THE *informed* PARENT

ISSUE ONE - 2004 A QUARTERLY BULLETIN ON THE VACCINATION ISSUE & HEALTH

Dr WAKEFIELD COMES UNDER ATTACK

Numerous headlines and coverage hit the media during February over allegations that Dr Wakefield had a 'conflict of interest' with the findings he had published in The Lancet in 1998. Dr Richard Horton, the editor of The Lancet, said he would not have published Dr Wakefield's findings had he known about the conflict.

In an article in the London Evening Standard (24/2/04) -'Health Chiefs accused of double standards in MMR research funding' the reporter lists a number of experts from the Committee on Safety of Medicines and the Joint Committee on Vaccination and Immunisation who have shares in drugs firms that make the jabs, and others who receive research grants from them.

Bill Welsh, of the group Action against Autism said: "If the Government wants to start looking for conflicts of interest, they only have to look at their own house. The number of experts on their so-called independent panels who have stakes in drugs companies is incredible."

Labour MP David Hinchcliffe, chairman of the Commons health select committee, said: "This whole debate has exposed the way in which research is compromised by the commercial realities of funding. I think this is becoming a great difficulty."

Here follows a statement from Dr Andrew Wakefield - Feb 2004 regarding the situation.

'Serious allegations have been made against me and my colleagues in relation to the provision of clinical care for children with autism and bowel disease, and the subsequent reporting of their disease. These allegations have been made by journalist Brian Deer who has expressed, in front of witnesses, his aim of destroying me.

All but one of the allegations, which are grossly defamatory, have been shown to be baseless. One allegation remains against me personally. That is, that I did not disclose to the Lancet that a minority of the 12 children in the 1998 Lancet report were also part of a quite separate study that was funded in part by the Legal Aid Board .

It is the Lancet's opinion but not mine that such a disclosure should have been made since it may have been perceived as a conflict of interest. This is despite that fact that the funding was provided for a separate scientific study.

It needs to be made clear that the funds from the Legal Aid Board were not used for the 1998 Lancet study, and therefore I perceived that no financial conflict of interest existed.

The Lancet defines a conflict of interest as anything that might embarrass the author if it were to be revealed later. I am not embarrassed since it is a matter of fact that there was no conflict of interest. I am, however, dismayed at the way these facts have been misrepresented. Whether or not the children's parents were pursuing, or intended to pursue litigation against the vaccine manufacturers, had no bearing on any clinical decision in relation to these children, or their inclusion in the Lancet 1998 report.

It is a matter of fact that there was no conflict of interest at any time in relation to the medical referral of these children, their clinical investigation and care, and the subsequent reporting of their disease in the Lancet.

As far as the 1998 Lancet report is concerned, it is a matter of fact that we found and reported inflammation in the intestines of these children.

The grant of £55,000 was paid not me but to the Royal Free Hospital Special Trustees for my research group to conduct studies on behalf of the Legal Aid Board. These research funds were properly administered through the Royal Free Hospital Special Trustees. The Legal Aid research grant to my group was used exclusively for the purpose of conducting an examination of any possible connection between the component viruses of the MMR - particularly measles virus - and the bowel disease in these children. *(contd overleaf)*

Dr SCHEIBNER'S LECTURE DATES

There is another opportunity to hear Dr Viera Scheibner's eye-opening presentation on the 'Dangers & Ineffectiveness of Vaccination. Dr Scheibner will be visiting the UK in April. She will present some of the research she has made over the years, mostly quoting from papers published in medical journals, and highlighting the many concerns that the data indicates.

Once again a number of individuals have kindly come forward to organise a talk in their area, so please help support their actions by attending and letting others know about the talks. The more people to attend the more likely future talks will take place!!

EVENING LECTURE DATES

- April 19th - Ringwood
  Kate: 01202 813066
- April 20th - Woodstock
  Lizanne: 07816 260 248
- April 21st - Central London
  Sara at Peninghame Clinic:
  020 7724 4004
- April 22nd - Colliers Wood
  Liz: 020 8540 0486
- April 23rd - Roehampton
  (Full day for homeopaths)
  Liz: 020 8540 0486
- April 24th - Harpenden
  Rebecca: 01582 623416
- April 25th - Eastbourne
  Harry or Sally: 01323 734664
- April 26th - Dublin, Eire
  Colin: + 0149 46201
- April 27th - Bath
  Graham at Neal's Yard
  01225 466944

The above lectures are also listed on the events page of our website.

(contd. from page one) This is entirely in line with other studies that have been funded by the Legal Aid Board (latterly the Legal Services Commission) and reported in the BMJ . If and when this work is finally published, due acknowledgement will be made of all sources of funding.

It is unfortunate that, following full disclosure of these facts to the editor of the Lancet, he stated that in retrospect he would not have published facts pertinent to the parent's perceived association with MMR vaccine in the 1998 Lancet report. Such a position has major implications for the scientific investigation of injuries that might be caused by drugs or vaccines, such as Gulf War Syndrome and autism, where possible victims may be seeking medical help and also legal redress.

Health Secretary John Reid has called for a public enquiry. I welcome this since I have already called for a public enquiry that addresses the whole issue in relation vaccines and autism.

It has been proposed that my role in this matter should be investigated by the General Medical Council (GMC). I not only welcome this, I insist on it and I will be making contact with the GMC personally, in the forthcoming week. This whole unpleasant episode has been conflated to provide those opposed to addressing genuine concerns about vaccine safety with an opportunity of attacking me - an attack that is out of all proportion to the facts of the matter.

I stand by everything that I have done in relation to the care, investigation and reporting of the disease that I and my colleagues have discovered in these desperately ill children.

My family and I have suffered many setbacks as a direct consequence of this work. As a family, we consider that our problems are nothing compared with the suffering of these children and their families. For the sake of these children, this work will continue.

A BIG thank you for your continued support in keeping The Informed Parent going!!! Your subscription not only helps towards funding the newsletter and the general running of the organisation, but also enables us to send out information to those just starting to look into this issue. You can now renew your subscription online at our website: **www.informedparent.co.uk**

COST RULES OUT MAJOR HEP B IMMUNISATION

Pulse, 6/1/04

The Government is set to reject growing pressure to add hepatitis B vaccine to the childhood schedule and opt instead for the cheaper strategy of targeted immunisation in high-risk groups.

The cost-based decision, signalled by the deputy head of the Health Protection Agency's immunisation division will prove controversial.

Government vaccine advisers are split on the issue, with some calling for mass immunisation to combat the growing spread of the disease.

The World Health Organisation has also been pressing low-prevalence countries to introduce mass hepatitis B vaccination for several years.

But Dr Mary Ramsay, consultant epidemiologist and deputy head of immunisation at the agency, said adding the vaccine to the childhood schedule was too expensive and not a priority.

'If money was limitless, universal vaccination would be feasible, but a limitd approach is more suitable for a cash-strapped NHS,' she said.

A 'geographically selective' policy, focusing on high-risk areas like London, was more likely, she added.

Higher priority was being given to adding other vaccines to the childhood schedule, said Dr Ramsay - with pneumococcal vaccine likely to come first and varicella vaccine a further possibility.

A recent study by Dr Ramsay found south Asian children in England and Wales were 10 times more likely to be infected with hepatitis B and that almost half the infections were caught overseas. She concluded hepatitis B should be added to the childhood schedule in areas with a high proportion of ethnic minorities.

A final decision on hepatitis B vaccine is due to be taken at the next meeting of an expert sub-committee set up by the Joint Committee on Vaccination and Immunisation.

Sub-committee member Dr George Kassianos, a GP in Bracknell, Berkshire, and RCGP immunisation spokesman, said he was in favour of adding the vaccine to the UK schedule. The US experience had shown it was a more cost-effective vaccine than Hib, he added.

Professor Roger Williams, professor of hepatology at University College London, said it was 'absolutely essential' to introduce a universal immunisation programme because of the dramatic increase in hepatitis B coming to the UK.

'We see 7,000 new cases a year with immigration alone,' he said. 'We're the only country that doesn't protect our children.'

RHEUMATIC DISORDERS DEVELOPED AFTER HEPATITIS B VACCINATION

Rheumatology (Oxford). 1999 Oct; 38(10):978-83.

Maillefert JF, Sibilia J, Toussirot E, Vignon E, Eschard JP, Lorcerie B, Juvin R, Parchin-Geneste N, Piroth C, Wendling D, Kuntz JL, Tavernier C, Gaudin P. Department of Rheumatology, Dijon University Hospital, France.

OBJECTIVE: To obtain an overview of rheumatic disorders occurring after hepatitis B vaccination.

METHODS: A questionnaire was sent to rheumatology departments in nine French hospitals. Criteria for entry were rheumatic complaints of 1 week's duration or more, occurrence during the 2 months following hepatitis B vaccination, no previously diagnosed rheumatic disease and no other explanation for the complaints.

RESULTS: Twenty-two patients were included. The observed disorders were as follows: rheumatoid arthritis for six patients; exacerbation of a previously non-diagnosed systemic lupus erythematosus for two; post-vaccinal arthritis for five; polyarthralgia-myalgia for four; suspected or biopsy-proved vasculitis for three; miscellaneous for two.

CONCLUSIONS: Hepatitis B vaccine might be followed by various rheumatic conditions and might trigger the onset of underlying inflammatory or autoimmune rheumatic diseases. However, a causal relationship between hepatitis B vaccination and the observed rheumatic manifestations cannot be easily established. Further epidemiological studies are needed to establish whether hepatitis B vaccination is associated or not with an incidence of rheumatic disorders higher than normal.

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EXCLUDING UNVACCINATED CHILDREN AT NURSERIES

You & Yours (BBC Radio4) 21/01/04

I was invited to take part in a brief discussion about the possibilities of nurseries excluding unvaccinated children, as some parents were concerned that this might pose a risk to their families. The piece opened with Rosemary Murphy from the The National Day Nurseries Association saying that they advised nurseries to ensure that they did not exclude children who haven't had the MMR or other vaccines, although some nurseries apparently were still considering excluding no matter what, and that the association would advise against that absolutely. She indicated that because of the concerns of parents a lot of nurseries were questioning this issue and that she hoped they were still at the stage of thinking about it and not acting upon it.

This was followed by some recorded footage where a few parents were asked about their concerns, and it was clear to me that these parents had not studied the subject in much depth and were reacting mostly out of fear.

The presenter then invited myself and a Dr John Ashton, Director of Public Health in the North West, for a few comments. Here is a brief summary of the discussion.

I was asked firstly whether I was pro or anti the MMR vaccination, to which I replied I was pro-choice. Adding that all parents should take the time to look into this subject - so that whatever decision they made was based on knowledge.

I was asked about my own children and I stated that my first daughter received the MMR because I didn't know anything about the subject and just followed the guidelines, but that my second daughter did not receive the MMR as I had started to research the subject.

Dr Ashton stated that parents were right to worry if some of the children at the nursery were not immunised, and that it was good to see 'community pressure coming to bear on this kind of rampant individualism...'

I made numerous comments about disease, susceptibility, immunity and repeatedly stated that parents should look into the subject, whilst Dr Ashton continued with remarks about 'predominantly middle-class parents' leaving ther children exposed and then complaining when other agencies in the community form their own opinions.

I asked him where the exclusion would end - schools, colleges, jobs?? And that he was treating unvaccinated children like social outcasts, and suggested that he needed to know more about this subject and not to just assume there were 'middle-class parents out there trying to difficult.

He did not respond but simply launched into reminding listeners about how many deaths from measles before the intorduction of MMR, even though I had earlier emphasized the huge decline in deaths before the vaccine. Then Dr Ashton began what I thought was some kind of party political speech, stating we should recognise that this is a very profound discussion about the limits of individualism versus citizenship. 'I believe that there are limits to individualism, I believe that as a good citizen, as well as a good father, my infant son should have his MMR, as he will do unless there are very good medical reasons for him not to.'

I commented that if unvaccinated children were excluded from nurseries, when measles cases continued to occur I would be interested to know who they were going to blame. Once again there was no direct response, with Dr Ashton ending by saying that the MMR was safe and that I had been a bit patronising to suggest that people like himself, whose job it is to do this, have not looked at the evidence.

These broadcasts are always frustrating due to the very limited amount of time and the superficial angles taken on the subject, but at least it was an opportunity to air some comment!!

One thing that came to mind afterwards was Dr Ashton's labelling of parents being 'predominantly middle-class' - well, is it not the case that most doctors are 'predominantly middle-class'?? And perhaps community pressure should come to bear on the 'rampant roboticism' that appears amongst some of the medical profession!

Magda Taylor.

VACCINATIONS & SUDDEN UNEXPECTED DEATH IN INFANCY

Vaccinations and Sudden Unexpected Death in Infancy
Project: Immunization Safety Review
Published On: March 12, 2003
Institute of Medicine, 500 Fifth Street NW, Washington DC 20001, USA

With current recommendations calling for infants to receive multiple doses of vaccines during their first year of life and with sudden infant death syndrome (SIDS) the most frequent cause of death during the postneonatal period, it is important to respond to concerns that vaccination might play a role in sudden unexpected infant death. A death that occurs suddenly and unexpectedly in the first year of life, whether or not there is an underlying disorder that predisposes to death, has been referred to by the term "sudden unexpected death in infancy" (SUDI). SUDI includes deaths that can be attributed to identifiable causes and deaths for which the causes remain uncertain. SIDS is the diagnosis most commonly given to the deaths of uncertain cause. The committee reviewed epidemiologic evidence focusing on three outcomes: SIDS, all SUDI, and neonatal death (infant death, whether sudden or not, during the first 4 weeks of life).

Based on this review, the committee concluded that the evidence favors rejection of a causal relationship between some vaccines and SIDS; and that the evidence is inadequate to accept or reject a causal relationship between other vaccines and SIDS, SUDI, or neonatal death. The evidence regarding biological mechanisms is essentially theoretical, reflecting in large measure the lack of knowledge concerning the pathogenesis of SIDS. Anaphylaxis related to vaccination has been discussed in detail in previous IOM reports and is re-examined in the report; the committee observed that anaphylaxis is known to be a rare but causally related adverse event following the administration of some vaccines. Fatal anaphylaxis in infants is extraordinarily rare. The committee found no basis for a review of current immunization policies, but saw a clear need for continued research on adverse event following vaccination and on the biological basis for sudden unexpected infant deaths.

POLIO OUTBREAKS

Anyone who has had the opportunity to hear Dr Viera Scheibner lecture in recent years will be aware of some of the interesting data published about world-wide polio outbreaks. Here are a few examples:

•Outbreak in Oman - The Lancet, Sept 1991.

The outbreak, Jan 1988 to March 1989,occurred in children younger than 2 DESPITE a recent immunisation programme raising coverage with a 3 dose regime. The results suggest that a substantial proportion of fully vaccinated children had been involved in the chain of transmission.. The paper also states 'the region with the highest attack rate had one of the highest coverage (vaccination) rates, whereas the region with the lowest coverage had a low attack rate.'

•Outbreak in Namibia, The Lancet, Sept1994.

This occurred in the South health region, where at least 80% of infants had received 4 doses of OPV. And yet in the Northern region with a fairly low coverage of OPV the authors suggest that 'these children might have been protected by natural immunity, thus suppressing epidemics.' Again this indicates higher uptake of the vaccine results in higher number of cases. It also states that an interruption of wild poliovirus circulation limited the aquisition of natural immunity in the south health region.

•The Lancet, April 1993, an article relating to polio in the Vellore region of India comments - 'Contrary to common belief even a 90% coverage of 4 doses will not eradicate polio in certain geographic areas, the authors suggest a high coverage of 7 doses of OPV may be necessary to achieve eradication.

•Outbreak in Taiwan -The Lancet , Dec 1984

From May to October 1982 - 1031 cases of type 1 paralytic polio were reported. And yet it states that before the outbreak approx 80% of infants had received at least 2 doses of oral polio vaccine. In the 86% of cases whose vaccination status was known it states that 65% were unvaccinated. However further in the paper it states that:

'Vaccinations received in the 28 days before the onset of illness were not counted because they might have been given after exposure.' So the 65% so-called 'unvaccinated' may have all received a polio vaccination just before developing polio!

Also, at a conference in Rome, Italy (12-14th June, 1997) entitled "Ethical, Legal & Social Aspects of Vaccine Research and Vaccination Policies' two officials from Albania presented some interesting material on polio. They outlined the vaccination policy on polio in Albania and how having a mandatory programme resulted in a very high coverage figure (over 95%). Despite this there was an outbreak of polio in Albania during 1996, and the first polio cases of the epidemic showed up AFTER a vaccination campaign for 0-5 year olds had been completed. Apparently most of the victims were adolescents and adults, which as Dr Gaublomme comments in The International Vaccination Newsletter, June 1997, were 'sensitised by contact with the vaccinated and that the vaccination campaign caused the epidemic.' The official reaction was predictable - we did not go far enough, we have to vaccinate the other age groups as well.

Polio cases have also been documented to have been caused by other injections. For example, an investigation into an outbreak of polio in Oman found that a 'significantly higher proportion of cases received a DTP injection within 30 days before paralysis onset than did controls..... ..This study confirms that injections are an important cause of provocative poliomyelitis. Although the benefits of DTP vaccination should outweigh the risk of subsequent paralysis, these data stress the importance of avoiding unnecessary injections during outbreaks of wild poliovirus infection.' (Journal of Inf Dis, 1992; 165: 444-9)

Another published example about provocation polio was featured in the letters to The Lancet, 4 July, 1987. It reads:

'Sir - Dr Hanlon and colleagues (April 4, p800) suggest that a booster dose of killed poliovaccine might be more effective than oral poliovaccine in stopping an epidemic of poliomyelitis. A high rate of immunisation with the killed vaccine might be effective in preventing an epidemic, but injections during an epidemic may provoke poliomyelitis in children already infected with poliovirus. *(Editor: Polio is a gut virus that many of us would have living quietly in our gut, that does not mean we are 'infected'. Our bodies are teeming with virus and bacteria all the time - yet it would not be said that the whole world population are infected.)* Intramuscular injection of any inflammatory substance can increase the risk of paralytic poliomyelitis by as much as 25-fold among, in exceptional circumstances, a maximum of 25% of children. Provocation poliomyelitis occurs with injections of diphtheria/ pertussis/tetanus vaccine, which, I am told, gives rise to unease among vaccinators. The risk of provocation poliomyelitis with the killed poliovaccine is small but occurred in the Cutter incident and, I believe, in accidents with previous vaccines. Provocation would only occur in children already infected with poliovirus and with viraemia (the presence of a virus in the bloodstream), and might be mistaken for coincident paralysis.

The risk of provocation increases when unsterile and dirty needles and syringes are used, because the injections are more inflammatory. During an epidemic of poliomyelitis, injections should be given to small children for urgent medical reasons only. At other times, injecitons should be given sparingly and always aseptically. '

H V Wyatt.

'PATCH' VACCINES POSE SERIOUS DANGERS

NEEDLE-FREE VACCINES MAY CAUSE MORE HARM THAN GOOD

ABC News Online - Australia. 6/1/04

Researchers at Queensland's James Cook University have found evidence that needle free vaccines being trialled in the United States may cause more harm than good.

Professor Alan Baxter says the onset of auto immune diseases accelerated when the patches were tested on mice. This can lead to inflammation of the pancreas or brain.

He says while the skin patches, similar to those used to break nicotine addiction, are still being trialled there are real dangers.

"The real concern is in the normal vaccinated population, which is small children, who have quite a significant risk these days of development of type one diabetes," he said.

"A wide spread vaccine program that involves such patches could have very significant mortality or morbidity."

MMR AND AUTISM: THE DEBATE CONTINUES

The Lancet, Vol. 363, Number 9408
14 February 2004

Sir--Simon Murch has previously made an important contribution towards treating children with regressive autism and bowel problems, and so it is vital to respond to his letter (Nov 1, p 1498) (1) with hard fact rather than emotion.

The evidence to support his claim that there is no link between the measles, mumps, and rubella (MMR) vaccine and regressive autism comes from a large number of studies, too numerous to comprehensively reference here. But all of these studies have only been epidemiological. Perhaps the most interesting was the study by Kaye and colleagues, (2) which showed that autism in the UK had increased seven-fold between 1988 (the year MMR was introduced in the UK) and 1999. That study explained the increase away as possibly being "due to increased awareness of the condition among parents and general practitioners, changing diagnostic criteria or environmental factors", although the authors offered no evidence to support this speculation. There is thus prima facie evidence of an underlying real increase in autism in the UK since 1988.

Careful review of the numerous epidemiological studies (how many of MMR's defenders have personally taken the time to read them all carefully and test the methods and conclusions of each to destruction?) exposes each one as flawed, with unsupported assertions, questionable hypotheses, and overstated outcomes. For example, studies based on the UK General Practice Research Database are utterly reliant on the relevance of that database to an affected child's detailed bowel condition and developmental history. This is clearly a heroic assumption on an industrial scale. Few such children have undergone ileocolonoscopy or had tissue samples analysed. And none of the epidemiological studies distinguished between regressive autism and other autism--a crucial failure.

Another epidemiological study (3) - the only one to look at records of actual damaged children--published in support of MMR's safety, was that by the UK Committee on Safety of Medicines. This study, based on records of several hundred UK children obtained from lawyers, was so weak that it was forced to admit that "it was impossible to prove or refute the suggested associations between MMR vaccine and autism or inflammatory bowel disease because of the nature of the information [made available to the study]". No children were clinically examined, and no parents interviewed.

There also have been no clinical studies of damaged children with regressive autism that firmly refute Andrew Wakefield's hypothesis of an association between MMR and regressive autism. Are these epidemiological studies Murch's sole evidence of MMR's safety?

We now turn to studies that offer some background support to the ground-floor level of Wakefield's hypothesis (again, note that he has never claimed that MMR causes all autism, only a subset of cases). Several studies have been published, or papers presented, that indeed strongly suggest that Wakefield's hypothesis of a link between gut pathology and regressive autism is correct. Among these is a paper by Timothy Buie.(4) Buie found evidence of chronic inflammation of the intestinal tract among autistic children he examined, with ileal lymphoid nodular hyperplasia (ILNH) in 15 of 89 children. Buie concluded that the children "are ill, in distress and pain, and not just mentally, neurologically dysfunctional". His findings thus support at least some link between a disorder of the gastrointestinal tract and some cases of autism. No contrary published evidence to refute Buie's work has been offered or presented to date.

A paper by Arthur Krigsman (5) noted his finding that a large proportion of his autistic patients had chronic unexplained gastrointestinal symptoms. In his assessment of 40 children, 90% had lymphoid nodular hyperplasia of the terminal ileum. Most of the cohort had a clear history of developmental regression, with a precipitous or gradual decline at age 12-18 months after earlier normal development. Again, no evidence to refute Krigsman has since been offered.

These findings, together with those of Wakefield and his co-authors--including Murch--strongly suggest a link between ILNH and regressive autism. The numerous defenders of MMR's safety might at least wish to acknowledge--or provide clinical evidence to contradict--this vital first stage in the unfolding story of regressive autism's cause.

The most up-to-date figures available from the US Individuals with Disabilities Education Act (State-sourced) database confirm that children and young people aged 6-21 years with autism, in full-time education, have increased from 12222 in 1992-93 to 118602 in 2002-03, a deeply-troubling increase. It emphasises the huge and rapidly-rising cost to the community of autism, in all its forms, and the importance of making real progress in tracing its causes.

Child health is not just about measles, or vaccine take-up rates. In the UK, a dozen suspected measles cases is a media headline. A thousand cases of autism go unnoticed, unrecorded, and unreported, yet their lifelong physical and economic effect is vastly greater. It is vital that the medical community now recognises the importance of the pioneering work of Wakefield, Buie, Krigsman, and other co-workers, accepts that there is a prima facie connection between ILNH and regressive autism, and conducts the most urgent research as to its potential causal pathways. It is an extreme understatement to emphasise that there is much at stake. I am the parent of an autistic child.

David Thrower.
David@ThrowerWarrington.freeserve.co.uk

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WHY YOU SHOULD AVOID TAKING VACCINES

By Dr. James Howenstine, MD. 7/12/03. NewsWithViews.com
Extract of article.

Dr. James R. Shannon, former director of the National Institute of Health declared, "the only safe vaccine is one that is never used."

Cowpox vaccine was believed able to immunize people against smallpox. At the time this vaccine was introduced, there was already a decline in the number of cases of smallpox. Japan introduced compulsory vaccination in1872. In 1892 there were 165,774 cases of smallpox with 29,979 deaths despite the vaccination program. Much of the success attributed to vaccination programs may actually have been due to improvement in public health related to water quality and sanitation, less crowded living conditions, better nutrition, and higher standards of living. Typically the incidence of a disease was clearly declining before the vaccine for that disease was introduced. In England the incidence of polio had decreased by 82% before the polio vaccine was introduced in 1956.

In the early 1900s an astute Indiana physician, Dr. W.B. Clarke, stated "Cancer was practically unknown until compulsory vaccination with cowpox vaccine began to be introduced. I have had to deal with two hundred cases of cancer, and I never saw a case of cancer in an unvaccinated (1) person."

There is a widely held belief that vaccines should not be criticized because the public might refuse to take them. This is valid only if the benefits exceed the known risks of the vaccines.

DO VACCINES ACTUALLY PREVENT DISEASE?

This important question does not appear to have ever been adequately studied. Vaccines are enormously profitable for drug companies and recent legislation in the U.S. has exempted lawsuits against pharmaceutical firms in the event of adverse reactions to vaccines which are very common. In1975 Germany stopped requiring pertussis (whooping cough) vaccination.

Today less than 10% of German children are vaccinated against pertussis. The number of cases of pertussis has steadily decreased (2) even though far fewer children are receiving pertussis vaccine.

Measles outbreaks have occurred in schools with vaccination rates over 98% in all parts of the U.S. including areas that had reported no cases of measles for years. As measles immunization rates rise to high levels measles becomes a disease seen only in vaccinated persons. An outbreak of measles occurred in a school where 100% of the children had been vaccinated. Measles mortality rates had declined by 97% in England before measles vaccination was instituted.

In 1986 there were 1300 cases of pertussis in Kansas and 90% of these cases occurred in children who had been adequately vaccinated. Similar vaccine failures have been reported from Nova Scotia where pertussis continues to be occurring despite universal vaccination. Pertussis remains endemic (3) in the Netherlands where for more than 20 years 96% of children have received 3 pertussis shots by age 12 months.

After institution of diphtheria vaccination in England and Wales in 1894 the number of deaths from diphtheria rose by 20% in the subsequent 15 years. Germany had compulsory vaccination in 1939. The rate of diphtheria spiraled to 150,000 cases that year whereas, Norway which did not have compulsory vaccination, had only 50 cases of diptheria the same year. The continued presence of these infectious diseases in children who have received vaccines proves that life long immunity which follows natural infection does not occur in persons receiving vaccines. The injection process places the viral particles into the blood without providing any clear way to eliminate these foreign substances.

1. Mullins Eustace Murder by Injection pg 132 The National Council for Medical research, P. O. Box 1105, Staunton, Virginia 24401

2. Gary Null Interview with Dr. Dean Black April 7, 1995

3. de Melker HE, et al Pertussis in the Netherlands: an outbreak despite high levels of immunization with whole-cell vaccine Emerging Infectious Diseases 1997; 3(2): 175-8 CDC.

MUMPS: INCREASE IN CONFIRMED CASES

Scottish Centre for Infection & Environmental Health, NHS SCIEH Weekly Report. Vol 38, No 2004/07. 17/2/04. Extracts.

There has been a marked increase in the number of confirmed mumps cases reported to SCIEH since the beginning of Dec. 2003. To date, 49 laboratory reports have been received for the period 1 Dec to 8 Feb. This is in comparison with 26 other lab reports received for the rest of 2003. The number of notifications for mumps has also been rising, with 76 for this same period (1 Dec-8 Feb). There are currently age data for 57 cases in 2003/04. With the exception of five outliers, (ages 4,36,47,55,68 years) all cases were aged 13-25 years, with a mean and median of 19 years.....

The ages of the confirmed cases indicate increased risk for mumps infection in individuals too old to have had the opportunity for 2 doses of MMR vaccine in the routine schedule, but young enough to have grown up during a period of lower mumps incidence..... .....Mumps may be prevented by 2 doses of MMR vaccine. Entrance to higher or further education provides good opportunity to check immunisation history and to complete the course of 2 doses of MMR. Similarly, MMR may be considered for secondary school pupils and school leavers who have not received a full course.

COMMENT

'Even undoubtedly beneficial technologies, such as immunisation against childhood diseases, have drawbacks: not only do vaccines harm some children, but (at least in the opinion of some immunologists) their general use has led to a great increase in the numbers of people with serious allergies. No one foresaw this as a consequence of the immunisation programme- that is, if it is a consequence of it. We still don't know.' Theodore Dalrymple, Hospital doctor, Evening Standard, 8/08/03

CHILDHOOD ILLNESS AND IMMUNISATION

The above title is the heading for Chapter 4 of a book entitled 'Homœopathy & Human Evolution' by homœopath Martin Miles. Martin has practiced homœopathy since 1974 and was a founder member of the Society of Homœopaths.

Reproduced here are some extracts from his chapter on childhood illness and immunisation, which make interesting reading and gives a wider perspective of the issue. Details about the book and of Martin's homœopathic practice are included at the end.

'The acute diseases of childhood are the brief flowering of the seeds of miasmatic disease that punctuate the human race at every new generation. Once again we content ourselves with the illusion that they are 'caught' via bacteria and viruses from a hostile environment, and no further consideration is given to the matter. Except in so far as they may be handed round by children of like constitutions, they are no such thing. Not all children will produce all the diseases, but most children will produce one or more at different times.

An outbreak of a childhood illness occurs as one child awakens it in another. It is not that something is passed on to another that the other did not previously have, and is therefore an innocent victim. The bacteria associated with the disease may be observed once the sickness has taken hold, but it is likely that it was there also during health. The inner environment of the physical vehicle has been changed so that the bacteria can proliferate. Like any life form, bacteria will struggle for its own survival, thus stimulating inflammation, fever, etc. in order to make its contribution to an environment compatible with its existence.

The childhood illnesses are ancient diseases lying dormant in the human script, and the incarnation of a fresh vitality brings with it the opportunity to cast off an old burden. Thus our children produce mumps, measles, whooping cough, etc. according to their individual expression. In our ignorance we mostly remain unaware of how important these irritating little diseases are, and proceed to suppress them with immunisations and drugs. We similarly choose to remain mostly ignorant of how dangerous in the longer term such suppression is.

Imagine how wonderful it is for a new life with much vitality to be able to cast off old shadows. If you observe closely enough you will see how a child improves in health, well-being and development after a childhood disease has come and gone, depending of course on how much more miasmatic effluent remains to come out in other forms. This improvement in health is particularly visible after measles, which is probably the deepest of the childhood illnesses.....

The child in his early years has the opportunity to throw off these miasms in the form of childhood diseases, so that much of that old disease of the past is not carried forward into his life, crippling his constitution and subsequently being passed on to the next generation. However, because this process is not understood, the elimination process is frequently suppressed. We are simply not permitted to be ill.

Not only are the symptoms of the illness suppressed, but even more seriously, immunisation is used to viciously suppress any likely manifestation. Firstly, this does not work because the children may still experience the diseases, but usually in a modified form so that a proper diagnosis is missed. Secondly, a mutation of far more terrible consequences may occur, creating more serious diseases including meningitis, arthritis and cancer later in life.

If a proper manifestation is allowed, the childhood diseases are harmless and thoroughly beneficial. Any serious consequences experienced are not directly a result of the disease itself, but indicate that the child is ill at the constitutional level. Children are not all born to the same level of health, they show their individuality in this respect as in any other. If the general constitution of the child is poor or diseased then the acute diseases of childhood will be more serious or intensely experienced. Immunisation will render the constitution even poorer. This is one reason why the incidence of chronic diseases is increasing so greatly.....

In the past few years there has emerged a growing concern among many at our passive acceptance of the need to immunise our children, and the terrible fear and guilt perpetrated at any sign of dissent.

The propaganda machine of government and medical authorities alike has proved ruthlessly efficient in the case of immunisation, at persuading us to accept an authoritarian dogma that banquets on our ignorance. It seems that in matters of health especially, we have been willing to surrender responsibility for ourselves to others, who are themselves living in darkness. How deep is our ignorance and complete our slumber in allowing us to stand by while foreign proteins, live viruses and septic matter is injected into the bloodstream of our children?

.....The evolution of vaccination has rested upon a fatal and fundamental error in the understanding of the nature of disease - that disease is haphazardly caught by the innocent through the transfer of microbes from the atmosphere. Also that these microbes constitute the whole of the disease, and that they may be eradicated by inoculation, thus removing the disease from mankind in its entirety.

The truth is that disease comes from within, always, from its beginnings, and through its manifestations and decline. It may be passed from one to another only by affinity, in much the same way as a magnet passes its power to a steel pin in close proximity. The pin is magnetised by virtue of what it is and not as a 'fault' of the magnet. Similarly a disease may be 'transmitted' to one in close proximity to the diseased because of what they are; their standard of health physically, morally, mentally, emotionally and spirtually. The disease is already inside them, the external manifestation alone is triggered by the presence of another with the disease. Had the pin been made of wood, it would not have become magnetised.

When sufficient of a population share the same level of poor health and living conditions, then there is an epidemic, but some will have it and others will not. This does not deny the existence of microbial organisms being passed from one to another, but merely places this concept in its proper place amidst the greater vista of degenerative processes. In other words, it takes a fertile soil for a seed to grow.....We delude ourselves into thinking that if our children do not suffer acute disease then they are healthy. Fear takes over, persuading us that if they do get an illness then surely it will be fatal and therefore be our fault. There are and always have been those who will exploit fear in others. If we look back on history we may scoff at those who displayed real fear over a religious or

social concern in a given age, and quietly laugh to ourselves as we see the greater overview of encircling events, revealing a deluded people. The problem is we smugly consider ourselves to be above these things and this is what blinds us. The truth is, the scientist has superseded the religionist. The doctor has taken over from the priest. The blind faith of the congregation, however, has not changed. Threats of death and disease have displaced hell-fire and eternal damnation. If we could only overcome our fear we would realise there isn't a scrap of truth in either.

The best defence against disease is health. I imagine there can be little controversy over this statement. Health, however, is never standardised, it is individual and is at different levels, good or bad, within all of us. A certain level of health is there from birth, where it is added to or subtracted from according to our activities and what we put into our bodies. If, as we have said, health and disease come from within how then can the injection of proteins, viruses and septic material into the bloodstream increase the level of health?.....

The situation regarding vaccination is becoming ever more urgent. A whole industry has been set up around it with balance sheets and tax returns involved. Individuals make their reputations by it and pay their mortgages with it. It is for these reasons that resistance to its abolition will be severe. Fear, self-preservation and self-interest will rule the day, but sadly these arguments will not make the effect upon the human race any less devastating. The striving for more and more vaccines parallels the steady decline in our health, and one day, either through greater consciousness or the gathering storm clouds of disaster, inoculation will be abandoned. Let us hope that consciousness will prevail, for how much more terrible disease and suffering will have to be endured before this point is reached?

It is the people who must decide what they want. As they change and move on so will the scientist, doctor and legislators be forced to move on after. A people who will not take charge of their own lives and be responsible for themselves and their families will become subject to control by the government of the day. Within the last thirty years a growing consciousness has emerged, mostly as a result of transmission of what was once the exclusive property of the East. With it has come a greater awareness of disease and its psychological origin, and in its wake a realisation that mankind is not a piece of mobile protoplasm, but is indeed a spiritual integrity.....

Homœopathy and Human Evolution
by Martin Miles.
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TOTS NEED TO BE SICK

The Sun, 10/2/04

Babies who catch 2 or more infections before their first birthday slash the risk of developing allergies later in life, a study has revealed.

Researcher Christine Johnson, of Detroit, found half of tots who did not have an infection-related fever in their first year had an allergy by the age of seven.

This fell to 31% for infants who suffered 2 or more fevers.

JUDGE CONFIRMS LEGAL AID REFUSAL IN MMR LITIGATION

Saturday Feb. 28, 2004
The Guardian. By Matthew Taylor
www.guardian.co.uk/

Parents who claim their children were damaged by the MMR jab suffered another blow in their legal battle against the manufacturers of the vaccine yesterday.

A high court judge rejected an application for a judicial review of a decision to withdraw public funding to fight test cases.

Richard Follis, a partner in the legal firm Alexander Harris, representing hundreds of parents and their children, said they would consider whether there were grounds to go to the court of appeal.

"We will be giving urgent consideration to how the very serious concerns that exist about the safety of MMR can be addressed. Since this litigation will no longer be funded, and there is no sign that the government or pharmaceutical companies are taking up the serious questions that research in the litigation has posed, we will have to consider whether we press the government to properly investigate matters drug companies have attempted to sweep under the carpet."

The MMR litigation has so far cost £15m. Yesterday's judgment concerned the lead cases in a group action involving about 1,000 claimants.

Announcing his ruling, Mr Justice Davis said: "In my view the decision of the funding review committee was proportionate, it was rational, it took into account relevant considerations, it was sufficiently reasoned and there was no procedural unfairness."

Also, an article in The Scotsman - 28/02/04 'Vaccine parents vow to fight on' reports .....

Isabella Thomas, a spokeswoman for Justice Awareness and Basic Support (JABS), said: "We will fight on to the end. This doesn't stop us because we have to have justice. Parents are willing to sell their homes. Our children's lives are at stake. To watch your child in such severe pain is dreadful."

Mrs Thomas, 46, from East Sussex, whose autistic sons Michael and Terry both had the MMR vaccine, said many of the claimants involved in the court battle were members of JABS, a support group set up for the carers of "vaccine-damaged children". "These children have a life sentence and we need to find a way of protecting them against that awful vaccine strain that is in their systems," she said.

The barrister mother of one of the affected children was in court. Jennifer Horne-Roberts, 54, of Islington, north London, said after the ruling that she and her husband, Keith, were prepared to fight on through the courts without legal aid - representing other parents "pro bono", free of charge.

Mrs Horne-Roberts said her son, Harry, who is now nine, had changed from a bright, health baby into a child who suffers learning and communication problems. She said after today's hearing: "In my view the evidence does exist - 1,600 parents all with similar evidence: children screaming, high temperatures, coming out in spots after the jab was given. If it was not that, what else was it?"

A Department of Health spokesman said: "We would like to see the research involved in this case, from both the claimants and the manufacturers, to be made public. "We want to see parents given the facts about MMR - that there is no credible scientific evidence showing an association between MMR and autism.

THE POWER OF KNOWING

From an article in VRAN (Fall 2003) www.vran.org

A national conference on vaccine issues was hosted by the organisation Know Vaccines on October 11, 2003 in Rochester, New York. Here follows a brief summary of some of the comments made by two of the speakers of the day.

Dr Jason Whittaker, a chiropractic doctor, presented a dynamic piece entitled 'Vaccination, Science and Dogma. He highlighted the effects of vaccination on the immune system in a simplistic way enabling parents to grasp an understanding without being blinded by science.

Dr Whittaker covered natural immunity vs. artificial immunity from vaccines, and the sides of the immune system called the Th1 (cell mediated,'search and destroy' - deals with infections and cancer) and Th2 (humoral -memory, support, suppression, clean-up). He described how the immune system is designed to learn sequentially and that the sequence is important. A pregnant woman's immune system shifts from Th1 to Th2 so that she does not reject the baby. Infants are born with a Th2-skewed immune system. After birth the transition from Th2 to Th1 begins. This transition is assisted by breastfeeding. Dr Whittaker provided the audience with an excellent example of how vaccines bypass the sequence of the immune system. The "army" - people at the front half of the conference room were the "Th1" search and destroy side of the immune system and the back half of the army was the "Th2" memory, clean-up side.

Everyone was to watch the two exit signs at the front of the room where the "enemy" comes from. But - the enemy (via vaccination) came in through the back door bypassing the Th1 and blindsiding the Th2. The whole army was surprised and ambushed. Vaccines actually weaken our systems because the "enemy" enters from the back door causing a "paranoid and chronically reactive Th2 system and a weak Th 1 search and destroy side of the immune system.

Dr Whittaker also questioned whether germs cause infectious disease, quoting German pathologist Dr Rudolph Virchow who said, "If I could live my life over again, I would devote it to proving that germs seek their natural habitat, diseased tissue." *(Editor: One of my favourite quotes by Virchow, which is featured in 'Vaccination-The Hidden Facts' by Ian Sinclair, p60, is 'Germs seek their natural habitat - diseased tissues- rather than being the cause of the diseased tissue. Eg. mosquitos seek the stagnant water, but do not cause the pool to become stagnant' Thinking about this statement more recently it occurred to me that since we are around 70% water, it's no wonder that some of us get bitten by mosquitos more than others- obviously our water is more stagnant!!)*

Also presenting was Dr Philip Incao, MD, who after qualifying in 1966 continued his studies in anthroposophic medicine in Europe because he "hadn't learned about healing in medical school." He talked about various aspects including how the immune system stirs up toxins with inflammation and the toxins work their way out. Inflammations that don't discharge are the problem ones. He said the most important thing is how the patient is acting or behaving. To strengthen children to have good resistance to illness it's important to not suppress or mask symptoms with painkillers. Antibiotics have their place but should be used only in a toxic crisis, not indiscriminately. Dr Incao recommended that the healthiest way to get better is to fast, drink liquids, purge (laxative such as prune juice), and sweat (wrap in blankets). He stressed that inflammation is your friend as it's trying to cleanse the body.

£16M DONATION

According to the BMJ, (Vol.327, 13/12/03 p1366) Microsoft billionaire Bill Gates has donated $27m (£16m; e22m) to step up the fight against a debilitating virus that kills one in three of its victims. The Bill and Melinda Gates Foundation this week announced funding for a 5-year programme to combat Japanese encephalitis, the leading cause of viral encephalitis in Asia.....The current vaccine is expensive and in short supply. It is derived from mouse brain and requires one mouse to produce each dose. Three doses are needed to gain 90% efficacy, and boosters are given every three years.

VACCINE 'COULD BEAT MENINGITIS'

6/1/04. http://news.bbc.co.uk/

Scientists believe they may have found a way to protect people against every strain of meningitis. Researchers at the University of Surrey have developed a vaccine which protects mice against the deadly disease.While much more research is needed, they believe it could be an important first step towards creating a single vaccine to protect humans. A vaccine against the A and C strains of the disease exists. However, there is no jab against the lethal B strain. It infects around 3,000 Britons a year and kills hundreds. One in 10 children who contract the disease die from it. Many others are left severely handicapped.

The scientists used genetic engineering technology to create a strain of meningitis B that is incapable of causing disease. They injected this strain into the mice. They found that the mice's immune systems created antibodies to fight all three strains of the disease. The scientists said the findings suggest it may be possible to create a single vaccine to protect against each strain.

They are now planning further research to identify the proteins in the genetically-engineered strain that trigger this immune response.

"At the moment, it isn't a vaccine," said Professor Johnjoe McFadden, who led the study. "What we need to do is identify the proteins in this strain that cause this cross reaction. "We hope we will be able to complete this work within three years," he told BBC News Online.

"However, we need additional funding if we are to press ahead with this work. At the moment, we don't have funding to take this research forward." The Meningitis Trust which funded the original research welcomed the findings. "Developing any vaccine is incredibly complex and meningitis is a very difficult bug to beat," said spokesman Will Guyatt. "This research marks an important contribution to the development of a vaccine against this potentially fatal and devastating disease. "The unique thing about this research is that it provides hope for a complete vaccine protecting people against all types of the meningococcal bacteria - the most common cause of meningitis worldwide. "We believe that vaccines are the only way of defeating this disease." *(Editor: That is the problem - their belief system is very limited!)* The study is published in the journal Infection and Immunity Journal.

WE HAVE BECOME ALLERGIC TO OUR WESTERN WAY OF LIFE

Complementary healthcare has a vital role to play in the 21st century. The Guardian, 28/02/04.
By Prince Charles (Extracts.)

It seems extraordinary to me that despite a recent poll indicating that 75% of people would like complementary medicine to be available to all on the NHS, there are still only a handful of clinics offering integrated healthcare for free. Indeed, 90% of complementary medicine is only available to those who can afford to pay for it.

Correcting this imbalance, between the services which are being provided and those which people want, need not mean huge additional expenditure. Complementary medicine emphasises preventative care and encourages individuals to undertake a greater degree of self-management.

Greater access to integrated healthcare would also help tackle some of the worst obstacles to creating a healthier population, one of the most notable being the increasing problem of allergies, which are at epidemic levels in the UK... .....There is accumulating evidence that the rise in allergies could be directly linked to the way in which we live and the environment which we inhabit. Sir Tom Blundell, chairman of the the Royal Commission on Environmental Pollution, argues that "given our understanding of the way chemicals interact with the environment, you could say we are running a gigantic experiment with humans and all other living things as the subject". The evidence so far appears disturbing: the thinning of seabirds' eggshells, sex changes in fish and shellfish, reduced human male fertility, and a rise in certain cancers linked to chemicals that have found their way into our environment and foodchain.

A study by scientists at the University of Lancaster has shown that organo-phosphorus pesticides that were banned some 15-20 years ago are still detectable in the blood. The fact that flame retardants, pesticides and dioxins can cross from mother to infant in breast milk is also a cause for concern.
Our disregard for the delicate web that sustains our environment is leading to its degradation. There are in excess of 30,000 chemicals in products that we use and dispose of which have never been tested. The application of modern computational techniques coupled with improved environmental and health monitoring would go a long way towards rectifying this situation.

A recent report from the Royal College of Physicians indicated that 18 million people in this country have an allergy, with a staggering 12 million suffering at any one time. Allergies are also increasing in severity and complexity. While asthma and hayfever have increased two- to threefold over 20 years, hospital admissions for anaphylaxis - a systemic form of allergy that can be fatal - have increased sevenfold over 10 years.

In the UK, 34% of 13- to 14-year-olds now have active asthma, the highest prevalence in the world. I am told that the high figures are most likely to be explained by lifestyle factors including diet, exercise, smoking in parents, exposure to chemicals, a lack of protective factors in early childhood (exposure to bacteria and other micro-organisms that boost immunity) and overuse of antibiotics.

Peanut allergy, the most common form of food allergy to cause fatal reactions, has trebled in incidence over four years. One in 70 children are now affected. Drug allergies and allergies at work are all on the increase too; 8% of nurses are now allergic to latex in rubber gloves yet, in 1979, only two cases had been described.

Clearly, something dramatic is happening. The rising trends in allergy seen in developing countries, as they adopt our western habits, point strongly to factors in the way we live. We spend up to 80% of our time indoors, and the sealing of our houses to conserve heat and energy, the increase in soft furnishings and the rising numbers of pets all increase the chance of those genetically at risk becoming sensitised to domestic allergens such as dust mites, moulds, cats and dogs..... But increased exposure to allergens cannot be the whole answer, because we are also becoming susceptible to outdoor aller gens such as pollens, and to certain foods, especially fish, fresh fruits and vegetables.

Children raised on livestock farms have only one third of the incidence of allergy when compared to their non-farming rural peers. In Africa and Asia, allergy is much higher in urban than in rural populations. It seems that exposure to higher levels of bacteria, viruses and fungi stimulates the immune response away from allergy. A similar effect has been suggested for the beneficial effect of fresh farm produce in helping "good" bacteria live in the gut of young children. Clearly, there is a balance to be struck between exposure to infectious agents, thereby reducing allergy, and exposure causing serious infection. The recent concerns over "superbugs" in hospitals and the emergence of resistant tuberculosis are examples where micro-organisms have successfully got round our attempts to eliminate them.

Factors associated with western society, such as overeating, lack of exercise and an obsession with hygiene, as well as our exposure to a myriad of chemicals from products whose effects we are only just learning about, are conspiring to weaken our defence against the environment. Our children are paying the price.

So, what do we do? In the short-term, it is vital to recognise the importance of allergy and to improve its management. While encouraging a healthy, balanced diet and a focus on physical and mental fitness will undoubtedly help, we need to take allergy more seriously.....

But in the many countries that I have visited, it is clear that more traditional, "natural" approaches are helpful too. Clinical trials of acupuncture, homeo-pathy, herbal medicine and controlled breathing have shown benefit in asthma treatment. An area of great interest to my Foundation for Integrated Health is how to capitalise on this wealth of experience and to ensure that we can provide people with the best of complementary approaches alongside orthodox medicine.

Allergy is about lifestyle - what we eat and touch, and what we breathe. There are some things we can do individually, but collectively we need to create an environment that causes less allergy in the first place. My foundation is hoping to lead some work with the Royal College of Physicians and others looking at what can be done by adopting an integrated approach. It is time that all of us took allergy more seriously, particularly those engaged in public health who have the resources to improve things, and the British public who will continue to fall victim to the epidemic if we do not. www.princeofwales.gov.uk

GLUE EAR-ANOTHER EFFECT OF VACCINATIONS?

Clinical experiences of a homeopath

By Margit Wendelberger-James
Registered Homeopath, Member of the Society of Homeopaths

I see in my practice many kids with glue ear - almost a bread and butter occurrence. Many mothers have tried several courses of antibiotics before they come to see me.

'Little Lucy seems to run from one ear infection into the next. We have been to the doctors many times but she always ends up with another ear infection. Now they are considering putting grommits in which I don't want. Is there anything you can do?'

When I carefully examine the medical history of the child I mostly discover that he or she has been vaccinated. Vaccinated 'against' all common childhood diseases, sometimes with the exception of the MMR, the most controversial of the vaccines.

What link exists between vaccination and recurrent ear infections if indeed there is one? From my clinical experience I have noticed that the vaccinated body tries hard to rid itself of the vaccines. The most common vent is the skin or the mucous membranes. Hence I see a lot of deperate mothers with their offspring covered in eczema or suffering from recurrent ear/nose/throat infections. Another common by-product of the vaccination programme, according to my experience, are recurrent catarrh and colds and upper respiratory tract infections which may lapse into asthma (with the adjuncts of steoroid inhalers etc).

A typical case for a chronic ear infection with the background of childhood vaccinations is little Eva *(with the permission of the family and name changed)*. She is 4 years old and suffering from ear infections since she was one. After an infant chest infection after birth she had been given a steroid inhaler. When she was age one she started suffering from repeated ear infections, treated five times with antibiotics. Age 2 she had pneumonia (more antibiotics) and subsequently the ear infections continued to plague her until her mum brought her for homeopathic treatment. She had received all standard vaccinations, including MMR.

Eva is a sweet, quiet child with blond hair and blue grey eyes. She seems a bit shy and is hanging on to her mum at her first visit. She has warm hands and feet and loves to be outdoors. She love cuddles and dolls. At the time of the consultation she did not have an ear infection but a productive, chesty cough and green 'snuffles' from her nose.

Homeopathy works particularly well in children, especially if the homeopath prescribes for their constitution, for their physical symptoms and their character, therefore holistically. Eva received Pulsatilla (the windflower) 200c for her snotty discharges and her sweet, yielding temperament. During the course of the treatment she had repeated doses of Pulsatilla and the ear oil, Verbascum, to assist drainage.

She had in the space of one year only one ear infection. After one dose of Medorrhinum 200c, which is a specially catarrh related remedy and made from human discharge of the same nature, and some more Pulsatilla, she has now remained free of serious ear infections and has been discharged by her doctor. Her last visit was at the end of November.

What can you do yourself to help your child with an acute ear infection? There are some homeopathic and naturopathic remedies available as first aid treatment.

If the child is hot and the ear looks inflamed and red, try BELLADONNA 30c, every hour until better (maximum 6-7 tabs). If the child complains about ear ache after being out in the cold wind, give ACONITE 30c, dosage as above. If the child screams with pain and can only be consoled by carrying around (often one side of the face is red or he/she had red cheeks) the right remedy is CHAMOMILLA 30c.

Mullein ear oil (Verbascum flower) is a good pain relief and helps to lubricate the ear and ease the discharge. Put 4-5 drops directly into the ear and cover it with a some cotton wool.(1) A drop of Lavender oil on the little bone behind the ear will aleviate pain as well. And for a grandmother's special try a small bit of bacon rind in the ear - equally to ease the discharge and sooth. Plantago (Plantain) as a herbal remedy reputedly helps to relieve congestion - catarrh in the ear. This remedy is available as tea or as tincture (2).

Best of all, however, is a consultation with a qualified, preferably registered homeopath who will be able to address the root of the problem and help your child to break the vicious circle of ear infections - antibiotics - ear infections.

(1) Mullein Ear oil is available from a good herbal supplier (Herbal Apothecary, www.herbalapothecary.net) or from me, 20ml for £10 incl. postage; Tel 01799 526861.
(2) Bioforce Herbal Tinctures (www.avogelinstitute.co.uk) and tablets, any well stocked health food shop.

Further reading:

Traditional Remedies, Linda Gray
ISBN 0-09-178418-2
The Prescriber (How to practise homeopathy), Clarke, B.Jain Publ.
www.bjainindia.com

Margit can be contacted for her special children's clinics in Bishops Stortford, Saffron Walden and Old Harlow on

01799 526861

HEPATITIS B

Ann Savage of the Hepatitis B Jab Vicitim Support group was inundated with calls after the BBC Radio 4 programme File on Four (Oct 2003) which highlighted concerns surrounding the hepatitis B vaccine. Conditions such as arthritis, ME, chronic fatigue syndrome, multiple sclerosis, and even Gulf War Syndrome have been observed after the hepatitis B jab, and Ann Savage has collected masses of pathology reports regarding the hepatitis B vaccine and its effects.

If anyone should wish to contact Ann for further information, please write to:

Hepatitis B Jab Vicitim Support,
11 Woodbourne Close, Catisfield,
Fareham, Hants. PO15 5QG.
Tel: 01329 847588

'FORGOTTEN' LETTER

Herewith Andrew Wakefield's "forgotten" letter published in the 2nd May 1998 issue of The Lancet declaring his agreement "to help evaluate a small number of these children on behalf of the Legal Aid Board. These children have all been seen expressly on the basis that they were referred through the normal channels (eg, from general practitioner, child psychiatrist, or community paediatrician) on the merits of their symptoms."

He would have shown it to his fellow researchers and paediatric colleagues prior to submitting it to The Lancet. In addition, the letter would have gone through acceptance and proof stages, following pre publication procedures, which involved sending him and the other authors proof correspondence from the correspondents'enquiries, so that he and his fellow researchers could reply to them in the same issue. This having been done, the letters would have gone for publication, another delay of several weeks at least, following a further proof reading of the entire issue.

The issue in which "Ileal-lymphoid-nodular hyperplasia, non-specific colitis and pervasive-developmental disorder in children. Lancet 1998; 351: 637-42." was published is dated 28th February 1998.

Therefore, The Lancet and Richard Horton and his study colleagues, such as Simon Murch, were fully aware of his declaration,"to help evaluate a small number of these children on behalf of the Legal Aid Board" six weeks or so in advance , before his letter of reply and that of Dr. Walker-Smith in the same issue,were eventually published.

The Lancet could have acted on receipt of Andrew Wakefield's letter well in advance of its eventual publication with his statement, some six or so weeks earlier. The Lancet have had seven years to respond to his declaration. Why did they only do so last week as if it was a total surprise ? *Richard Miles*

•Declaration: Parent of (previously normal) child with regressive autism, ileal lymphoid hypaplasia, and measles RNA detected in blood and lymph glands of the terminal ileum.

REFERENCE

http://www.thelancet.com/journal/vol351/iss9112/full/llan.351.9112.correspondence.7074.1

Department of Public Health Medicine, Wiltshire Health Authority, UK

1 Wakefield AJ, Murch SH, Anthony A, et al. Ileal-lymphoid-nodular hyperplasia, non-specific colitis and pervasive-developmental disorder in children. Lancet 1998; 351: 637^42. [Text]

THE LETTER READ:

Sir--D R Walker states that "biased selection of patients will influence what you hear". Bias occurs in science when data are either wittingly or unwittingly concealed. Does he condone the exclusion of a potentially significant element of the history? He asks for virological evidence: we refer him to our abstract (Gut 1998; 42: A86). Sadly, Walker casts the value of the medical history, the process of peer review, and this paediatric diaspora to the scrapheap of bad science and anecdote.

Leonard Sinclair and Peter Richmond and David Goldblatt correctly point out the inappropriate use of adult reference ranges. We stated that IgA levels were low in four out of 12 affected children. The normal range for IgA in this age group is 0-5-2-4 g/dL, and, only one child was outside the normal range. Similarly, the appropriate age-related range for alkaline phosphatase is 250-800 U/L. These errors do not affect the conclusions of the paper, particularly the identification of ileal lymphoid nodular hyperplasia and colonic inflammation in a group of children with developmental disorder.

A. Rouse suggests that litigation bias might exist by virtue of information that he has downloaded from the Internet, from the Society for the Autistically Handicapped. Only one author (AJW) has agreed to help evaluate a small number of these children on behalf of the Legal Aid Board. These children have all been seen expressly on the basis that they were referred through the normal channels (eg, from general practitioner, child psychiatrist, or community paediatrician) on the merits of their symptoms.

AJW had never heard of the Society for the Autistically Handicapped and no fact sheet has been provided for them to distribute to interested parties.The only fact sheet that we have produced is for general practitioners, which describes the background and protocol for investigation of children with autism and gastrointestinal symptoms.

Finally all those children referred to us (including the 53 who have been investigated already and those on a waiting list that extends into 1999, have come through the formal channels described above. No conflict of interest exists.

The authors stand by their findings. We recommend that paediatric gastroenterologists investigate this problem further, since it is our belief that there is both a large unmet need in the community and a possible window-of-opportunity for some children with autism. A J Wakefield

EXPERT UNDER INVESTIGATION

Sir Roy Meadows, regarded as Britain's leading cot death expert for decades is under investigation. The Mail on Sunday, 25/01/04, reported that:

'Last week the Government announced an 'urgent review' of the cases of 258 women found guilty of murdering their babies - 50 of whom are still in prison. The Crown Prosecution Service is also scrutinising 15 cases yet to come to court.'

According to the Mail, Sir Roy trained judges, solicitors, and other childcare professionals, including doctors and social workers, on how to understand his theories.

Tim Loughton, Shadow Minister for children, said: "It is concerning that in his professional capacity Sir Roy has been disseminating his theories to judges and other members of the legal profession. These are the very same people he may come up against in court - people who had been conditioned to his self-perpetuating doctrines. Ir raises serious questions over the influence he and his self-perpetuating theories have had on a whole generation of professionals involved in social care.'

Over in the US - developments continue with the Alan Yurko case. Alan was sentenced to life imprisonment for Shaken Baby Syndrome, and has so far served 6 years. Alan has found many medical experts who agree that his son died after a vaccine reaction and subsequent iatrogenic complications in hospital. Based on a complaint filed by the Yurkos last year, the Florida Medical Examiner's Commission barred Orange and Osceola County medical examiner Shashi B. Gore, who was involved with the case, from conducting further autopsies. For further details and updates visit: www.freeyurko.bizland.com/

STUDY MISSES LINK BETWEEN THIMEROSAL AND NEURODEVELOPMENTAL DISORDERS

Reproduced here extracts of the letter to the Editor regarding the Verstraeten et al. study in Pediatrics,by Mark R. Geier, Geneticist and Vaccinologist, The Genetic Centers of America, David A. Geier of Medcon, Inc. 23/02/04

Re: Study Misses Link Between Thimerosal and Neurodevelopmental Disorders

Letter to the Editor:

The recent article, 'Safety of Thimerosal-Containing Vaccines: A Two-Phased Study of Computerized Health Maintenance Organization Databases,' by Verstraeteten et al. [1], which failed to find a consistent association between thimerosal in childhood vaccines and neurodevelopmental disorders, has a number of issues that need to be further addressed.

First, the head author, Dr. Thomas Verstraeten, has for the past several years worked for GlaxoSmithKline, a vaccine manufacturer of thimerosal-containing vaccines. In addition, Nancy Pekarek, a company spokeswoman for GlaxoSmithKline, has written that Verstraeten, since leaving the Centers for Disease Control and Prevention (CDC), has worked as an adviser as the study was finalized and prepared for publication.

Presently, GlaxoSmithKline, potentially, faces a large number of lawsuits on the very issue that the paper discusses.

Second, this very study was the topic of secrete-closed meetings between members of the CDC and other government organizations, as well as members of the vaccine manufacturers held at Simpsonwood, Georgia from 7-8 June 2000. The transcript of this meeting has been obtained under the Freedom of Information Act. This transcript reveals that the study initially found statistically significant dose-response effects between increasing doses of mercury from thimerosal-containing childhood vaccines and various types of neurodevelopmental disorders. The transcript documents that the data was real and statistically significant for many types of neurodevelopmental disorders, but that the meeting participants expressed that the data had to be 'handled.' Despite, discussion about how to 'handle' the data, some participants expressed concern that the work that had already been done would be obtained by others through the Freedom of Information Act. In this event, even if professional bodies expressed the opinion that there was no association between thimerosal and neurodevelopmental disorders, it was already too late to do anything. In addition, other participants expressed that the vaccine manufacturers were in a horrible position to be able to defend any lawsuits alleging a relationship between thimerosal and neurodevelopmental disorders, since no one would say with the available data that there was no relationship between thimerosal and neurodevelopmental disorders. Even Verstraeten, in an email following the Simpsonwood meeting, expressed surprise that the data was to be manipulated, stating that ones desire to disprove an unpleasant theory should not interfere with sound scientific methods to evaluate the relationship between thimerosal and neurodevelopmental disorders.....In conclusion, because of a number of very serious issues have been raised and the critical importance of the issue as to whether thimerosal causes neurodevelopmental disorders, we respectfully request that Verstraeten et al. consider withdrawing this study. In order to restore the badly damaged confidence in our much needed vaccine program, it is necessity that past errors be admitted, and that open investigations be conducted on vaccines issues. It is also essential that future vaccine decisions are made by physicians and scientists without even the appearance of conflicts of interest.

•Dr. Mark R. Geier has been a consultant and expert witness in cases involving vaccine adverse reactions before the National Vaccine Injury Compensation Program and in civil litigation.

•David A. Geier has been a consultant in cases involving vaccine adverse reactions before the National Vaccine Injury Compensation Program and in civil litigation.

REFERENCE

1. Verstraeten T, Davis RL, DeStefano F, et al. Safety of thimerosal-containing vaccines: A two-phased study of computerized health maintenance organization databases. Pediatrics. 2003;112:1039-1048.

EXPERT PANEL - A FEW REMARKS

Regarding the transcript of the Simpsonwood meeting (June7-8,2000) mentioned in the adjacent article. Here follows a few extracts of the comments made by some members of the expert panel.

Dr Weil: Page 24: '....But from all of the other studies of toxic substances, the earlier you work with the central nervous system, the more likely you are to run into a sensitive period for one of these effects, so that moving from one month or one day of birth to six months of birth changes enormously the potential for toxicity. There are just a host of neurodevelopmental data that would suggest that we've got a serious problem. The earlier we go, the more serious the problem. The second point I could make is that in relationship to aluminium, being a nephrologist for a long time, the potential for aluminium and central nervous system toxicity was established by dialysis data. To think there isn't some possible problem here is unreal."

Dr Johnson: Page 198: "This association leads me to favor a recommendation that infants up to two years old not be immunized with Thimerosal-containing vaccines if suitable alternative preparations are available. I do not believe the diagnoses justifies compensation in the Vaccine Compensation Program at this point. I deal with causality, it seems pretty clear to be that the data are not sufficient one way or the other. My gut feeling? It worries me enough. Forgive this personal comment, but I got called out at 8 o'clock for an emergency call and my daughter-n-law delivered a son by C-section. Our first male in the line of the next generation, and I do not want that grandson to get a Thimerosal-containing vaccine until we know better what is going on. It will probably take a long time. In the mean time, and I know there are probably implications for this internationally, but in the meantime I think I want that grandson to only be given Thimerosal-free vaccines."

Dr Weil: Page 207: "....The increased incidence of neurobehavioral problems in children in the past few decades is probably real..I work in the school system where my effort is entirely in special education and I have to say that the number of kids getting help in special education is growing nationally and state by state at a rate we have not seen before."

POOR FILIPINO PARENTS AGAINST VACCINATION-IMMUNISATIONS

The Informed Parent received a letter from the above organisation recently which highlighted the problems families experience with vaccine-damage and vaccination laws in the Philippines.

Founder/Director Eric V Encina writes: '....we need emergency assistance for our struggling campaign against the immunisation programme, and for our poor children excruciatingly and repeatedly suffering from the terrible side-effects of Philippine mandatory immunisation programme.....Our own children are suffering, along with many innumerable poor children, with around 20 million poor Filipino children (absolutely without any knowledge what is being injected into them, and the parents being helpless, voiceless, pressured and threatened) being forcefully immunised in the Philippines every year with visible/invisible devastating illnesses and unnamed horrors of death in the village as we witness.....'

He also adds that side-effects go unreported by the Dept of Health and that many children are suffering degenerative/autoimmune diseases resulting in death. The letter then details the vaccine damage experienced in Eric Ensina's family and the struggle they have to find help.

The Informed Parent sent a large selection of books, newsletters and videos as a donation to their cause.

If anyone would like to help or find out more about the situation there, please write to Eric V Encina at:c/o Milda Biloria House, Carmelite Blkside, Km 3, Brgy. Lawa-an, P O Box 8, 5800 Roxas City, Capiz, Philippines.

SCANDAL OF THE ANTHRAX BABIES

Sunday Mirror, Feb 29 2004
By Mike Hamilton. Extracts.

THE curse of Britain's Gulf War babies is revealed today by the Sunday Mirror. Deaths, still-births, miscarriages, physical defects and sickness are all being blamed on anthrax jabs given to soldiers who went to Iraq.

In the case of 33 Field Hospital - an Army unit of 105 men and women who served in the Gulf last year - not one pregnancy has been trouble-free since the war. Among the victims were Lance-Corporal Andy Saupe and wife Alex, who lost baby Kye at just five weeks old.....

Lance-Corporal Andy Saupe was among 105 men and women serving with 33 Field Hospital who were given anthrax vaccinations before being called up for Gulf War 2. Three months after returning home from Iraq he and wife Alex lost their five-week-old baby, born 10 weeks premature with growth problems and limb defects.

But they are not alone. The Sunday Mirror can reveal that since the war was declared over last May at least seven young couples linked to 33 Field Hospital have suffered pregnancy complications - most with tragic circumstances. In fact not one pregnancy has been trouble-free.

As well as the death of Kye there has been one still-birth, two miscarriages, a forced termination and two premature births. In every case one of the parents was given anthrax jabs. The figures are shocking, especially when compared to the national average.....

Paul Tyler - a Liberal Democrat MP and member of the Royal British Legion Gulf War Group - said: "This sounds like conclusive evidence that the cocktail of vaccinations given to troops was totally unsafe.

"I'm afraid this is too much to be a coincidence. There should now be a full public inquiry - out in the open - into the inoculations given to troops.

"But instead there has been a constant state of denial from MOD officials and ministers over what amounts to a dereliction of duty and care to people serving their country."

Shaun Rusling, President of the National Gulf Veterans and Families' Association, praised the Sunday Mirror's investigation. "Veterans across Britain are having problems but may not realise there is a wide scale problem until they read something like this.

"It is disgraceful that the Government will not hold a public inquiry into the erroneous vaccinations regime that is causing deaths and deformities in the children of war veterans."

The National Gulf Veterans and Families' Association's (NGVFA) helpline number is:
01482 833812

CHICKENPOX IMMUNISATION FOR HEALTH CARE WORKERS

A letter from the DoH, 4/12/03, was sent to health professionals advising them about a new chickenpox vaccination policy. It stated that following advice from the Joint Ccmmittee on Vaccination and Immunisation, this vaccine is now recommended for non-immune health care workers (HCWs), who work in primary care and in hospitals and who have direct patient contact. This recommendation is to apparently 'protect susceptible HCWs and also protect vulnerable patients from acquiring chickenpox from an infected member of staff.'

NO MORE FREE LUNCHES

A few brief extracts from an article in the BMJ, 31/05/03, Vol 326:1155.

'Free pens and pizza lunches. Sponsored conferences and compromised medical education. Courtesy golf and unaffordable holidays. Thought leaders and ghostwriters. These are the trappings of doctors and drug companies being entwined in an embrace of avarice and excess, an embrace that distorts medical information and patient care.'

'Doctors and drug companies must work together, but doctors do not need to be banqueted, transported in luxury, put up in the best hotels, and educated by drug companies. The result is bias in the decisions made about patient care. Drug companies are commercial companies that must market their products. Sometimes they bend the rules, but it is doctors who are perhaps more to blame in coming to depend on drug company largesse.'

'There is growing evidence that doctors' prescribing habits are influenced by drug companies, either through discussions with sales representatives or through sales drives dressed up as medical education.'

'Journals are caught between publishing the most relevant and valid research and being used as vehicles for drug company propaganda. If a journal publishes a trial that favours drug A over drug B, is that a scientific judgement or a business investment to be repaid in lucrative reprint sales? Certainly there are dangers in pharmaceutical advertising in journals and sponsored supplements, which is why journals need systems to prevent advertising influencing editorial content. But the start reality is that without pharmaceutical sponsorship many journals would not survive."

VACCINATION - A PUBLIC MEETING IN EDINBURGH

On Saturday 3 April at 2.30pm a public meeting has been organised by the Scottish Group of the McCarrison Society For Nutrition and Health on the topic of **'Vaccination - Are There Good Alternatives?'**

The meeting will be held in the Lecture Theatre of the Royal Botanic Garden, 20 Inverleith Row, Edinburgh and it should be a very informative afternoon of interest to people of all ages, not just those responsible for young children. It will take the form of presentations by two main speakers and, after a break for refreshments, there will be ample time for questions and discussion.

The first speaker will be Dr Martin Donaghy, Clinical Director of the Scottish Centre for Infection and Environmental Health, who will cover the history of vaccination and the reasons for advising vaccination, as well as the precautions and when not to vaccinate. He is also expected to touch on vaccination in later life, such as the meningitis and flu vaccines, and will then go on to consider alternatives.

Jonathon Clogstoun-Willmott, Director of the Edinburgh Natural Health Centre, will then speak on the reasons for people not wanting to vaccinate, with an overview of the possible long-term side effects. He will discuss alternatives, such as, Homeopathy and Chinese Herbal Medicine before concluding his talk with a proposed strategy or method for finding one's way through the 'impass' of the vaccination dilemma.

Dr John Meldrum, doctore of nutritional/environmental medicine, will then briefly talk on the possible use of Phytobiophysics, a sophisticated 'flower formula' system, whereby the energies of selected plants are given to match those disturbed by the various infectious diseases instead of, or as a adjunct to, vaccination.

Under the chairmanship of Dr Cedric de Voil, Vice-chairman of the McCarrison Society, Scottish Group, the second half of the afternoon will give an opportunity for all those attending to ask questions or state their views and we expect that there will be a lively and stimulating discussion. It is hoped that by the end of the afternoon, those present will have a good understanding of the issues surrounding vaccination and be better placed to decide what is best for themselves and their families..

Admission - Single £4/£2,
Couples £6/£3.

For further information, please contact Tom Stockdale, Chairman of the McCarrison Society, Scottish Group on:
01387 252963
www.nutritionhealth.org.uk

HALF-PRICE BOOKS

Due to a printing error we have a number of copies of the book by Greg Beattie: 'Vaccination - A Parent's Dilemma' on special offer.

Six graphs were ommitted, however, the graphs have been printed on sticky-back paper and added by hand to each copy. We are offering these copies at £4 instead of £8 (RRP). You can purchase them online at our website or by post to the address below. Cheques made payable to ' The Informed Parent.'

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 childs health, dealing with immunisations, infections, fevers, colds, coughs, allergies, eczema, asthma and meningitis. • Is my child more or less likely to be unwell with or without vaccines? • What determines whether or not my child gets ill? • What can I do to effectively prevent illness? • Do symptoms serve any purpose?• What is the likelihood of lasting damage from vaccines compared to natural illnesses? • What are the alternatives to vaccines, antibiotics, steroids....? Trevor will be lecturing on the following dates:

• 17th May 2004 - London
Contact Magda on: 01903 212969 or book online at our website.
•6th May 2004 and 8th July 2004 in Brighton. Contact Karel on: 01273 277309

LOCAL CONTACTS?

Edinburgh-based mother would like to make contact with other parents interested in more natural/holistic ways of parenting.

Please call Helen on:
0131 556 5097

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.

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