# THE *informed* PARENT

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


## MATTHEW NEEDS - 26 YEARS OF INJUSTICE

My son Matthew Needs was vaccinated in 1975 with the pertussis vaccine under the National Policy for Public Protection and consequently suffered severe brain damage as a result. No warnings were given as to possible adverse reactions despite doctors being advised in the early sixties of the side effects.

Over the past 26 years my wife and I have campaigned relentlessly to get recognition of our son's condition due to vaccination. It is with great sadness and deep regret I inform you that my wife Enid died on Sunday 23rd September 2001, and of the coroners report one of the contributing factors was emotional stress brought on over a number of years. Yes, severe stress caused by a political system that refused to discuss the case. We were even denied access to the ministers involved in our case. Everything had to go through a third party, 'not from the horses mouth'.

The vaccinating doctor injected a full course of vaccine in view of contraindications. The Establishment has blatantly disregarded reports from an eminent Neuro-Paediatrician - London, a world renowned immunologist - Scotland, a doctor specialising for 45 years in mental handicap - Bristol, a consultant psychiatrist senior lecturer in mental handicap - Bristol University, a consultant ENT surgeon - Bristol Royal Infirmary and sworn affidavits from state registered midwifes and district nurses. These medical people were making and forming opinions every day of there working lives and the profession accepted their findings and acted upon them accordingly. They had expertise far in excess of the 3 persons who sat on the tribunal.

Clinical notes state numerous times, 'Normal healthy infant, baby Apgar score 9. This means all tests passed for normality yet this evidence is ignored.

PROFESSIONAL PROTECTION!!

With reference to the debate that introduced the Vaccine Damage Payments Bill, 5th February 1979 House of Commons Hansard column 32 onwards, the intention of David Ennals is quite clear in that quote, "If there appears to be no other apparent reason for brain damage then a compensation payment would be made." The case of Matthew Needs was ruled on in the first instance to be a question of 'flu', and when it went for review it was found NOT to be the case of flu, but no other alternative was put forward. A pro-vaccine paediatrician at Southmead Hospital, Bristol told parents that there was no such thing as vaccine damage and he got to the point of being very rude when telling us. 20 years on, the Government of the day make awards of £60 million for "something that doesn't exist". Further evidence shows the Attendance Allowance Doctor stating disability was present at birth when in view of the fact that medical records state Normal Healthy Infant up to the time of vaccination. More incompetence. Many meetings have supposedly been arranged over the years, parents have been denied access and the outcome of these meetings have also been denied.

PROFESSIONAL PROTECTION!

So in view of our evidence, how did a tribunal trump up such a finding as influenza, which was later flawed by our doctor? Such incompetence from a tribunal that is not supposed to make mistakes. It must be said that when these tribunals were set up they did not have the expertise in vaccine damage. What did the Lord Chancellor advise them when he called them to his meeting?

Because of a 'mistake of fact', the Secretary of States' own words, we were granted another tribunal at the same place in South Wales. They said, "We don't know what caused the brain damage but it wasn't the vaccine'. My wife's own discharge notes from Southmead Maternity Hospital, Bristol state: Normal healthy infant. This evidence has been disregarded.

As for being 'Out of time', which shouldn't come into the case anyway, because of a tribunal error it was known that when a test case was going through the court a Moratorium was put on all vaccine damage cases and nothing moved or was considered for a period of time. All letters in my possession show dates running through the whole period of the 'so say, Out of time'.

As far as time is concerned, it's known full well that this case has been ongoing for 26 years through a number of supportive MPs. It appears that the only concern is 'Not to open the flood gates'. I wasn't aware that this UNIQUE case was such a popular occurence!

Countless letters have been sent to numerous people only to get the same stereotypical answers handed down from person to person. Politicians and faceless members of the Establishment have been relentless in their attitude to cover up a 'Tribunal Mistake'. The case of Matthew Needs has become a political fiasco at immense financial cost and death to my family.

One may well remember some years ago when it was reported that the Prime Minister intervened in the case of 'Deidre' in the TV soap Coronation Street, but he can't find time in his busy diary to even give thought and care about 26 years of injustice to Matthew Needs. I, as other people, have written to him several *(contd. page 2)*

**LECTURE DATES FOR SEPTEMBER AND OCTOBER ON BACK PAGE**

*(contd. from p 1)* times.

If this letter alienates I will feel no remorse. There will be NO forgiveness for the British Government for the abhorrent treatment that the case of Matthew Needs has received.

THE TRIBUNAL MADE A MISTAKE!

I would most sincerely thank and humble myself to those who have the guts and decency to support and believe in my sons' case. I have all the faith and sincerity in my Christian upbringing to accept that natural justice MUST prevail.

*Ivor Needs, father.*

*Editor: How many 'Matthews' are out there worldwide? How many parents and families struggle for years seeking justice and acknowledgement? How many children attending so called 'normal' schools require different degrees of Special Needs help? And of these, how many are mild versions of Matthew? How much longer will Governments and medical establishments world-wide continue to deny the reality... for as long as we let them!*

# GM DIARRHOEA JAB TO END UP DOWN THE PAN

*James Meikle, health correspondent*
*Thursday August 1, 2002, The Guardian*

A hurdle said to have slowed down trials of GM vaccines was removed yesterday as volunteers on the drugs' trials were told they can live at home and use the public sewerage system. To date such trials in Britain have been done in "closed" conditions under tight hospital control, with volunteers' excrement being collected and treated separately.

Government scientific advisers gave the all-clear for the drug company Acambis, and St Bartholomew's hospital, London, to release the GM material to the environment. The hospital and firm intend to begin experiments to develop a GM vaccine against diarrhoea. The advisers said they were satisfied the modified bacteria shed through 50 volunteers' guts would not replicate in the sewerage system.

Another government body, the Medicines Control Agency, still has to approve the trials but other companies are lining up similar applications. Acambis stressed that it might be five years before a vaccine reached the market; an effective one would need at least three strains of genetically modified E coli, the bug causing diarrhoea. The prototypes knock genes out of E coli bacteria to lessen their ability to cause diarrhoea, especially those types caught abroad.

This was the first time the advisory committee on 'releases to the environment,' best known for monitoring trials of GM crops, has had to rule on vaccine use. The committee thought it unlikely that altered bacteria might "revert to a former state" in the sewerage system, causing a health risk.

The developers of the vaccine said volunteers would "go about their normal duties", shedding live GM bacteria in their stools for up to 38 days. They would not be allowed to travel outside England and since most of the volunteers lived near London, most GM material would enter the capital's sewerage system.

Nicola Thomas, the project manager for Acambis, said that the bacteria would be "effectively destroyed as soon as they were flushed".

*Editor: So if simple flushing destroys bacteria, then maybe for those worried about germs, all they need to do is use a bucket of water or a hose-pipe to allay their fears!!*

# DOCTORS ABANDON BONUS SCHEME FOR MMR JABS

*Daily Telegraph. By Celia Hall, Medical Editor (Filed: 03/07/2002)*

Doctors voted yesterday to abandon a system of payments for vaccination targets, which they say destroy their credibility with patients, and could contribute to a feared epidemic of measles.

In a deal introduced 12 years ago, GPs can earn £2,865 extra if 90 per cent of the children on their list are vaccinated or £955 if 70 per cent are vaccinated. But since the controversy over the MMR triple jab, with many parents fearing that it can lead to bowel disease and autism, the doctors want a new payment system. MMR vaccination levels have fallen to 84 per cent and as low as 73 per cent in some areas. GPs told the British Medical Association conference in Harrogate, North Yorks, that they should not be put in the position of bullying patients into having their children vaccinated.

Dr Richard Vautry, a Leeds GP, said that two weeks ago he had sat in his surgery with his son waiting for his booster injection of MMR. "I was there to ensure that my son had the best possible protection against measles mumps and rubella and I believe that MMR is the best way to protect our children from these dreadful diseases.

"However, yesterday I met with one of my one patients who is yet to be convinced. She is a sensible mum who wants nothing but the best for her child, but she still needs a little more time to think about whether she should bring her daughter for the MMR.

"She should be allowed that time. She shouldn't be pressured or bullied as a result of some diktat from a Whitehall civil servant."

Dr Vautry said that the target system failed in that situation. "Surely patients have a right to say no.

Surely patients of young children have the right to make an informed decision and surely GPs should not be penalised as a result of the decisions their patients make."

He said he refused to pressurise his patients however much money he might lose. "For if I did my patients would start to wonder whether my advice could be trusted as they could see that I have a vested interest in reaching a target."

The doctors also heard that there was an alternative to target payments which is being negotiated as part of the new GP contract.

Dr Hamish Meldrum, joint deputy chairman of the association's GPs' committee, said they had proposed a system of "informed dissent" in which an informed patient who decided against vaccination would not be included in a revised target list. He said later that just as patients understood the idea of informed consent there should also be a system in which they could refuse treatment.

"Patients don't want to deprive their doctors of income because they don't want their child immunised. The majority of parents just want to exercise parental choice.

"I fully support MMR and I am convinced of its safety but I don't think I want the Government to make it mandatory.

He said that GPs were so convinced of the value of MMR that they would strive to have as few informed dissenters as possible.

Dr Joan Black, a GP from West Berkshire, told the conference that it was easy to understand a patient's fears.

"Target payments are an inappropriate way to run a service in a free society. Patients must be aware of a conflict of interest when their doctor stands to lose or gain a substantial sum of money depending on what the patient decides to do."

## WHY GPs ARE STILL STUCK WITH MMR TARGET SYSTEM

*Letters, Pulse, 17/6/02*

It was fascinating to hear the GPC negotiator at the Dawlish roadshow on May 17 give a clear reason why target payments for MMR vaccine were to persist in their current unsatisfactory form.

We learned that the Chief Medical Officer (CMO) of Health for England alone has adopted a rigid and inflexible stance on this and has refused to countenance any consideration of exceptions for those who, for whatever reason, do not want to be immunised.

Apparently the medical officers for the other three countries did not share this view.

Judging by the reaction of the GPC negotiator, this had caused intense frustration and irritation and I found it helpful to realise that this is in fact a single and personal issue.

If we all as practising doctors decide to adopt beliefs, treatments or advice that are not based on any evidence and that are at variance with the majority of our profession, we would soon be subject to scrutiny from higher authorities and maybe even find ourselves making a trip to the GMC.

I would like to ask the CMO to publicise why he believes his rigid and inflexible stance will help achieve immunisation targets and be good for the health of children who may be currently be finding themselves subject to all sorts of jiggery pokery in not being able to be registered with practices if their parents wish to decline MMR vaccination.

*Dr Charles Kent, Crediton, Devon.*

## CHICKENPOX STATUS SOUTH OF BORDER

In 1998, Dr Nigel Higson, chair of the Primary Care Virology Group in East Sussex was quoted regarding his view on parents who refuse MMR and he how would ask these 'refuseniks' to sign a legally binding document. He allegedly stated that these parents should be held socially responsible for deaths and morbidity that result from their children spreading infection. At the time I did write to him on a number of occassions but I was met with silence. Well, it appears that now he is becoming more vocal on another childhood infection - chickenpox, and sent in the following letter in to Doctor magazine, 18/7/02.

It reads:

Sir, your list of notifiable diseases lacks the entry of varicella zoster (chickenpox), which is notifiable in Scotland.

In view of the severity and importance of varicella in pregnancy and other conditions where immunity is affected, it is likely that varicella will become notifiable in England and Wales in the near future.

*Editor: To coincide with the introduction of the new vaccine no doubt!*

## BMA LOOKS INTO MANDATORY MMR

*Doctor, 18/7/02*

The BMA intends to look overseas for models of compulsory vaccination to assess if mandatory MMR could work in Britain.

The association's annual representative meeting recently voted that the BMA's board of science should investigate the pros and cons of mandatory vaccination and prepare a report for the Government.

Dr Vivienne Nathanson, head of the board's research group, said although the matter was yet to be discussed in detail, 'I feel we would approach it by looking at the best schemes currently working worldwide'.

She said she was aware some countries forced children to have the jab, while others, such as the US and New Zealand, did not allow unvaccinated children to go to school.

'Of course, some of the negatives will be issues of civil liberties and parental freedom to say no. *(Editor: Civil liberties and freedom of choice do not come under negatives in my book!!!!!)*

'So we'll be looking at where it works, the vaccination rates, the general cultural expectations that exist there and then try and compare it to the UK.' Dr Nathanson said.

She added that it was unlikely GPs would be asked for opinions, in the first instance, as very few would have had experience of compulsory vaccination schemes.

'But it is such early days with this that we haven't ruled anything absolutely in or absolutely out.'

West London GP Dr Susan Allan said she felt mandatory vaccination would be effective 'if it could be enforced'.

'I would have thought it would be very difficult in this country with the current social climate.

'But it would protect children, because those who can't have it for very valid reasons would still be protected.

*Editor: Enforced vaccination - what kind of step forward would that be for our future health!! And I can't help thinking that when something is so obviously beneficial there would not be a need to attempt to enforce it. Why don't these health professionals start reading up on the subject before they make such statements and then maybe they will come to understand why a growing number of parents are saying 'no thank you'.*

## VACCINE-STRAIN FOUND IN BRAIN TISSUE

Bitnun A, Shannon P, Durward A, Rota PA, Bellini WJ, Graham C, Wang E, Ford-Jones EL, Cox P, Becker L, Fearon M, Petric M, Tellier R.

Department of Critical Care Medicine, The Hospital for Sick Children, Toronto, Ontario, Canada.

We report a case of measles inclusion-body encephalitis (MIBE) occurring in an apparently healthy 21-month-old boy 8.5 months after measles-mumps-rubella vaccination.

He had no prior evidence of immune deficiency and no history of measles exposure or clinical disease. During hospitalization, a primary immuno-deficiency characterized by a profoundly depressed CD8 cell count and dysgammaglobulinemia was demonstrated.

A brain biopsy revealed histopathologic features consistent with MIBE, and measles antigens were detected by immunohisto- chemical staining. Electron microscopy revealed inclusions characteristic of paramyxovirus nucleocapsids within neurons, oligodendroglia, and astrocytes.

The presence of measles virus in the brain tissue was confirmed by reverse transcription polymerase chain reaction. The nucleotide sequence in the nucleo-protein and fusion gene regions was identical to that of the Moraten and Schwarz vaccine strains; the fusion gene differed from known genotype A wild-type viruses.

PMID: 10589903 [PubMed - indexed for MEDLINE]

## NEW TESTS LINK MMR AND AUTISM

*From:The Herald 9/8/02*
*By Helen Puttick*
http://www.theherald.co.uk

FRESH evidence linking the controversial MMR vaccine with autism was revealed by a key researcher yesterday.

Tests by American scientists on more than 200 children found autistic youngsters had an unusual reaction to the measles part of the jab.

The discovery is likely to fuel the UK row over whether parents should be obliged to submit their children to the triple injection against measles, mumps, and rubella.

Campaigners have called for use of the vaccine to be suspended while further investigations are carried out.

The researchers at Utah State University, led by Dr Vijendra Singh, analysed blood samples from 125 autistic children and 92 children who did not have the disorder.

Part of the measles component of the vaccine caused an unusual anti-measles response in 75 of the autistic children, but not in the others.

More than 90% of the autistic samples which showed an immune response to MMR were also positive for antibodies thought to be involved in autism. These antibodies attack the brain by targeting the basic building blocks of myelin, the insulating sheath that covers nerve fibres.

Dr Singh has suggested that this auto-immune response may be the root cause of autism.

The US scientists, who report their findings in the latest issue of the Journal of Biomedical Science, concluded: "Stemming from this evidence, we suggest that an inappropriate antibody response to MMR, specifically the measles component thereof, might be related to pathogenesis of autism."

It is not the first time Dr Singh has linked the jab and the condition. Two years ago, the Sunday Herald revealed he had told a conference that lab experiments had shown the vaccine could cause autism for the first time.

His latest work is bound to fuel fears about MMR. Bill Welsh, chairman of the Scottish-based group Action Against Autism, and who has met Dr Singh, said: "It is estimated that more than 20,000 British children have become autistic since MMR introduction. Dr Singh's research is another part of the jigsaw and further confirmation of a link. How many children have to be damaged before the precautionary principle is introduced? Single vaccines should be returned immediately."

The pressure group Jabs (Justice, Awareness and Basic Support), which believes parents are right to be worried about MMR, also said the new research strengthened its case.

Jonathan Harris, a group spokesman, said: "The evidence is building up tremendously. I really feel there's a very, very strong case now for suspending MMR use while further investigations are carried out.

"We have said all along that it affects only a certain subset of children, causing a new type of autism in children whose immune systems have not really been tested fully."

He stressed that Jabs was not anti-MMR, but wanted parents to be allowed to choose single rather than multiple vaccines.

He added: "At the moment, parents only have the choice of MMR or nothing. We think that's irresponsible of the department of health."

David Potter, head of information and policy at the National Autistic Society, said: "This current research offers a plausible explanation of underlying pathophysiology in some children with autism. Although the National Autistic Society has yet to see the full paper, it welcomes such studies into the underlying pathophysiology in these children."

Both the BMA and the department of health said they could not comment before allowing experts to look at the full research paper.

MMR vaccine uptake in the UK for 16 month-old children dropped from 76.2% to 70.1% between December and March, but then rose to 72% in April. Immunisation for 24-month-old children fell from 85.8% to 84.4% over the same winter period and then increased to 85.9%.

The Public Health Laboratory Service said the dips were probably due to "intense adverse publicity" about MMR over the Christmas and New Year period.

The PHLS, the department of health, and the British Medical Association have all consistently stressed that the vaccine is safe. Public health experts have warned that low uptake of MMR could increase the risk of measles outbreaks. This year, adults and children were infected in Fife in the first outbreak in Scotland for two years.

## NEW CHICKENPOX VACCINE TO TARGET HEALTH WORKERS

http://www.health-news.co.uk/showstory.asp?id=93599
*31/7/02, London.*
*By health-newswire.com reporters*

The UK's first vaccine for chickenpox was launched today (31/07/02) with healthcare workers considered among its most important beneficiaries.

Existing measures to limit transmission within hospital settings are costly, disruptive and have little guarantee of success, according to GlaxoSmithKline, producers of the vaccine Varilrix.

There is increasing concern that chickenpox, otherwise known as varicella, could result in life-threatening outbreaks in a healthcare environment.

The government is currently considering a policy of vaccinating all non-immune health professionals.

Varicella is often mistakenly considered a 'childhood disease' but it kills 20 adults each year in England and Wales and is 25 times more deadly in grown-ups than in children.

Up to 10 per cent of adults do not have immunity against varicella and could contract the highly infectious disease and transmit it to others. Pneumonia occurs in 1 in 400 cases and the disease can also result in encephalitis.

Dr Elizabeth Miller, head of the immunisation division of the Public Health Laboratory Service, says, 'Until now, a case in a hospital setting, with the potential for an outbreak, was a serious problem involving exclusion of susceptible staff in order to protect patients.

'Studies have shown that varicella vaccination provides a cost-effective method of protecting healthcare workers and patients from varicella.'

Dr Nigel Higson, chair of the Department of Health's Primary Care Virology Group, says, 'The varicella vaccine will help ensure the personal safety of healthcare workers, enabling them to continue to do their jobs without risk to themselves or their patients.'

He added that one of the 'real benefits' for those administering the vaccine is that it can be stored under normal vaccine conditions. The new vaccine is licensed for use in those aged 13 and over, and can only be given to children in certain circumstances.
Source: GlaxoSmithKline

# INFANT WHOOPING COUGH DEATHS RISE IN U.S.

*July 18, 2002 02:44 PM ET*
*By Paul Simao*

ATLANTA (Reuters) - The number of infants dying from whooping cough, once a major killer of children in the United States, is rising despite record high vaccination levels in the nation, federal health officials said on Thursday.

Researchers with the Centers for Disease Control and Prevention speculated that the worrying trend might be an indication that the bacteria that causes whooping cough was becoming more common in the nation.

Whooping cough, also known as pertussis, is marked by spasms of coughing followed by vomiting and a "whoop" as suffers can finally suck in air. It occurs in all age groups, but is especially dangerous in newborns who have not yet developed strong immune systems.

In 2000, the latest year that data was available, there were 7,867 reported cases of the disease and 17 fatalities, compared to 7,297 cases and 14 deaths the previous year.
Infant whooping cough deaths rose steadily in the 1980s and 1990s.
*(Editor: In 1978 a nationwide (USA) childhood immunisation initiative began - and in the years 1980-86 there was over a 3-fold increase in whooping cough, with the highest incidence in the under-ones - Current Epidemiology of Pertussis in the US, Tokai J Exp Clin Med, 1988, Vol 13 p103-109.)*

Dr. Kris Bisgard, an epidemiologist who works in the CDC's national immunization program, said it was important for parents to get their infants vaccinated against whooping cough and to keep them away from anyone suffering a severe cough.

Bisgard, however, dismissed suggestions that a recent shortage of the diphtheria, tetanus and pertussis vaccine, known as DTaP, might be partly responsible for the rising number of cases.

Supplies of the childhood vaccine had been limited in the past 18 months due to production glitches at manufacturing plants. Earlier this month, the CDC said the shortage had ended, allowing for the resumption of routine vaccinations.

"We don't think that the shortage had any impact on circulation" of the bacteria, said Bisgard, who noted that all the deaths in 2000 occurred among infants under the age of 4 months, too young to have completed the first three of five recommended DTaP vaccinations.

Health experts advise that infants receive three shots for whooping cough at 2 month intervals after birth, followed by a fourth dose about a year later and a booster between the ages of 4 to 6 years.

Whooping cough vaccination rates for children between the ages of 19 and 35 months in the United States have been found to be above 90 percent, according to the CDC.

The CDC said it was beginning studies to identify the risk factors for severe and fatal pertussis and better understand the disease. In 2000, nearly half the deaths inexplicably occurred among Hispanic infants.

# CHECK ON NURSERY CHILDREN AS BABY FIGHTS MENINGITIS

http://www.ananova.com/news/story/sm_625289.html?menu=news.latestheadlines
*Tuesday 9th July 2002*

A baby boy is recovering from meningitis after he was one of two children in the same creche found to have a rare bacteria.

Health officials were carrying out inquiries into the incident after the children, aged 13 months and 15 months, fell ill with infections caused by the Hib bacteria.

Both youngsters, who attend a Northamptonshire nursery, had been immunised soon after birth against Haemophilus Influenzae b (Hib), which can cause meningitis and septicaemia.

The baby boys, who had started at the Toy Box Nursery in Wellingborough only three weeks ago, were diagnosed with the Hib infections at the end of June.

They were taken to Kettering General Hospital, one suffering from meningitis and the other from a septic infection in his ankle.

Tests revealed the boys had fallen ill as a result of an infection caused by the Hib bacteria, despite both undergoing a full immunisation programme.

Dr Patrick Morgan, Northamptonshire's consultant in communicable disease control, said: "There doesn't appear to have been any failure in the vaccine and to have two children at the same nursery affected by Hib is very unusual." *(Editor: Well, it could hardly be described as a successful vaccine here! Presumably it was a failure in the boys - 'genetic' is a favourite expression in medicine these days.)*

It is believed that children at the Toy Box Nursery carry no further risk of infection by the bacteria than anyone else.

However, as a precautionary measure, each of the 93 children and 16 staff are being given a four-day course of antibiotics and throat swabs and details of their vaccination histories are being checked.

Nursery manager Andy Mahon said: "We spoke to the parents of both children yesterday and they are doing fine. We are more than happy to help Dr Morgan and his team with their research into this area."

# SEVERE ECZEMA NEW REACTION TO SMALLPOX JAB

*From: WDDTY, June 2002, Vol 13 No 3*

Severe eczema can now be added to the range of side effects caused by the smallpox vaccine.

Doctors in Jerusalem reported the case of a 27-year-old man who developed severe eczema over his entire body - leaving deep scars on his face and chest - after having been vaccinated against smallpox.

The reaction, called eczema vaccinatum, is a rare complication of the vaccine that can strike any patient with a history of eczema or who is in close contact with a vaccinated person. (N England J Med 2002; 346:1287)

## MONKEY VIRUS IN HUMANS MAY TRIGGER CANCER

*Fri Jul 12,10:24 AM ET*
*By Alicia Ault*

WASHINGTON (Reuters Health) - Though there is still no clear consensus, a majority of researchers told a quasi-governmental health panel Thursday that simian virus 40 (SV40) has become established in humans, and that it plays a role in causing cancer, including in people who had virus-contaminated polio vaccines in the 1950s and 1960s.

The experts addressed the Institute of Medicine (IOM) Immunization Safety Committee, which met to hear the latest epidemiologic and lab data on SV40. In 2 to 3 months, the committee will issue a report, along with recommendations based on their assessment of the data.

SV40's role in cancer has been debated since the early 1960s, when it was discovered that inactivated polio vaccine contained the naturally occurring monkey virus. Monkey kidney cells were fingered as the source; they were used to grow polio for the shot. In 1961, scientists discovered SV40 caused cancer in rodents. The government required all future polio vaccine to be SV40-free.

Even so, some contaminated vaccine still on shelves may have been used, and as many as 98 million children had already been exposed during the government's Mass Immunization Program from 1955 until early 1963.

Several attorneys alleged that the three polio vaccine makers-Wyeth, Lederle and Pfizer - knowingly distributed contaminated products before 1961 and later. Stan Kops, an attorney who successfully sued those companies for causing polio in vaccinees, alleged at the meeting that Lederle continued to sell SV40-tainted oral polio vaccine until 1999.

Attorney Donald MacLachlan, representing five families who claim the vaccine caused cancer, told Reuters Health that a federal judge in Los Angeles recently allowed a case against Wyeth to proceed.

Scientists have tried to unravel whether SV40 is prevalent in humans, and if the polio vaccine caused infection, or if SV40 had been in humans previously.

In the 1970s, SV40 was isolated in human tumors, especially brain and bone cancers, and, more recently, in mesotheliomas, a rare lung cancer found mostly in people over age 50, and primarily in men with occupational exposure to asbestos.

Michele Carbone of Loyola University in Chicago, Illinois has linked SV40 to mesothelioma. He called SV40 a 'potent human carcinogen,'capable of transforming cells and inhibiting the p53 gene that normally keeps cancer cells in check. But he added that the virus is not likely to act alone, and that co-factors--like asbestos--lead to cancer.

In 2002, several researchers found SV40 in non-Hodgkin's lymphoma (NHL).

Janet Butel, a Baylor College of Medicine virologist, isolated SV40 in NHL and has sequenced SV40 genomes. In three NHL samples, the SV40 strain was the same as one found in samples of a polio vaccine used in the 1950s, she said. SV40 "seems to be established in humans," and "it is causing infection," said Butel.

"Perhaps it was there before the polio vaccine, I don't know," she said, adding that widespread vaccine use may have broadly distributed SV40 in humans. The virus has been found in many nations. Erik Engels of the National Cancer Institute is conducting a study in northern India, where monkeys and humans live in close proximity, to see if--and how--SV40 might be jumping species or being transmitted from human-to-human.

Another researcher, Jeffrey Kopp of the National Institute of Diabetic, Digestive and Kidney Diseases, said a small study he and colleagues recently completed found SV40 in blood and urine of both healthy people and kidney disease patients, and that "argues for relatively common infection in the general population." Kopp's study will be published in September's Journal of the American Society of Nephrology.

There were several nay-sayers, including long-time SV40 researcher Keerti Shah of Johns Hopkins University Bloomberg School of Public Health. Shah has been unable to isolate SV40 in human urine, and said that lab studies have been so inconsistent that they do not prove causality.

Howard Strickler, an epidemiologist at the Albert Einstein College of Medicine in New York, presented several studies he has conducted, all showing no association between SV40 and cancer incidence, he said.

In a 1998 study in The Journal of the American Medical Association, Strickler and colleagues found no link between SV40 exposure and a type of cancer called ependymoma. Strickler also analyzed mesothelioma rates and said that incidence has remained at a steady 3% a year. It is very rare and not rising in women, said Strickler, which he said argued against the possibility that the cancer is being driven by polio vaccine exposure.

Also, rates have only increased among people over 50, who were least likely to have been vaccinated, he said.

That was disputed by Carbone, who said a large number of people aged 20 to 45 were vaccinated in the 1960s, and that age group is having more mesothelioma.

Susan Fisher, chief of the division of epidemiology at the University of Rochester, conducted a cohort study, comparing people born between 1955-1959 who were likely exposed to vaccine to those born between 1961-1965, and documented cancer incidence in that group from 1973 to 1993.

In the vaccine-exposed group, there was a 178% increase in mesothelioma, and an increased incidence of ependymoma and osteosarcoma. But, because the cancers are rare, the differences between the exposed and unexposed group were not statistically significant, said Fisher.

## A PARENT'S COMMENTS

One parent recently wrote:

'I have stood up to my doctor who dismissed all my previous questions about vaccine safety as "hysteria" caused by unnecessary media coverage. I asked him about polio vaccination and he told me about the MMR jab!

I then stood my ground against the practice nurse who was with the health visitor and both were trying to tell me that I was risking my child's life by not having him vaccinated.

Finally I had to take my child to casualty because he tipped a cup of tea on himself. Once again I had a group of four doctors and a sister trying to get me to agree to let him be vaccinated there and then. Their reasoning was that he was more at risk from infection as he had an open wound. I was asked to explaing exactly what my objections were to this going ahead.

Once I had explained my main objections they were less hostile but I did have to agree to return to the hospital every day for two weeks so that they could monitor him and act if he showed any sign of infection. After four days he had completely healed and they said they did not need to see him again.

Having the factual information enables you to put into words the feelings of uneasiness that injecting many virus and toxins into a young baby induces in you as a parent. *Dinah Harrison*

# UK BABIES GIVEN TOXIC VACCINES, ADMITS GLAXO

*Antony Barnett and Tracy McVeigh*
*Sunday June 30, 2002. The Observer .*

British drug giant GlaxoSmithKline has finally admitted that thousands of babies in this country were inoculated with a batch of toxic whooping cough vaccines in the 1970s.

Some experts believe that these Trivax vaccines - which had not passed critical company safety tests - may have caused permanent brain damage and even fatalities in young children.

In 1992, the family of an Irish boy, Kenneth Best, who suffered brain damage from one of these toxic vaccines, was awarded £2.7 million in compensation by the Irish Supreme Court.

Despite a long and fierce battle with the drug giant, the boy's family finally won this historic case after his mother Margaret made a startling find when sifting through tens of thousands of company documents.

She discovered that the Trivax vaccine used on her son, from a batch numbered 3,741, had been released by the company despite it having failed to pass a critical safety test. Documents revealed that the 60,000 individual doses within this batch were known to be 14 times more potent than normal.

At the time the Irish judge accused GlaxoSmithKline - then known as GlaxoWellcome - of negligence and attacked the company's poor quality control at its Kent laboratory. Immunology experts condemned Glaxo in court for what one US scientist described as an 'extraordinary event'.

Last year an investigation by The Observer found evidence to suggest that vaccines from this faulty batch, which may have wrecked Kenneth Best's life, had also been used in Britain.

Liberal Democrat MP Norman Baker raised questions in the House of Commons, asking whether vaccines from this batch had been given to British babies.

Then Health Minister Yvette Cooper wrote to the company asking for information.

Now, almost a year later, Glaxo-SmithKline has replied that it is 'highly probable' the toxic batches had been used in Britain.

The Department of Health is under pressure to make efforts to trace the children who received the suspect vaccines.

Last week in the House of Commons, Health Minister Hazel Blears said: 'Unfortunately they no longer have details of the quantities of vaccine or the places where the vaccine was supplied.

'Since vaccines were not centrally purchased and distributed at that time there are no central records either. Information on individuals who received these vaccines will only exist if the general practitioner at the time of the immunisation recorded the batch number and the patient's notes are still available.'

Baker will now write to the Minister to demand that she asks health authorities to check the records to find out who received the vaccine. It is believed that at least one boy from Wales died after receiving a jab from toxic batch 3,741, although the parents have never been informed.

A spokesman for GlaxoSmithKline told The Observer : 'We do not accept that these batches were harmful.'

# TB VACCINE IS RECALLED

http://www.itv.com/news/Britain1850584.html
*23.02 BST, 9 Aug 2002*

A vaccine for tuberculosis is being recalled by the pharmaceutical company at the centre of the Government's smallpox contract controversy.

PowderJect Pharmaceuticals Plc says it is voluntarily recalling its BCG (tuberculosis) vaccine in the UK as a "precautionary" measure.

It follows an "interim suspension of the company's licence for BCG vaccine in Ireland", the company said in a statement tonight.

The move follows testing that found a small number of batches did not meet the end-of-shelf-life specification, the company said.

PowderJect said: "The regulators are satisfied that there are no related safety implications, although the batches were potentially less potent than normal."

PowderJect, run by Dr Paul Drayson, was recently awarded a £28m contract for the UK's smallpox vaccine.

The company came under the spotlight after it was revealed that Dr Drayson had earlier donated £100,000 to Labour.

Critics had asked why the contract was not put out to tender as it was in the US.

A US expert, Dr Steve Prior, claimed Britain had bought the wrong type of smallpox vaccine to guard against terrorist attack.

*Editor: So there is a 'right' one???*

# MPs WERE MISLED FIVE TIMES OVER CONTENT OF VACCINES

*The Independent, 6/7/02*

A minister apologised yesterday after the Government admitted misleading MPs five times over the use of animal products in vaccines.

The DoH's embarrassing admission follows the withdrawal of an oral polio vaccine in 2000 amid fears that it could contain material linked to vCJD, the human form of mad cow disease. Last year it was revealed that two youngsters from Southampton who developed the disease had been inoculated from the same batch of the vaccine.

Making an emergency Commons statement on the Government mistake, Hazel Blears, a Health minister, stood by the decision to recall the vaccine and insisted there had been an "incalculably small" risk of the disease being passed on to humans. But she admitted a series of "incorrect or misleading" answers about the rules on vaccines had been given to MPs after the decision.

Ms Blears said: "Ministers made these statements on the basis of incorrect advice and information given to them at the time by the Medicines Control Agency, which licenses medicines for the UK market and monitors the safety of medicines in use." The mistakes related to rules concerning the use of cattle products in vaccines, the vaccines' licensing and information about the expiry dates of some vaccines.

Ms Blears said a huge exercise was under way across Europe to ensure all vaccines were assessed for compliance against a revised set of guidelines. She said that many were technically in breach of European guidance until the new guidelines were adopted, but checks had been completed to ensure none posed a risk to public health.

"Let us be in no doubt vaccination is the single most important public health measure of modern times. Vaccines save millions of lives around the world every year." The minister said it was important to provide clear assurances that vaccines were safe.

Oliver Heald, a Tory health spokesman, questioned the speed of the response by the Medicines Control Agency and the Government after the pharmaceutical company Powderject initially informed them of the vaccine problems.

# ACUTE AND CHRONIC DISEASE

*Taken from: The Hygienist, Autumn 2001. By Vivian V. Vetrano, D.C., M.D., h.M.D. Reproduced here is the first part of an article which was published in The Hygienist last year.*

**Part One**

This article was written for and dedicated to Dr. Keki Sidhwa, who by himself started and maintained the British Natural Hygiene Society magazine for 45 years. He has written, edited and published the Hygienist, a British Natural Hygiene Society magazine for 42 years. He has also written many wonderful books throughout the years while at the same time taking care of Health Seekers Hygienically at his beautiful retreat, 'Shalimar' at Frinton-on-Sea, Essex. His kind and loving attitude which was evidenced in his many lectures for the American Natural Hygiene Society in the United States have inspired countless people to take of their physical, as well as their emotional, mental and spiritual bodies. He is deserving of recognition and so at this time it is my pleasure to honour Dr. Keki Sidhwa.

Acute disease refers to the type of response an organism makes in relation to harmful things and abnormal circumstances. When we are healthy, the body is acting physiologically in relation to normal things. Physiological actions are not painful and while your body is eating, running, resting or doing toilet duties or whatever, you actually feel good. On the other hand, when we are suffering from acute disease, the body is pathophysiologically action in relation to abnormal things. Whenever, whatever and however something abnormal comes in contact with the body, it changes its actions from physiological (non-painful ones) to pathophysiological. Patho comes from the Greek word pathos meaning suffering, experience and emotion. Therefore when your body has to fight something toxic or heat itself in any way, you will experience something, mainly you will suffer physically and emotionally. The definition of acute disease is the body's pathophysiological actions in relation to abnormal things. The definition of health then is the action of the human body in relation to things normal to its anatomy and physiology.

People seem to be so afraid of disease that they panic at a pin-prick, immediately fearing an infection. The body will soon close the wound if it isn't tampered with and there will be no infection. There is no need to fear acute disease or infection, should they arise. The things to fear are the real cause of acute disease, not bacteria.

When we use the word patho-physiological we are recognising the fact that physiological actions are taking place, but because they are occasioned by things that are abnormal, the actions taken become patho- physiological. They are really not different from physiology except in that they are "disordered". The body actions are microscopically the same but may be out of order, first may be last, and the last may be first. That is, they are upside-down. When you eat, food goes to the stomach and continues downward until it is ejected at the end of the digestional tract. When something poisonous gets into the stomach, instead of going downward it is regurgitated back up and forced out of the mouth. The body conceives it dangerous and does not want it, so it acts with the same muscles and organs that swallow and digest food. The timing and the sequence is changed. Instead of nice slow regularly timed stomach contractions, there are several big forceful contractions. Instead of propelling the ingesta down the intestinal tract, the stomach tightens its exit door to the intestines so strongly that nothing gets past it. At the same time, it opens the entrance door to the stomach, so as it contracts, the food will be pushed upward and out of the mouth.

The muscle cells did not do anything special except to contract and relax, as in health. It was the intelligence of the body that shut the door at one place and opened it at another, acting in relation to a potentially harmful substance. Likewise, the nerve cells still performed as usual. They sent and received signals, but they dictated where and when which parts of the body would contract and relax to achieve the desired life preserving action. That is pathophysiology and it is nothing to be afraid of. It was wise action.

The actions of the body are those that will aid in preventing the entrance of some abnormal substance into the body citadel, and banish it if it surreptitiously sneaks inside. You need never fear disease because all pathophysiological actions are directed by the Nervous System which keeps them coordinated and correct for the particular situation. They are purposeful actions aimed at self preservation. They are local and distant healing actions. The body works as a whole to ward off all noxious and harmful influences and things.

When you are sick it is an unfortunate situation, but first you must remain calm, realising that your body is acting in a way to save your life. Secondly, remember that your body is telling you that there is a health problem. If you are smart, you will try to find out how you really devolved into sickness by asking yourself a lot of pertinent questions. Since it was 'discovered' that nutrition has a bearing on heart disease as well as many other diseases, it is time you begin to question your entire lifestyle. What are you doing to yourself that is making you sick?

The main cause of acute and chronic disease is toxemia, but enervation precedes toxemia and there are many causes of enervation. The causes of enervation are the subtle causes that will require diligent sleuthing to find them in order to eliminate them. This process takes longer but when you realise that there is no effect without a cause, you must keep learning and searching, eliminating one cause of enervation after another and supplying only things natural to our anatomy and physiology. When you do this you will find yourself growing healthier on a daily basis.

There are overt causes of acute disease for which you can do something immediately. The following true story will illustrate a cause of disease that you can eliminate fairly easily:

A young woman was thrown from a

horse into the middle of a cactus bed. OUCH! Hundreds of cactus thorns pierced her skin. Some were almost invisible like minute fuzz and very difficult to extract. Others were stiff long thorns, so stiff that if you could find a way to thread them, you could sew with them. Do you think the body just lets the thorn stay there without any pathophysiological action ? Certainly not ? You can feel the pain immediately. Then if you don't pull them out you will see and feel heat, redness, swelling and impaired function. That is inflammation. The skin's normal functions of sweating and making oil in the oil glands are temporarily impaired. The extra blood is in the skin because it is part of the inflammatory process.

If you left the thorns in the skin, the body itself would soon force them out. But, since the cause is out in the open and plain to see, naturally you are going to remove the cause or causes. You are going to pull out all you can see. Then the body spontaneously heals the hundreds of little holes and normal function in relation to normal things is reinstated.

But what about all those almost microscopic thorns? You can't always get them out because they are easily broken. Nevertheless, you can extract some. If they break, you can sometimes brush them out, or scrape them out with your fingernails. But, if you cannot get them out, do not be alarmed. Most of the time your body will do it for you. Either it absorbs them or pushes them out with pus. By the process of inflammation, more fluid and more white blood cells are brought to the area surrounding each little microscopic thorn. This pathophysio- logical excess of fluids and white blood cells surround each thorn and make the opening in the skin larger and they just ooze out by our fantastic intelligent organism. It knows exactly what to do in all cases, in order to protect the entire organism, your body castle.

The young lady could not get all the fuzzy needles out and she had to leave them in. Fortunately, these tiny needles do not hurt as much as the larger ones, which makes it easier to leave them alone. It takes a few days for the body to shove them out. My grandson was amazed that his body could push out thorns and splinters. He even told his friends how it worked.

When the cause is physically removable, use your brain and remove it. Then clean the wound. When the cause is internal and you can't see it - then rely on the body to handle it, and you won't go wrong. If it is an injury, let it heal itself. Sometimes surgery is necessary to repair extensive and mutilating accidental wounds.

Depending upon the case, after setting a broken bone, often it is much better to let a broken bone heal itself without the use of screws or pins. These often damage muscle tissue and your limb is made weaker by this method. It may take a little longer to heal but it will be without the damaging after-effects of the screws. Your body usually does its work successfully and better without any meddling.

Acute diseases, such as inflammation brought about by the thorns, are usually of short duration. Most acute disease lasts no longer than a few days a month. They are usually more severe than chronic ones. It begins like an impromptu battle, perhaps a little like The Gulf War. The purification starts and blasts toxins out --- powerfully but short. The word acute itself is sometimes used to mean very severe; experience has shown that some acute diseases are really very severe. People feel like they are dying.

Colds, influenza, measles and other childhood diseases are examples of acute diseases. They are simply crisis of toxic elimination. A crisis that occurs while fasting is analogous to an acute disease. When people are in a crisis while fasting, they complain "I wasn't sick when I got here. Now I feel terrible". They were suffering with the primary disease of toxemia - they just didn't know it. The body often hurtles itself back into the acute phase of a chronic disease. Its greatest desire is to finish a job that has been suppressed for years with medication.

All acute diseases are built upon a foundation of enervation and intoxication. The disease becomes noticeable when it is in the stage of irritation which may be concentrated at a certain location. There will be irritation of cells, tissues, organs or organ systems, mucous membranes and internal serous membranes such as around joints. When the purification processes increase, the irritation becomes inflammation, and it can be in any part of the body. If left untreated acute disease, as well as the fasting crisis, will automatically abate when the toxin level has been reduced to the toleration point. Dr. Shelton always loudly proclaimed that to treat disease is like "trying to cure the cure".

The worst thing anyone can do in these circumstances is to suppress the symptoms. Suppressing the symptoms of acute disease prevents the body from healing itself because its attention has been diverted from the healing crisis, in order to cast out an unwanted and foreign intruder. Acute disease is a healing process. The suppression of colds, fevers, measles and mumps means future disaster.

According to the Law of Selective Elimination, any abnormal substance that enters the body is resisted and expelled by such means and such avenues that will cause the least amount of harm to the body. Some modern drugs make this very difficult but the law is correct anyway. Everyone should actually realise that the living body is intelligent. If you do nothing intelligently your body can deal with germs, viruses and other substances that do not belong in the vital organism, as well as heal all injuries.

You see your body heal an external injury frequently. You have no fear that a cut or an abrasion will not close itself off. Injuries also happen inside the body and the body heals them daily. Just because you can't see what is going on inside does not mean that it is not healing and regenerating. You may twist your ankle, pulling and tearing muscles and ligaments. Let it rest, and eventually the muscles and ligaments are healed. You get pushed down, or maybe pinned down between furniture, sometimes mashing muscles in the process. The injured muscles are healed by internal inflammation. The body sends white blood cells to eat up the dead and dying cells and eliminates them; and it increases mitosis to replace muscle cells and all other cells that were

injured. Capillaries break daily and must be healed on a daily basis. If you knew all the repair work your body had to do every day, your jaw would hang open for an hour or more. Therefore, do not panic just because you have a disease that you can't see. If you act wisely, your body will be able to handle everything very well.

Why do Hygienists cringe when we hear of people taking any kind of medical treatment? First of all, because they are trying to subdue, kill or abolish symptoms in one way or another. They are not searching for and trying to eliminate the real causes. Furthermore, the Hygienic-educator objects to them because all treatments are irritants or processes that irritate or excite. In other words, you are being poisoned to be "cured." Drugs and other treatments waste nerve energy and prevent the body from healing itself because it's attention has been diverted from the healing crisis by another perhaps more harmful substance. While the body is trying to eliminate the new intruder, it wastes what little energy it had to purify itself in getting rid of a new poisonous intruder. "Curing" the body with poisons does not permit it to finish the purification and healing because it was stopped in the middle of its war.

Of necessity, the body is forced to abandon the endogenic toxins and concentrate on eliminating some type of irritating remedy. To treat any disease is to give the body more work to do. When drugs are given to suppress the symptoms, the body has to learn to tolerate more toxins in general. It has to make changes in the body to prevent the toxins from impairing the more important organs. This is toleration, but toleration is not as you would suppose by the way we use the word tolerate in daily life. The body does not just accept these endogenic and exogenic toxins by laying back and doing nothing. The organism is busily constructing changes that while they prevent some damage to tissues, these very structural changes lessen the functioning capacity of the organism.

Chronic disease is inevitable when you treat acute disease. There is no choice. Your weakest organ or organs will begin to fail unless you "wake up" before too much structural damage is done, and begin a new and more healthful lifestyle. Medications are aimed at killing viruses, bacteria and suppressing symptoms. The body kills micro-organisms. The symptoms will abate when the body has healed the hurt or sick organs. We don't need to interfere with what the body does very well. We need to find and eliminate the real causes of all disease and institute a rational type of care.

**To be continued in Issue 4, 2002.**

For those of you interested in subscribing to The Hygienist, please contact Keki Sidhwa on: 01255 672823 Or write to Keki at: Shalimar, 3 Harold Grove, Frinton on Sea, Essex, CO13 9BD.

Dr Sidhwa will be speaking at a CNM Open Day on 16th November on "Constipation and our civilisation." For further details please ring CNM on 01342 410505.

## THE YURKO PROJECT

Just a reminder regarding the case of Alan Yurko, who was sentenced to serve life without parole for the death of his son. (USA.) Alan, like hundreds of other innocent parents, was convicted of shaking his baby to death as a cover for medical malpractice - the administration of contraindicated vaccines. The Yurko project will mark the beginning of the end of forced vaccinations that are causing epidemic deaths, chronic diseases and behavioural anomalies.

To find out more, receive updates on the appeal, or to possibly offer your help, please visit their website:
www.freeyurko.bizland.com
Or write to The Informed Parent enclosing a SAE. Thanks.

## ERROR

In Issue 1 and 2 this year the two-part article on polio by Edda West should have been entitled: 'Polio Perspectives'. The title printed is for another article from VRAN newsletter, summer 2001, 'Will the poliovirus eradication program rid the world of childhood paralysis?' by Neenyah Ostrom. This can be viewed via their website: www.vran.org
or directly at: www.chronicillnet.org

## SCOTS STUDY ON AUTISM POSES NEW QUESTION OF MMR LINK

Extracts from: The Herald, 22/7/02 By Vicky Collins

A SCIENTIST in Scotland yesterday revealed new research which could indicate a link between autism and the MMR vaccine by showing that autistic children have abnormally high levels of toxins in their bodies. The study by Gordon Bell, of Stirling University, also raises hopes that autism may not be genetic and instead be a physical, and therefore potentially treatable, condition.

Lead, aluminium and antimony (similar to arsenic but more toxic) were found to be present in children suffering from autism at a significantly higher level than other children. All three toxins weaken the immune system and, when present in high levels, Dr Bell believes they could affect the body's response to the MMR jab. He suggests the immune system could be too weak to react properly to the triple vaccine, triggering the onset of autism.

"These toxins could increase the likelihood of a reaction to viral change because they are all immune suppressants," he said. "Autism is all about putting too much of a burden on the body, and high levels of heavy metals may lead to other catastrophic events in the body which may then lead to autism. "All these metals or elements are at toxic levels so the body may not react appropriately to a immune change such as that caused by the MMR vaccine."

Dr Bell, whose own son developed autism at the age of two after having the MMR jab, believes children susceptible to autism may have a problem getting rid of toxins from their bodies..... With funds provided by the Autism Research Trust, Dr Bell tested 37 children for toxic elements, taking hair samples which were then sent to a laboratory in America for analysis. Levels of antimony in autistic children were five times above the normal maximum range and levels of lead and aluminium were three times higher. Antimony can cause fatigue, hypotension, angina, and immune dysfunction.

All 24 children with autism who took part in the study were found to have antimony present above the recommended maximum values, compared to 50% of the eight non-autistic children tested, and 40% of the five children with Asperger's Syndrome. Lead, an excess of which can lead to severe gastro-intestinal problems, loss of appetite, insomnia, and nervousness, was present above the normal maximum range in 92% of autistic children, compared to only 25% of non-autistic children, and 20% with Asperger's Syndrome. High levels of aluminium, which have been implicated in the onset of dementia, were present in 54% of autistic children, compared to only 12.5% of the control group, and none in the Asperger's group.

## MANAGEMENT OF THE FEBRILE CHILD WITHOUT A FOCUS OF INFECTION IN THE ERA OF UNIVERSAL PNEUMOCOCCAL IMMUNIZATION

JEROME O. KLEIN, MD
*THE PEDIATRIC INFECTIOUS DISEASE JOURNAL; 2002;21:584-588*

Should strategies of management of invasive disease in the febrile child without focus of infection (occult bacteremia) be reconsidered in communities with universal immunization of infants with the conjugate vaccines for Haemophilus influenzae type b and Streptococcus pneumoniae (PCV7)? The incidence of occult bacteremia is likely to decrease with the virtual elimination of H. influenzae type b and vaccine serotype pneumococcal invasive diseases. The number of children with fever coming to physicians' offices, however, is unlikely to change. The challenge of distinguishing the febrile child with invasive bacterial disease who requires aggressive therapy from the febrile child who has a viral infection and requires only symptomatic therapy will persist. The bacteriology of invasive disease in infants and young children in 2002 will include pneumococcal serotypes not in PCV7; serotypes in PCV7 that occur in the unimmunized, partially immunized or fully immunized child (vaccine failures); Neisseria meningitidis; Salmonella spp., group A Streptococcus, Staphylococcus aureus and Gram-negative enteric bacilli. Management plans published in the 1990s suggested an aggressive diagnostic approach to the febrile child 3 to 36 months old who was toxic or had a temperature of >39°C. Diagnostic tests included white blood cell counts, cultures of blood and urine and chest radiograph and lumbar puncture as indicated by clinical signs and administration of parenteral ceftriaxone. Although PCV7 was extraordinarily effective in prevention of serotype-specific invasive pneumococcal disease in clinical trials, pediatricians need to know whether the results based on 38 000 enrollees will be maintained as millions of children are immunized. In addition questions about change in serotype of pneumococci causing invasive disease (serotype switching), herd immunity and durability of protection after immunization need to be answered.

Until more experience is available to answer these questions, the febrile child without focus of infection should be managed without consideration of immunization with PCV7. Evaluation of the organism (serotype) and the host (acute and convalescent sera) should be undertaken for each case of invasive pneumococcal disease in this era of universal pneumococcal immunization.

*Editor: It's refreshing to see some caution for a change!*

## SELLING SICKNESS: THE PHARMACEUTICAL INDUSTRY AND DISEASE MONGERING

*Brief extracts from: BMJ Vol 324, 13 April 2002: p886-890*

There's a lot of money to be made from telling healthy people they're sick. Some forms of medicalising ordinary life may now be better described as disease mongering: widening the boundaries of treatable illness in order to expand markets for those who sell and deliver treatments. Pharmaceutical companies are actively involved in sponsoring the definition of diseases and promoting them to both prescribers and consumers. The social construction of illness is being replaced by the corporate construction of disease.

Whereas some aspects of medicalisation are rhe subject of ongoing debate, the mechanics of corporate backed disease mongering, and its impact on public consciousness, medical practice, human health, and national budgets, have attracted limited critical scrutiny.

Within many disease categories informal alliances have emerged, comprising drug company staff, doctors, and consumer groups. Ostensibly engaged in raising public awareness about underdiagnosed and undertreated problems, these alliances tend to promote a view of their particular condition as widespread, serious, and treatable. Because these 'disease awareness' campaigns are commonly linked to companies' marketing strategies, they operate to expand markets for new pharmaceutical products. Alternative approaches - emphasising the self-limiting or relatively benign natural history of a problem, or the importance of personal coping strategies - are played down or ignored. As the late medical writer Lynn Payer observed, disease mongers "gnaw away at our self-confidence."

Although some sponsored professionals or consumers may act independently and all concerned may have honourable motives, in many cases the formula is the same: groups and/or campaigns are orchestrated, funded, and facilitated by corporate interests, often via their public relations and marketing infrastructure.....Inappropriate medicalisation carries the dangers of unnecessary labelling, poor treatment decisions, iatrogenic illness, and economic waste, as well as the opportunity costs that result when resources are diverted away from treating or preventing more serious disease. At a deeper level it may help to feed unhealthy obsessions with health, obscure or mystify sociological or political explanations for health problems and focus undue attention on pharmacological, individualised, or private solutions.

*Editor: Interesting comments and the way vaccines are promoted is an excellent example. As I have said to many over the years the industry's message via health departments (and I have to say I am becoming more and more reluctant to refer to them as 'health' departments) to the general public is that without vaccines and medications then you will be lucky to stay alive! This only serves to disempower the public and make them believe that they are dependent on vaccines and drugs for their survival, which is far from true!*

## CONTACT NETWORK

I am looking for someone to take over the running of the Childhood Illness Contact Network in Scotland and would like to hear from any parents based in the area who would be interested.

Please contact me, Linda Bendle, on:
0131 447 3060

# PARENTS OPT FOR PRIVATE VACCINATIONS

*Birmingham Post, June 25 2002*
*By Emma Brady.*

A Birmingham couple have put their youngest children on a six-month private waiting list for single vaccinations rather than risk the MMR jab after their siblings developed autism.
It follows controversy over conflicting studies into the combined measles, mumps and rubella vaccine which are causing families untold heartache as they attempt to do what is best for their children.

Among them are Jonathan and Kay Harris, of Sheldon, who have opted for single vaccinations after two of their children, who were given MMR jabs, developed autism.

Thomas, aged ten, and eight-year-old Oliver both suffer different forms of autism which were diagnosed before a study linking MMR to the condition was published in 1998.

Now their younger siblings have joined a six-month waiting list at the only clinic in Birmingham privately providing the single injections.

Although it will cost £280 to vaccinate both Maisie and Alistair, aged three and two, their parents firmly believe they have no other choice.

Mr Harris, the regional spokesman for action group JABS, said they both felt forced into going private.

He said: "Like any parents we didn't think twice about having Thomas and Oliver vaccinated with the MMR jab when it was introduced.

"But when doctors diagnosed Thomas with autism we did wonder why nobody had told us there might be risks involved with the jab.

"Why should we be forced to go private to get the single jabs? Really, to all intents and purposes, this is a human rights issue.
"We should never have been put in this position in the first place."

Worcestershire MP Julie Kirkbride (Con Bromsgrove) is campaigning for the single jabs to be made available on the NHS. But on Friday her Private Member's Bill failed to receive a second reading in the Commons, effectively torpedoing chances of it becoming law.

Dr John Oakley, whose practice in Four Oaks, Sutton Coldfield, has already given more than 1,000 single jabs to children this year, said the Bill was one hope for many parents. "Many are desperate by the time they contact the surgery because many GPs tell them its MMR or nothing," said Dr Oakley.

"But I don't think the Government will back down and I doubt anything will change unless there's a measles epidemic or Julie Kirkbride's Bill is passed.

"If there is a problem with MMR then they will face a massive litigation bill for not offering parents an alternative." The injections cost £50 for measles, £45 for mumps and the rubella jab is included in the doctor's £45 consultancy fee.

Mr Harris and his wife, who are full-time carers, say the cost of vaccinating Maisie and Alistair - £280 - does not come cheap.

They said they were forced into the move by their GP's refusal to consider any option other than the MMR jab.

Mr Harris, aged 43, believes the confusion over recent studies may lead to thousands being left unvaccinated. He said: "Parents are damned if they do and damned if they don't due to the conflicting evidence, high prices if they go private and very little help from the health service."

Mrs Harris, aged 38, said: "It never crossed our minds that protecting our children against measles, mumps and rubella could lead to this. We never thought it could go wrong.

"When Thomas was diagnosed with autism, we thought it was very convenient as the doctors knew there was history of it in the family with Oliver.

"But when I had a 20-week scan with Maisie I asked for a genetics test because I wanted to find out if she was in danger too, but there was no trace of an autistic gene.

"So we know there must be a link between the jab and their condition because if it was genetic Maisie and Alistair would be affected too."

*Editor: In the last few months the majority of phonecalls have been related to MMR and how to get hold of single jabs.*

*I always point out that single vaccines have the potential to cause all different degrees of damage also, and I encourage parents to look at all the vaccines and study information about the diseases too. If they still feel that single jabs would be appropriate then that is their choice.*

*I am often asked what I would do, and I clearly state that my personal opinion, based on a number of years of research, is that ALL vaccines carry risk and that their effectiveness is questionable also, and that I would not allow my family or myself to receive anymore at all.*

# SINGLE MMR

Glaxo Smith Kline and Merck may have decided to force the market into MMR and MMRV (with added chicken pox, or varicella) but there are other manufacturers of single vaccines and other countries (Gulf states, Egypt and South Africa for example) who continue to recommend them.

The Department of Health should now be negotiating a new contract with another supplier, to run after expiry of their current contract. It would be needlessly expensive to use MMR every time a woman needed a rubella boost, whatever other risks it may entail.

If by lack of action the DoH allows supplies simply to dwindle to nothing, they will be responsible for the continuing shortfall of vaccination uptake. If they progress to MMRV, the public should boycott it - two immuno-suppressant viruses (mumps and chicken pox) should NOT be administered simultaneously.

The DoH is already responsible for making mumps a disease of teenagers. Is this a subtle birth control campaign? News of at least 4 outbreaks has reached us, one affecting 100 secondary school children. The mumps component of MMR expires at about age 12, it seems. Not a good age to be susceptible. We should never have interfered.

And in view of the gathering evidence of danger from MMR, Health Otherwise recommends firmly against both MMR and MMRV under the age of ten. We shall be researching the alternatives, always bearing in mind that a few short
years ago we were all happy to infect our children with mumps and chicken pox, to "get them out of the way". Almost no harm ever resulted. The same applied to measles, 30 years ago.

Let's get vaccination back into its proper perspective.
*Dr Peter Mansfield*

Health Otherwise is a broad alliance of individuals, organisations and the media.

Contact Dr Peter Mansfield on
07957 861775
or at PO Box 6,
LOUTH, LN11 8XL.

# CDC PUBLIC INFORMATION MEETING ON SMALLPOX

*June 8, 2002 St. Louis, MO, USA*

My name is Dr. Sherri Tenpenny. I am a physician from Cleveland, Ohio and I am board certified in two medical specialties, including Emergency Medicine.

I am speaking today on behalf of the National Vaccine Information Center, a non-profit, educational organization founded in 1982 which represents more than 40,000 Americans, including parents and grandparents of vaccine injured children.

As a physician, I both personally and professionally support the position set forth by the NVIC. The NVIC opposes giving the vaccine to the general public. This is not "just another vaccine." There are defined risks and known contraindications that can lead to fatal consequences if they are not strictly adhered to. The general public will not have the background to understand these ramifications. In addition, as with all vaccines, this vaccination will not guarantee immunity.

The Defense Advanced Research Projects Agency (DARPA) lists many other known biological warfare agents; twenty six of these microbes are listed on the CDC website. In addition, there are chemical warfare agents and an infinite number of weapons that could be created through genetic engineering and used in a terrorism attack.

Vaccinating the general public with the vaccinia vaccine will cover only a small fraction of the potential risk that could come from terrorism.

However, the risk of medical complications from this vaccine is not potential but real, and that risk exceeds any perceived benefit that may come from the inoculation.

If first responders are offered the vaccine before an actual attack, it must be done in a limited, highly controlled manner with strict isolation of the individual and his body fluids by quarantine, until the scabs from the vaccine lesions have fallen off. The individual will need to be isolated from at-risk family members, as well as from the community at large.

It is estimated that at least 10%, or more than 28 million people in the United States, have eczema. There are 184,000 organ recipients, 850,000 individuals with diagnosed and undiagnosed HIV infection or AIDS, and 8.5 million people with cancer. An even more extensive list of people at risk is the untold millions who are taking immunosuppressive drugs such as corticosteroids. Prednisone® and Medrol®, given to both adults and children, are prescribed for dozens of conditions including but not limited to: asthma; emphysema; allergies; Crohn's disease; multiple sclerosis; herniated spinal discs; acute muscular pain syndromes; and all types rheumatoid and autoimmune diseases. All of these patients would be at risk for serious complications from contact with a vaccinated individual.

Historically, this live virus vaccine has caused more injury and death among those who were vaccinated than any other vaccine that has ever used. The general population has no natural immunity to this virus and even with controlled vaccination of first responders, the virus has the potential to spread throughout the community and then across the globe. Tens of thousands of casualties from the vaccine itself will result, and our already over-burdened healthcare system will be crushed trying to care these victims.

I have personally treated many patients, both children and adults, who have suffered from catastrophic brain and immune system damage after vaccination.

The potential suffering that could be caused by this highly reactive vaccine cannot be measured in either human or economic terms.

In the event of an attack, the PROPER MEDICAL USE of ring vaccination would be supported by the NVIC but only with voluntary compliance and FULLY INFORMED CONSENT. A strict definition of "close contacts" is necessary to ensure that surveillance measures are focused only on those at greatest risk. Complete informed consent is particularly important because:

- the old vaccine was never subjected to controlled clinical trials;
- the new vaccine will not have to be proven effective in humans;
- standards for safety will be lowered to fast-track production;
- vaccine manufacturers, as well as healthcare providers physicians-will be protected from liability for any vaccine-induced injuries or deaths, which are likely to occur.

The National Vaccine Information Center urges ACIP to stand behind its current policy of employing ring vaccination in the event of a bioterrorism attack. There is no reason why, in the absence of a confirmed smallpox outbreak, and with only a theoretical risk that smallpox will be the agent used in an attack, that Americas should be subjected to the very real and very significant risks associated with the vaccinia virus vaccine. Thank you.

## A PARENT'S LETTER

Dear Informed Parent

I was in such a dilemma about the inoculations for my 2nd child. With my first I went a long with the advice of my doctor and just let her have them all. Luckily she didn't react at all. Not even a temperature. However with my second daughter I was left frightened and traumatised after her first DPT inoculation. She had the jab at 2.30pm and at 7.00pm that night she screeched the place down until exhaustion took her to sleep. Since then my mind has been in turmoil. She's been ill with a cold and temperature of 39 C then the following week developed diarrhea and a fever of nearly 40 C. She's just getting over that, but I fear her immune system may have been knocked a bit. I just pray she gets no other illness for now. Anyway it was my breast feeding councellor who put me on to you, and how grateful I am. The information you have sent me has been invaluable. Thank you so much. If you only ever save one child from being inoculated where it would have caused a bad reaction then it would be worthwhile.

Thank you for all your help. *S Brown.*

# ARTICLES FROM THE ARCHIVES

## GOVERNMENT SPIES

*Taken from the archives: The Anti-Vaccinator, June 15, 1872, p67.*

To the editor of The Anti-Vaccinator Gentlemen - Although much occupied, I send you a few lines with reference to a great grievance amongst the poor, which the other papers will not publish. Our present Government pays a number of spies high salaries out of the poor rates; and these men persecute the parents of unvaccinated children after the following fashion, viz:- If a child is unfit, from illness, to undergo vaccination, without manifest danger to life, it is left to private practitioners to certify the same, and the whole onus of proof is thrown on the parents. Even then they are not safe; for private physicians are not allowed to certify for more than two months at a time; whilst the spy hardly allows six weeks to elapse before he sends another threatening notice.

I have this day seen the child of a poor patient of mine, and written my fourth certificate of unfitness for vaccination, which (I hope) will put an end to such persecution. If Jenner were now alive, he certainly would not vaccinate a child in such a state: and it has never been contemplated that the money paid by the public for the poor, should be expended in keeping up such a cruel system. A few doors higher up the same street, is a family in which there is a fine healthy little girl who has lost an eye (the mother says) in consequences of vaccination: and another family has migrated to a different district, in order to baffle the pursuit of the Government spies, who are neither medical men, nor have they any knowledger of the mischief they create.

*Dr Edwd. Haughton,*
*80 Kensington Park Rd, W.*

## CURE FOR ZYMOTIC DISEASES

*From: The Anti-Vaccinator,*
*16 September 1872, p166.*

Scarlet fever and small-pox under hydropathy, or the water cure treatment, are diseases harmless and speedily removed: death, the rare exception instead of the rule, as is the case (especially in scarlet fever) under the drug, spirit, wine, bitter beer, porter, &c method. Typhus fever and diphtheria lose their deadly character under the same simple remedy, which is also a rapid cure for rheumatic fever. The moment the patient is placed under the water cure, the progress of the disease is arrested, and the healing process commences; whilst under the drug, spirit &c treatment, in addition to the baneful (poisonous) effects of the disease is the more baneful effect from the remedies, making the chances 100 per cent greater against the patient's recovery than if the fever had been left soley to nature.

In the "History of Cold-Bathing" by Sir John Floyer, of Lichfield, Kt. and Dr Edward Baynard, Fellow of the College of Physicians, London, ann. 1782, p228, these eminent writers say:-

*I hold ten to one on the water cure against drugs &c, and all that hotregimen which inflames and exalts the blood, breaks its globules, and destroys the man; and then, forsooth, the doctor sneaks away like a dog that has lost its tail, and cries it was a pestilential malignant fever, that nobody could cure; and to shew his care of the remainder, bids them open the window, air the bed-clothes, and perfume the room, for fear of infection, &c ; and if he be of the right whining, canting, pric-ear'd stamp, concludes, as they do at Tyburn, with a mournful ditty, a psalm, or preservative prayer for the rest of the family, &c:-so exit Prig, with his starched formal chops, ebony cane and fringed gloves," &c &c.*

The results from the treatment are the same at this day, and the doctors attribute the high death-rate to "a more malignant form of the disease than they had ever seen before," - all humbug. It is the vaccination, drug, spirit, wine, bitter beer, porter, &c treatment, and having a large number of patients collected together in rooms of wards, and under the same roof, and bad ventilation, which causes these diseases to continue to be so malignant and so fatal.

*A Trevelyan, M.S.S.A.*

# LONG-TERM PERSISTENCE OF VACCINE-DERIVED ALUMINIUM HYDROXIDE IN MUSCLE

http://brain.oupjournals.org/cgi/content/full/124/9/1821 (Full text article)

Macrophagic myofasciitis lesions assess long-term persistence of vaccine-derived aluminium hydroxide in muscle.

Macrophagic myofasciitis (MMF) is an emerging condition of unknown cause, detected in patients with diffuse arthromyalgias and fatigue, and characterized by muscle infiltration by granular periodic acid - Schiff's reagent-positive macrophages and lymphocytes. Intracytoplasmic inclusions have been observed in macrophages of some patients.

To assess their significance, electron microscopy was performed in 40 consecutive cases and chemical analysis was done by microanalysis and atomic absorption spectrometry. Inclusions were constantly detected and corresponded to aluminium hydroxide, an immuno-stimulatory compound frequently used as a vaccine adjuvant. A lymphocytic component was constantly observed in MMF lesions. Serological tests were compatible with exposure to aluminium hydroxide-containing vaccines. History analysis revealed that 50 out of 50 patients had received vaccines against hepatitis B virus (86%), hepatitis A virus (19%) or tetanus toxoid (58%), 3-96 months (median 36 months) before biopsy. Diffuse myalgias were more frequent in patients with than without an MMF lesion at deltoid muscle biopsy ($P < 0.0001$). Myalgia onset was subsequent to the vaccination (median 11 months) in 94% of patients. MMF lesion was experimentally reproduced in rats. We conclude that the MMF lesion is secondary to intramuscular injection of aluminium hydroxide-containing vaccines, shows both long-term persistence of aluminium hydroxide and an ongoing local immune reaction, and is detected in patients with systemic symptoms which appeared subsequently to vaccination.

# ARE CHILDHOOD INFECTIONS A GOOD THING?

We vaccinate against lots of childhood diseases now because we are told that having the diseases is a bad thing and leads to thousands of deaths. However, when we look at the figures from the Office for National Statistics, we see that 95% of the people who used to die from measles stopped dying before the vaccine was introduced in 1968 and similarly 99% of the people who used to die of whooping cough. The mortality rate for tuberculosis fell no differently in countries that did and did not use the BCG vaccine. Scarlet fever, rheumatic fever and typhus were deadly killers. They all disappeared without a vaccine. Why?

Because the good old Victorians realised that if they did not take steps to clean up the cities after the massive move from the country to towns in the eighteenth century, everyone - rich people included - was going to die in epidemics. They cleared slums, introduced new minimum standards for sanitation, they built railways to bring fresh fruit and vegetables into the cities, they built sewers and piped water supplies (the ones that we still rely on now) and they arranged for the dead to be buried outside of towns.

Why did vaccination catch on in such a powerful way? It was all to do with Pasteur and his 'Germ Theory of Disease'. He said 'The germs are present in the disease, therefore the germs cause the disease'. However, meeting a germ is no guarantee of catching the disease, that is why all the people on a bus where one person has flu, don't get the flu. It all depends on their susceptibility.

What is susceptibility? It is the state of your immune system. If you are healthy and happy, you live in well ventilated housing, drink clean water and food which is not full of artificial sweeteners, additives and hormones, you spend enough time outside and somebody loves you, then you will expel completely or have mild forms of most infectious diseases.

Pasteur himself said on his death bed: 'The soil is everything; the germ is nothing', but no-one seems to remember this as we all rush helter-skelter towards protecting ourselves from the monster who lurks without rather than strengthening our immune system from within.

A well known saying in the science of immunology is that 'autoimmunity is the price one pays for the eradication of infectious diseases'. This is because our immune system has evolved through the challenge of infectious diseases. Yes, they were scourges when they first arrived but they have been our travelling companions for a long time - it is not in their interests to wipe us out - who else would they have to infect? It's a two way street. We let them infect us and they make us strong.

The way children learn what to do with their immune system is by being exposed to lots of viruses and bacteria and learning how to deal with them (as in 'You have to eat a peck of dirt before you die!') They learn what is 'me' and what is 'not me' so that their immune system is able to protect rather than attack them.

We see all too commonly now the effect of denying children natural exposure to these diseases in the rise in the incidence of asthma, eczema and autoimmune diseases such as diabetes.

A study by Ronne in The Lancet (1985;1:1-5) showed that adults who had had natural measles with a rash had a lower incidence of various cancers, including cervical cancer. West (Cancer 1996; 7:1001-1007) showed that girls who had had mumps as children had less cancer of the ovaries.

Scientists nowadays are talking about trying to make a vaccine of 'dirt', to simulate the effect of having childhood illnesses because they see how weak everyone's immune system is becoming - city children are being told not to visit farms in case they die of E coli. For goodness sake, a child comes in contact with E coli every time it wipes its bottom!!!

Doesn't vaccination have the same effect as natural infections? No. Why not? Because when we vaccinate we give a different form of the organism, in a different dose, at a different age and by a different route to natural infection. This tends to sensitise rather than immunise.

We are all told not to give babies below the age of six months citrus fruits, nuts, wheat or unmodified dairy products by mouth to avoid allergies; yet at the age of eight weeks (or, in the case of Hepatitis B vaccination, one day) we inject them, not only with the unnatural organism, but also with mercury (thiomersal), aluminium and formaldehyde - all quite poisonous.

Vaccination stops children having their childhood illnesses at a beneficial age (3-4 years). Children are now susceptible to rubella and mumps at just the age when girls can conceive and boys can be made sterile. Antibodies from vaccination are of poor quality compared to those from natural disease. They do not cross the placenta to make young babies immune with the effect that children less than one year are more susceptible. This is when babies are most likely to suffer neurological damage from whooping cough and is precisely what is happening today. Because of the plethora of deaths in young babies from whooping cough, the Department of Health has added a whooping cough 'booster' to the pre-school vaccination program.

Are childhood diseases nice to have? No.

Are they hard work for the parents? Yes.

Do you have to know how to support your child through these illnesses rather than suppress them with Calpol and unnecessary antibiotics so that they come out of them stronger rather than weaker? Yes.

Is it worth it in the long term? I believe so.

We cannot escape these illnesses. They have been with us too long. They are part of why we are who we are. We can run but we can't hide. The more we try to fight them with vaccines and antibiotics instead of living with them and strengthening ourselves the more we weaken our immune system and become susceptible to a whole host of pathogens - listeria, legionella, Lyme's disease, cyclospora, not to mention the AIDS virus that no-one had heard of a few decades ago.

*Dr Jayne Donegan,* MBBS, DRCOG, DCH, DFFP, MRCGP, MFHom. 2001.

## 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 resusicitate 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

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

**020 8632 1634**

## VACCINATION: MIRACLE OR TIME-BOMB?

Thursday 19th September 2002 at 7.30 pm - 9.45pm
Friends Meeting House, Church Crescent, Muswell Hill
London, N10 3NE
*with* DR KRIS GAUBLOMME

Kris Gaublomme, a Belgian medical doctor and homeopath, will be highlighting various aspects of this increasingly questioned subject.

Orthodox trained, Dr Gaublomme began researching vaccination after qualifying as a homeopath in 1985 and has continued to study the subject with growing concern.

Editor of the International Vaccination Newsletter from 1993 to 1998, editor of a Dutch vaccination newsletter since 1990, and also an invited speaker at many international vaccination lectures, his knowledge on this subject is broad and thought-provoking. In April this year Dr Gaublomme was invited to make a presentation at a one-day European Parliament conference in which he focused on auto-immune diseases linked to vaccination.

£5.00 contribution, pre-booking essential.
Enquiries: 020 8861 1022 *(The answerphone does take voice messages, so please leave your name and number clearly after the tone.)*
Postal bookings to: The Informed Parent, P O Box 870, Harrow, Middx. HA3 7UW, please include payment and a SAE.

## CHILDHOOD HEALTH & ILLNESS - PROMOTING WELL-BEING & NATURAL IMMUNITY

Monday 23rd September 2002 at 7.30 pm - 9.45pm
St Aidan's Hall , St Andrew's Church Centre, Ealing, W5 2RS
*with* Trevor Gunn, BSc. LCH RSHom, graduate in biochemistry and author of 'Mass immunisation - A Point in Question'

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

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

£7.00 fee, pre-booking essential.
Enquiries: 020 8861 1022 *(The answerphone does take voice messages, so please leave your name and number clearly after the tone.)*
Postal bookings to: The Informed Parent, P O Box 870, Harrow, Middx. HA3 7UW, please include payment and a SAE.
SPECIAL OFFER: If you would like to attend both the above talks, 19th Sept and 23rd Sept, there is a reduced rate of £9.00 for the two evenings.

# DR SCHEIBNER'S AUTUMN DATES

Dr Viera Scheibner, author of 'Vaccination - The Medical Assault on the Immune System', and 'Behavioural Problems in Childhood - Link to Vaccination', will be visiting the UK for further talks. It is an eye-opening presentation and I would highly recommend it to anyone interested in finding out more on the subject!!! Other dates may be added so check our website: www.informedparent.co.uk or contact us directly.

## LECTURE DATES

- 27th Sept. - Worcester
Alison 01384 395546
- 1st Oct. - Nth. Warnborough, Nr Hook.
Hilary 01256 703226
- 2nd Oct. - Hastings
Lesley 01424 441397
- 3rd Oct - Brighton
Karel 01273 277309
- 4th Oct - Berkhamsted
Joan or Jill 01442 261416
- 6th Oct. - Maidstone
Gail 01622 765055
- 7th Oct. - Edinburgh
Fiona 0141 639 8171
- 8th Oct - Dublin *(to be confirmeed)*
Colin + (0)149 46201
- 9th Oct. - Bath
Graham at Neals Yard Remedies
01225 466944
- 10th Oct. - Bristol, Avon
Pip at Neals Yard Remedies
0117 946 6034

*The views expressed in this newsletter are not necessarily those of The Informed Parent Co. Ltd. We are simply bringing these various viewpoints to your attention. We neither recommend nor advise against vaccination. This organisation is non-profit making.*

# AIMS AND OBJECTIVES OF THE GROUP

**1.** To promote awareness and understanding about vaccination in order to preserve the freedom of an informed choice.

**2.** To offer support to parents regardless of the decisions they make.

**3.** To inform parents of the alternatives to vaccinations.

**4.** To accumulate historical and current information about vaccination and to make it available to members and interested parties.

**5.** To arrange and facilitate local talks, discussions and seminars on vaccination and preventative medicine for childhood illnesses.

**6.** To establish a nationwide support network and register (subject to members permission).

**7.** To publish a newsletter for members.

**8.** To obtain, collect and receive money and funds by way of contributions, donations, subscriptions, legacies, grants or any other lawful methods; to accept and receive any gift of property and to devote the income, assets or property of the group in or towards fulfilment of the objectives of the group.

***The Informed Parent, P O Box 870, Harrow, Middlesex HA3 7UW. Tel./Fax: 020 8861 1022***

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