

# THE *informed* PARENT

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

## VACCINES EXPERT WARNS STUDIES ARE USELESS

By Lorraine Fraser, Medical Correspondent  
*Sunday Telegraph*, 27/10/2002.

Most safety studies on childhood vaccines have not been conducted thoroughly enough to tell whether the jabs cause side effects, a leading authority on vaccine research has warned.

Dr Thomas Jefferson, who has been funded to investigate vaccine safety by the European Commission, said that the issue was the "Cinderella" of public health research and that Government officials had failed to make it a high priority.

Dr Jefferson is the head of the vaccine division of the Cochrane Collaboration, an organisation of scientists that aims to make accurate information about the effects of treatments available worldwide and promotes high standards in research.

He is also a board member of the European Programme for Improved Vaccine Safety Surveillance, set up by the commission.

He said: "There is some good research, but it is overwhelmed by the bad. The public has been let down because the proper studies have not been done."

His outspoken and unprecedented comments will anger public health officials in Britain and elsewhere, who fear that any discussion will undermine parents' confidence in national vaccination programmes.

Officials at the Department of Health are already alarmed by the number of parents shunning the triple measles, mumps and rubella jab (MMR) after claims that it is linked with autism and bowel disease.

Although Dr Jefferson emphasised that there was no evidence to suggest

that any vaccine now in use was dangerous, he said that there was a "dearth" of sound studies on the risks and benefits.

As a result, the information available on the safety of vaccines that are routinely given to babies and toddlers was "simply inadequate".

Dr Jefferson also disclosed plans for a Europe-wide electronic register of children's vaccine exposure that would allow scientists to investigate the risks and benefits of inoculations using data on thousands of participants. Pilot schemes will start soon in Sweden and Finland.

"We need such a system urgently," he said. "Governments are reluctant to accept this but in my view they owe it to future generations to back this idea." He was especially concerned, he said, because future vaccination programmes were likely to involve giving children "five, six, even seven vaccines all at once".

A vaccine designed to protect children against measles, mumps, rubella and chickenpox in one shot is already under development.

"For people like me, it is becoming more and more difficult to tease out what problems may be due to an individual vaccine," said Dr Jefferson.

"It is almost becoming impossible to do this. We have to think very carefully about how we will monitor these vaccines.

"We have a responsibility to these children - they are our future. It is no use having a situation where someone suggests a possible harm and everyone runs around frantically trying to find bits of evidence. What is required is good-quality information that has been systematically collated and assessed."

## TODAY'S POLIO VACCINE STILL CONTAMINATED WITH CANCER-CAUSING SV-40

Sent by the Australian Vaccination Network,  
Nov 7th 2002.

A bombshell was dropped less than an hour ago at the Third International Conference on Vaccine Safety hosted by the National Vaccine Information Centre in Washington D.C.

Stanley Kops, a lawyer who has had his information on polio vaccines published in peer-reviewed medical journals and who has presented data at the Institute of Medicine (IOM) conference on SV-40 in mid-2002 (results published in October 2002), has produced positive proof that the oral polio vaccine has always been contaminated with SV-40, a monkey virus which has been linked by the FDA and other organisations with cancers such as mesothelioma and medulloblastoma.

Since 1963, we have been assured that polio vaccines have not contained this deadly contaminant. Stanley Kops shows that not only is this not the case, but that the vaccine regulators who are charged with keeping our families safe, have known all along that SV-40 was never removed from vaccines. The rate of childhood cancers have skyrocketed since the early 1960's.

Have we been unwittingly exposing our children to one of the most feared illnesses by trying to protect them from polio with a vaccine that many European countries have never used because of the known dangers associated with them?

The AVN want to know what else we have not been told about vaccines? The AVN calls for:

- An immediate Australian Government investigation into how vaccines are tested and approved before they are introduced into this country. (Contd. page 16)

**WISHING YOU HEALTH & HAPPINESS FOR XMAS & THE NEW YEAR!!!**

# THIMEROSAL: A MISSING LINK IN DENMARK MMR-AUTISM STUDY

By Dawn Richardson, from Parents Requesting Open Vaccine Education (PROVE), USA. <http://vaccineinfo.net>

Today, the New England Journal of Medicine has published an article which refutes a link between MMR and autism using epidemiology. This study was released last week to the major media by the CDC, its major funder along with NAAR. Since then, the CDC PR machine has been working very hard to spin the conclusions their own way. Obviously, they want to put an end to any more discussions and research on vaccines and autism.

However, while the study methodology appears to be good, and there is much to learn from the informative findings, there are some significant shortcomings in the conclusions drawn and the study results raise more questions than they answer and underscore the importance for more research.

For example, one of the most concerning omissions of the study was their failure to consider the absence of Thimerosal in the other infant vaccines the children of the Danish study received prior to getting their MMR vaccine.

Although she did not include it in

## NEW MEASLES STRAIN STRIKES HIGH SCHOOL STUDENTS

*Mainichi Daily News, Japan 28/10/2002*

MITO -- A group of mainly junior high school pupils have been confirmed as the first large-scale outbreak of a lethal strain of measles, according to the National Center for Contagious Diseases.

Over 100 people were struck by the H-1 type measles in February and March this year. It is a rare strain of the disease that broke out in Hong Kong some three years ago.

Compounding fears about the strain, a large swathe of those afflicted this year had been immunized against the measles, but the vaccination's effects had weakened over time.

"A new type of (measles) virus arose just as the immunity (provided by vaccination) was weakening, causing the large-scale outbreak," a center

her article, the reporter from the Dallas Morning News who interviewed me was able to confirm that the mercury based preservative under so much legal fire for triggering autism was removed from vaccines on the market in Denmark prior to the birthdates of the children studied. American children on the other hand, have potential cumulative mercury exposures at sometimes neurotoxic levels from prenatal exposures including maternal vaccination and immune globulin preparations, environmental pollution and infant vaccinations which create a significantly different set of circumstances when the MMR vaccine, which does not contain mercury, is administered.

We feel very strongly that it is erroneous for the study's authors to conclude that since the children in the Danish study did not show an increased incidence of autism after MMR vaccine that the same would hold true for all children. They have not satisfied the question of the MMR vaccine's potential role as a trigger amidst other environmental factors including previously administered mercury-containing vaccines that have been given to children outside of their population. It is entirely possible, but

spokesman said. "People should actively pursue vaccination and be prepared to be vaccinated again following a certain period of time."

Ibaraki Prefectural Government officials said that the new strain of measles was detected in 109 people aged from a few months to 62. The large majority of those afflicted, 78, were junior high school pupils. Of 86 pupils, a number that includes those only suspected of having contracted the disease, 61 had been vaccinated for the measles.

Center officials said that Japan is usually afflicted by two types of measles, the D3 strain and D5 strain. However, they learned the strain that broke out in Kitaibaraki was of type H1.

Measles vaccinations are usually performed somewhere between 12 and 90 months of birth. However, center officials said that only about 80 percent

not yet studied by the CDC, that a child's immune response, inhibited by the elevated mercury levels from thimerosal-containing vaccinations, has less ability to respond to the measles virus in the MMR vaccine. This might be an explanation for the presence of measles virus cultured from the brains and guts of 80 percent of autistic children. However, we are grateful for their epidemiological research and hopeful that it will spur the absent and yet much needed biological mechanism research here in the United States.

Sallie Bernard from Safe Minds ([www.safeminds.org](http://www.safeminds.org)) has prepared an exceptional press release and comprehensive point by point assessment of the positives and the negatives of this study. We support and agree with the position of Safe Minds on this study.

Additionally, you may want to pick up the November/December issue of *Mothering Magazine* [www.mothering.com](http://www.mothering.com) - it has a sizeable section devoted to investigating Thimerosal and neurodevelopmental delays.

It includes articles by some of the other brains behind Safe Minds - Lyn Redwood and Liz Birt, articles by mercury expert Dr. Boyd Haley and Autism expert Dr. James Jeffrey Bradstreet, and an interview with Dr. Stephanie Cave.

of people undergo measles vaccination.

Recently, vaccinations have also developed a tendency to weaken in effect over time. Much debate over health issues has been devoted to repeat immunization.

Some pupils affected by the outbreak of the new measles virus had been vaccinated, but their symptoms were not as harsh as those who had not been immunized.

Measles causes fever and rashes to break out, with severe cases leading to encephalitis or pneumonia. The effects can often be greater if contracted by an adult.

Ministry of Health, Labor and Welfare statistics show that of the 35,302 reported cases of measles in Japan last year, those over 18 accounted for 925 instances. Of the 21 people who died through the measles in 2001, 10 were 18 or over.

## POPULATION-BASED STUDY OF DANISH CHILDREN REJECTS VACCINATION ROLE IN AUTISM

*New England Journal of Medicine (NEJM), 11/07/02 By Elda Hauschildt*

A population-based study of Danish children has provided evidence against a causal relationship between vaccination against measles, mumps and rubella (MMR) and autism.

Results demonstrate that the risk of autism is similar in vaccinated and unvaccinated children, in both age-adjusted and fully adjusted analyses. Neither autistic disorder nor other autism-spectrum disorders were associated with MMR vaccination.

"There was no temporal clustering of cases of autism at any time after immunisation," Danish and United States researchers explain. They point out that the results were derived from a nationwide cohort study with nearly complete follow-up data.

Investigators from the Danish Epidemiology Science Centre in Arhus, Statens Serum Institute in Copenhagen and the US Centres for Disease Control and Prevention in Atlanta, Georgia, looked at

## MINISTER, IT'S TIME TO PUT A FIGURE ON THE AUTISM EPIDEMIC

*Irish Examiner, 12/11/02*

THE age at which children are immunised with MMR was lowered recently. Have mercy, minister!

We at the Hope Project helpline are already stretched to capacity trying to cope with calls connected with the autism epidemic.

These parents are terrified and heartbroken. They need support. Time is their enemy.

Minister, most of the hundreds of families who have contacted us relate a story that implicates the MMR and/or other vaccines in their child's derailment into an autistic spectrum disorder. There are other factors involved. From parental accounts, it seems that genetics, prematurity, birth trauma, chemical exposures, multiple antibiotics, surgery, recent illness and previous vaccines create a background susceptibility.

These factors load the gun, but it seems to take an immunological event like MMR to pull the trigger.

A comprehensive screening process would identify many of the susceptible children and exclude them from immunisation. Screening would also identify temporary susceptibility and enable doctors and parents to modify the vaccine schedule of individual children.

the cohort of 537,303 Danish children born between January 1991 and December 1998.

The Danish Civil Registration System assigns an identification number to every live-born infant and new resident. The Danish National Board of Health provided MMR-vaccination status for the children, and autism status was obtained from the Danish Psychiatric Central Register.

Information on potential confounders came from the Danish Medical Birth Registry, the National Hospital Registry and Statistics Denmark.

A total of 440,655 children (82 percent) received the MMR vaccine. The researchers identified 316 children diagnosed with autistic disorder and 422 diagnosed with other autistic-spectrum disorders.

"After adjustment for potential confounders, the relative risk of autistic disorder in the group of vaccinated children, as compared with the unvaccinated group, was 0.92 and the relative risk of another autistic-spectrum disorder was 0.83," the researchers report.

They found no association between age at time of vaccination, time since vaccination or date of vaccination and development of an autistic disorder.

"Our study was based on individual reports of vaccination and diagnosis of autism in a well-defined geographic area,"

Parents of children who pass rigorous pre-immunisation screening could have them immunised with some or all of the vaccines with some degree of confidence and safety.

With growing evidence showing a vaccine (especially MMR) link to autism, why would you, as minister, approve the lowering of the age of MMR immunisation from 15 months to 12 months.

And why, Minister, are you allowing the 3-in-1 + 1 vaccine given at two, three and four months.

The jury is still out on the role that the 3-in-1 (also 2-in-1) vaccine plays in the onset of autism. Will you at least assure us that all early baby vaccines used in Ireland will be mercury free?

For five years now the Hope Project has been pleading for a head-count of persons with autism. How long can it take given that virtually every autistic person is either in State services or seeking them?

You and I know the figures will be shocking, but let's have them because we can't tackle this epidemic until we admit there is one.

*Kathy Sinnott, Secretary,  
The Hope Project, Ballinbassig,  
Co Cork, Ireland.*

the investigators point out. Exposure data was collected prospectively, independent of parental recall and before autism was diagnosed.

"Furthermore, the diagnosis was recorded independently of the recording of MMR vaccination. Thus, there was little possibility of differential misclassification of exposure or outcome measures," they add. *NEJM, 2002; 347: 1477-1482.*

## ANTI-VACCINATIONISTS PAST AND PRESENT

*BMJ Vol 325 24/8/02*

This article took a brief look at the anti-vaccination movement which arose during the 1800s. The authors state that 'the activities of today's propagandists against immunisation are directly descended from, indeed little changed from, those of the anti-vaccinationists of the late nineteenth century.' Included in the summary points they also state: 'Anti-vaccination groups have continued into the 21st century and are highly visible on the internet, presenting arguments remarkably similar to those of the 19th century.'

Talking about the 19th and 20th century movements the authors conclude that 'regardless of how the medical establishment feels about anti-vaccinationists, it is important to understand that they have deeply held beliefs, often of a spiritual or philosophical nature and these beliefs have remained remarkably constant over the better part of two centuries. The movement encompasses a wide range of individuals, from a few who express conspiracy theories, to well educated, well informed consumers of health care, who often have a complex rationale for their beliefs, related to a "mixture of world views held about the environment, healing, holism...and a critical reading of the scientific and alternative literature."

Vaccination is unique among de facto mandatory requirements in the modern era, requiring individuals to accept the injection of a medicine or medicinal agent into their bodies, and it has provoked a spirited opposition. This opposition began with the first vaccinations, has not ceased, and probably never will. From this realisation arises a difficult issue: how should the mainstream medical authorities approach the anti-vaccination movement? A passive reaction could be construed as endangering the health of society, whereas a heavy handed approach can threaten the values of individual liberty and freedom of expression that we cherish. This creative tension will not leave us and cannot be cured by force alone.'

*Editor: So are the authors suggesting 'force' plus other measures??? A heavy handed approach does not threaten values of liberty and freedom it actually takes our liberty and freedom of choice away!! Perhaps the authors should question why the opposition still remains - maybe because it is close to the truth!!*



## NEW TESTS LINK MMR AND AUTISM

Food-borne, Oral-Fecal Infections Tied to Lower Hay Fever, Asthma Risk in US  
[http://www.medscape.com/viewarticle/443511\\_print](http://www.medscape.com/viewarticle/443511_print)

NEW YORK (Reuters Health) Oct 23 - Decreased exposure to certain infections may explain the increased prevalence of hay fever and asthma seen in the US, according to an analysis of data from the Third National Health and Nutrition Examination Survey (NHANES III).

Dr. Paolo Maria Matricardi from the World Health Organization, Geneva, Switzerland, and colleagues say the findings "support the hypothesis that hygiene is a major factor contributing to the increase in...atopic sensitization in westernized countries."

Using data on 33,994 US men and women who participated in NHANES III, the researchers gathered information on sociodemographic factors, lifetime diagnosis of hay fever and asthma, skin sensitization to nine airborne allergens and peanut, and current serology for *Toxoplasma gondii*, herpes simplex virus 1 and 2, and hepatitis A, B and C.

Individuals who were seropositive for hepatitis A, *Toxoplasma gondii*, and herpes simplex virus 1 had adjusted odds ratios of 0.27 for hay fever and 0.45 for asthma compared with those who were seronegative, the researchers found.

Among subjects under 40 years of age, those who were seropositive for hepatitis A were less frequently sensitized to peanut and to all airborne allergens except cockroach than seronegative individuals, according to the report in the September issue of the *Journal of Allergy and Clinical Immunology*.

Dr. Matricardi's team notes that the prevalence of hay fever and asthma at or before 18 years of age was 2.7% and 0.4%, respectively, among those born before 1920; the corresponding rates among those born in the 1960s increased to 8.5% and 5.8%.

A declining exposure to food-borne and orofecal infections, Dr. Matricardi and colleagues conclude, has contributed to the increase in hay fever, asthma and atopy in developed countries.

*J Allergy Clin Immunol* 2002;110:381-387. *Editor: The increase in allergy may be due to an increase in the vaccination programmes, especially when it is published in medical literature that vaccination sensitises the recipients!!*

## NOVEL VACCINES PROTECTING AGAINST THE DEVELOPMENT OF ALLERGIC DISORDERS: A DOUBLE-EDGED SWORD?

<http://journals.bmn.com/journals/list/1atest?jcode=jimm>

[Review]

Klaus J. Erb and Gisela Wohlleben  
*Current Opinion in Immunology*, 2002, 14:5:633-643

### ABSTRACT

The severity and incidence of allergic disorders is steadily increasing despite (*Editor: 'despite' - maybe be because of*) the widespread use of steroids and other drugs. Recent results obtained in animals suggest that it may be possible to develop novel anti-allergy vaccines for human use, thereby stopping this alarming worldwide increase in allergic diseases. The most promising approaches are the induction of allergen-specific T helper 1 or allergen-specific T regulatory responses. However, both approaches potentially harbour negative side effects that need to be ruled out before vaccinating young children - the best candidates for the primary prevention of allergic disorders.

## BCG

Regarding supply of BCG vaccine the Pulse reported in the 21/10/02 issue that:....'the Dept of Health has indicated that an alternative supply of BCG vaccine will be available very soon...But it is unlikely that BCG vaccine will be back before the early part of 2003 and under these circumstances school health services may well decide to defer this year's BCG programme and do a 2 year catch up starting in September 2003.....In the longer term, any vaccine withdrawal may erode parental confidence in our vaccination programmes even though it can be argued that this product recall is due to good quality control procedures in detecting possible lower vaccine potency. Furthermore, it may well renew discussion about the role of BCG in low TB prevalence countries like the UK.....The temporary withdrawal of BCG vaccine may raise unjustified fears among some parents about vaccine programmes in general and GPs should be prepared to address these concerns.'

## SOME CHILDREN WITH ALLERGIES AT HIGH RISK OF MEASLES VACCINE SIDE EFFECTS

*A D G Review of: "Measles vaccination for children with allergic diseases" Japanese Journal of Allergy (Arerugi) 24/10/2002. By Elda Hauschildt*

Some children with allergies should be considered high risk for side effects of measles vaccine.

Children undergoing food elimination therapy (besides egg) and those with specific immunoglobulin E (IgE) greater than 3.5 UA/mL for egg white or greater than 0.35 UA/mL for cat dander should be included in this high-risk category, Japanese researchers say.

They suggest use of an intradermal skin test with 1:100 dilution to ascertain whether allergic children will react.

Seventy five children with allergies were tested using three types of skin tests: prick tests with undiluted vaccine, prick tests with 1:10 dilution and/or intradermal test with 1:100 dilution.

Children who tested negative on the skin tests received subcutaneous 0.5 mL doses of vaccine. Those who tested positive or positive/negative on at least one skin test were given subcutaneous vaccine in a divided method, using increments of 0.05 mL.

Investigators from Kanagawa Children's Medical Centre report the intradermal test with 1:100 dilution showed the highest sensitivity (88%) and relatively high specificity (75%) in predicting side effects.

A total of 49 children received normal vaccinations; 26 were treated using the divided method.

Children given vaccine by the divided method were more likely to be using elimination therapy for foods besides egg and to have significantly higher total IgE and specific IgE for egg white, cow's milk, wheat and cat dander.

Twenty five of the 26 children had specific IgE for egg white greater than 3.5 UA/mL; 8 of 11 showed specific IgE for cat dander greater than 0.35 UA/mL.

Side effects appeared in eight of the children. In seven, skin reaction was the only side effect. There were no cases of anaphylaxis.

*Japanese Journal of Allergy (Arerugi)*, 2002; 51: 622-629. "Measles vaccination for children with allergic diseases"

## AUTISM AND MMR: OPEN UP THE DEBATE

<http://www.timesonline.co.uk/article/0,,7-456567,00.html> Oct. 24, 2002

by CAMILLA CAVENDISH

Autism in children under eight has increased tenfold since 1988. A new study claims this is due not to better diagnosis but to unknown factors. We must establish whether MMR is one of them

LAST WEEK, researchers at the University of California opened a Pandora's box that British officials have been trying to keep the lid on for years.

The team claims that the dramatic increase in the number of children with autism in the state - the numbers have tripled in the past 15 years - is a genuine increase that is caused by some unknown factor, not by greater awareness of the disease.

If this is true, it is dynamite. Doctors and officials in America and Britain have long tried to explain away the increases in autism by claiming that we just had not diagnosed the disease properly before.

It remains to be seen how people react to the new research, but there is no question that it has finally opened up the debate. Dr Robert Byrd, who led the California team, said that it was now important to investigate possible causes of autism, including vaccinations such as the triple mumps, measles and rubella (MMR): 'A large number of our families believed vaccines were to blame. Until we can definitively answer that question it seems the research in autism is stuck.'

Will this finally make British officials take autism seriously? Although the Medical Research Council says that the disease now affects one in 166 British children under the age of eight - a tenfold increase since 1988 - the Government has been strangely reluctant to investigate this crippling brain disorder that often leaves children unable to speak, rocking compulsively and unable to form normal social relationships. This is because the Department of Health is terrified of undermining confidence in its vaccination programme. But its dogmatic approach has already lowered confidence in the very vaccines it wants to protect.

Scientists who have dared to suggest that autism and MMR are linked have been treated as heretics - the Prime Minister has accused them of 'scaremongering'.

So far, so medieval. But the Inquisition isn't working. The more the Government insists that MMR and

other vaccines are safe, the more alarm there seems to be.

More than a thousand families are going to court next year claiming that their children have been damaged by the MMR vaccine. Cases are pending from a further 100 who claim that their children have been damaged by the vaccine for diphtheria, pertussis, tetanus (DTP). Vaccination rates for MMR have fallen so low that the Department of Health is predicting a measles epidemic. An ICM poll in July said that only 55 per cent of adults have confidence in the MMR vaccine and that 76 per cent would support an inquiry into whether it is linked to autism.

Scares are created when people sense that they are not being told the whole truth. 'Pretty much the first lesson you learn in medical school,' says Dr Richard Nicholson, editor of the *Bulletin of Medical Ethics*, 'is never to use the words 'never' or 'always'. There is no absolute certainty in medicine. The Government is being dishonest by saying MMR is totally safe.

David Thrower, whose son Oliver deteriorated into autism after receiving first a measles/rubella jab and then the MMR, says: 'The Department of Health suspends common sense. The main objective of the department seems to be to preserve public confidence, rather than investigate suspected adverse consequences. People are scared to strike a match in case the whole thing explodes.'

No one has proved a link conclusively between autism and vaccines, but there is a small but growing body of research that raises serious questions. What is strange is the Government's refusal to take this research seriously.

The first scientist to raise the alarm was Dr Andrew Wakefield, a consultant gastroenterologist at the Royal Free Hospital in London, who published his findings in *The Lancet* in 1998. He had noticed a huge increase in cases of inflammatory bowel disease since the 1970s and closer examination showed that many of his patients were infected with the measles virus. Astounded by the findings, he investigated and concluded that the measles virus alone was not causing the illness - it was the presence of the mumps virus that made the disease possible. His later research suggested that many children developed autism shortly after receiving the MMR vaccine and that 24 in 25 autistic children he examined had traces of the measles virus

in their gut.

The Department of Health went to great lengths to rubbish Dr Wakefield's research, and officials have insisted that no other study has replicated his work. But in June, Dr Arthur Krigsman, from the New York University School of Medicine, told a US congressional committee that in 90 per cent of his autistic patients he had found a pattern of inflammatory bowel disease identical to that found by Dr Wakefield.

Earlier this year Professor John O'Leary and colleagues in Dublin found the vaccine strain of measles virus in the gut of 12 vaccinated children who had both bowel disease and autism. In August, Professor Vijendra Singh at Utah State University found that autism might be linked to an antibody response to MMR.

Some researchers have suggested that autism may be a new form of mercury poisoning. Studies have found high rates of autism in places where exposure to mercury is high, such as Brick Township in the US and some Japanese cities. Mercury is a neurotoxin that is used as a preservative in some vaccines.

In the US, large payments are being made to children damaged by thiomersal, the mercury preservative used in the US (though not the UK) version of the MMR vaccine. More than \$1 billion has been paid out under the National Vaccine Injury Compensation Programme, established in 1986 by US drug companies and the Government.

Around 12 of the 18 vaccine doses that the average American child receives before the age of two contain mercury. Petitioners claim that this adds up to almost 30 times the level considered safe for an adult. In 2000, a study by the American Centres for Disease Control and Prevention suggested that three-month-old babies exposed to 63 micrograms of mercury were two-and-a-half times more likely to develop autism.

Mercury is not used in MMR in Britain, but it is present in some other vaccines. Dr Richard Halvorsen, a London GP, believes that there is potential for interaction between medical interventions, mercury and MMR that may somehow be co-factors in triggering autism. At the moment there is no other sensible explanation for the massive increase in autism.'

Last year the Department of Health asked UK vaccine manufacturers to stop using mercury 'where feasible', but a spokesman said it had set no timetable and will not be monitoring the manufacturers' response.

Health officials generally seem more



interested in discrediting scientists than in investigating whether health is really at risk. Some of the studies cited by the Government in its contention that MMR is safe simply look at the old case notes from the children with autism. They do not examine patients. Most of the research does not compare children who have had MMR with those who have not, nor does it compare children before and after MMR vaccination.

Responding to criticism from the Government's Public Health Service Laboratory last month, Professor Singh said: 'If they enter their same old data in the statistical equation they will continue to find the same old answer, ie, there is no possibility of a connection between MMR and autistic regression. I do not wish to show disrespect towards them, but please do me a favour and ask them what new research they have done to discredit my research. The answer will be none.'

Some of the other studies cited by government have been linked to vaccine manufacturers. A Finnish study which claimed to prove that there was no link between MMR and autism was paid for by Merck, the US vaccine manufacturer. Last month, the Department of Health announced that it had given £300,000 to fund a study that would attempt to copy Dr Wakefield's research. Campaigners have since discovered that one of the lead members of the team, Dr Phil Minor, is retained by Glaxo SmithKline, Britain's biggest MMR manufacturer. Dr Minor was also a member of the Medical Research Council's review body into autism which concluded last year that there was 'no evidence' to support a link. A third of the members of the UK Committee on Safety of Medicines, which has advised that the triple MMR is safe, have declared personal or non-personal links with drug companies that make the vaccine.

Dr Richard Nicholson, of the Bulletin of Medical Ethics, says that the Government prefers scientists who have already made up their minds. 'If you've got people funded by government who for years have been shouting from the rooftops to anybody who will listen that there is no link between MMR and autism, how much credence do you give the results? Why does the Government think it is worth spending money on this kind of research unless it wants it for propaganda purposes?' Lord Clement-Jones, Liberal Democrat spokesman in the House of Lords and vice-chair of the All-Party Parliamentary Group on Autism, feels similarly

frustrated. 'The argument has got extremely theological,' he says, 'and has gone well beyond the point where people are discussing the facts.'

The Government has had a long time to get to grips with these issues and to prevent the slide into emotion. In the mid-1990s, two men raised their own concerns privately with the Department of Health about MMR in the hope that the Department would investigate and prevent a health scare. One was Dr Andrew Wakefield, who was subsequently rubbished by government and accused of being a self-publicist.

The other was Richard Barr, a partner in one of the law firms that is co-ordinating the claims of more than a thousand families who believe their children have developed autism as a result of receiving MMR.

'In 1996,' says Barr in a recent letter to *The Lancet*, 'I became so concerned about what seemed to be happening that I wrote to the chairman of the Committee on Safety of Medicines offering to make available the medical records and other information about children who had apparently been affected by the vaccine. My offer was put to the Government on three occasions but was turned down.' It is not clear why the Department of Health was so reluctant to investigate. But under pressure, officials eventually made a small concession. They agreed to send questionnaires to Barr's list of parents about their children's symptoms, although it is not clear how they expected this to shed any new light on the matter.

Richard Barr again: 'The Department of Health, without referring to us or our clients, set up a working party to look at the families' questionnaires, and questionnaires they later sent to the treating family physicians. They now use the resulting report as part of the evidence to support the assertion that the MMR vaccine and autism are not linked. They describe it as involving a detailed assessment of more than 100 children's records referred to them by solicitors, yet the report itself states that it took into account only evidence derived from the parental and medical questionnaires. The report's conclusion is that it is impossible to prove or refute the suggested associations between MMR vaccine and autism, pervasive development disorder, or inflammatory bowel disease because of the nature of the information used.'

The Department of Health's intransigence on MMR, and its apparent nonchalance about links with drug

companies, is not only undermining confidence in the MMR vaccine but leading some parents and doctors to question the whole childhood vaccination programme.

'We need to take stock,' says London GP Dr Richard Halvorsen. 'We're introducing more and more vaccines earlier, and that concerns me. When do we get to the stage where we could be giving too many? I believe that any medical intervention has the potential for side-effects in some people. We have to be pretty damn sure that we are doing more good than harm.'

Grandparents who had only one jab in childhood - against smallpox - are amazed that their grandchildren are routinely receiving 22 vaccine doses before they are old enough to start school. British babies now receive six vaccine doses in one go at the age of eight weeks, including DTP. Britain has had the most aggressive DTP programme in Europe since 1990, when the programme was accelerated to reduce 'drop-out' rates. At the same time GPs were given extra money if they managed to achieve 70 per cent or 90 per cent vaccination coverage. With this incentive, the proportion of GPs reaching the highest coverage level went from 60 per cent to 90 per cent in two years.

Britain's childhood vaccination programme is clearly convenient and profitable for both drug companies and GPs. But is it sensible? Allison Edwards does not think so. Her son Jonathan was born a week and a half early but still had his first set of injections at eight weeks because 'they don't count for early births, they just start at week one. I asked questions and was made to feel like a troublemaker. The health visitor was push, push, push. Nothing checked - no questions about possible contraindications - they just went straight in there with the needle. I think his little body couldn't take it.' Jonathan Edwards, now 5, is diagnosed as autistic, with a mental age of 12 months.

The astonishing thing about many of the parents who believe their children have been affected by vaccines is how moderate they are. Most seem bewildered by the Government's lack of interest, rather than bitter. Most support the overall vaccination programme. David Thrower again: 'We must protect children from communicable diseases. But we need to screen out a small percentage of children from the immunisation programme to protect its credibility for the future.'

This measured approach is in stark contrast to the Government's tactics. Fear of MMR has led many parents to travel around the country to pay for single doses. The Government has responded by restricting imports of the single doses, which is further reducing the number of vaccinated children.

Parents are taking matters into their own hands and are trying to assess the relative risks of vaccination for themselves. If vaccination rates fall too much farther, a new generation of children could be in danger from serious diseases, such as measles.

Something must be done before next October, when the MMR cases will come before the High Court.

'If the legal judgment goes against the vaccine manufacturers,' says Dr Richard Halvorsen, 'I fear the public confidence in the whole immunisation policy may come crashing down.'

*Editor: Personally, after thorough research, I lost complete confidence in the immunisation policy many years ago, and look forward to the day when the true effects of vaccination are recognised and new and sound health policies are put in place! And that the vaccine-damage cases over the years are acknowledged and helped in some manner - the damage is much more far reaching, affecting not only the recipient but also the whole family for the rest of their lives!!!!!!!!!!*

## T CELLS AND VACCINATION

*The Lancet, Vol 357, May 5, 2001. Letters page. p1451.*

Sir - In the debate about the safety of infant vaccination, a potentially crucial issue seems to have gone almost unmentioned. Accumulating evidence suggests that the mechanisms underlying the maintenance of T-cell homeostasis are intimately involved in preventing the undesired expansion of self-reactive T cells and resultant autoimmune disease. Most importantly, the continuous export of naive T cells from the thymus seems to be key in controlling the number of self-reactive peripheral T cells, according to Tanchot and Rocha.

What might the relevance of this observation be to infant vaccinations and autoimmune disease? It could be two-fold. First, administration of multiple

## DISABLED CHILDREN SUE OVER TRIPLE DIPHTHERIA VACCINE

<http://www.telegraph.co.uk/news>  
*By Rajeev Syal (Filed: 01/09/2002)*

The manufacturer of the controversial MMR vaccine is being sued over claims that another of its triple inoculations has caused cerebral palsy and autism in hundreds of British children.

A group of 120 disabled children have joined a class action, which claims that their illnesses were caused by the three-in-one diphtheria, pertussis and tetanus (DPT) vaccine made by Glaxo Wellcome and the Wellcome Foundation.

Glaxo Wellcome is now part of GlaxoSmithKline, the company which is facing a separate claim by several thousand children whose autism was allegedly triggered by the company's measles, mumps and rubella (MMR) vaccine.

The Government has previously admitted that the DPT vaccine can cause problems in some children and paid limited compensation to victims under the 1979 Vaccine Damages Payments Act.

Debbie Murphy of Alexander Harris, a Manchester-based solicitors firm that is leading the class action, said: "We are anxious to prove that a link does exist and we believe that there is enough evidence to mount a case against the manufacturers."

One of the children allegedly harmed

vaccines in a short space of time will probably lead to a large, albeit transient, depletion of naive T cells as vaccine-antigen-specific cells are primed and undergo activation-induced cell death or differentiate into memory T cells. On the basis of current models of T-cells homeostasis, this lesion in the naive T cell pool will allow extended survival of naive T cell not specific to vaccine antigens, which will potentially include autoreactive naive T cells. Thus, the future risk of autoimmune disease could be increased.

Second, accumulation of high numbers of apoptotic\* cells is proposed to lead to immunogenic presentation of intracellular self-antigens and thereby trigger autoimmune responses. Although a subset of T cells activated by vaccine antigens mature into memory T

by the DPT vaccine is Karl Radunovic, 8, from Wakefield, West Yorkshire, who is suing through his mother, Elizabeth.

Karl was injected with the DPT vaccine when only a few weeks old and immediately reacted badly. Doctors still believed that he was well, but Mrs Radunovic was convinced that there had been a fundamental change in his behaviour.

"The doctors thought I had a lazy child, but I knew that this was not how a baby acts," she said. "I knew that he was ill. He was like a rag doll, his head lolling to one side." At the age of 18 months, Karl was diagnosed with cerebral palsy. He now needs to be monitored 24 hours a day. "We want the courts to get to the bottom of all this, and prove that the medical companies should bear some responsibility," she said.

The DPT vaccine is usually given to babies, normally at two, three and four months of age. It consists of dead bacteria and inactive toxins which stimulate a baby's immune system to fight the diseases. The element of the vaccine known as pertussis, or more commonly whooping cough, has previously been linked with a rise in childhood ailments including asthma and cerebral palsy.

At present, the legal action has been granted legal aid, subject to final approval being given by the Legal Services Commission. A Glaxo SmithKline spokesman declined (or in this case maybe it should be spelt deKlined) to comment on any impending litigation.

cells, most will undergo expansion followed by apoptosis driven by activation-induced cell death. Multiple vaccinations during a short space of time could therefore also increase the risk of immunogenic presentation of intracellular self-antigens by increasing the number of T cells undergoing apoptosis.

These possibilities do not seem to have been specifically investigated in animals. Before any immunisation is declared safe, the potential disruption in normal T cell homeostasis - and any resultant adverse outcomes - must be fully assessed. For infants, whose immune system is still maturing, such illunderstood issues should be a public health priority. Richard Jeffreys. AIDS Treatment Data Network, 611 Broadway, Suite 613, New York, NY 10012, USA. \*apoptosis - cell deletion by fragmentation into membrane-bound particles which are phagocytosed by other cells.

# ACUTE AND CHRONIC DISEASE

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

## Part Two

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.

## LIVING INTELLIGENCE

Excess endogenous and exogenous toxins circulate in the blood before being either eliminated or quarantined and held in a less vital place in the body. They therefore potentially damage tissues in all parts of the body before being eliminated or tucked away. Many of these substances gain admittance to the brain. The toxic agents, especially if they are lipid-soluble substances can and do get into the brain. Alcohol is detrimental to the brain because it is lipid soluble and gets into the brain quite easily, as do anaesthetics. The brain prevents admittance of many substances but unfortunately it is still permeable to many toxic agents. Large molecular substances do not get into the brain easily, if at all. The blood vascular system is a good barrier for the brain. Yet these substances pass easily into the spaces between the cells in the physical body, i.e. the interstitial tissues of the body.

The body is not stupid. It is structured in such a way that all tissues

and organs are protected by special cells in each organ to fight foreign invaders and by a special protective anatomy in the most important organs of the body, especially the brain. In most parts of the body the capillaries are composed of cells that are loosely joined so that the blood carrying nutrients to the cells and taking away waste products from the cells can flow into and out of the capillaries. The capillaries also contain slit-like pores for the passage of nutrients and large molecules into the spaces between the cells and tissues.

On the other hand, the cells of the brain are protected by their capillaries. The lining of the capillaries of the brain are composed of cells whose sides are so close together that they are practically fused, making it difficult for toxic substances to enter brain tissue. Substances that the brain needs for metabolism and for life itself pass quite readily. These are water, carbon dioxide, oxygen and many lipid soluble substances that it uses. It is only slightly permeable to sodium chloride and potassium and almost impermeable to proteins and many large organic molecules.

Physicians lament that it is often impossible to get a sufficient concentration of their protein antibodies and non-lipid soluble drugs into the brain. For years they could not get these past the blood brain barriers. These men and women of science who are trained in ancient superstitions would naturally become frustrated when they could not inject enough antibodies or other drugs into the brain to 'cure' encephalitis or meningitis when they think it is due to a virus or bacterium. The sad truth, however, is that physicians do not know how to care for an acutely ill person without drugging them and they also still believe that micro-organisms cause disease. These benighted mis-educated people are still trying to kill something that attacked their patient, just as in the Dark Ages.

Pharmaceutical companies searched for years to discover a way to by-pass the blood brain barrier. Now the drug industry has found a way to saturate the brain with their toxic non-lipid soluble

drugs. The pia mater (the covering closest to the brain tissue) and the ependyma of the ventricles (cavities of the brain) are extremely permeable. Almost all substances that enter the cerebrospinal fluid diffuse easily onto the surface areas of the brain and then into the spaces between brain cells. Therefore, to medicate the brain, all that is necessary is to inject the drug into the cerebrospinal fluid. The spinal fluid flows underneath the coverings of the spinal cord and the brain, therefore communicating with each other. They no longer have to try to inject drugs into the blood stream to get them into the brain.

In the 14th century, more people died of fright than they did of the Bubonic Plague, sometimes called the Black Death. They feared not only the disease but the treatment of it. People did not know the truth then, anymore than now. We are still ignorant of the real causes of disease. Many still have faith only in medicine. They cannot understand that the body heals itself. Physicians are so busy covering up symptoms, that they have no time to help the patient find the cause and correct it. That does not negate the fact that the body grows, heals, defends, and constantly repairs itself from the time we are born until the time we die. Even in spite of the drugs, it still tries to heal, defend, repair and regenerate itself. When the body can't heal itself, it is because the poison or assault was so great that it overwhelmed the body.

What have we learned from that? For myself, I would not permit anyone to inject anything into my spinal canal or into the cerebrospinal fluid. I would not take pharmaceuticals because many of them are fat-soluble and do get into the brain tissue. Remember, also that excess endogenic as well as exogenic toxins impair the function of the entire nervous system. That means the brain, the spinal cord, and all the nerves to and in the organs outside of the brain and spinal cord, are detrimentally affected by all excess body wastes and environmental toxins. The entire body suffers when the nervous system is impaired because the organism is so dependant upon nerve signals to regulate its every function.

When you are endogenically toxic and



also indulging in medications, coffee, tea, smoking cigarettes, and using other poisons that can easily enter the brain, you are slowly killing yourself. But you don't know it because you feel okay, since you are magically mesmerised by drugs that subdue pain and hide fatigue. Toxins impair the function of the nervous system. They may block the transmission of a signal from one nerve to another, and that nerve may have a hundred or more nerves waiting for the first nerve's signal. They never get it. Consequently, organs requiring those signals in order to coordinate their functions with other organs are bereft of instructions. They don't know what to do and many times send wrong signals. Some toxins even destroy the neurotransmitters at the junction of one nerve cell with another. Others impair the nerve cells that make the neurotransmitters so they can no longer manufacture its signal-sending solutions. Some drugs or toxins completely block the receptor nerves that are supposed to relay the hundreds of messages out to the physical body and organs.

When drugs are administered to the brain you are causing not only brain damage but also impaired function all over the body. It is absolutely horrendous how it can upset the biochemistry of the entire body. Furthermore, taking any kind of drug will impair your thinking as well as biochemical actions. Some nerves are needed to increase functions; others are supposed to slow them down. When the special timing and the number of signals required are abnormal, the result is functional chaos in many places in the body and brain.

One thing, I have to admit, however, the medical profession is there to suppress pain in chronic irreparable disease. If they were not there to smother the horrible painful processes that people near death suffer, I think there would be more suicides.

How does your body react to the endogenic and exogenic toxins? Depending upon your age and vitality, your body will spring into actions resisting the things which are upsetting all coordination and causing impaired function in various areas of the body. A healthy young individual with all the

organ power and nerve energy of youth will suddenly spring forcefully into a cleansing crisis. It is aimed at the removal of as many of these foreign and body-made poisonous agents as quickly as possible through any and all channels that are the most appropriate for the abnormal substance or substances that it must deal with. An older person will be unable to fight so vigorously against toxic substances because he has already lost varying amounts of good functioning cells from all the vital organs, including the nervous system. Those with greater or less power will respond in proportion to the amount of the combined vital organic power they possess. But, everyone, old or young acts in some degree all the time to eliminate toxic and dangerous foreign substances. Those whose organs are impaired and who function on a low physiologic level will eliminate toxic substances with less alacrity. In other words, their bodies can't get up enough steam to get rid of the toxic refuse and they may die from just a small dose of some medication. Very aged persons who have been on medications for years do succumb to fungi and bacterial diseases readily. Because of the years of being chronically medicated they do not have sufficient nerve force and organic power to resist those wee beasties anymore.

An example of this death-dealing blow was personally seen by me. A very old dog had so many ticks on her that she was too tired to even scratch or bite them off. The owner, seeing that these were making her weak and sucking the lifeblood out of her, used a modern topical tick agent that is absorbed through the skin. Within three hours the poor dog died. If there had not been such an overwhelming amount of ticks that year, brushing and using a flea and tick comb would have cleaned her up in about an hour and the dog would have lived several more years. Before the tick season rolled around, this same dog was running through the woods full speed for thirty minutes or more at a time. She was still strong and fairly healthy before tick season, but not strong enough to survive the amount of ticks that year. So, the tick killer killed the dog.

Drugs, no matter what they are used

for, can kill! That is why the body resists them. The cells sense, feel and know they are foreign and do not belong there. The body as a whole realises the threat, so it turns on all the eliminating-motors it can and uses all the avenues of elimination it possesses and every microscopic cell is working overtime to help the body-total jettison the overload. Like a plane in distress will jettison all extra weight, the body jettisons all unwanted toxins. The body does not sweep them under the rug, unless it has no enzymes or coenzymes to biodegrade some particular toxin. When it can't eliminate them it will store them temporarily in out of the way places until the proper time arrives to eliminate them. Then you may develop inflammation in the skin. The body releases the toxins from the body-jails allowing them to circulate in the blood, while at the same time increasing the circulation to the skin. Upon arriving in the skin the toxins irritate the skin and the underlying tissues. Then the skin, becoming inflamed creates a rash and the poisons are eliminated.

The body can do things while fasting that it can't do while you are active and feasting every day. It is too busy just keeping up with all the daily chores to be able to clean the body closets. That is why abstaining from eating is so beneficial when you feel a crisis coming on and when you have already developed an acute disease. You are providing the body time to dislodge its toxic load. At times there are salivary crises while fasting and they continue on long after the fast has been broken. And the individual's mouth will begin filling up with saliva every few minutes. The saliva, not tasting very good, causes the individual to spit and spit some more, day and night for a while. Then when the poisons have been eliminated the secretion of toxic saliva ceases. Chemical analyses have discovered various unwanted toxic substances in saliva. There are also perhaps the ones that could not be eliminated by the organs of secretion.

The point I am trying to make is that you should know that the body does what it can to sweep, vacuum, mop, blow out and use all the methods it has on hand to eliminate the things that are

hurting it and which kill brain and body cells. The brain and the body work together. when the body cells die they can't nutritionally support the brain and vice versa. Therefore, brain cell function will diminish in proportion to how well bodily organs support it. Knowing this, I ask, why on earth would people want to poison themselves? The only reason anyone should ever think about medication would be if they were in the last stages of disease and the pain was too great to bear any more.

Let us reinforce it in our minds that the "Substances" that you think of as harmless such as alcohol, chocolate, tea, caffeine and caffeinated beverages, sugar, cigarettes, over the counter drugs, environmental poisons, poisonous household cleaning products, etc, can actually e-nerve you. This means they can block a nerve from functioning. This is the same as cutting a nerve. So in short, you are e-nervated, which literally means that your nerves have been cut. When the nerve supply or nerve impulses to the body are cut off or impaired, you are damaged in proportion to the number of nerves affected by your so-called 'benign' addictions.

To be continued in Issue 1, 2003.

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

## TETANUS

A letter was sent to GPs across London regarding the Tetanus immunisation from the Londonwide Local Medical Committees. It drew attention to the CMO's bulletin August 2002

Reproduced here are the first three key points:

- 1 Single antigen tetanus vaccine has now been replaced by Combined tetanus/low dose diphtheria vaccine (Td) for all routine uses in adults and adolescents..
- 2 This is being done to address public health concern about low levels of diphtheria immunity in older people.
- 3 For routine primary vaccination: Five doses of Td are required during a lifetime - triple x3, pre-school, and before school-leaving.

## POWDERJECT REPORTS HEALTHY RISE IN PROFITS

By Philip Howard

[www.businessam.co.uk/BreakingNews/articles/0,1909,121992,00.html](http://www.businessam.co.uk/BreakingNews/articles/0,1909,121992,00.html)

Last update: 09:10, Nov 12, 2002

POWDERJECT Pharmaceuticals, the vaccines specialist, today posted a forecast-beating rise in first-half profit, strengthening its claim that a recent £455m bid approach was opportunistic.

The firm, which is being pursued by US pharmaceutical firm Chiron according to industry sources, said profit before tax leapt more than four-fold to £19.3m in the six months to 30 September, driven by strong sales of its Fluvirin flu vaccine. Analyst forecasts had ranged from £13m-£15m.

"These results show what a strong business we've got and I can understand why competitors are interested," the chairman and chief executive, Paul Drayson, said.

But he reiterated the bid approaches were "opportunistic", because they came at a time when the share price was at a four-year low.

It has been a roller-coaster year for PowderJect. In March it became only the second British biotech firm in history to post a profit as it cemented its switch from a needle-free drug delivery firm to a

vaccines specialist.

It then became caught up in a political row in April when it won a contract to supply smallpox vaccine to the UK just weeks after Mr Drayson had donated money to the Labour Party.

Worse came in August, when PowderJect's shares plunged after it withdrew a tuberculosis vaccine used to inoculate school children because it had found some faulty batches.

But the shares bounced back last month when the firm said it had received a number of takeover approaches.

Mr Drayson said there had still not been a formal offer for the business, and declined to comment on media reports that Chiron had dropped its verbal bid to 450p-per-share and that Shire Pharmaceuticals had pulled out of talks.

"The board will consider any offer properly, and consider whether it is in the interest of shareholders," he said.

Mr Drayson forecast a "modest" second-half profit, adding the company was on target to meet its goal of delivering a full-year pre-tax profit of over £20m.

Revenues from PowderJect's Fluvirin flu vaccine are focused on the first-half of the fiscal year. They totalled £76.5m in the six months to 30 September.

## POSTVACCINAL INFLAMMATORY NEUROPATHY: PERIPHERAL NERVE BIOPSY IN 3 CASES.

*J Peripher Nerv Syst 2002 Sep;7(3):163-7  
Vital C, Vital A, Gbikpi-Benissan G, Longy-Boursier M, Climas MT, Castaing Y, Canron MH, Le Bras M, Petry K. Neuropathology Department, Victor Segalen University, Bordeaux, France.*

Autoimmune inflammatory polyneuropathy (PN) can be triggered by vaccination. We report 3 such cases. A 36-year-old female nurse presented 15 days after a hepatitis B vaccination (HBV) with acute sensory disturbances in the lower limbs. She had severe ataxia but no weakness. Cerebrospinal fluid (CSF) protein level was 84 mg/100 mL, with 3 lymphocytes. A 66-year-old man presented 21 days after HBV with severe motor and sensory PN involving all 4 limbs. A 66-year-old man presented 15 days after a yellow fever vaccination with progressive motor and sensory PN involving all 4 limbs and bilateral facial paralysis. CSF protein level was 300

mg/100 mL, with 5 lymphocytes. Six weeks later, a tracheostomy was performed. In these 3 patients, the nerve deficits lasted for months. In each case, peripheral nerve biopsy showed KP1-positive histiocytes but no T-lymphocytes in the endoneurium. On ultrastructural examination, there was axonal degeneration in the first 2 cases; in case 2, a few myelinated fibers exhibited an intra-axonal macrophage but the myelin sheath was preserved. There was only 1 example of macrophage-associated demyelination in case 2, but these were numerous in case 3. It is likely that in the first 2 cases, an autoimmune reaction against some axonal or neuronal components was triggered by HBV. It induced an acute sensory ataxic PN in case 1 and an acute motor and sensory axonal neuropathy (AMSAN) in case 2. The third patient had a chronic inflammatory demyelinating PN, likely triggered by yellow fever vaccination.

# REVEALED, MOST COMPELLING EVIDENCE YET OF MMR DANGER

Sunday Express, 6 October 2002

Exclusive by Lucy Johnston, Health Editor

A 13-year-old boy brain damaged after the controversial MMR jab still has remains of the vaccine in the injured area of his brain.

The alarming news is being seen as the most compelling evidence yet of a link between the triple measles, mumps and rubella jab and autism.

The boy's case will form a central plank of a forthcoming legal action by 600 autistic and brain-damaged children against vaccine manufacturers.

Jackie Fletcher of support group JABS, which highlights the risks of MMR, said: "This is devastating news. What on earth is the vaccine doing in the brain? It should not be there."

Mrs Fletcher, whose own son, Robert, 10, developed autism from the vaccine, added: "This is the strongest evidence yet showing it causes brain damage."

The 13-year-old, who has not been named, was developing normally until being given the MMR jab at 15 months. Days later a rash broke out, his development stopped and he began to have violent seizures. These became more frequent - sometimes every few minutes. In one month his mother, Verity, 46, from Sussex, counted 135. When he was nine, he was admitted to Southampton General Hospital's intensive care unit where doctors twice tried to break the cycle of convulsions with an anaesthetic. But each time they brought him round the fits started again.

Eventually he was transferred to London's Great Ormond Street Children's Hospital for brain surgery. Verity arranged for the brain sample to be analysed and the results - seen by the Sunday Express - showed the sample contained traces of the measles virus "consistent" with the vaccine rather than the "wild" strain. Tissue from the boy's intestine also showed the vaccine. The boy is now making progress and goes to a special school. But he shows symptoms of autism, memory loss and still has fits.

Verity said: "The Department of Health has written off children like my son by refusing to acknowledge any link between brain damage and MMR.

"Because of this they are not being given appropriate treatment. They

should be under the care of specialists."

Experts say the boy's case is a minor victory for those fighting to get more recognition of the risks of MMR.

Robert Sawyer, chief executive of the charity Visceral, which funds research by MMR opponent Dr Andrew Wakefield, said: "The world must pay immediate attention to this evidence, especially when the Government is not taking the issue seriously."

And Paul Shattock, head of the Autism Research Unit at the University of Sunderland, said: "This is powerful. I don't know how the Government will talk its way out of it."

An unpublished study strongly supports the new findings. Pathologists from Utah State University, US, and Trinity College, Dublin, have discovered the vaccine strain of the measles virus in the spinal fluid of 40 autistic children.

The link between MMR, autism was first proposed by Dr Wakefield in 1998. He discovered many children with late onset autism also had intestinal damage. He believes the vaccine leaks through the gut wall into the central nervous system and into the brain, causing damage.

The Department of Health said it could not comment on an individual case pending legal proceedings. But it stressed that tests to identify vaccine strains in gut samples were unreliable. **SUNDAY EXPRESS - COMMENT**  
Act on MMR evidence

Today this newspaper publishes a shocking report that every parent and grandparent must read. We present the most compelling evidence yet of the link between late onset autism and the measles, mumps and rubella injections. We believe that the Government can no longer insist that the jab is safe. To do so is to wilfully put the lives of our children at risk.

The Government has consistently said that the triple jab is safe. It wants to believe this is so because it seems to be the most effective way of stopping these life-threatening disease in their tracks. During the waiting time between separate jabs children can contract one of the conditions and some might not receive all three injections. But the Government has not conducted a through examination of children whose parents believe they were stricken by the

MMR jab. This must be done now.

Without proper research we cannot know how many children's lives have been blighted. Neither will we know how to identify and exclude children who could be affected or exactly how to treat them. Moreover, the way is barred to those who deserve compensation. Children must not be sacrificed for the sake of dubious herd immunity.

*Editor: It's good to see that the Express use the word 'dubious' regarding herd immunity, this concept should be challenged along with many other aspects!!*

## BCG, TB AND THE UK

An article published in the Drug and Therapeutics Bulletin, Vol 40 No.10, Oct 2002 made interesting reading regarding the BCG. Under the heading 'Tuberculin testing before vaccination' it comments that - 'the test is an unreliable indicator of either vaccination status or infection. A false-negative result can occur in patients who are immunosuppressed or malnourished, or have an intercurrent viral infection; and a false-positive result can occur in people who have been exposed to other (non-tuberculous) Mycobacteria. Moreover, the test is not a reliable indicator of protective efficacy following BCG vaccination.'

Other examples of uncertainty are lines such as:

'efficacy of BCG vaccination in people aged over 16 years is uncertain'.....

...'there are no studies on the efficacy of vaccination in this group in the UK.'

.....'There are no published studies on the efficacy of BCG vaccination in immigrants in the UK.'.....'There are no published trials on the protective effect of BCG vaccination prior to travel from the UK to a high-risk area.'....'There is no evidence on whether vaccination of adults in the UK reduces the risk of their developing tuberculosis.'

Regarding Dept. of Health recommendations for high-risk adults the article ends with the sentence, 'It should be recognised that many of these recommendations are not based on published evidence.'

*Editor: One wonders what they are based on???* My thanks to Dr Jayne Donegan for highlighting this revealing article. I know the phrase 'in no uncertain terms' but this article is just in plain old 'uncertain terms'!!!!!!



## BACKLASH EXPECTED OVER PLANS FOR MORE MULTIPLE JABS

Daily Telegraph

By David Derbyshire, Science Correspondent  
(Filed: 06/11/2002)

Plans to introduce a new range of multiple vaccines for babies, including a jab to protect against seven different diseases, could trigger a backlash from parents, two leading immunisation experts warned yesterday.

In an attempt to pre-empt concerns about safety, they dismissed as a myth the idea that the immune system could be "overloaded" with too many vaccines, and said there were no grounds for MMR-style health scares.

Babies are currently given two multiple vaccines - the DTP-Hib jab against diphtheria, tetanus, whooping cough and Haemophilus influenzae B, and the MMR jab against measles, mumps and rubella.

But more multiple vaccines are likely to appear over the next few years. The Department of Health is considering whether to add chicken pox to the MMR, and polio to the DTP-Hib. Other combined vaccines for diarrhoea-causing bacteria, flu and meningitis could follow.

Prof Adam Finn, from the University of Bristol medical school who was involved in the trials of the meningitis C vaccine, said there was no evidence that combined vaccines were harmful.

The immune system was designed to cope with many immune reactions

simultaneously. (Ed.: Yes, but not unnatural immune responses due to unnatural entry.)

"Giving mixed-up viruses together is routine and we do plan to do more," said Prof Finn. "Yet there is huge public anxiety."

Immunologists argue that combined vaccines have advantages over single jabs. They involve fewer injections, less pain and fewer visits to the doctors. There is also less chance of children missing a crucial booster.

However, it becomes harder to sort out side-effects and the vaccines may interfere with each other, making individual components less effective.

Dr David Elliman, from the department of child health at St George's Hospital, London, said: "Currently, by the time a child goes to school, they get 36 different things as routine.

"If we were to give them as single jabs, then we would be giving 36 separate injections. In fact, it is nine injections and some drops."

In addition to MMR and DTP-Hib vaccines, babies are given an oral polio vaccine. Although the drops have virtually wiped out polio in the West, the vaccine can cause the disease in rare cases.

A newly developed polio vaccine injection containing three strains of the virus would completely eradicate the disease. (Ed.: Polio virus is a gut virus harmless in a healthy person.)

The jab is likely to be introduced within the next few years and combined with DTP-Hib to create a seven-in-one vaccine.

## HISTORY REPEATS ITSELF

30 August 2002

<http://bmj.com/cgi/eletters/325/7361/430#24931>

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Editor,

More than a quarter of a century ago I submitted a paper entitled "Oncogenesis and Poliomyelitis Vaccine" to the Editor of the BMJ. It was rejected. Today there are numerous reports of individuals with one or other form of malignancy attributable to Simian virus 40 contaminated Poliomyelitis vaccine administered in childhood [1]. My paper was eventually published in Nature [2] having been rejected by another well-known Medical Journal. And of course it, and I, were roundly criticized by the Establishment. Andrew Wakefield and V.J. Singh will know the feeling.

Now the public are suspicious about other vaccines and history is repeating itself. My paper on "Coagulopathy mistaken for Shaken Baby Syndrome" was rejected - it recorded the case of a child given six vaccines on the same day and who was ill with fever, irritability and diarrhoea the next day and was dead three weeks later.

Death was certified to be due to the Shaken Baby Syndrome on the evidence of Pathologists, Paediatricians and Radiologists when all the haematological and biochemical evidence clearly indicated death was due to a coagulopathy following hepatic insufficiency and malnutrition. Paediatricians, instructed by the RCPCH, believe "Frank bleeding from the nose or mouth is significant of physical intervention." - Radiologists mistake callus formation on a scorbutic rib for "fracture induced by Non-accidental Injury" and Pathologists count diligently the number of siderophages in alveoli of the lung and confidently proclaim "death due to imposed suffocation".

Coagulopathies appear to be of no significance when a perpetrator is being sought - or should one say Hunted.

Michael Innis

REFERENCES:

1. Malignant Mesothelioma Therapeutic Options and Role of SV40: An Update The University of Chicago Gleacher Centre Chicago Illinois April 20-21 2001
2. Innis MD. (1968) Oncogenesis and Poliomyelitis vaccine Nature 219:972 - 3

## MINISTERS CRITICISED OVER FAILURE TO TEST SMALLPOX VACCINE

By Paul Waugh Deputy Political Editor,  
The Independent, 16/11/02. A few extracts  
are reproduced here:

Ministers were accused last night of putting lives at risk by failing to organise clinical trials of the smallpox vaccine.....John Hutton, a Health minister, has now confirmed in a written parliamentary answer that the vaccine will not be tested on humans because of fears of endangering Britain's smallpox-free status. He said trials were not compulsory for unlicensed vaccines. Instead, the National Institute for Biological Standards and Control was checking the potency and quality of the new vaccine, the minister said. Mr Hutton was attacked by Labour MPs on the Commons science and technology,

and defence select committees, both of which are looking at the contract with Powderject.....Dr Ian Gibson, a microbiologist who chairs the science committee, said doctors, nurses and ambulance workers due to be inoculated first could refuse the vaccine if it had not been tested properly. "Every drug needs clinical trials. For the Government to claim that the vaccine cannot be tested because it does not exist in the population is complete rubbish. The Americans have tested their vaccine successfully under the same conditions," he said. "People who are given doses of an untested vaccine could suffer serious reactions or even die. But it seems the Government is determined not to budge on this matter.".....

# SMALLPOX VACCINE COULD PROVOKE SEVERE REACTIONS IN SOME GROUP

*Medscape Medical News, Laurie Barclay MD*  
<http://www.medscape.com/viewarticle/441444?mpid=3801>

Sept. 13, 2002 - The risk of smallpox vaccination could outweigh the benefits for patients with AIDS, atopic dermatitis, or immunosuppression, according to a review in the September issue of the *Journal of Allergy and Clinical Immunology*. Eczema vaccinatum is a potentially lethal complication of smallpox vaccine which can affect those with atopic dermatitis or similar conditions.

"The current CDC guidelines in the setting of a smallpox outbreak include a recommendation to immunize anyone with contact regardless of risk factor for an adverse event," lead author Renata J.M. Engler, MD, FAACAP, from the Walter Reed Army Medical Center in Washington, DC, says in a news release. "Many expert groups are reviewing these questions and considering the fine points of risk-benefit and what other options exist to protect those patients who are at very high risk for serious or even life-threatening smallpox vaccine complications."

Groups especially vulnerable to

## SAFER CHEMICALS FOR ALL OF US

*An update of Friends of the Earth campaign*

You may be aware that the EU is currently drafting a new legislation that will regulate the production and use of man-made chemicals in Europe. This is an once-in-a-lifetime opportunity to put in place a regulatory system, which ensures that industry is given incentives to cease producing risky chemicals and instead develop the chemicals of the future - those that better protect the health of current and future generations. We are expecting the draft legislation to come out in spring 2003; which will then be voted on by the EU council and members of the EU Parliament, having a final legislation by 2005. There will be plenty of opportunities to influence decision makers to get strong laws.

Why should I be concerned about chemicals?

While synthetic chemicals have undoubtedly improved our daily life Friends of the Earth and other organisations are concerned about some chemicals that build up in our bodies and chemicals, which can act as hormone disrupters. Our hormone system is a very

adverse effects from vaccinia include patients with congenital or acquired immune deficiency diseases such as AIDS, those receiving immunosuppressive therapy for organ transplantation or other conditions, those with active or quiescent atopic dermatitis, and potentially those with similar skin conditions affecting the epidermis.

In individuals with current or prior history of atopic dermatitis, eczema vaccinatum can complicate smallpox vaccination or can develop indirectly through exposure to someone who has recently been vaccinated. After spreading unchecked throughout the skin, the vaccinia virus can cause scarring, blindness, and even death. Vaccinia immune globulin can mitigate or reverse these complications if given sufficiently early.

Current CDC guidelines recommend withholding routine smallpox vaccine from individuals with a current or past history of atopic dermatitis. Nearly half of the population in developed countries, where rates of atopic dermatitis have increased two- to three-fold since the days of routine smallpox vaccination,

delicately balanced system and scientists are only beginning to understand the effect of synthetic chemicals. Nobody knows about the long term effect of these man-made chemicals yet, but a growing number of research point to chemicals in connection with a raise in testicular cancer, breast cancer and childhood leukaemia and other disorders.

There have been more than 300 man-made chemicals found in the human body that have not been in the bodies of our grandparents. Scientists are able to show that individual chemicals accumulate in our bodies and can show their effect on animals, but only beginning to theorise about the cocktail effect of all these synthetic chemicals.

What we do know is that chemicals are passed on to the foetus in uterus, but also from the nursing mother to the breastfed baby and are absorbed by the growing child (water, food and air for example). While we all agree that breastfeeding is still the best option for mother and baby we need to clean up breastmilk, our bodies and the environment from these contaminants.

Dutch scientists report that boys exposed prenatally to higher levels of PCBs and dioxins are more likely to show

could therefore be ineligible, as could up to 15% of the U.S. population. Routine mass smallpox vaccination could therefore be problematic, although vaccination in some patients with atopic dermatitis may be justified if the risk of smallpox infection is high, such as after a bioterrorism attack.

The authors call for additional research on the immune response to vaccinia to clarify why atopic dermatitis predisposes to eczema vaccinatum and to develop preventive strategies.

"The very real dangers associated with the live vaccinia virus vaccine may take on a greater urgency today than decades ago given the current numbers of people with pre-existing medical conditions that put them at risk for serious side effects," says co-author Julie Kenner, MD, PhD, from the University of Hawaii in Honolulu. "It is incumbent upon the medical community to protect our population to the best of our ability against these potentially lethal vaccine side effects, while at the same time, protect them from a very deadly disease." *J Allergy Clin Immunol.* 2002;110:357-365.

*(Editor: The best preventative for avoiding any disease is good health, which is one thing the industry can't market and sell in a bottle or pill!!)*

demasculinized play behaviours. Girls and boys exposed to modestly elevated dioxin levels demonstrate more feminized play behaviours. Although PCBs have been banned in the EU since 1985 they are still found in the environment because of their persistency. German scientists measured Bisphenol A (BPA) in the blood of pregnant women, in umbilical blood at birth and in placental tissue. All samples examined contained BPA, at levels within the range shown to alter development in laboratory experiments with animals. BPA is used in can linings and lids and in polycarbonate plastic bottles.

What can I do?

If you would like to get more information just order our free parents guide: 'Chemicals in the home' or fact sheets - freephone 0808 800 1111.

If you would like to influence policy makers with easy online action than just go to:  
[www.foe.co.uk/campaigns/safer\\_chemicals/press\\_for\\_change/index.html](http://www.foe.co.uk/campaigns/safer_chemicals/press_for_change/index.html)

Please feel free to contact me for more information at: Anja Leetz, Safer Chemicals Campaigner, Friends of the Earth, 26-28 Underwood St. London N1 7JQ  
or E mail: [mailto:anjal@foe.co.uk](mailto:mailto:anjal@foe.co.uk)

# ARTICLES FROM THE ARCHIVES

## OPENING ADDRESS -1883

*It is always interesting to look at articles from the archives. The text reproduced here is from a monthly conference in which a Dr T B Allinson opened the proceedings with an address from which the following passages were included.*

*Held at the residence of Mr & Mrs Beurle, Linden House, Victoria Park, Hackney, 1883.*

### THE MEDICAL TRADE UNION

My subject is "Medical Men and Vaccination." I shall not attempt to entertain you with statistics, but try and inform you concerning the attitude of the medical fraternity toward this question of vaccination. In the first place, you must recollect that the medical profession is a great trade union. There are 25,000 of us in the United Kingdom, and we stick together more closely than any other profession. You may take the Law or the Church, and you will find in neither the same intense devotion to corporate interests. If one makes a mistake, the others are ready to hide it. Many coroners are medical men, and when a case occurs that is not favourable to the profession, it is more or less dexterously slurred over. By means of this trade unionism we have acquired immense power, which is yearly increasing. Law and Church will soon be accounted second and third. People cannot be born without us; they cannot die without us; and it will come to pass that they cannot be married or take a situation without us. All this tends to make the medical profession pretty unanimous on a question which is supposed to be one of its Articles of Faith.

And then the money we make out of it! There is 1s. or 1s.6d. for each vaccination, and a bonus for good work. Then private cases - anything from say sixpence to a five-pound note. Seeing how it pays, you certainly must not go to the parties paid for disinterested advice. If you want the truth on vaccination you must to those who are not making anything out of it. If doctors shot at the moon every time it was full as a preventive of measles and got a shilling for it, they would bring

statistics to prove it was a most efficient practice, and that the population would be decimated if it were stopped.

### DOCTORS ARE BRED IN THE FAITH

Jenier introduced vaccination nearly a hundred years ago. He said, or others said for him, that people who contracted cow-pox could never contract small-pox. In spite of innumerable proofs that small-pox *does* follow cow-pox, we find the statement repeated as if it had never suffered contradiction. If a person be vaccinated and does not take small-pox, it is held that he has been saved from small-pox by his vaccination; but if he does take small-pox, then it is said there must have been something wrong with the virus, or some defect in it's administration. In short, whatever is wrong, vaccination must be right, and there is no possible failure which, on such terms cannot be explained away. Medical men, as a rule, believe in vaccination from want of knowledge.

They are bred in the faith that vaccination is a preventive of small-pox, and go on to practise it and to live by it. Be fair, therefore, to the doctors, and ask yourselves whether you would not believe as they do, and act as they do, if your training and interest coincided with theirs. We believe our teachers. I never heard of anti-vaccinators except as fools and fanatics, whose existence was marvellous. The only knowledge of vaccination I had was from a medical lecture explaining the nature of the process and the usual effects that follow it. Yet so firmly was I persuaded of its efficacy that having a healthy child, the antecedents of which I knew, I took the opportunity of protecting myself; but as I was busy and fearing inconvenience from my arm, I vaccinated myself on the leg; but it laid me up. I had cold shivers and was thoroughly upset, and had to give up work for a time. I afterwards suffered from swollen glands. It took nearly a year before the "marks" became the colour of the natural skin, and even now, if I am at all out of sorts they feel irritated. I have become an opponent of vaccination out of my own experience.

During the epidemic of 1871, visiting

the hospitals and seeing in private practice that nine-tenths of the small-pox cases were vaccinated, and noticing the class of people among whom the disease is most fatal, I was led to the conclusion that the cause in most cases was dirt, and that vaccination was powerless to prevent it. I found that where there was most overcrowding there small-pox was most prevalent. The worst case I have ever seen occurred three weeks after re-vaccination. On the other hand, I have known cases of unvaccinated persons sleeping with those suffering from the disease and not contracting it.

### COMMON DEFENCES OF VACCINATION

We are asked, "How is it that we do not now see the faces of the people pitted with small-pox, as we used to do?" The like remark was made in 1821 by the grandfathers of those now using this argument. The cessation of the practice of inoculation, which is now punishable by a month's imprisonment, and the improved methods of treatment, will easily account for a real improvement in this matter of pock-pits.

Another favourite argument is the diminution of the number of deaths from small-pox, owing, as urged, to the extension of the practice of vaccination. This, again, was asserted before vaccination was compulsory, and before it had been sufficiently practiced to possibly bring about any such result. Small-pox had begun to fall off last century before vaccination was heard of; and what caused it to fall off? Small-pox was commoner last century than in the preceeding century, the seventeenth; and what made it commoner? Forms of disease prevail and disappear, replaced by other forms. What has become of the black death? What has become of the sweating sickness? Improved sanitation has done away with them; and the same agency may be credited with any reduction that may have taken place in the mortality from small-pox. A common fallacy which doctors as well as the general public fall into is what is called '*post hoc propter hoc*', or reasoning from the event; that is to say, "He was vaccinated; he did not take small-pox;



therefore he was protected by vaccination." Where a community is well vaccinated they have little small-pox; *therefore* their vaccination saved them. It is forgotten that they do not possess the means of comparing the vaccinated community with an unvaccinated one. When there is no epidemic there is no small-pox, and vaccination is credited with the exemption; but 'when an epidemic occurs, then we discover that the vaccination previously accounted protective, is either grossly defective, or is not equal to resist 'small-pox of a specially virulent type.'

#### VACCINIA A DISEASE AND AN EXCITANT DISEASE

During the small-pox scare of 1871, I was assistant to a surgeon of police. All the police were ordered to be re-vaccinated. I had a good opportunity of seeing the evil effects of the operation. We had many on the sick-list, and some of the men were twelve months before they got well. Of diseases that may be transmitted by vaccination, Dr Cory has demonstrated in his own person the possibility of the transmission of the worst. Of cases of eczema after vaccination I have seen, not one, but a great many. Another disease caused by vaccination is erysipelas, which should accompany effective vaccination according to the teachings of Jenner. The areola which surrounds the vaccine vesicle is true erysipelas. But sometimes the erysipelas does not stop there. It passes on to what we call cellulitis, in which the deeper tissues are involved. I have seen a very bad case of this sort, and the poor child's arm did not get better for six months. The commonest form of cellulitis commences in the vaccinated arm, then goes down to the elbow, then passes across the body to the other arm and then down the back, then taking one 'leg and then the other, and usually ending with an abscess on the foot. To see a child come through vaccination without some trouble is, in my experience, exceptional. There have been great disputes in the medical world, whether the number of marks should be one, two, three, four or five. Some manfully go in for five, but, since

the public have been making an outcry, the vaccinators have most of them come down to three; which I believe, is now the fashionable number. There is another point to which I wish to draw your attention - it is this. Inoculation is now a punishable offence, yet much that passes current for vaccination is nothing else. Small-pox matter is put into a calf, and gives rise to what is called cow-pox. This, in turn, is used for vaccination, and on the principle of the alternation of diseases can only reproduce small-pox. Thus the vaccinated often become true *foci* for the spread of the very disease they have been operated upon to check.

#### CONCLUSION

My aim has been to show that you have a powerful body to fight in the medical profession. We cannot be stirred without great effort. We are a kind of Juggernaut; we have to be dragged; we will not go. Let each one take his doctor, or, if he be so fortunate as not to need one, the doctor who lives nearest to him, and try and instruct him. Send him the literature of the subject; he may not read it, but he may. Every little helps - Instruct the people by means of public lectures and meetings. Show them as plainly as you can the uselessness and dangers of vaccination. Teach them that they must not go to the medical profession for counsel on the matter. If cases of small-pox were isolated and the clothes of the sufferers disinfected, the disease would not spread. If you wish to avoid smallpox, you must live pure and simple lives. If we crowd together we must expect disease; if we keep our skins closed, the impurities of the body are retained, and these impurities are the food upon which small-pox thrives. If your constitution is in a bad state and you come in contact 'with small-pox, you will probably have it.

*Editor: I whole-heartedly agree with the conclusion by Dr Allinson, we have to start educating our GPs and consultants. Over the years I have come to realise that so many have very limited knowledge on this subject and are totally dependent on guidelines and memos from the health department.*

*If you forward one first class stamp and an address label for your local surgery I will mail the following letter with a few published articles to see if we can sow a few seeds of doubt! It's worth a try!!*

## LETTER TO GPs

Dear Doctor

I am writing to you not just because you are a medical professional but as a fellow human being and also possibly a parent.

I would ask you to take just a few minutes of your time to read this letter, which I hope will stimulate you into further research on the highly controversial subject of vaccination.

Over my years of research I have met with a growing number of medical professionals who do have concerns about the safety and effectiveness, but do not always have the courage to become vocal for fear of being ostracized by their colleagues. However the vast majority of GPs, and even some consultant paediatricians, have a very limited knowledge on this subject, and depend on health department recommendations and guidelines for their information.

Can you be absolutely certain that vaccination is a procedure that is without doubt, have you researched this subject independently and in depth?

Doctors who have come to question this area indicate that during their medical training they did not cover vaccination in much depth, and yet after thorough independent investigation were quite astonished at how much literature had been published over many years in reputable medical journals, highlighting numerous inconsistencies and potential hazards.

There are a growing number of people, from all walks of life, becoming more informed about vaccination world-wide and this in turn has led to growing concern. I had the good fortune to attend a one-day vaccination conference in Brussels at the Euro Parliament, in April this year. The majority of speakers, who were mostly medical professionals, presented various concerns regarding this procedure, and it was interesting to note that the doctor representing the WHO had great difficulty in dealing with the questions from the floor, and in my opinion, rarely came back with an adequate answer.

So the aim of this letter is to encourage you to become more informed yourself, which will not only broaden your knowledge but also assist you in communicating with concerned parents registered at your surgery, and enable you to discuss their concerns. Surely we all share the same goal - good health for our children and our children's children, and isn't it better to work together and share the knowledge we have in order to achieve that common goal.

Enclosed are a couple of articles which highlight the main concerns of this procedure, I do hope they will be of interest.

Yours faithfully, Magda Taylor  
Director of The Informed Parent

## VACCINATION: MIRACLE OR TIME-BOMB?

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

Dr Viera Scheibner's recently cancelled lecture tour was sadly due to Viera's house companion passing away. Viera asked me to thank those who sent messages of sympathy, it was much appreciated.

However, Viera is still considering a Spring lecture tour, probably around the end of March/early April, so if anyone is interested in arranging a talk in their area, please let me know!!

Phone Magda on: 020 8861 1022

(Contd. from page 1)

- Legislation to require the Therapeutic Goods Administration (TGA) to conduct tests before approval of vaccines which they currently do not do.

- Mandating that the Australian government, which currently spends hundreds of millions of dollars a year to fund unproven vaccines, provide funding for independent studies on all vaccines for content and contaminants.

If you have any questions about this issue, Meryl Dorey (AVN) is available at: Telephone: + 02 6687 1699

FAX: + 02 6687 2032

Mobile: + 0414 872 032 E-Mail:

meryl@avn.org.au

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.

The following talks have been organised:

### FRIDAY 7 FEBRUARY 2003

at 7:30pm-9:30pm

Coach House, Quarry Road, Heading Quarry, Oxford OX3 8NU

£5.00 contribution,

pre-booking essential.

Enquires: 07816 260 248

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

Postal bookings to:

Lizanne Christopher

PO Box 27 Woodstock,

Oxon, OX20 1NH

Please include payment and a SAE.

Cheques made payable to:

'Lizanne Christopher'

### THURSDAY 6 MARCH 2003

at 7.15-9.30pm

Friends House, Euston Road, NW1

£7.00 fee, pre-booking essential.

(Bookings before 31/01/03 only £5)

Enquiries: 020 8861 1022 *(The answerphone does take voice messages)*

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

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 child's 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...?

### • Trevor will be lecturing on the following dates:

- Wednesday 22 January 2003 at 8pm All Saints Church Hall, Church Road (off Chapel Green) Crowborough, E. Sussex For tickets and further details telephone Caroline on: 01580 892584

- Monday February 3rd 7.15 -9.30pm Friends House, Euston Road, NW1 £7.00 fee, pre-booking essential. (Bookings before 31/12/02 only £5) Enquiries: 020 8861 1022 *(The answerphone does take voice messages)*

Postal bookings to:  
The Informed Parent, P O Box 870, Harrow, Middx. HA3 7UW, please include payment and a SAE.

- Brighton - 30th Jan. / 3rd April / 3rd July. For details please contact Karel Ironside on: 01273 277309

*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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