak were vaccinated, and mostly neonatally then surely that would not support the proposal of vaccinating babies under 3 months old?

It's no wonder Dr Monk, consultant in communicable disease for Leicester, didn't respond to my questions regarding the outbreak and how many were vaccinated (Issue 4, 2001).

Anyone who would like a copy of the excellent article written by Dr Jayne Donegan on BCG, (Issue 1- 2000) for this newsletter, please send a SAE and 2 first class stamps to go towards costs.

VACCINE EXPERTS TO DEBATE NEED FOR BOOSTER HIB JAB

Pulse, 15/4/02

This report looked at the consideration of a booster Hib vaccination after a steep rise in cases of the disease in the under-2s, raising questions about the vaccine's efficacy.

Hib disease in vaccinated children aged 5 to 11 months in England and Wales, rose over the last 3 years from 0.15 per 100,000 cases in 1998 to 0.76 in 2000. Then cases leapt to 2.77 per 100,000 in 2001, according to new data from the Oxford Vaccine Group..... Dr McVernon, paediatric research specialist registrar with the group, said the rise could be due to problems with vaccine efficacy but added testing efficacy was difficult in young children. 'We don't have information on whether these children made antibodies following their primary course,' she added.

She said research was looking at whether the upward trend would continue and could be prevented by a pre-school booster dose, or was 'just a blip.' (*Editor: What sort of a 'blip'? It doesn't sound like valid scientific reasoning to me.*) Dr McVernon is examining the carriage of Hib in school children.

Dr Mary Ramsey, a public health consultant at the PHLS is also studying carriage rates in nursery school children and the general population. Findings from both studies will be reported to the JCVI before November, when

members will consider the need for a booster.

Editor: When the Hib vaccine was introduced in 1992 the Dept. of Health (DoH) soon announced that the vaccine had reduced Hib meningitis in babies under 12 months by 70%. The health minister of the time, Virginia Bottomley, stated that she hoped that 'she will soon be able to add Hib meningitis to the list of serious childhood diseases which are history.' (The Times, 3/5/93) I wonder what 'list' she was referring too?

Also, in the DoH book 'Immunisation Against Infectious Disease' 1996 edition, the opening paragraph highlights that with the introduction of the Hib vaccine - 'Haemophilus influenzae meningitis, epiglottitis and other serious infections from this organism have now virtually disappeared from paediatric wards.'

In the same edition, page 79, point 16.22 -

'The efficacy and safety of the conjugate Hib vaccines have been demonstrated in large field trials in Finland, the US and in the UK. Vaccine efficacy exceeds 95% in infants immunised from 2 months of age. Studies comparing different vaccines, using the present UK primary schedule, have shown that 90 to 99% of children developed protective levels of antibody, following 3 doses (personal

communication).'

So the claim was that the efficacy of Hib vaccine was impressive, no mention of 'blips'.

In an article by Dr Jayne Donegan, published in TIP newsletter (*Summer 1997 edition*) on Hib, Dr Donegan comments that:

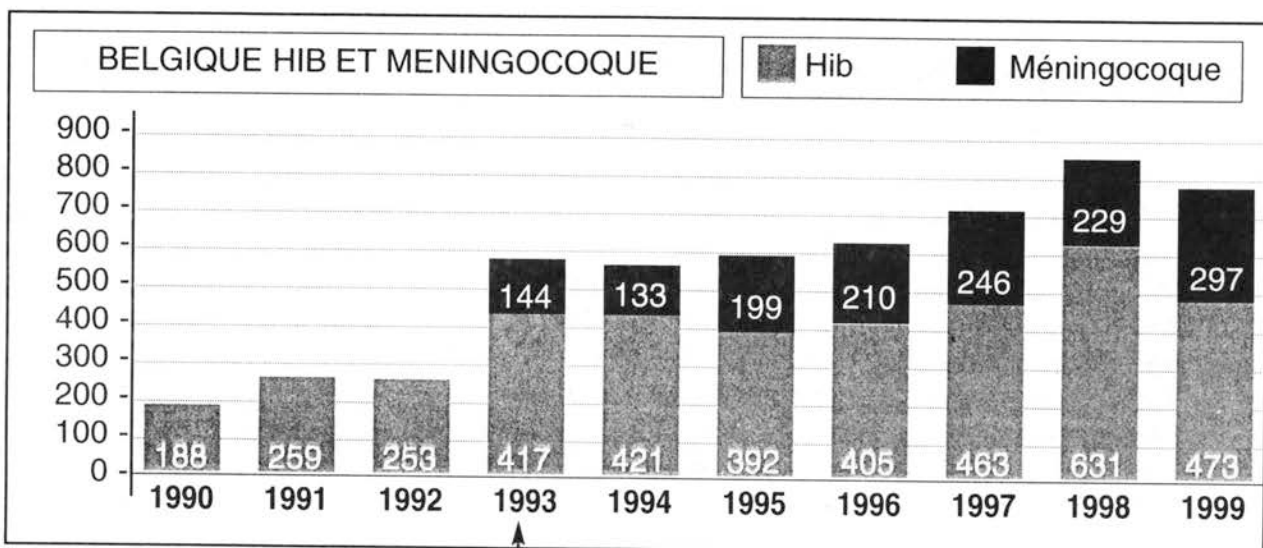
'The vaccine will presumably cause less children to meet the organism and less children to carry it in their nose. This means that less children will gain natural immunity to Hib and this will increase the likelihood of their contracting severe forms of the disease at a later age..... Your child may be less likely to get natural immunity from meeting the infection in other children but, hopefully, should still meet it in healthy adult carriers. As this latter group disappears with vaccination of successive generations, the chance of gaining natural immunity at an early age will also disappear with all the consequent complications that this causes.'

INCREASE IN MENINGITIS. WHY?

In a Belgian journal, Infor Vie Saine, Jan-Mar 2002, it reported:

'In 1998, following a 5 year Hib vaccination campaign, the number of Hib infections reported had increased 240% compared with 1992. At the same time there has been an increase in meningococcal infections.

The graph reproduced below illustrates the statement clearly.



Widespread use of Hib vaccine (Scientific source: WIV) (*Het Prikje, Décembre 2001*)

SV40, POLIO VACCINE, AND CANCER: NOW BEYOND COINCIDENCE?

9 April 2002 10:40 EST

by Apoorva Mandavilli, BioMedNet News

San Francisco - At the American Association of Cancer Research meeting here today, controversy continued to swirl around accusations that contaminated polio vaccine stocks are to blame for certain cancers, based on the publication a month ago of two high-profile papers linking the simian virus SV40 to human lymphomas.

Less than a week after the papers were published in March, the US National Cancer Institute contacted the researchers to establish plans to send blinded results to three independent labs, lead researcher Adi Gazdar told BioMedNet News today.

But Gazdar seems unconvinced of the NCI's intentions. "They just want to prove us wrong," he said. Gazdar and his colleagues scanned 99 lymphomas, 235 epithelial tumors and 40 control tissues for the virus. They found the virus in 43% of non-Hodgkin's lymphomas, 9% of Hodgkin's lymphomas, and in none of the control tissues. A second team independently found the virus in 42% of non-Hodgkin's lymphomas, "almost unbelievable agreement," said Gazdar, who is professor of pathology at the University of Texas Southwestern medical center.

"These are very respectable labs with basically identical results," said Michele Carbone, associate professor of pathology at Loyola University in Chicago. The "clear clustering of positives" is "no accident," he told BioMedNet News.

This is not the first time scientists have linked SV40 to human cancers. Researchers suggested for years that millions of vials of polio vaccine, contaminated with SV40, infected individuals between 1953 and 1963 and caused human tumors. Until recently, they were inevitably met with skepticism, even contempt - and some NCI researchers published directly contradictory results.

In 1997, the US National Institutes of Health, with other organizations, organized an international conference to review the SV40 literature and

address the possibility that the virus causes human tumors. At the meeting, Carbone, presented his then-controversial data linking the virus to mesotheliomas. (Since then, more than 30 independent reports have confirmed his results).

After the meeting, Carbone says, a conscientious Chicago public health official contacted Carbone and gave him the last remaining stocks of polio vaccine from the 1950s. In her paper, Butel isolated a strain of SV40 from three patients that closely matches the strain Carbone sequenced from the polio vaccine vials.

The evidence proves Butel's results are no artifact, Carbone says. "You cannot contaminate with something that doesn't exist," he said. "This thing only exists in my freezer."

Since publication of their research in the Lancet last month, Gazdar and his colleagues have been investigating rarer subtypes like leukemia and multiple myelomas. The experiments have not been proceeding as fast as they would like, Gazdar says, partly because "there's no government funding" for the research. "The lymphoma story might force them to [fund it]."

An important next step, Gazdar says, is to prove that the SV40 virus causes lymphomas and isn't just a "passenger" in the cells. That is no easy task, since researchers have only been able to isolate the virus in rare instances. For the most part, they believe, the virus launches a "hit-and-run" attack, initiating a cascade of tumorigenic events before it is destroyed by the body.

Still, it is critical that this research continue, Gazdar says, because molecular and immunologic data suggest those born after 1963 have also been exposed to the virus, via horizontal or vertical transmission, or through sexual contact.

The rates of mesotheliomas, lymphomas and brain tumors have also all gone up "dramatically" in the last 30 years. "Coincidence or not, we have to find out," he said. "It's something to think about."

CHICKENPOX CAN BE SERIOUS - PLEASE TREAT IT THAT WAY!

The above line is featured in bold type in the Merck & Co leaflet (USA) promoting the vaccine against chickenpox. No doubt parents here in the UK will soon be subjected to similar descriptions of this childhood infection if this vaccine is introduced here. The following extracts may give you an idea of what to expect!

'Chickenpox should not be thought of as "just a normal part of growing up!" In the US, approximately 4 million people contract chickenpox each year. It can cause serious problems and even death. Most children are lucky (*Editor: Why do they put it down to luck - don't they ever consider it may have something to do with the child's level of health?*) and suffer only itching, discomfort, and missed school and activities. But each year, nearly 7500 children and adolescents, less than 15 years of age, have to be hospitalised for the medical problems of chickenpox. About 40 children die from these complications every year.

Wow! I never realised chickenpox could be so serious! What kind of complications can chickenpox cause?

It is not uncommon for a child to have 250-500 lesions, any one of which may become infected or lead to permanent scarring. More and more children develop severe skin infections following chickenpox, caused by group A streptococcus. (*Editor: Shouldn't they be asking 'why?'*) Some of these infections may have serious consequences. Less common complications in children include inflammation of the brain, loss of balance, and pneumonia. In adults, pneumonia is the most common complication of chickenpox, occurring in almost 20% of infected adults.

Chickenpox also can mean lost time from work as a result of the extra time and attention families must give to children who have the disease. Susceptible adults who contract chickenpox themselves also miss time from their jobs. The costs of doctor visits and medicines can put an unexpected extra burden on families. Medical costs are increased if children or adults in the household must be hospitalised for complications related to chickenpox.'

So be prepared for similar here when this vaccine undergoes the vigorous marketing used prior to its introduction!

EXPOSED: MMR EXPERTS' CASH LINK TO VACCINE FIRMS

Taken from: Scotsman 5/5/02

<http://www.news.scotsman.com/index.cfm?id=484312002>

By CAMILLO FRACASSINI
HEALTH CORRESPONDENT
cfracassini@scotlandonsunday.com

NEW evidence of the financial links between the makers of the controversial MMR vaccine and experts charged with assessing its safety has been uncovered by a Scotland on Sunday investigation.

We can reveal that the chairman of the expert group set up by the executive to investigate the jab, the Very Reverend Graham Forbes, is linked to one of the manufacturers of the vaccine, GlaxoSmithKline (GSK), through his church.

Another member of his committee, Professor Lawrence Weaver, also has shares in GSK through an investment plan.

Four members of the group are already known to have links to the drug companies through shares or academic funding. Scotland on Sunday's new revelations mean six of the 18-strong group have connections.

Last week, the group published its long-awaited report on the MMR vaccine, and controversially recommended that Scottish parents should not be offered single jabs as an alternative to the triple vaccine.

Scotland on Sunday can also reveal that a Scottish-led £500,000 research programme into possible links between MMR, autism and bowel disease is being opposed by an anonymous scientific advisor who admits to being paid by another manufacturer of the vaccine. Scottish scientists fear the project - which would be the biggest ever investigation into links between MMR and autism - has been put at risk by the submission to the Medical Research Council funding body. The unnamed scientist describes the planned work as "fringe medicine".

The expert group, chaired by Forbes, was set up last August by the Scottish Executive to provide a definitive assessment of the safety of the measles, mumps and rubella vaccine. It followed concern among parents about the jab and a slump in the vaccination rate.

Now, official documents seen by Scotland on Sunday have revealed that Forbes, who is Provost of St Mary's Episcopal Cathedral in Edinburgh, has links to the controversial vaccine. Money from the cathedral's endowment fund has

been invested in GSK.

The documents also show that respected academic Professor Lawrence Weaver, who is head of the department of child health at Glasgow University, has links to the same drugs company. Shares in GSK were bought on behalf of Weaver as part of a PEP investment plan. When Scotland on Sunday approached Forbes and Weaver, they insisted they had declared their investments soon after the expert group was set up. Both denied they had been influenced by the holdings.

Further evidence connecting pharmaceutical firms to expert advisors has emerged in a document sent to the Medical Research Council (MRC), which has been obtained by Scotland on Sunday.

In it, an unnamed scientist, who admits receiving money for acting as an expert witness on behalf of MMR firm Merck, presses the funding body not to give a grant to the pioneering Scottish-based research project aiming to examine links between the vaccine, autism and bowel disease.

The study, due to begin in October, will not be able to go ahead without MRC funding.

Researchers hope to examine the theory that the measles virus from the MMR vaccine is causing autism and bowel disorders in children. It is the theory which first ignited the debate over the safety of the combined measles, mumps and rubella vaccine.

But in the letter to the MRC, in response to a request to 'referee' the application, the academic says: "The theory is entirely discredited and is fringe medicine, carried out in private laboratories, and published in fringe journals."

The scientist, who admits his link to Merck, continues: "One therefore has to ask if it is the MRC's remit to refute fringe notions on which there is no recent published data from the proponents of the controversial hypothesis."

One academic involved in the planned research said the scientist's recommendations had put the project at risk. The academic, who asked not to be named, said: "I am worried that this may sway the MRC and put our research at risk."

"This person is trying their utmost to block our research without providing any valid scientific reasons. They are saying they do not want the project to go ahead, full stop, because it is quack medicine.

This is complete nonsense."

The study would examine the guts of 1,000 children - half of them autistic - for the presence of the measles virus and gut damage.

An MRC spokeswoman said: "Grant applications are looked at by independent reviewers in the field. We take these comments into account when we make a funding decision."

Bill Welsh, chairman of the campaign group Action Against Autism, said he was alarmed by the extent of financial links between scientific experts and the MMR firms.

He said: "Inappropriate financial links have scarred the whole MMR debate."

EXPERTS CALL FOR PNEUMOCOCCAL VACCINES FOR ALL UNDER-TWOS

Pulse, 22/4/02. Underlining our emphasis.

Demands on the Government to add pneumococcal vaccine to the childhood immunisation schedule are mounting as new research shows a huge hidden burden of the disease in young children.

Results of an 'independent' study cited by health minister Yvette Cooper in a parliamentary debate this month show deaths from invasive pneumococcal disease (IPD) in children aged from one month to four years may be underestimated by up to 67%.

Prof. Brent Taylor, a member of the Joint Committee on Vaccination and Immunisation, said he would like to see the pneumococcal vaccine given to children at 2, 3, and 4 months of age.....

.....adding: 'Personally, I'm in favour of a pneumococcal vaccine in the under-2s - there is a strong case for its introduction.'

The study, presented at the Royal College of Paediatrics and Child Health's conference in York last week, estimated that 43 deaths a year in children aged one month to 4 years are due to IPD.

The results were based on applying a model to data from the Office of National Statistics on unspecified deaths likely to be attributable to IPD. Of 107 deaths, the model found 29 were due to IPD compared with only 14 confirmed cases.

Study co-researcher Prof Robert Booy, professor of child health at Barts and the London School of Medicine and Dentistry, said the results were 'conservative' and he would like to see the vaccine given to all under-2s by next year. Dr Elizabeth Miller, head of immunisation division of Public Health Laboratory Service, said it is looking at the best ways of incorporating the vaccine into the schedule.

AUTHORS OF GUIDELINES HAVE STRONG LINKS WITH DRUGS INDUSTRY

<http://bmj.com/cgi/content/full/324/7334/383/a>

Alison Tonks, Bristol

Most guidelines on clinical practice are written by experts with undisclosed links to the pharmaceutical industry, researchers from Toronto, Canada, say in an article in the journal of the American Medical Association (JAMA 2002; 287: 612-7 [Medline]).

In a survey of nearly 200 authors of 44 clinical guidelines, 87% of respondents admitted to financial links with one or more pharmaceutical companies. Over half of the authors had been paid to conduct research, over a third had been an employee or consultant, and two thirds had received fees for speaking.

On average each respondent had links with 10 companies, including companies whose products they recommended in guidelines. Only one of the 44 guidelines carried a declaration of the authors' competing interests.

"I'm not at all surprised by these findings," says Dr Bob Goodman, internist at Columbia University in New York and founder of No Free Lunch, the campaign for independent prescribing. "Other studies have already shown extensive links between physicians, researchers, and even policy makers and the pharmaceutical industry. It's particularly worrying, though, in the case of practice guidelines. These documents are widely distributed and intended to change physicians' practice.

"Any influence of a drug company on an individual author is multiplied thousands of times. Worse, there's a subjective element to the recommendations in clinical guidelines

that makes them particularly vulnerable to bias."

Most (93%) of the study's respondents said their relationships with pharmaceutical companies did not affect their recommendations on treatment. But evidence cited by the researchers makes it clear that accepting money from drug companies alters prescribing, drives requests for additions to hospital formularies, and contributes to publication bias.

The researchers were unable to check whether authors' financial interests influenced the treatments recommended in guidelines, because there were too few independent guidelines in the sample to make a meaningful comparison.

The study looked at guidelines on the management of 10 common diseases, including asthma, coronary artery disease, heart failure, depression, and peptic ulcer. All the guidelines were endorsed by professional societies in North America or Europe and were published between 1990 and 1999.

The researchers contacted 192 authors, but only 52% responded, despite a second mailing. They blame the low response rate on authors' reluctance to admit to links with drug companies and speculate that those who did not reply had even more to declare than those who did. If so, the links between authors of guidelines and the drugs industry are even more widespread than the study indicates, they conclude.

The researchers want a formal process built in to guideline development that forces authors to declare their financial interests. They also want written declarations of competing interests on every guideline.

OFFICIAL FIGURES MISS HALF PERTUSSIS DEATHS

Taken from: *Pulse*, 20/5/02

Whooping cough causes over a third more deaths than is currently thought, according to PHLS study.

PHLS researchers examined all death notifications from pertussis over a 5 year period from Jan. 1994.

A total of 33 deaths from pertussis were identified. However, when discrepancies in the data and overlap of sources were allowed for, the number of deaths rose to 46 - the equivalent of 9 deaths per year.

These results show that national mortality statistics for pertussis are inadequate.

Dr Natasha Crowcroft, of the PHLS said: 'Our official statistics account for probably less than half the deaths'.

These 'unreliable' figures are given to the Joint Committee on Vaccination and Immunisation which use them to make recommendations, such as last year's introduction of pertussis vaccine to the dip/tet pre-school booster.

Dr Crowcroft added that deaths were just the tip of the iceberg and that GPs should consider the disease in all those presenting with a persistent cough. The research appears in *Archives of Disease in Childhood* 2002; 86:336-8.

Editor: This emphasises the fact that official statistics and data is not necessarily reliable and yet is constantly used to justify new

QUOTES FROM THE 1930s

• *BMJ* Dec 3, 1932, p.109

Statistics from Chicago Hospital USA collected over 19 years showing that reactions occur in 28.1% of cases with diphtheria vaccine, 22.7% of cases with scarlet fever vaccine, 81% of cases with meningococcal serum symptoms 3-14 days after injection.

• *Pharmaceutical Journal* Feb 2nd, 1935; Dr D M Cameron

"That there is something wrong somewhere in serum and vaccine therapy is, I should think, generally agreed.... Scarlet fever and diphtheria are questionable as regards the value of prophylaxis and reactions are not sufficiently regarded by enthusiasts. Before the country is stampeded with mass immunisation this problem of side effects should be most thoroughly gone into eg anaphylaxis with serum, encephalitis with vaccination." (p 117)

Editor: So an attempt to use a vaccine against scarlet fever was tried at some point - it must have been noticeably problematic otherwise it would have been credited for the eradication of that particular disease.

SUSPECTED MECHANISMS INVOLVED IN MULTIPLE SCLEROSIS AND PUTATIVE ROLE OF HEPATITIS B VACCINE IN MULTIPLE SCLEROSIS

March 1, 2002, *Institute of Medicine Immunization Safety Review*

One of the issues that will be considered during the Immunization Safety Review Committee's upcoming meeting on March 11, 2002 is the current knowledge regarding pathophysiological mechanisms involved in multiple sclerosis, including the possible role of hepatitis B vaccine in these mechanisms. As one of its data gathering activities, the committee asked Drs. Emmanuelle Waubant and Olaf Stuve from the University of California at San Francisco Multiple Sclerosis

Center to write a background paper on this topic. Their background paper is available on our website at: www.iom.edu/imsafety.

The committee welcomes comments on this material.

The committee wishes to note that the paper represents the views of Drs. Emmanuelle Waubant and Olaf Stuve and does NOT necessarily reflect the conclusions the committee will draw when it deliberates at its March meeting.

The committee further notes that this paper is one source of many that it will review in the course of its deliberations.

THE UNTOLD CHOICE - VACCINATE OR ELSE!

The recent debate over the MMR vaccine has been very interesting but also I would suggest, frighteningly unbalanced. The obsession with "Vaccine Culture" has led to many intelligent people in the media and outside, declaring that there is significant evidence to suggest that the MMR vaccine has caused some severe health problems for a number of children, but unable to look a stage further at the whole basis for the rationale behind vaccines themselves.

For parents who have made an informed choice and who don't join in the belief that "vaccines are our saviour" the media coverage has been particularly insulting. On BBC Radio 5 I heard part of a debate where a woman guest talked about how worried she was that her daughter could be coming into contact with unvaccinated children and how disgraceful it was that these children were putting her daughter at risk. This really seemed to emphasise the lack of choice deemed appropriate for us as parents.

We are reassured that we do have choice over most things yet when it comes to vaccines it appears that if you don't take the Department of Health view, or the view of the majority then you are either mad, or severely misguided, it is actually quite surprising in some ways that vaccines haven't been made compulsory such is the weight and power behind the notion of the power of the vaccine.

There is already considerable emotional blackmail surrounding the concept of herd immunity, i.e. if your child gets ill it could still cause the children who are vaccinated to become ill, we must achieve a certain percentage or.....

Or what, with the recommended levels of herd immunity in the regions of 90% and more, that does mean that a lot of vaccinations are then almost worthless because of the current lack of take up. It is a vicious circle but conveniently it provides a never-ending opportunity to cast the blame at those who don't take up vaccines as they are facing the ultimate no win scenario.

Yet this as a concept is so unbelievably absurd as basically it shows how limited the notion of herd immunity is. If immunisation was such a fantastic system then it would be only those who hadn't had vaccines that would run the risk of becoming infected with measles, mumps and rubella etc. In that sense there could be a "serves you right" mentality if our unvaccinated children became ill. That isn't the case though so not only are we

labelled as being irresponsible towards our own children by not having them vaccinated, but we are considered irresponsible to everyone else, no wonder it is so hard for parents to resist the compulsion to vaccinate, that is a heavy moral code.

It is extraordinary how conditioned we have become over the issue of vaccines, I myself never really gave it much thought until the birth of our daughter, however once I looked at the concept I became more and more aware of how our immune systems appear to be compromised by vaccines and the assumptions that surround the use of vaccines.

Even watching recent clips of vaccinations being administered as part of National and Regional News coverage it is interesting or rather disturbing to note that children flinch and cry when the vaccines are administered - this basic response to just being given the vaccine is seen as inevitable as the vaccine is for the greater good of the child, but just think of injecting anything it is an extreme form of application. Surely it makes more sense to leave our blood supply free from any unnecessary contaminant.

To me it would be fine to a point, or at least appear more logical if you considered that the vaccines were simply versions of the disease that they were then supposed to prevent but of course they aren't nearly as simple as the raw form of the disease, they are treated with all sorts of extraordinary ingredients and processes. So surely as a result of all those additions and processes one could simply question how much of a real connection there is say between measles and the vaccine designed to prevent it?

The other factor that has consistently alerted me to the horror of the whole system has been the refusal to offer the three vaccines Measles, Mumps and Rubella separately. Whilst I don't personally believe that that in itself is an issue for me due to my opinion on vaccines, I am appalled at the bullying tone of the Government and its departments, which completely denies that there is an economic side to the refusal of single vaccines. If people feel safer having their children immunised with individual vaccines then that should be sorted out as soon as possible and offered as a choice, an alternative to MMR. The argument that it would not be as effective as the MMR etc. is again another way of saying, "you have no choice just do as you are told."

Then of course there is the consistent

denial of what is termed the "anecdotal evidence" of parents affected by their child's serious reaction to the MMR vaccine. This starts to feel like saying, "Oh those people are just saying that. They don't really know what they are talking about, of course they are all emotional because of the condition of their children, which is understandable, but take no notice of them!"

Constantly these people are referred to by experts in the Department of Health, as some sort of sadly misguided group of people who are just a small minority who are unlucky that their children became ill, but the link with any vaccine is completely unproven. As a result we are told that really the risk to our children from these vaccines is very negligible in spite of the balanced and genuine accounts given by these people. Particularly compared to the terrible potential effects of the illnesses Measles, Mumps and Rubella.

Effectively most of our lives are spent observing "anecdotal activities" and many times every day we are called upon to use our powers of judgement from trivial matters to major issues, but I know from my own experience that one often experiences a gut reaction to something and that feeling can be very important, the idea that people are imagining a connection between MMR and the subsequent change in their children or children's behaviour is absolutely disgraceful. No one is better placed to make an estimate of what is the likely cause than the people who have had daily, possibly hourly contact with their child from the day they were born.

There is also the suggestion that any reaction to a vaccine has a definitive time frame, but how do we know what length of time is reasonable to attribute to a reaction to a vaccine, surely that could vary with every individual depending on all sorts of factors. For example what if the vaccines are stored in tissue and then react at some later date or at a constant rate over years, surely it is virtually impossible to prove genuine causality with so many things. In fact we should pay far more attention to anecdotal evidence rather than the ridiculously manufactured experimental lab workings of so many scientists and Health "experts".

Let us not forget that the Tobacco Companies spent decades sorting out research that emphatically denied any connection between smoking cigarettes and lung cancer, so science is not the pure purveyor of the common good that it consistently claims to be.

The real story is that vaccines are not the cure-all that they are portrayed as. Consistently people who have suffered negative experiences from vaccines are either ignored or rebuffed by Governments and Drug Companies. The media can play a positive role in putting the other side of the story, but it is questionable how deeply they want to look at the issue as a whole.

The choice not to vaccinate in the climate of fear created by the pro-vaccine lobby has always been difficult and becomes increasingly harder as more and more vaccines are produced with the fanciful notion that all disease can be eradicated. After all, what issue could be more emotive than the future health of our children.

The way we think about disease can lead us to a very different view of "vaccine culture" and can help us realise that it is actually no surprise that children should often respond so badly to immunisation. There is no pleasure in such a realisation but all we can attempt to do is encourage people to question issues related to the health of themselves and their families and to have the courage to follow their beliefs when they do conflict with the view that is portrayed by the "Health Industry".

David MacTaggart, parent. March 2002.

FROM THE ARCHIVES

Taken from: 'Compulsory Vaccination in England' by William Tebb, 1884. Page 53.

One of the first statisticians of Europe, Dr George Kolb, of Munich, writes, January 22nd, 1882:-

"From childhood I was trained to look upon the cow-pox as an absolute and unqualified protective, and I have, from my earliest remembrance, believed in it more strongly than in any clerical tenet or ecclesiastical dogma. Its numerous and acknowledged failures did not shake my faith, I attributed them either to the carelessness of the operator or the badness of the lymph. In course of time, the question of vaccine compulsion came before the Reichstag, when a medical friend supplied me with a mass of pro-vaccination statistics, in his opinion conclusive and unanswerable. This awoke the statistician within me. On inspection, I found the figures were delusive; and a closer examination left no shadow of doubt in my mind that the so-called statistical array of proof was a complete failure. My investigations were continued, but with a similar result. For instance, in the Kingdom of Bavaria, into which the cow-pox was introduced in 1807, and where for a long time no one, except the newly born, escaped

BOOK REVIEW

Vaccination: A Thoughtful Parent's Guide; how to make safe, sensible decisions about the risks, benefits and alternatives.

By Aviva Jill Romm, 2001.

ISBN 0-89281-931-6

Review by Isabelle Law, a mother and subscriber of The Informed Parent.

Every so often, I have a vaccination crisis, of the 'shall I, shan't I have them done' type; and I take out all the books I have and all the back issues of The Informed Parent. With the exception of this magazine, most of the literature I have on this subject sounds like a handbook to following a religion: they either seem to suggest that vaccinations are essential, life-preserving precautions and that to miss one is pure folly, or they suggest that not only do vaccinations not work, but to have one may bring a whole host of health problems. It's hard to find moderate, reasonable discussion of the topic in one place (but then, some would argue that once you really start looking into this issue, you can't sit on the fence). So I was glad when I found this book; it's written by an American mid-wife, who also happens to be a mother, herbalist and is now thinking to train as a doctor. Although she has been told by colleagues to keep her special interest in this area quiet when she goes to medical school interviews lest she appear like a heretic.

The tone of the book is best reflected by a couple of quotes:

"This book is about helping parents to make intelligent health care choices for their children, operating on the premise that the good of the individual and the good of society are not mutually exclusive independent variables but are co-dependent factors. Mahatma Gandhi said, 'Any action that is dictated by fear or coercion of any kind ceases to be moral.' And: "Have small groups of parents and

vaccination, there were, in the epidemic of 1871, no less than 30,742 cases of smallpox, of whom 29,429 had been vaccinated, as is shown in the documents of the States Department. When, with these stern proofs before us of the inability of Vaccination to protect, we reflect upon the undeniable and fearful mischief which the operator so often inflicts upon his victims, the conclusion forces itself upon us that the State is not entitled either in justice or reason to put in force an enactment so directly subversive of the great principle of personal right. In this matter, State compulsion is, in my opinion, utterly unjustifiable."

professionals become overly hysterical about the potential harm from vaccines, forgetting the magnitude of problems associated with childhood diseases, or are they sounding the alarm just in time before we reach a level of chronic disease in our society that is just as problematic as disease epidemics, if not more so?"

In the chapter on Personal Choices and Public Policies, she has a really reassuring section on how to deal with medical emergencies in unvaccinated children, including how to deal with medical professionals so that everybody feels calm and heard; and significantly, a section on changing your mind about vaccination. This is the section that really endeared me to the whole book: a recognition that people change, circumstances change, and that, as Romm puts it, changing your mind is part of your prerogative.

I like this book a lot; it looks at the childhood illnesses and the present vaccines, as well as sections on the history of vaccination, vaccine efficacy and a large section on natural approaches to boosting immunity, though she is stronger on herbal approaches than on homeopathy.

Ultimately, this book won't, by definition, tell you what to do, and it's slant is American so that sections on health policy and the legal position are not entirely applicable here in the UK, but I found it a really useful addition to my library.

This book should be available at good bookshops or contact Deep Books Ltd. on Tel: 020 8693 0234

HAVE YOU OR YOURS BEEN DAMAGED BY VACCINATION?

I am a 3rd year illustration student and wish to make a 3-d sculpture for people who feel they or their children have been damaged by vaccination. If you would like to help, please send a small named photo and short description (less than 40 words) to Corrin Bowman c/o The Informed Parent. My aim is to give faces to nameless statistics. It is not a political intention, but one of memorial, acceptance and healing.

I hope to get 100's of photos, please send details of this project to others. Ideally, the sculpture would be located in an accessible garden that could be visited.

WEBSITE NEWS

Ian Sinclair, author of 'Vaccination The Hidden Facts' and 'Health The Only Immunity' has a website at: www.vaccinationdebate.com
Another interesting website is at: www.vaccinedamage-prevention.org

JUSTIFICATION OF VACCINATION PRACTICES

The above heading was the title of a one-day conference which took place in Brussels at the European Parliament on April 5th 2002.

The conference was organised by Belgian MEP Paul Lannoye of the Green Party and a number of 'experts' were invited to present various aspects on the subject of vaccination. What immediately struck me when reading through the days' programme was that the majority of speakers were presenting concerns regarding the issue. Additionally it became apparent due to the response of the audience that the majority of people present were also concerned.

The following is a brief outline of the day as it was not an easy task listening to simultaneous translation for most of the day and make notes. Also the translators did struggle at times due to the medical terminology and so it wasn't always clear, and therefore difficult to note.

Dr John Clements from the WHO was the first speaker and he proceeded to present the 'achievements' of the Expanded Programme on Immunisation - the global impact vaccination has had on the world - how millions of lives have been saved by this public intervention - how more vaccines are being developed bringing the prospect of further gains in health and survival for the world's children. He paid tribute to the European donors who allowed organisations such as the WHO to make a difference to the world. Vaccination - 'it's like a sponge for collecting funds' he remarked. Dr Clements talked briefly on the various infectious diseases, choosing to focus mostly on polio and the eradication programme's achievements so far. During the question time I did ask if he could comment on a number of polio outbreaks which had occurred in highly vaccinated populations, quoting a number of published papers, but he said he did not have data on those particular outbreaks so he could not comment. In fact during the whole day I did not feel that he properly answered any questions from the audience and I found his presentation rather superficial - just glossy propaganda. When talking about measles, Dr Clements stated that 'measles will prowl like a lion' which made me wonder if had been watching the UK tv advertisement on immunisation too many times.

The next speaker was Philippe Autrive, Advocate of the Bar at Paris. He highlighted the legal situation across Europe stating that there isn't any standard Euro legislation on health issues and that the aim to harmonise Europe in this area would be difficult. Also would

harmonisation lead to a more liberal or obligatory system? Even some countries had mixed policies within and so any kind of plan to create a single policy would bring up many difficulties. He also talked about patients right to full information including alternatives and indicated that a growing number of people were starting to refuse vaccination especially when it appears that the scientists of the day have very little information on side-effects.

The following 3 speakers for the morning session all covered areas of concern and criticism. Dr Gerhard Buchwald from Germany, entitled 'Vaccination failure the case of tuberculosis vaccine (BCG).' He emphasised the role improved health measures reduced cases of TB, particularly improved nutritional status and concluded that it was the 'humble potato' that eradicated TB from Germany not the BCG vaccine. Dr Kris Gaublomme, Belgian medical doctor followed and he focused on auto-immune diseases related to the effects of vaccination. His list of published medical papers was vast and included diseases such as MS, optical neuritis, diabetes, erythema nodosum, rheumatoid arthritis, Good Pasture syndrome, lupus and asthma. Lastly Professor Michel Georget from France covered a concern, which is now being discussed more frequently, with a presentation entitled: 'Origins and consequences of contaminations and impurities of vaccines.' It continues to appal me when reminded of the many ingredients used in vaccines. I am at a loss to understand how educated health professionals, involved in the promotion of vaccination programmes, do not appear to question the sanity of injecting a cocktail of questionable substances from mercury and aluminium to animal and bird tissue into young babies bodies. How can that possibly have anything to do with health?

Dr Luc Hessel, from the drug company Aventis Pasteur, opened the afternoon session with 'The Value of Vaccines: Improving health through vaccination.' He echoed much of Dr Clements's presentation earlier in the day and stated that with the exception of clean water, no other human health intervention has had the impact of reducing infectious diseases than that of vaccination. He stated that vaccination is one of the few preventive public health measures that is highly cost-effective and directly saves money, thus contributing to social and economical development. Hessel described vaccines as victims of their own success. Because many infectious diseases have disappeared or are under control in Europe, people no longer remember the epidemics of measles, mumps, rubella so

they underestimate the seriousness of these diseases and the fact that if we stop vaccinating they will reappear. His presentation seemed at times very defensive and he even mentioned the word conspiracy. I hadn't noticed anyone else use that term all day, so I always find it interesting that vaccine promoters often raise the subject first. (What would Freud have said about that.)

Paul Shattock, from the Autistic Research Unit in the UK followed with a look at the MMR/autism link. He declared that initially he had dismissed parents concerns regarding their belief that the MMR had caused their child to become autistic, but as he started to investigate the issue he realised that there was indeed problems with this vaccine, and that these problems must be acknowledged.

Italian medical doctor, Dario Miedico also continued with his observations over the years with the 'Damage from Vaccines.' In a written summary he states: I agreed to take part in this conference because it appears not to be sponsored by the pharmaceutical industry, but rather by the European Parliament. I have been involved in working with vaccination damage for many years, and I am committed to providing technical help, at no cost, to parents and to organisations which are fighting against certain compulsory vaccinations which are still legally enforced in Italy.

Italian law no. 210/92 was implemented in order to pay indemnities against vaccine damage, but in fact, the law includes criteria which when implemented nearly always leads to a denial of a cause-effect relationship. Thus parents are affected in various ways.

- 1 By the damage suffered by the child.
- 2 By the enormous expenditure incurred by a seriously handicapped child.
- 3 By bureaucratic stalling in both public and private health services.
- 4 By various fraudsters and cover-up merchants.
- 5 By the legal expenses for a court case against the government.
- 6 By the expenditure involved in demonstrating that they have suffered damage due to vaccine.

Dr Miedico then highlighted 33 cases of serious vaccine damage out of the 200 cases reported in the last 4 years. He finalised with some proposals for the future.

- The indemnity for vaccine damage must be economically adequate and automatic in all serious cases
- The hospital authorities must be legally obliged to report to a appropriate commission on all cases of damage which have appeared within 30 days of the

vaccination.

• An epidemiological enquiry must take place in order to compare the state of health of two groups (both homogeneous and large enough samples) of children who have been vaccinated and those who have not, in order to verify all possible ways in which children may be damaged by vaccination.

Professor of Youth Health Care in Belgium, Karel Hoppenbrouwers presented next with 'Safe and efficacious childhood vaccination.' Although he presented a pro-vaccination piece he came across as a reasonably open-minded person, one who would possibly listen to concerns. He commented on the development of multiple jabs, ie as much protection as possible with few jabs as possible. But he said the challenge is to achieve purer and less allergenic vaccination. He also expressed the need for long-term follow-up studies as some symptoms of vaccine-damage are delayed.

The final speaker of the day was Prof. Bonnie Dunbar from the USA. 'Unanswered scientific questions concerning vaccine safety and efficacy' was the title of her presentation. As someone who has worked in the field of vaccine development Prof. Dunbar was first alerted to the potential problems of vaccines when her brother and a lab assistant both reacted to a routine Hepatitis B vaccine they were given. Prof. Dunbar highlighted the complexity of the immune system and the difficulty of predicting immune responses to the different vaccine components from one individual to another. She talked about the need for serious studies into possible adverse reactions -by organisations with no financial ties with the industry- and that scientists studying adverse reactions must have access to data from clinical trials and studies from both government and commercial sources.

Long term studies (greater than a year) must be carried out on various aspects of the issue and funding of studies on vaccine reactions should become a major health priority. Prof Dunbar summarised by saying that it is apparent that we do not have sufficient scientific and clinical data to evaluate the safety or efficacy of most vaccines. Until such rigorous molecular studies, in addition to epidemiological studies, are carried out it is not possible to evaluate the risks vs. benefits of many, if not most, vaccines.

The day was a good indication that concern regarding this procedure is becoming more questioned and hopefully, due to such an interesting exchange of views, will lead to further discussion at parliamentary level. *Magda Taylor.*

NEW TESTS "CONFIRM THE LINK" BETWEEN MMR AND AUTISM

Sunday Express 19th May 2002

Exclusive By Lucy Johnston, Health Editor

Powerful new evidence linking autism and the measles, mumps and rubella jab has been discovered by MMR opponent Professor Andrew Wakefield. He is among a group of scientists who have published a study revealing that autistic children with bowel disease carry residues of the measles virus in their blood unlike "other" children.

Alarming, the residues are 'consistent' with the vaccine - as opposed to any 'wild' strain of the virus. The research flies in the face of the Government's insistence that the vaccine is entirely safe.

Hundreds of autistic children with bowel problems are now being tested across the UK to see if they also carry these measles "vaccine residues".

The tests will include 600 autistic children involved in a legal case against vaccine manufacturers and other children treated for autism and bowel disease at London's Royal Free Hospital.

Solicitors, Alexander Harris, who are taking the action, hope to use the results as a powerful argument to win their case. Prof Wakefield's new study was published in the journal of Digestive Diseases and Sciences.

Speaking from Florida, where he is continuing his research after being "forced out" of the Royal Free, he said: "We are now going to do blood tests on as many children as we can.

DOCTORS' INQUIRY REOPENS DOUBLE COT DEATH CASE

*For the full article, visit
<http://www.timesonline.co.uk/>.
Here we quote a few key sentences.
*The Times, June 02, 2002**

Two doctors whose controversial medical evidence led to the conviction of a mother for murdering her two babies are being investigated by the General Medical Council (GMC).

Campaigners protesting the innocence of Sally Clark, who received a life sentence in 1999 for killing 11-week-old Christopher and 8-week-old Harry, hope the inquiries could lend weight to their claims.

The Criminal Cases Review Commission is also expected to pronounce within the month on other evidence that could lead to Clark's case being returned to the Court of Appeal.

Last week's decision by the GMC to investigate the evidence of Alan Williams and Michael Green, the two

"It is very worrying that this strain of virus has been found in these children. What is it doing there?"

The researchers analysed 28 children, some of whom had bowel disease, some with bowel disease and autism and others with neither condition.

With one exception, only the children with autism carried the "measles vaccine" strain in their blood. Early results of the tests now going on in the UK appear to be consistent with the study.

One example is 13-year-old William Kessick, from Peterborough. At 14 months he was a healthy toddler. Soon after his MMR vaccine at 15 months he developed bowel problems, lost his speech and became ill.

He was diagnosed as severely autistic. Today he has no speech, bowel problems, no sense of danger and is hyperactive.

His mother Rosemary, 48, has had his blood analysed using the new test and discovered evidence that it also contains residues of the measles virus vaccine. William's case is likely to form a central plank in the forthcoming legal action.

Mrs Kessick said: "I believe there is strong evidence that his problems were caused by the vaccine. If so, we must stop it happening to other children."

A new report by the National Autistic Society has found up to one in 86 primary school children has the brain disorder - double the official estimates.

pathologists involved in the case, is the result of campaigning by Clark's family and Martin Bell, the former BBC journalist and independent MP for Tatton.

Williams initially said Harry had died from being shaken and then changed his finding to smothering during the trial. Green, professor of forensic pathology at Sheffield University, who has since retired, also changed his opinion about the cause of death.

The GMC confirmed last week it had reviewed the further information from Bell along with the information previously available, which could lead to charges of serious professional misconduct against the two doctors.

The recent case in the papers regarding the sentencing of Angela Canning will also go to appeal. In both these cases all their babies had been very recently vaccinated before their untimely deaths.

MMR VACCINE: WHAT THE GOVERNMENT ISN'T TELLING YOU

This report is produced by What Doctors Don't Tell You, and 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.

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 starting 12th Oct. 2002. Cost: £130 - £120 if paid before 31/8/02.

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

Dr Jayne Donegan please call:

020 8632 1634

ERROR

Whoops! In the last issue of this newsletter (*Issue 1 2002*) the last word of an article on page 11 was missing. It should have read: These children were probably given more.

I would like parents to contact me if they are interested in trying to establish Steiner education in the Morpeth area of Northumberland.

Please phone Mrs Burn on:

01670 788500

VACCINE SEMINAR: The Sanctity of Human Blood By Dr Tim O'Shea (*from the USA*)

Author of "The Sanctity of Human Blood: Vaccination Is Not Immunization"

LONDON DATE: Saturday 29th June 2002
9am until 5pm

Room 224, Regents College, Inner Circle, Regent's Park,
London. NW1 4NS

Cost: £35 (£50 for couple) Tel: 020 8861 1022

STROUD DATE: Friday 5 Jul 02

2 Parts: 1-5pm and 6-10pm

In the Ballroom at Stroud Subscription Rooms,
George Street, Stroud, Gloucestershire

For tickets telephone the box office, Stroud Tourist
Information Centre
on: 01453 760900

Looking at both sides of the story, Dr Tim O'Shea has been researching and lecturing on the "Vaccine Seminar" for 5 years. Known throughout the US and accredited as a Professional Educator for doctors in 7 states, his knowledge and views have been featured on numerous radio shows, and includes participation to online debates with the FDA. As a mark of his success his acclaimed book, "The Sanctity of Human Blood" is now into its 5th print.

This will be a rare opportunity to see the most current research available about this important topic. Before politics or journalism enters the discussion, the decision whether to vaccinate is fundamentally a scientific one. Vaccination research is not a new subject. It has a long history that involves a number of key issues, each of which must be examined in order to understand the overall effects vaccines bring about. The sources of the information outlined in this seminar are mainstream medicine, science, and law.

In this seminar you will get all the information you need to make a truly informed decision for your child in this thoroughly referenced, clear, and entertaining back-to-school presentation. This full day multimedia presentation will focus on:

History: Germ Theory of Disease - Pasteur, Hadwen, Jenner, and Wallace

-The real causes of disease -Vaccine production -Vaccination vs. immunization -

Natural vs. artificial immunity - The human genome - Scientific proof of efficacy

Current laws regarding vaccines -The role of the FDA.

Current debates - MMR or single jabs - Hepatitis A and the new High Risk Category

- Gulf War Syndrome - Why there are 40 mandated vaccines for US school

children - The comparison with Europe's required list -..... and much more

2002 edition of book and Audio CD version of full day seminar now available.

Reservations/book orders: 001 408 298 1800

or by email: O'Shea@thedoctorwithin.com

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)