THE *informed* PARENT

ISSUE TWO - 2006 A QUARTERLY BULLETIN ON THE VACCINATION ISSUE & HEALTH

STUDY FINDS MMR IS LINKED WITH AUTISM

Sunday Express, 28/5/2006
By Lucy Johnston, Health Editor.

Scientists have confirmed the controversial link between MMR and autism.

The findings corroborate research by Dr Andrew Wakefield, discredited by the Department of Health for suggesting the combined measles, mumps and rubella jab may have contributed to rises in the disorder. The new study, led by Dr Arthur Krigsman, a child gastroenterologist from New York University School of Medicine, has led to calls for an immediate overhaul of Britain's child vaccination programme.

The research, to be presented at the International Conference for Autism Research in Montreal next week, is still going on but, unusually early findings have been released because of the significance. The study, which covers 275 children and is being carried out at different medical centres in America, found serious intestinal inflammation in autistic children identical to that described by Dr Wakefield and his colleagues eight years ago.

Gut biopsy tissue from 82 of these children reveals that 85 per cent have evidence of the measles virus in their inflamed intestines. Fourteen have so far been confirmed by more stringent DNA tests.

The news will be a huge embarrassment for the Department of Health which rubbished Dr Wakefield's research on the grounds it was uncorroborated "bad science". Steve Walker, assistant professor at Wake Forest University Medical Centre, North Carolina, who analysed the gut samples, said the work mirrored Dr Wakefield's study.

"We're very excited by our findings," he said. "Wakefield's study was criticised because it lacked replication. Our goal is to see if the finding was real. Preliminary results show that it was."

Just as Dr Wakefield discovered in his work on the children with a previously unidentified bowel condition, Dr Krigsman's patients had all inexplicably deteriorated, losing language and other skills at around 12 to 18 months of age.

All of the children under both doctors were diagnosed with autism and had come to them seeking help for symptoms of serious digestive problems for which no explanation could be found.

Dr Wakefield, who was forced to resign his job as a gastroenterologist at the Royal Free Hospital in north London after he publicised his theory, welcomed the research. He said: "The Department of Health was able to discredit our research by saying no one else had found similar results to ours but no one else had looked.

"In the light of these results - which are strikingly similar to ours - the Government and its regulators are obliged to act. At this stage it would be prudent and in the best interests of vaccine uptake to make single vaccines available."

Dr Richard Halvorsen, a GP from the Holborn Medical Centre in central London, who is writing a book on the child vaccination programme, said:

"This is incredibly powerful evidence confirming the link between autism, MMR and bowel disease.

"The Government should withdraw MMR until its safety can be proven, particularly as we have safer and effective alternatives."

Jackie Fletcher, founder of Jabs, a support group for parents who believe their children have been damaged by vaccines, said: "This study confirms that the measles virus is present in the guts of these children when it shouldn't be.

"This also shows that the studies, which the Government use as proof of the safety of MMR vaccine, are inadequate. The MMR should be suspended and single jabs reinstated immediately. We cannot take risks with our children."

A spokeswoman for the Department of Health said it could not comment on the research until it had been presented but she defended the triple jab. "There is no link between autism and the MMR vaccine," she said. "MMR remains the best form of protection against measles, mumps and rubella."

Editor: As usual there is an immediate response by the authorities that there is evidence to show there is no link....see page 13 of this issue.

Dr VIERA SCHEIBNER LECTURE DATES FOR AUTUMN 2006

Dr Viera Scheibner, author of 'Vaccination- The Medical Assault on the Immune System' and 'Behavioural Problems in Childhood- Link To Vaccination' will be giving a number of talks in the autumn. Viera was last in the UK in November 2004, so if you have missed hearing the lecture before, now's your chance to hear her very dynamic presentation based on many years of researching scientific literature.

Five of the talks have been organised by the College of Naturopathic Medicine (CNM), so please contact them directly for details on 01342 410505 or visit their website: www.naturopathy-uk.com

- Sept 21 - Brighton

Contact Karel on: 01273 277309

- Sept 22 - Worthing

Contact Magda on: 01903 212969

- Sept 24 - Dublin, Eire (CNM)
- Sept 25 - Cork, Eire (CNM)

Info for Irish dates contact Lia on: 01235 3094 or visit: www.naturopathy-ie.com

- Sept 26 - London (CNM)
- Sept 27 - Birmingham (CNM)
- Sept 28 - Bristol (CNM)

Further dates may be added so keep a check on the events page of our website!

WAVE OF PERTUSSIS STRIKES; BABIES VULNERABLE; NEW VACCINES ON WAY

Extracts taken from: The Commercial Appeal, 21/5/06. By Mary Powers http://www.commercialappeal.com/

....Although in recent years health officials haven't linked it (whooping cough) to any local deaths, nationally pertussis is blamed for 15 to 21 infant deaths annually. But health officials are hopeful that a new era of pertussis control has begun. *(Editor: Didn't an era of 'control' start in the 1950s when mass vaccination programmes were introduced, followed by mandatory jabs in the USA in the late 70s??)*

New vaccines designed to prevent the infection in adolescents and adults are now arriving in clinics. *(Editor: Surely these adolescents and adults were vaccinated in their youth, and weren't they under the impression that they were protected for life?)* In research leading up to their approval last year by the Food and Drug Administration, about 85 percent of those receiving the shots were protected against whooping cough. *(Editor: That of course is just an assumption based on antibody production, which as I have repeatedly stated in this newsletter is NOT a sign of immunity.)*

But for public health officials like Dr. Kelly Moore of the Tennessee immunization program, the real excitement is about the vaccines' potential for reducing pertussis in the youngest, most vulnerable patients by reducing disease circulating in the community. "Adults have been the real reservoir of (pertussis) disease in the United States," said Moore, who is the program's medical director.

Vaccination against pertussis has been mandated for years to protect infants, toddlers and preschoolers. Implementing those recommendations remains a problem. In Shelby County in 2004, about 63 percent of children were fully immunized against pertussis and other vaccine-preventable illnesses by their second birthday. Statewide about 81 percent were fully protected in 2004, the most recent year for which statistics are available.

But immunity begins waning in about six years. *(Editor: So will the future recommendation be to receive a booster every six years?)* The final dose of pertussis vaccine is usually given at age 5 as a child enters kindergarten. Until last year no vaccine was available to prevent the illness in adolescents and adults.

In Nashville, Moore predicted the new vaccines will spark campaigns to promote immunization of those who live with or care for infants.

"Nationally we are trying to make sure health providers who work with children or care providers or parents or older siblings all get the pertussis vaccine," she said. The new vaccines aren't yet in Health Department clinics, although Lee Ann Moss of the Health Department said they should be available soon. The cost hasn't been finalized. The vaccine will also be available from private physicians and clinics.

In a Le Bonheur Children's Medical Center patient room, where Christopher's been staying since Monday night getting antibiotics and supplemental oxygen, his parents haven't figured out where he picked up the germ (whooping cough). Janice and Don Brewer as well as their eight other children had ALL *(our emphasis)* received the recommended childhood pertussis vaccinations. But after consulting with a DeSoto County health department nurse after Christopher was diagnosed with the disease, their two oldest children, daughters 19 and 17, were dispatched to get the new vaccine.

The entire family is also undergoing five days of antibiotic therapy to protect them from developing or spreading pertussis. As a further precaution the children stayed home until they'd been on antibiotics for two days. None is showing signs of the illness.

Editor: In the USA babies receive 4 doses of DPT between 2 and 18 months, with a booster dose when entering kindergarten. In the UK babies receive 3 doses in their first year followed by a fairly recent addition of a pre-school booster.

VACCINATION IS NO HELP AGAINST CHILDHOOD OTITIS MEDIA

http://www.medscape.com/
By David Douglas

NEW YORK (Reuters Health) March 28, 2006 - A combination of pneumococcal conjugate and polysaccharide vaccination does not help reduce the recurrence of otitis media with effusion (OME), Dutch researchers report in the March issue of Pediatrics.

The condition, lead investigator Dr. Niels van Heerbeek told Reuters Health, "is very frequent during childhood and the costs of subsequent medical and surgical treatments are huge."

Because Streptococcus pneumoniae is one of the most common bacterial pathogens involved, Dr. van Heerbeek of Radboud University Medical Center, Nijmegan, and colleagues sought to find out whether combined pneumococcal conjugate and polysaccharide vaccination might be helpful.

The investigators randomized 161 children with persistent bilateral OME who were being treated with tympanostomy tubes to receive or not receive a conjugate vaccine before tube insertion and a polysaccharide vaccine some 3 months later. There was a significant increase in antibody titers in vaccine recipients. However, as Dr. van Heerbeek pointed out "combined pneumococcal vaccination did not protect children prone to OME against recurrences."

"Therefore," he concluded, "pneumococcal vaccines are not indicated in the management of children suffering from recurrent OME. A causative treatment for recurrent OME is therefore still desired."
Pediatrics 2006;117:603-608

BIG RISE IN PATIENTS WITH DEADLY ALLERGIES

http://observer.guardian.co.uk/uk
CHILDREN ARE WORST HIT BY RISE IN KILLER REACTIONS
Jamie Doward, home affairs editor, The Observer, 16/4/06.

The number of people prone to severe, sometimes fatal, allergic reactions has accelerated dramatically over the last two years, according to the latest official figures, which show there has been an unprecedented increase in prescriptions issued to combat the condition.

An analysis of the Department of Health's prescription tables, published last week, reveals the number of emergency adrenaline injectors issued by doctors to combat severe allergy rose by 54 per cent between 2003 and 2005.

The tables show that last year a record 153,820 injectors were issued, compared with 99,325 in 2003 and just 25,200 in 1995 - a rise of 610 per cent over the decade. The most common triggers for a severe reaction - known in the medical world as anaphylaxis - are allergies to nuts, especially peanuts, fish, dairy products, latex, insect stings and, more recently, kiwi fruit. Around 20 children die each year from the condition. Studies suggest that there has been a sevenfold increase in hospital admissions over the last decade.

'These figures show there has been a significant increase in severe allergic conditions,' said David Reading, director of The Anaphylaxis Campaign. 'But even though there is more awareness of the problem in GPs' surgeries, there is no consistency. Some people get adrenaline, some people don't.

'No one knows for sure what is causing it. Parents with children who suffer from the problem feel they have a sword of Damocles hanging over them. All you can do at the moment is treat the symptoms with adrenaline or avoid the triggers. It is vital we have better labelling of food in shops and restaurants.'

The injectors are given to patients only if doctors believe they are absolutely necessary. It is unlikely they are being issued because diagnosis is improving, or because doctors are more eager to supply them, suggesting the rise of anaphylaxis is a credible and disturbing problem.

Anaphylactic shock occurs when the body's immune system reacts to the presence of a substance it wrongly perceives as a threat. The reaction triggers the sudden release of chemical substances from cells in the blood and tissues where they are stored. During anaphylaxis, blood vessels leak, bronchial tissues swell and blood pressure drops, causing choking and collapse. Adrenaline injections constrict blood vessels and smooth muscles in the lungs to improve breathing, stimulate the heartbeat and stop swelling around the face and lips.

Rob Travers, product manager with the pharmaceutical company ALK-Abelló, which manufactures most of the adrenaline injectors sold in the UK, said there were several theories for what lay behind the increase in anaphylaxis.

'Some experts think it has a lot to do with the Western lifestyle, which is probably far too clean,' he said. 'The part of our immune system that would have once been challenged is no longer being challenged.' Other possible causes could include pollution or VACCINES *(our emphasis)*, but experts stressed more research needed to be done.

Of particular concern is the sharp rise in the number of young children who are suffering. Last year 46,953 injectors were issued to children under the age of seven, compared with just 7,590 10 years ago.

THANK YOU to all of you for your words of support and kind donations, and please keep telling others about The Informed Parent newsletter!!

On the back page of this issue there are some brief details about a study by the Nuffield Council on Bioethics and they are asking individuals for their comments.

So please try and participate - the deadline for responses is 15 Sept 2006!!

EXPERTS NOW HAVE HUNDREDS OF REASONS TO QUESTION MUMPS VACCINE

http://www.mysanantonio.com/
16/4/2006, Kristina Herrndobler, Hearst Newspapers, USA.

WASHINGTON - A major mumps outbreak in eight Midwestern states has raised questions about the effectiveness of the mumps vaccine routinely given to children.

More than 600 cases of mumps have been reported in Iowa, compared with three cases last year. Wisconsin, Indiana, Michigan, Illinois, Nebraska, Kansas and Missouri have reported a total of more than 100 cases to the federal Centers for Disease Control and Prevention.

The outbreak adds up to the largest mumps outbreak in 20 years.

The CDC has sent teams of health experts to Iowa to study the outbreaks and the vaccine's effectiveness.

"We don't know as of yet why some of those who have received two doses (of vaccine) are contracting mumps," said Lola Russell, CDC spokeswoman, reflecting the puzzlement of other health experts trying to explain why many mumps victims had received the recommended two doses of vaccine.

In Iowa, for example, 64% of those who came down with the mumps had two doses of the vaccine. Another 10% had one dose.

In almost all the other cases, the patient's vaccination records were unknown. Only 3 percent of the patients are confirmed to not have had the vaccine. Stanley Perlman, a professor of pediatrics and infectious diseases at the University of Iowa, said the outbreak might prove that "the vaccine is just OK - and not wonderful." *(Editor: I'm full of wonder with some of these statements!)*

Ken Haller, an assistant professor of pediatrics at St. Louis University School of Medicine, said the outbreak might indicate immunity to mumps weakens years after the vaccination.

Russell, at the CDC, said the vaccine is working. "If the vaccine was not working, we would see a higher incident of mumps in Iowa and the surrounding states," she said. "The advice we are giving is that the MMR vaccine is the most effective means of protection." The CDC reports the vaccine is 90- 95% effective and that immunity should last more than 25 years, probably a lifetime.

FINLAND SWITCHES RAPIDLY FROM UNIVERSAL TUBERCULOSIS VACCINATION OF ALL NEWBORNS TO TARGETED RISK GROUP VACCINATION

http://www.ktl.fi/
23/5/2006

The National Advisory Committee on Vaccination (NACV) recommends that BCG vaccination of all newborns against tuberculosis be stopped earlier than planned.

The incidence of tuberculosis in the Finnish population has decreased very rapidly, and childhood tuberculosis has become very rare. According to the NACV experts, the serious adverse effects of the current BCG vaccination programme, which are rare as such, have grown greater than the benefits. The NACV recommends that, instead of universal vaccination, vaccination be targeted solely at those risk groups, in which the incidence of tuberculosis is considerable and for whom the benefits of vaccination clearly outweigh the adverse effects.

A child living in Finland belongs to a risk group, if any member of the family was born in a country with a high incidence of tuberculosis, or if a member of the family has been diagnosed with tuberculosis. Of the 57,000 babies born in Finland annually, 3,000 are estimated to belong to these risk groups for tuberculosis.

The NACV proposes that the switch from universal to targeted BCG vaccination be implemented as early as 1 September, 2006. The Finnish Ministry of Social Affairs and Health has started drafting the decree on revising the vaccination programme.

Tuberculosis in children is very rare in Finland. During the last decades, the incidence of tuberculosis in Finland has decreased to a very low level. Simultaneously, the risk of native-born Finns' children born and living in Finland to contract tuberculosis has become very small. Similar developments have taken place somewhat earlier in many western industrialised countries, most of which have stopped universal BCG vaccinations as unnecessary. Up till now, Finland aimed at switching to targeted risk group BCG vaccinations from the beginning of 2008.

Approximately five cases of tuberculosis occur in children in Finland annually. Of the children who have contracted tuberculosis in the last few years, 80% belong to those tuberculosis risk groups, for which the BCG vaccination will still be recommended.

ADVERSE EFFECTS OF THE BCG VACCINE HAVE INCREASED

In 2002, Finland was compelled to replace the BCG vaccine manufactured by Evans Vaccines Ltd and used in the universal vaccination programme with a vaccine produced by Denmark's Statens Serum Institut (SSI). -The change was made because Evans Vaccines discontinued the production of their vaccine. The SSI vaccine is the only BCG vaccine available in Europe. After the vaccine was changed, there was a rapid increase in the incidence of lymph node abscesses. The number of serious adverse effects from the BCG vaccine, reported to the Finnish National Public Health Institute, have lately increased to the extent that the harm from vaccination exceeds the benefits that can be achieved in a population, in which the incidence of tuberculosis is very low. The serious complications, caused by the attenuated, live BCG bacterium, consist of infections occurring at a distance from the vaccination site. They include osteitis, arthritis and generalised BCG infection. The rate observed and reported is 14 per 100,000 vaccinated children.

The NCAV, however, considers that the risk of children in the risk groups to contract tuberculosis is so high that for them the benefits from the BCG vaccine outweigh the adverse effects from the vaccine.

The National Advisory Committee on Vaccination was appointed by the Finnish National Public Health Institute. The Committee consists of Finnish experts, and gives recommendations in matters related to the general vaccination programme. Actual decisions on the vaccination programme are made by the Finnish Ministry of Social Affairs and Health.

Editor: Here in the UK the BCG was scrapped for teenagers in 2005 and now so-called 'high risk' babies are targeted.

ANTHROPOSOPHIC LIFESTYLE REDUCES RISK OF ALLERGIC DISEASE IN CHILDREN

New research from Journal of Allergy & Clinical Immunology shows anthroposophic lifestyle reduces risk of allergic disease in children. Taken from: Steiner Waldorf Education, Issue 20. www.steinerwaldorf.org.uk

Certain features of the anthroposophic lifestyle, such as restrictive use of antibiotices and fever antipyretics, reduce the risk of allergic disease in children, according to a new study.

Allergic Disease and Sensitization in Steiner School Children is featured in the January 2006 issue of the Journal of Allergy & Clinical Immunology (JACI) and is currently available on the website: www.jacionline.org. The JACI is the peer-reviewed, scientific journal of the American Academy of Allergy, Asthma and Immunology.

The study, which focused on more than 6,600 from five European countries ages 5 to 13, showed that children in the Steiner schools, which are similar to Waldorf schools, who are often raised in an anthroposophic lifestyle, have a lower risk of allergy. Austrian scientist and philosopher Rudolf Steiner developed the anthroposophic lifestyle in which health is a combination of mind, body and spiritual balance; his followers integrate both modern medicine with alternative, nature-based treatments. The study compared the Steiner school children with their non-Steiner counterparts who lived in the same region.

The purpose of the study was to identify possible protective factors for allergy associated with the anthroposophic lifestyle. A previous Swedish study showed a reduced risk of atophy, but the specific reason behind that was not discovered.

Information about environmental exposure, history of infections, diet, animal contact, anthroposophic lifestyle and symptoms and diagnoses of allergic diseases was collected through a parental questionnaire. A blood sample was also collected from the children who resided in Austria, Germany, Sweden, Switzerland and The Netherlands.

Researchers observed a lower prevalence of current symptoms and doctor's diagnosis of rhinoconjunctivitis and atopic eczema and asthma and atopic sensitization in the Steiner school children compared to non-Steiner children. Early use of antibiotics and fever reducers, along with the measles, mumps and rubella vaccination were also associated with increased risks of several allergic symptoms and doctor's diagnoses.

SICK BABIES PROMPT FEARS OVER 'NEW' TB VACCINE SAFETY

http://www.timesonline.co.uk
The Sunday Times, 16/4/06.
By Jan Battles

A NEW version of the BCG vaccine administered to newborns has led to complications in dozens of Irish babies, prompting doctors to question its suitability. Some of the infants needed surgery after severe reactions to the new strain of the inoculation designed to combat tuberculosis (TB). The vaccine was introduced in 2002 when the previous strain became less effective at building immunity. Under the national immunisation programme, the BCG - which contains live TB organisms - is usually given on the day a baby is born. A booster is administered in the early teens if necessary.

While it is normal for babies to have mild reactions at the injection site, these should clear up within 12 weeks. But doctors at Crumlin and Temple Street, Dublin's two children's hospitals, undertook a study after three infants were admitted in quick succession with complications soon after the new strain was introduced.

One was an otherwise healthy seven-week-old baby girl who had "severe protracted complications" that required several operations.

As well as developing abscesses at the inoculation site, the infants suffered secondary infections in their lymph nodes, mainly in their armpits. The glands were becoming filled with pus. When drainage and antibiotics proved to be ineffective, these had to be operated on.

The doctors notified the health department and the Irish Medicines Board (IMB) of potential problems with the vaccine and began monitoring all cases of BCG-related complications referred to either hospital. They found that between August 2002, when the new vaccine was introduced, and July 2004, a total of 58 babies were treated for severe reactions to the inoculation. Of these, 26 required surgery, with three babies requiring more than one procedure. The others were given antibiotics.

The authors of the study, published in Archives of Disease in Childhood, said the severity of the reactions - with 45% requiring surgical intervention - was of concern. Turlough Bolger, paediatric registrar in the infectious diseases service at Our Lady's hospital for Sick Children, Crumlin, said:

"While we would expect a certain amount of reaction, and in fact reactions are a good thing because it means that you're responding to the vaccine, these were excessive."

"This new vaccine was much more potent so you have to be very precise about where you put the needle," said Bolger. "That may have been part of the problem."

As a result of the cases, an advisory notice was issued reiterating the dosage size and correct way to administer the vaccine. A national meeting of public health staff was convened urgently to demonstrate the correct procedure for inoculating newborns and an intense education programme has been put in place.

Bolger said re-educating healthcare workers had led to a marked reduction in the number of severe reactions. "There is increased awareness among the people giving the vaccines that there is a problem with this vaccine and you have to be very careful giving it. The reaction numbers have gone down since."

TB in children is still a significant problem, Bolger said. Most cases arise in children who have been exposed to elderly relatives who had reactivated TB from their childhood and passed on the disease through coughing.

NEW BOOKLET

A booklet entitled: **'DIY Toolkit For Health'** by Dr Patrick Quanten and Sara Flint is now available at £3.50.

The idea behind the DIY Toolkit is to put together the very basic tools, which are available to every one at all times, and which are needed to restore and maintain health. Too good to be true? Find out for yourself.... Available from TIP, cheques made payable to: The Informed Parent Co. Ltd.

RECENT MEASLES DEATH

http://www.manchesteronline.co.uk/
4/4/06

Comments following the article about the 13yr old boy who died from measles complications: *(An extract)*

To put the record straight: "According to the Communicable Disease Report, a weekly bulletin for health professionals, the youngster was suffering from an "underlying lung condition and was taking immuno-suppressive drugs" when struck down with measles." There may have been very good medical reasons for parents of a boy with his condition and immune status to omit a measles containing vaccine. The combined measles, mumps and rubella (MMR) vaccine and its individual components are made from live attenuated viruses and the vaccine manufacturers' information sheets specify that live vaccines should not be given to anyone with a compromised immune system. Before anyone tries to lay a guilt trip on the boy's parents let us not try to second guess their motives without all the information. The MMR controversy began in September1992 when the then Chief Medical Officer, Sir Kenneth Calman, announced the withdrawal of two of the three brands of MMR vaccine because they were causing mumps meningitis. Parents whose children had suffered severe neurological problems started to raise the issue and MMR uptake began to fall slowly but surely from 1994.

"A boy in Greater Manchester has become the first person in Britain to die from measles for 14 years." We believe that the Department of Health vaccine chiefs should be equally concerned about the 26 children believed to have died following MMR combinations since their introduction in 1988 (some of these children have received the Government's vaccine damage payment). Clearly a case of double standards.

Jacqueline Fletcher, JABS, Manchester.
03/04/2006

FREE FLU VACCINE FAILS TO REDUCE CASES

http://www.canada.com/nationalpost
Free flu vaccine fails to reduce cases study: 'Rates haven't decreased and there's been lots of money spent'
By Tom Blackwell, National Post. 2/5/06

Canada's first experiment in universal, free flu vaccine has cost Ontario taxpayers more than $200-million, but appears to have done nothing to cut the spread of influenza, a new study suggests.

Per-capita flu rates in the province have not fallen at all since the program was introduced in 2000, concluded the University of Ottawa research, published in the journal Vaccine.

In fact, the average monthly incidence of the virus jumped over the first five years of the program, though researchers say it is too early to say that numbers are really on the rise.

"All we do know is rates haven't decreased, and there has been a lot of money spent," said Dianne Groll, the University of Ottawa professor who led the study. "The program was designed to reduce the incidence of flu, and this hasn't yet happened."

The heavily publicized offer of free flu shots to all 12 million Ontarians was launched in 2000 to try to ease pressure on emergency wards from flu patients, and cut the incidence and severity of the illness.

Dr. Groll said it might be wise to focus on better targeting the vaccine at high-risk groups -- the very young, the elderly and the chronically ill -- perhaps by giving shots to anyone who comes into an emergency ward.

She also said the province failed to collect detailed "baseline" information on vaccination patterns before the plan started or similar data since then to compare, making it difficult to thoroughly evaluate the program.

Some infectious disease specialists warned yesterday the study is seriously limited, partly because it compares the rates of laboratory-diagnosed flu before and after the program started. Cases that are confirmed by a lab test represent a small fraction of the total amount of flu and may not give a true picture of the situation, said Dr. Allison McGeer, one of the country's leading influenza experts.

The Ottawa research correctly and interestingly analyzed the data available but is "irrelevant," concluded Dr. McGeer, infection-control officer at Toronto's Mount Sinai Hospital and a strong proponent of universal immunization. She acknowledged there is simply very little evidence with which to evaluate the program.

"That we would publish this study is a marker of desperation." Dr. McGeer said there is other research, not yet published, suggesting the campaign has resulted in more chronically ill seniors being vaccinated and has reduced the seriousness of some illness.

The Ontario initiative, the world's first universal flu campaign, distributes about five million vaccine doses a year at a current cost of $50- to $55-million, including promotion, according to the Health Ministry.

Dr. Groll looked at the number of cases of laboratory-diagnosed flu reported to Health Canada between 1990 and 2005.

She found that the rate between 1990 and 2000, when the program started, was 109 per 100,000 Ontarians. After the campaign's launch, it jumped to 164. The data was analyzed by Queen's University statistician David Thomson, who concluded there are not enough statistics yet to prove the numbers are on the rise.

The researchers also found the Ontario flu rates did not change relative to other provinces. And, though the number of laboratory tests conducted has gone up, it has not increased compared with the rest of Canada.

Dr. Michael Gardam, infection-control specialist at Toronto General Hospital, also stressed the limitations of the study, noting the vaccine in one of the years after the program started did not match the strains circulating in Ontario. Still, he admitted that emergency rooms at his hospital are no less busy and that "Ontario still gets flu outbreaks like anybody else."

"The most we can say from this study is that clearly this program is not a home-run success," he said. "If there is success, it's subtle. If the results are that subtle, should the money be spent elsewhere? That is a very good question."

Dr. Groll noted the campaign was instituted in 2000 without any "baseline" data -- information on what sort of people were getting vaccinated before, how many of those got the flu and whether flu patients used hospital emergency wards. Nor has such information been gathered since, making it very difficult to effectively evaluate the global vaccination plan, she said.

"The program just lacks the baseline information you would need -- that anybody would need -- before anybody put this kind of multi-million-dollar proposal together," Dr. Groll said.

John Letherby, a spokesman for the Ontario Health Ministry, defended the flu program, though, saying it does have many "ancillary benefits" apart from the impact on overall rates.

Those benefits include less emergency-room crowding and less absenteeism, but Mr. Letherby said the ministry does not itself collect such statistics.
tblackwell@nationalpost.com

NEW VACCINE PRESERVATIVE PROVES HARMFUL

http://www.foodconsumer.org/
By Ben Wasserman, 28/3/06

The new preservatives used to replace ethylmercury in vaccines may actually be more dangerous than mercury, straight.com reported March 23, citing a new research paper that is under peer review. Ethylmercury in vaccines is known to be toxic to the nervous system even though vaccine makers vehemently deny mercury in vaccines has any alleged association with autism.

The magnitude of the toxicity of at least one new preservative used currently in vaccines are surprisingly high, although it is expected that any preservative should be toxic at a certain level.

Canadian scientists along with their US colleagues just completed a study and found that aluminum hydroxide used in vaccines was linked with symptoms associated with Parkinson's, amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease), and Alzheimer's, according to straight.com.

Aluminum compounds have been known to many to harm the nervous system while aluminum hydroxide has been used in patients to stimulate immune response. But this seems to be the first study that addresses the toxicity of an aluminum compound in vaccines. The vaccine makers use aluminum hydroxide not only as a preservative, but also as a stimulator that the vaccine makers hope can boost the efficacy of their vaccines. Aluminum hydroxide is present at least in hepatitis A and B, and the Pentacel cocktail, which vaccinates against diphtheria, pertussis, tetanus, polio, and a type of meningitis, straight.com cited the study paper.

The thing that triggered the researchers to perform the study is the Gulf syndrome. According to Chris Shaw, a Vancouver neuroscientist, the soldiers during the first Gulf War were vaccinated with an aluminum-hydroxide-loaded anthrax vaccine. It turned out that the Gulf Syndrome struck both those who were deployed in the Gulf and those who were not at a similar rate.

To test the effects of aluminum hydroxide in the anthrax vaccine, Shaw and his 4-member team from University of British-Columbia and Louisiana State University injected mice with the anthrax vaccine developed for the first Gulf War soldiers and watched what would happen.

After the 20-week study of mice, the scientists found statistically significant increases in anxiety (38%), memory deficits (41 times more errors), and an allergic skin reaction (20%). Tissue samples from the sacrificed mice showed neurological cells were dying. Inside the brains, in the part that control movement, 35% of cells were destroying themselves.

"No one in my lab wants to get vaccinated," Shaw was quote as saying said. "This totally creeped us out. We weren't out there to poke holes in vaccines. But all of a sudden, oh my God; we've got neuron death!"

For more info, visit: www.straight.com/

VIETNAM ORDERS BAN AFTER UK-MADE CHILDREN VACCINE PROVES DEADLY

http://www.thanhniennews.com/
12/5/06

The Vietnamese health ministry has ordered a nationwide ban on Priorix, a vaccine for children imported from the UK, after one child died and five others are in critical condition following inoculation. Assistant Professor Dr Trinh Quan Huan, deputy minister of health, said his ministry had asked the national vaccine analysis institute to analyze the serum which is used against measles, mumps, and rubella.

The six victims are from Ho Chi Minh City's District 5.

The worst affected is Ng.Thi.B, 13 months, who was admitted to the city's Pediatrics Hospital in medical shock and with breathing difficulty.

She had swelling and sores at the injection area and her temperature had shot up to 40°C (104°F). She died the same day.

Her relatives said that half an hour after the vaccination, the injected arm swelled, followed by the chest.

Ng.M.Q, also 13 months, was hospitalized with the same symptoms plus diarrhea and convulsions. However, the child is out of danger and doctors are now purifying his blood.

The doctors said the two patients had complications caused by Priorix which affected their hearts, brains, and livers. Doctor Le Truong, director of the district health center, said the district had been sent a batch of 109 Priorix doses, 76 of which had been used.

Never before have there been any complications from children's vaccination like this one," a veteran doctor said.

Priorix is produced by the UK's GlaxoSmithKline and distributed by Zuellig Pharma.

Translated by Hoang Bao
From Thanh Nien News.

CONTAMINATION SUSPECTED IN CHILD VACCINATION DEATH

13/5/06
http://www.thanhniennews.com/

The presence of toxins in a vaccine given to six babies in Ho Chi Minh City may have killed one and caused the others to go into medical shock, an expert said Friday.

Dr Nguyen The Dzung, director of the city's health department, said further tests were being carried out on the children's blood samples to discover the nature of the toxins, how they got there, and how they caused shock.

The tests would take some more days, he said after a meeting with local medical experts and representatives of the vaccine importer.

Vietnam has temporarily banned the use of the measles, mumps, and rubella vaccine, Priorix, produced by the UK's GlaxoSmithKline, pending the investigation outcome.

The batch of vaccines administered to the children would be sent to a World Health Organization laboratory for tests. Dzung said.

The six victims were among more than 100 children in Ho Chi Minh City's district 5 given Priorix. The other children were not affected.

Of the unfortunate ones, 13-month-old Ng.Thi.B died Wednesday after being admitted to the Pediatrics Hospital No 1 in medical shock and with breathing difficulty.

Another child remained on a respirator while the rest were recovering, Dzung said.

GSK AWAITS WORD

GlaxoSmithKline said Friday confirmation was awaited if it was indeed its pediatric vaccine, also known as MMR, which was administered to the children. A company spokeswoman told Dow Jones Newswires: "Priorix has been on the market since 1997 and no similar event has ever been reported. The safety record of Priorix would lead us to believe it was not our vaccination."

MMR vaccines contain a mixture of live, but weakened viruses, and work by provoking the body's immune response without causing the diseases. This vaccine is given in two doses as part of a childhood vaccination schedule. There have been several media reports over a possible link between the vaccine and autism and bowel disease. The UK's Medical Research Council, after reviewing current evidence and research, has concluded there is no link between the MMR vaccine and these disorders.

KIDS SICKEN AFTER MEASLES VACCINE

China - 150 kids sicken after measles vaccine. http://www.chinadaily.com
Shanghai Daily, 25/3/06

Authorities are investigating after 150 children developed high fever following measles vaccinations in Lingbi County, Anhui Province. More than 3,000 children aged 1-14 in Lingbi's Xiangyang Township were vaccinated on March 14 by the county Center for Disease Prevention and Control.

The township hospital reported to the county government that 32 student developed steady high fever after vaccination. But a reporter sent by a newspaper to schools in Xiangyang found the figure was at least 150. The Anhui Commerce newspaper is based in the provincial capital, Hefei. Treatment continued for the victims, all primary school students, whose fevers were as high as 41 degrees Celsius. Fevers would come back about two hours after medication drips stopped, the newspaper report said.

Doctors from the county medical center said the victims were suffering flu and colds.

However, measles vaccines may cause low fever among at most 1 percent of recipients.

Medical workers drained the vaccines into injectors beforehand, instead of preparing a vaccination before each student, the newspaper said, citing teachers at several schools.

A third-grader at Wangji Primary School, to whom the newspaper gave the alias of Wang Hao, received an injection to treat his fever that morning before the vaccination. Wang reportedly told a vaccination worker about it, but the worker gave him the measles shot without taking his temperature first.

BIOMARKERS SUPPORTING MERCURY TOXICITY AS THE MAJOR EXACERBATOR OF NEUROLOGICAL ILLNESS

RECENT EVIDENCE VIA THE URINARY PORPHYRIN TESTS
Interview with Dr. Boyd E. Haley: ,
Boyd E. Haley, PhD and Teri Small
Medical Veritas 3(2006) 1-14

ABSTRACT

In the recent past, several biological finds have supported the hypothesis that early exposure of infants to Thimerosal was the major exacerbation factor in the increase in autism-related disorders since the advent of the mandated vaccine program. These initially included the observations of a genetic susceptibility impairing the excretion of mercury and the increased retention of mercury by autistic children. This was followed by data indicating that autistics have low levels of the natural compound glutathione that is necessary for the bilary excretion of mercury, possibly explaining the genetic susceptibility.

Other observations clearly point out that various biochemical processes are inhibited at exceptionally low nanomolar levels of Thimerosal, including the killing of neurons in culture, the inhibition of the enzyme that makes methyl-B12, the inhibition of phagocytosis (the first step in the innate and acquired immune system), the inhibition of nerve growth factor function at levels not cytotoxic, and the negative effect on brain dendritic cells. It is also now quite clear from primate studies that Thimerosal, or more correctly, the ethylmercury from Thimerosal delivers mercury to the brain, and causes brain inorganic mercury levels higher than equal levels of methylmercury.

Most recently, one study showed that 53% of autistic children had aberrant prophyrin profiles similar to mercury toxic individuals. Treatment of these children with a mercury chelator brought these porphyrins back towards normal levels indicating mercury toxicity was the cause, not genetic impairment. Porphyrin profiles are one of the most sensitive methods of measuring toxic mercury exposures. Recently, in a major advance it was shown that about 15% of individuals in one population displayed a marked sensitivity to mercury exposure in their porphyrin physiology, again supporting the concept of a genetically susceptible population that is more sensitive to mercury than the general population.

This observation on porphyrin aberrancies brings into consideration other possible effects of mercury toxicity that are secondary to porphyrin depletion. Porphyrins are the precursors to heme synthesis. Heme is the oxygen binding prosthetic group in hemoglobin and depletion of heme would affect oxygen delivery to the mitochondria and decrease energy production. Also, heme is a component of the electron transport system of mitochondria and a prosthetic group in the P450 enzymes which are fundamental in the detox of the body from many organic toxicants including pesticides and PCBs. Just recently, a report was released implying that lack of heme was the major reason why ß-amyloid plaques build up in the brains of Alzheimer's diseased subjects. It seems that heme attaches to ß-amyloid helping it remain soluble and excretable. Without adequate heme one of the major pathological diagnostic hallmarks of Alzheimer's disease appears. It is well known that mercury rapidly disrupts the normal polymerization of tubulin into microtubulin in brain tissue and aberrant tubulin polymerization is a consistent factor observed in Alzheimer's diseased brain. Therefore, it is the multiple inhibitions of mercury that can cause various neurological and systemic problems and many of these are secondary to the primary site of mercury binding.

To view the entire transcript of the interview, click here.

Article-in-press; Medical Veritas: The Journal of Medical Truth; Volume 3, Issue 1; April 2006.
Medical Veritas is the journal of Medical Veritas International (MVI), www.MedicalVeritas.com.

HEAVY METALS MAY BE IMPLICATED IN AUTISM

www.newscientist.com/
New Scientist Magazine
30/5/2006

URINE samples from hundreds of French children have yielded evidence for a link between autism and exposure to heavy metals. If validated, the findings might mean some cases of autism could be treated with drugs that purge the body of heavy metals. Samples from children with autism contained abnormally high levels of a family of proteins called porphyrins, which are precursors in the production of haem, the oxygen-carrying component in haemoglobin. Heavy metals block haem production, causing porphyrins to accumulate in urine. Concentrations of one molecule, coproporphyrin, were 2.6 times as high in urine from children with autism as in controls.

Autism is thought to have a number of unknown genetic and environmental causes. Richard Lathe of Pieta Research in Edinburgh, UK, says he has found one of these factors. "It's highly likely that heavy metals are responsible for childhood autistic disorder in a majority of cases," he claims. The study will appear in Toxicology and Applied Pharmacology.

Lathe says these porphyrin metabolites bind to receptors in the brain and have been linked with epilepsy and autism.

The researchers restored porphyrin concentrations to normal in 12 children by treating them with "chelation" drugs that mop up heavy metals and are then excreted. It is not yet known whether the children's symptoms have eased, but Lathe cites anecdotal reports suggesting the drugs might do some good.

The study is available online at: http://filariane.org/anglais/DOC/MSFINAL.pdf

AUTISM RATES DECLINE AS MERCURY REMOVED FROM CHILDHOOD VACCINES

Media Releaase from Association of American Physicians and Surgeons.
Contact: Kathryn Serkeskaserkes@att.net
2/3/06

Medical Journal: Autism Rates Decline as Mercury Removed from Childhood Vaccines. Independent Analysis Refutes Institute of Medicine Claims of "No Relationship" While Mercury Still Used in Flu & Other Vaccines

TUCSON, AZ -- A new study shows that autism may be linked after all to the use of mercury in childhood vaccines, despite government's previous claims to the contrary.

An article in the March 10, 2006 issue of the Journal of American Physicians and Surgeons (JPandS.org) shows that since mercury was removed from childhood vaccines, the alarming increase in reported rates of autism and other neurological disorders (NDs) in children not only stopped, but actually dropped sharply by as much as 35%.

Using the government's own databases, independent researchers analyzed reports of childhood NDs, including autism, before and after removal of mercury-based preservatives. Authors David A. Geier, B.A. and Mark R. Geier, M.D., Ph.D. analyze data from the CDC's Vaccine Adverse Event Reporting System (VAERS) and the California Department of Developmental Services (CDDS) in "Early Downward Trends in Neurodevelopmental Disorders Following Removal of Thimerosal-Containing Vaccines."

The numbers from California show that reported autism rates hit a high of 800 in May 2003. If that trend had continued, the reports would have skyrocketed to more than 1000 by the beginning of 2006. But in fact, the Geiers report that the number actually went down to only 620, a real decrease of 22%, and a decrease from the projections of 35%.

This analysis directly contradicts 2004 recommendations of the Institute of Medicine which examined vaccine safety data from the National Immunization Program (NIP) of the CDC. While not willing to either rule out or to corroborate a relationship between mercury and autism, the IOM soft-pedaled its findings, and decided no more studies were needed. The authors write:

"The IOM stated that the evidence favored rejection of a causal relationship between thimerosal and autism, that such a relationship was not biologically plausible, and that no further studies should be conducted to evaluate it."

As more and more vaccines were added to the mandatory schedule of vaccines for children, the dose of the mercury-based preservative thimerosal rose, so that the cumulative dose injected into babies exceeded the toxic threshold set by many government agencies. Mercury is known to damage nerve cells in very low concentrations.

The concern about vaccines may actually be underrated, as it is generally acknowledged that the voluntary reporting of such disorders has resulted in vast underreporting of new cases. For example, the Iowa state legislature banned thimerosal from all vaccines administered there after it documented a 700-fold increase in that state alone. California followed suit, and 32 states are considering doing so. Up until about 1989 pre-school children got only 3 vaccines (polio, DPT, MMR). By 1999 the CDC recommended a total of 22 vaccines to be given before children reach the 1st grade, including Hepatitis B, which is given to newborns within the first 24 hours of birth. Many of these vaccines contained mercury. In the 1990s approximately 40 million children were injected with mercury-containing vaccines.

The cumulative amount of mercury being given to children in this number of vaccines would be an amount 187 times the EPA daily exposure limit Between 1989 and 2003, there has been an explosion of autism. The incidence of autism (and other related disorders) went from about 1 in 2,500 children to 1 in every 166. Currently there are more than a half million children in the U.S. that have autism. This disorder has devastated families.

In 1999, on the recommendation of the American Academy of Pediatrics and U.S. Public Health Service, thimerosal was removed from most childhood vaccines as a "precautionary" measure - i.e. without admitting to any causal link between thimerosal and autism.

The Geiers conclude that mercury continues to be a concern, as it is still added to some of the most commonly-used vaccines, such as those for flu:

"Despite its removal from many childhood vaccines, thimerosal is still routinely added to some formulations of influenza vaccine administered to U.S. infants, as well as to several other vaccines (e.g. tetanus-diphtheria and monovalent tetanus) administered to older children and adults. In 2004, the Institute of Medicine (IOM) of the U.S. National Academy of Sciences (NAS) retreated from the stated 1999 goal of the AAP and the PHS to remove thimerosal from U.S. vaccines as soon as possible· As a result, assessing the safety of TCVs [thimerosal-containing vaccines] is a matter of significant importance."

NOTE: The Journal of American Physicians and Surgeons is the peer-reviewed quarterly journal of the Association of American Physicians and Surgeons (AAPS), a non-partisan professional association founded in 1943.

INHALED VACCINE FOR CERVICAL CANCER

http://www.newscientist.com/

SIMPLY inhaling a vaccine could protect women against cervical cancer. Preliminary tests show the vaccine can trigger an immune response similar to that seen with the injectable vaccine, soon to be approved in the US and Europe.

The aerosol spray consists of particles derived from the outside of human papilloma virus 16, one of four strains of the virus responsible for the majority of cervical cancer cases. When inhaled, it stimulates production of antibodies against the virus.

The spray needs two doses, spaced two weeks apart, compared to the injectable vaccine, which requires three doses over six months. Denise Nardelli-Haefliger at the University of Lausanne in Switzerland, who leads the team developing the vaccine, presented the results at the conference of the European Research Organization on Genital Infection and Neoplasia in Paris.

MORE ON MICROBES

Reproduced here is an extract from the excellent book entitled: 'The Medical Voodoo' by Annie Riley Hale, 1935. In my opinion the first important question that needs to be asked by anyone researching the vaccination issue is: 'Do germs cause disease?' The vaccination theory is based solely on the germ theory being true - so if you come to the conclusion that germs are not the cause then the subject becomes much simpler to deal with. To try and protect from something (the germ) that is not the cause (of disease) becomes inappropriate and a complete waste of time - or to put it simply 'barking up the wrong tree.' I urge every one of you to study this area thoroughly! - *Magda Taylor.*

Here's a short extract (pages 142-146) from the book mentioned above that I hope will clarify things for you on the microbe!

'....But far more important than any contribution to material science was Bechamp's teaching about disease germs, which Pasteur is supposed to have 'fathered'- and whose 'fathering' has been attended with such fearful consequences to mankind as well as to the brute creation. In the Pasteurian concept, every specific, separate malady has its specific causative germ - microbe or bacillus - to account for the trouble, and which - to borrow Bernard Shaw's satirical language - "was duly created in the Garden of Eden and has been steadily propagating itself in ever-widening circles of malignancy ever since."

"Yet it must be plain to anybody who will stop to think about it," says Shaw, "that had this been even approximately true, the whole human race would have been wiped off the earth long ago, and every epidemic, instead of fading out as mysteriously as it rushed in, would have spread over the whole world."

Bechamp's explanation of the origin and behaviour of germs, however, is much more reasonable and worthy of credence, and since it has been vindicated by more recent researchers, it affords an agreeable alternative to the gloomy deductions from the Pasteur pronouncements.

According to Bechamp, the microbes or bacilli sometimes - not always - found associated with certain diseases, are not "air-born" as taught by Pasteur, but have been evolved from the microzymas, the name given by Bechamp to the smallest constituent elements of the cells which form plant and animal tissues. The 'microzymas,' which since Bechamp's time have been variously called by other observers "microsomes,' 'molecular granulations' and scintillating particles,' are as much smaller than the cell as the electron is smaller than the atom; but they possess the fundamental properties of all living organisms in that they take nourishment, they grow, reproduce themselves and change their attributes.

Bechamp taught that the 'microzymas' secrete the ferments which assist digestion and assimilation; that they are 'the builders of the cells and therefore the primal architects of life;' and that when they encounter morbific matter in the dead or dying tissues of plants and animals, they evolve into bacteria (microbes and bacilli), in which capacity they act as scavengers, to disintegrate and eliminate the morbific matter - resulting from unexpelled body wastes - changing it back to living elements, such as is seen to be their mission when converting manurial fertilizers into nutriment for growing plant life. Thus the ultimate effect of these germs is toward the restoration of a lost chemical and metabolic balance, and their function, instead of being hostile and murderous, is friendly and eventually compensatory, even though the symptoms attending the cleansing and re-adjusting process may be painful and constitute what is called 'disease' in its varied manifestation.

Bechamp's theory, if accepted, solves the puzzle of bacteriologists as to whether the germs are of animal or vegetable origin, by showing they may be either, since they are the evolutionary descendants of animal or vegetable microzymas. It likewise solves the age-long mystery - what becomes of the germs after the patient gets well? - whether one inclines to their beneficent or malevolent role in disease processes.

According to Bechamp, after finishing their work of decomposing and eliminating the waste products and morbid taints of the body, the microbes resume the form and attributes of the microzymas, to function as before. According to this teaching, the germs of disease cannot exist primarily in the air we breathe, in the food we eat or the water we drink, since they must have arisen in a sick body; yet they might be conveyed to all these media through animal excreta or decayed flora. But in any case, the bacteria are not the primary *cause*, but rather the *effect*, of disease, and in a proper understanding of their true functioning one may lose some of the terrifying effects of the Pasteurian teaching. This aspect of it was very well expressed by Dr Park L Myers of Toledo, Ohio, when addressing an assemblage of his colleagues a few years ago: "With all the wonderful strides of our medical science in 100 years, we still have the public as abjectly cowed today before the omnipotent hosts of bacteria as it was by the evil spirits and ghosts and witches of a past century."

Perhaps the best antidote for the microphobia here noted by Dr Myers, would be a careful perusal of the theories and teachings about micro-organisms by Bechamp, particularly his microzymian doctrine, all of which are very fully set forth in the aforementioned volume - Bechamp or Pasteur? - and to this the interested reader is referred for further information on the subject. It would be difficult to find two men more opposite in mentality and temperament than the two microscopists dealt with in this book. Bechamp, the quiet, student type of investigator, was content to record his discoveries and file them with the Academy of Sciences; whereas Pasteur's achievements - real or faked - were trumpeted to the four quarters of the globe. Small wonder that for one person who has heard about Bechamp, millions have heard about Pasteur - from milk stoppers if in no other way!

But there were dissenting voices to all this chorus of acclaim and adulation even in Pasteur's day. Sir Henry Maudsley and Dr Henry Bastian, both professors at the University College of London, united in declaring Pasteur's germ theory to be 'an assumption of causes, of the existence of which we have no evidence, to account for effects which they do not explain." Dr Bastian, author of a book on the subvisible creatures, entitled *Modes of Origin of Lowest Organisms*, very nearly accords with Bechamp's theory of them:

These micro-organisms, says Bastian, are never generated in the body until it has become already disorganised; they belong solely to the processes of decay, contributing to the promotion of corporeal disintegration, and we can as well accuse the worms or carrion-crows that devour a putrefying carcass of causing the creature's death, as to charge the bacilli with being the primary cause of inflammatory and febrile diseases.'

Editor: I will be reproducing more from this book in future issues!

UC DAVIS STUDY WITH MICE LINKS THIMEROSAL WITH IMMUNE SYSTEM DYSFUNCTION

21/3/06,

Contact: Karen Finney
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(Sacramento, Calif.)- A team of cell biologists, toxicologists and molecular bioscientists at the University of California, Davis, has published a study connecting thimerosal with disruptions in antigen-presenting cells known as dendritic cells obtained from mice. The study provides the first evidence that dendritic cells show unprecedented sensitivity to thimerosal, resulting in fundamental changes in the immune system's ability to respond to external factors. The study was published online today and will be available in the July print edition of Environmental Health Perspectives, the peer-reviewed scientific publication of the National Institute of Environmental Health Sciences.

"This is the first time that thimerosal has been shown to selectively alter the normal functions of dendritic cells," said Isaac Pessah, a toxicologist with the UC Davis School of Veterinary Medicine, director of the Children's Center for Environmental Health and Disease Prevention and senior author of the study. "Dendritic cells play pivotal roles in overcoming viral and bacterial invaders by coordinating the immune system's overall combat response." One dendritic cell can activate as many as 300 T-cells - white blood cells that help find and kill external agents that attack the immune system - making them the most effective immune system activators.

The study shows how intricate connections between calcium channels in dendritic cells change when exposed to thimerosal. "The slightest fluctuation in how calcium channels communicate - can alter the growth, maturation and activation of dendritic cells," explained Pessah.

"Thimerosal dramatically alters how two key calcium channels, code-named RyR1 and IP3R1, found in dendritic cells function as a team by garbling the normal signaling system between them."

When thimerosal at a concentration as low as 20 parts per billion alters the fidelity of normal calcium signals, dendritic cells show abnormal secretion of IL-6 cytokine - a potent chemical signal that initiates inflammatory responses. Higher concentrations -200 parts per billion - causes programmed death of dendritic cells, preventing them from maturing and doing their primary job of activating T-cells. Without proper feedback to guide its response, a normal dendritic cell can quickly become a rogue, producing misinformation that could activate aberrant and harmful immune responses," Pessah explained. "Even one rogue dendritic cell can activate many inappropriate immune responses."

The research team conducted the study on cells cultured from a strain of mouse not particularly susceptible to immune dysregulation. Using fluorescent stains and powerful microscopes to study both immature and mature dendritic cells from bone marrow cultured under normal physiological conditions, the researchers discovered that extremely small levels of thimerosal interfere significantly with calcium channel function after just a few minutes of exposure. They also observed that immature dendritic cells are particularly sensitive to thimerosal.

Thimerosal is a cheap and effective mercury-based preservative. Its potential effects on embryonic neuron development led to its removal from many pediatric vaccines, however it is still used in influenza, diphtheria and tetanus vaccines, blood products and many over-the-counter pharmaceuticals. The concentrations of thimerosal used by the UC Davis researchers were comparable to those attained in childhood vaccinations containing the preservative.

Researchers and parents have previously proposed links between childhood vaccines and autism, a neurodevelopmental disorder that affects language skills and social interactions. In addition to being a direct neurotoxicant, the UC Davis study indicates that thimerosal may also be an immunotoxicant, leaving the immune system vulnerable to microbes and other external influences.

"Our findings do not directly implicate thimerosal as a single causative agent for triggering neurodevelopmental disorders such as autism," Pessah said. "There is growing evidence that autism is several disorders that we now refer to as just one. There is also growing evidence that some children with autism have unique immune cell composition and responses to antigens. The results of our work provide a framework to test the hypothesis that the genetic background of some individuals may render them especially susceptible to thimerosal."

Other experts also advise drawing no final conclusions regarding thimerosal and autism based on these outcomes. "These findings should be interpreted cautiously. Although they suggest that thimerosal may affect dendritic cell function, the patho-physiological consequences of thimerosal remain unclear," said David A. Schwartz, a physician and director of the National Institute of Environmental Health Sciences.

Since cell functions can differ across organisms, Pessah will next study dendritic cells isolated from the blood of children with and without autism to confirm if the intercellular changes are the same in humans. The initial mouse study was funded by the National Institute of Environmental Health Sciences and the UC Davis M.I.N.D. Institute. Joining Pessah on the scientific team were molecular bioscientists Samuel R. Goth, Ruth A.Chu and Gennady Cherednichenko and pathologist Jeffrey P. Gregg.
http://www.ehponline.org/
For more related information, also visit:
www.mindinstitute.org.

A FAST WAY TO HEALTH

I first heard Dr Keki Sidhwa, ND, DO, lecturing about acute and chronic diseases and how fasting could assist the body to return back to health in 1992. Ever since, I have subscribed to the quarterly naturopathic newsletter 'The Hygienist', which is now in its 47th year, and have found the articles published extremely interesting and useful in my quest to learn more about health. Having recently organised a couple of talks for Dr Sidhwa on: 'Dealing with acute and chronic disease - the natural way', I felt it would be appropriate to include an article which featured in the summer issue of The Hygienist regarding fasting. I must point out that fasting for longer than a week would obviously have to be in a supervised situation. If you are interested in finding out more on the subject or if you are interested in organising a talk in your locality, then contact Dr Sidhwa on: 01636 682941. Also see back page for Keki's forthcoming talks.

A FAST WAY TO HEALTH

By Peter Lief, ND, DO, DC MBNOA. First published in the British Naturopathic Journal and Osteopathic Review, Autumn 1966. Extracts.

I have now been in practice for more than fifteen years, teaching, demonstrating and carrying out the fundamental principles of nature cure. But during this time it has become disturbingly apparent to me that many of my fellow practitioners are slowly and surely eliminating or forgetting the one basic factor that is the foundation stone of the naturopathic profession, namely, 'fasting'. It seems to be becoming an incidental or last resort in practice.

I know that it may be argued that fasting can best be carried out only through institutional work, where there is the correct environment and nursing attention. This I agree may well be soon, but this does not excuse us from the fact that fasting can be carried out at the patient's home under the guidance of expert supervision. After all, are we not all holders of diplomas in naturopathy and have we not undergone a fast ourselves? One tends to think of the benefits derived only from long fasts; but the results obtained from short intermittant fasts, particularly in acute conditions, are indisputable. And does not all chronic disease result basically from the incorrect treatment of a previous acute disease; and is it not the children and young adults that are the sufferers from acute conditions, and are they not the generation of the future? Surely it is of paramount importance that they should benefit from fasting and learn how to avoid the development of chronic ailments. I guide many seven to ten day fasts with patients through my London practice.

THE EARLIER YEARS

I remember so well hearing in my earlier years how fasting cured this and that; how students underwent fasts themselves to experience the effects and cures in such conditions as colds, catarrh, rheumatism, asthma, digestive disorders, along with high and low blood pressures. The results were an amazement to all, the conversations and discussions one heard were stimulating as each student or patient described his or her symptoms or "healing crisis"..........

It is interesting to realise that scientific fasting was introduced by medical practitioners who had become disturbed by their failing results in curing their patients with medicines and pills. To mention just a few of the great pioneers in the practice of fasting: Dr Russell Trall, Dr H Tilden, Dr Lindlahr, Sylvester Graham, and Herbert B Shelton. Fasting is mentioned quite frequently in the Bible. Moses, Elijah and Jesus all underwent forty-day fasts. In fact the story of the forty-days' fast in the wilderness has been told from thousands of pulpits. Fasting is a regular practice among the nations of the Far East, especially among the Indians. The many fasts of Ghandi are well known. The Mohammedans have their month of "Ramadan" or month of fasting. Socrates and Plato, two of the greatest of the Greek Philosophers and teachers, fasted regularly for a period of ten days. Pythagoras was also a great faster, and before he took an examination at the University of Alexandria he fasted forty days. He even required his pupils to fast many days before they could enter his class as students.

FASTING AND STARVATION

Fasting is abstinence, voluntary and entire, from all food and drink except water. It is in no way associated with starvation. Fasting is that period of abstinence of food during which the body can support itself on the stored reserves within its tissues. Starvation begins when abstinence is carried beyond the time when stored reserves are used up or have dropped to a dangerously low level. You cannot starve yourself to health, but you can fast and thereby improve your health even to the point of a complete recovery and return to full health.

Fasting is not only used to lose weight, for it is equally important in maintaining and restoring good health. In the animal world fasting is an important factor of existence, for animals will fast when sick or wounded or during hibernation. Often an animal will fast when confronted with a strange environment.

THE BODY'S STORES

It must be understood that the body provides itself with a store of nutritive materials that are put away in the form of fat, bone-marrow, glycogen, vitamins and minerals in order that it is capable of going several days, weeks or even months without food. Neither animal or man can survive prolonged abstinence from food unless he carries within himself a store of reserve food on which the body can call. Even thin individuals carry a reserve of food in their tissues and so they too can fast for varying periods. Contrary to popular and even professional opinion, the vital tissues of a fasting body, that is those tissues doing the actual work of life, do not begin to break down the instant a fast is started. The fasting body does lose weight but this loss is one of reserves and not of organised life-protecting tissues.

ONE OF THE MARVELS OF LIFE

Remember that the efficiency of the living body in regulating the expenditure of its resources during a fast is one of the marvels of life. Loss of weight varies according to the character and quality of the tissues of the individual. The amount of physical and emotional activity engaged in both determine more or less rapid loss. Fat, incidentally, is lost faster than any

other tissue of the body.

HUNGER - TRUE AND FALSE

True hunger is a normal sensation manifesting itself through the mouth and nose in the form of "watering of the mouth", and the pleasant sensation associated with the smell of tasty food.

False hunger is a sense of distress or discomfort in the region of the stomach. The "All gone" empty feeling. Better known as "hunger pains" or "rumbling noises".

True hunger is intermittent and occurs when there is a desire for food. It is never continuous. Few people in this civilised world experience real hunger. If one were to experience true hunger one would find that it demands simple food in its simplest form, no exotic, highly seasoned appetisers. Unfortunately we have become accustomed to eating by the clock, and whether we are hungry or not we eat as a matter of routine, as a social occasion or as a means of alleviating worries.

ACUTE DISEASE

In acute disease, hunger is not present, for the energies of the body have been diverted to other purposes. There is no energy to spare to carry on the work of digestion and assimilation. Yet food is often taken in the belief that we must eat to keep up our strength, even though the resulting symptoms or retaliation may be shown by vomiting or diarrhoea. If not expelled in these ways it becomes a burden in the digestive tract, adding further to the poisoning of the body.

THE REASONS FOR FASTING

The following are some of the conditions in which fasting is indicated:-

1. WEIGHT REDUCTION. As advancing age occurs there is the tendency for weight to increase, due mainly to the slowing down of physical exertion and the continued indulgence of three meals a day irrespective of the presence of true hunger.

2. CONSERVING ENERGIES. This is in order that the body can divert its energies to other more vital work such as increasing the elimination of waste products. In this way energy saved in one department may be expended in another.

3. PHYSIOLOGICAL REST. Like all macines a reduction in working activity leads to longer life. In the human body a fast allows all the organs and tissues associated with digestion to rest, while the heart and blood vessels are relieved of their activities and so secure a rest.

4. ELIMINATION. There is no better way in which to allow the body to get rid of its waste and poisonous matter. The energies of the body are at all times divided between assimilation and elimination, but there are times when one process takes precedence over the other. In sickness excretion is much more important.

NOTICEABLE IMPROVEMENTS

In the course of fasting we may observe notable improvements such as the following:-

1. Loss of weight
2. Increased mental and physical activity
3. Easier breathing
4. Disappearance of digestive disorders
5. Greater sense of taste, smell, hearing and sight
6. Normalising of blood pressure, whether high or low
7. Return of sexual capabilities
8. Loss of dull, aching muscular sensations
9. Reduction of high temperatures in acute conditions
10. Increased elimination of toxic matter in chronic conditions eg. gout, thrombosis, arthritis and kidney disorders

In conclusion I would like to ask:- Which of these two is better qualified to use fasting as a method of therapy

1. The practitioner who has studied over many years the special technique of curative fasting, who has administered fasting treatment in many cases, and so is fully conversant with how to deal with the various crises and reactions that very frequently appear in fasting cases, or

2. The medical doctor, whose profession as a body has done nothing for years but condemn fasting, without investigation, and whose present interest in the treatment has only arisen as a result of the remarkable successes and the ensuing popularity of the so-called unqualified man?

You, my fellow practitioner, are the one to practise fasting and achieve acclaim for the results.

NO EVIDENCE OF MEASLES VIRUS IN MMR-VACCINATED AUTISTIC CHILDREN

MMR-Vaccinated Autistic Children
No Evidence of Measles Virus in MMR-Vaccinated Autistic Children

New York, (Reuters Health) 31/5/06 -

Contrary to the findings of some earlier studies, measles virus genetic material was not detected in the blood of MMR-vaccinated autistic children with development regression, according to a report in the Journal of Medical Virology for May.

.........In the present study, Dr. M. A. Afzal, from the National Institute for Biological Standards and Control in Hertfordshire, UK, and colleagues used several assays to test for measles genome sequences in leukocyte preparations obtained from 15 children with autism who had received the MMR vaccine as part of the routine immunization schedule in the UK. There was no evidence of measles genomic fragments in any of the children, by any of the methods used. The authors emphasize that the methods were "highly sensitive, specific, and robust" and were capable of detecting "measles virus RNA down to single figure copy numbers per reaction."

Given the rigorous methods employed, the researchers believe that measles virus material genuinely did not exist in the patient's blood samples. Moreover, "all children examined in this study responded positively to MMR vaccine and developed a normal immune response to the measles component of the vaccine."

J Med Virology 2006;78:623-630.

Editor: Bronwyn Hancock, a vaccine researcher who runs an awareness organisation in Australia points out:

'Note the important difference which is WHERE these researchers looked for the measles virus - they looked in the blood, NOT in the gastrointestinal tract, which is where the other researchers found it. A very effective way to make sure you don't find something is to look in the wrong place!

ANTHRAX VACCINE: A CASE FOR ACCOUNTABILITY

I have included this article as it is useful to learn more about the effects of vaccination on adults, as well as children - editor.

http://www.veteransforcommonsense.org/

By John Richardson, 27/4/06.

Originally published by Soldiers for the Truth at www.sftt.org

The Pentagon's illegal anthrax vaccine program was the subject of one of Hack's last columns, titled "Soldiers Shouldn't be Guinea Pigs". As usual, he was blunt - and right.

Recently some retired generals have been equally blunt. Retired Army BG John Batiste wrote an op-ed in the Washington Post calling for the civilian Pentagon leadership to be held accountable for Iraq War mistakes. Retired Marine Lt. Gen Greg Newbold also eloquently observed in Time Magazine that the "commitment of our forces to this fight was done with a casualness and swagger that are the special province of those who have never had to execute these missions--or bury the results."

Accountability applies to generals, too But some field grade and junior officers have observed that the blame extends to the uniformed military leadership as well. Nowhere is that more true than with force protection, where measures that would have stopped bullets and IEDs were ignored while the Pentagon wasted hundreds of millions on an unsafe -- and unnecessary -- anthrax vaccine.

If the deaths and abuses of Iraqis at Abu Ghraib were wrong, then so are the deaths and illnesses -- of US military servicemembers -- associated with the once mandatory DoD anthrax vaccine program.

Both are of the result of a "command climate" that willfully ignores the law.

Since the mandatory anthrax vaccine program began in 1998, not one general or admiral has objected to forcing troops to take an anthrax vaccine made by a company that DoD allowed to be sold to a non-citizen, Fuad El-Hibri, who then gave 13% ownership to former Chairman of the Joint Chiefs Adm. William Crowe in 1998 - for nothing.

Even after federal Judge Emmet Sullivan declared the mandatory anthrax shot program to be "illegal" and issued an injunction to shut it down in 2004, not one senior officer spoke out against this illegal experiment on the troops.

The 2002 FDA-approved package insert acknowledges both six deaths related to anthrax vaccine and also a wide range of autoimmune disorders. In November 2005, Newsday reported that FDA has now quietly admitted to 21 deaths. A wide range of credible media sources have reported these adverse reactions and deaths over many years.

Yet, despite detailed investigative reports like the Newport News Daily Press December 2005 expose', the FDA will not investigate because it is integrally involved in covering up DoD's secret anthrax vaccine experiment.

SFTT first published a detailed critique of the DoD anthrax vaccine program on Dec 7, 1999. After 9/11, the nation was headed to war and Americans had to trust the government's official assertions about Iraqi WMD - and the need to protect against them.

However, the joint CIA-DIA post-invasion Iraq Survey Group (ISG) has now made clear that Saddam had no WMD and that his biological warfare program ended in 1996. A subsequent ISG addendum report found no evidence that the non-existent WMD had been moved to Syria or any other country. The ISG and others have also detailed how the primary source on WMD was an Iraqi defector, code-named "Curveball", who was never even interviewed by US intelligence personnel. Curveball's assertions of mobile biological weapons labs have been repeatedly discredited.

This should not be a surprise. In fact, the Government Accountability Office published at least four reports between 1999-2002 that undercut DoD threat assertions used to justify the mandatory anthrax vaccine program. CIA analysts have confirmed that the intelligence supporting these GAO reports was willfully ignored by the White House - and by a Pentagon intent on forcing troops to take an unsafe anthrax vaccine.

There were no Iraqi WMD after the mid-1990's. There was no anthrax threat in Iraq or Afghanistan. Yet a year after the Iraq War made clear there was no WMD, the Pentagon - in violation of its own regulation mandating a "validated threat" -- attempted to expand the mandatory anthrax vaccine program.

Why? Go to the Pentagon's anthrax website and you'll see references to the post-9/11 anthrax letters as another "threat" justifying anthrax shots. What this DoD website does not say is that former Homeland Security Secretary Tom Ridge, former HHS Secretary Tommy Thompson, and former White House press secretary Ari Fleischer all publicly acknowledged that the origin of anthrax letters was domestic, not Iraq or Al Qaeda, and was likely tied to the government's mismanaged secret biodefense programs at Ft. Detrick and elsewhere.

So why does the Pentagon still willfully mislead troops about the threat to convince them to "volunteer" to take anthrax vaccine before you deploy to Iraq, Afghanistan or Korea?

Because the DoD, likely aided by the National Institutes of Health and other federal health agencies, is conducting a secret experiment and it needs guinea pigs.

The anthrax vaccine experiment was described in author Gary Matsumoto's 2004 book "Vaccine-A." In a 2000 press briefing DoD vaguely acknowledged - after years of Clinton-like denials -- that squalene was in anthrax vaccine. But the Pentagon has continued to deny and cover-up the secret experiment - and its deadly results.

Most service members do not realize that they can be lawfully experimented on -- without their knowledge - simply "to advance the development of a medical product necessary to the armed forces." The question is, did DoD obey the law?

Despite the recent Pentagon spin that its FDA ally has once again dutifully declared the anthrax vaccine to be "safe and effective," the shot program remains voluntary. Legally, DoD could once again mandate the shots. And clearly, the absence of a threat has nothing to do with the Pentagon's decision to vaccinate. So, why haven't they mandated the shots?

Perhaps those responsible for the anthrax vaccine program are getting scared.

On Feb 9, 2006 the D.C. Circuit Court of Appeals denied the Pentagon's attempt to overturn the federal district court injunction against mandatory shots. While recognizing the FDA's latest ruling on the vaccine, the appellate court sent the case back to Judge Emmet Suilivan. Like a boxing match, this signaled the end of the first round.

The real legal fight is still ahead. So far, the Doe v. Rumsfeld lawsuit filed by six courageous service members has focused on regulatory issues related to the FDA's unlawful licensure of the anthrax vaccine. However, the case may now turn to what Judge Sullivan has

called the "plaintiffs' numerous substantive challenges" to the safety and efficacy of the anthrax vaccine.

This means that the evidence of DoD's on-going cover-up of anthrax vaccine deaths and illnesses may finally be heard in a court where DoD's spin will not be allowed. If so, those responsible for the anthrax vaccine program and the criminal cover-up of its consequences will have to testify under oath and under threat of perjury.

A separate federal lawsuit brought by Iraq War veteran Sgt Jason Adkins, over being punished for exposing the cover-up of his adverse reaction to anthrax vaccine at Dover AFB, may also expose law-breaking by Air Force and senior DoD leaders. In September 2005, a federal judge denied DoD's motion to dismiss the Adkins v. Rumsfeld lawsuit.

As these lawsuits move forward, the troops may learn - once again -- that one of the greatest threats to military servicemembers is the Pentagon leadership, both military and civilian. As the 1994 Senate Report 103-97 on secret DoD experimentation noted, this is nothing new.

As with all secret or "black" military programs, those responsible do whatever it takes to keep it secret - including concocting cover stories to explain deaths. The anthrax vaccine cover stories willfully ignore clear acknowledgements by the a U.S. Institute of Medicine report on Gulf War Illness that genetic risk factors, including race and ethnicity, mean some people are more likely to become ill from anthrax vaccine than others.

When the officially sanctioned mistruths and disinformation about the safety of the anthrax vaccine results in denying servicemembers medical care and disability payments to which they are entitled by federal law, the secret experiment - and those who keep it secret -- violate the law.

Warriors or medics - who is really in charge?

The Joint Chiefs initially resisted political pressure to allow the anthrax vaccine program to proceed. But in 1996, under criticism over the Khobar Towers bombing, they placed their careers ahead of the well being of their troops and gave in to political appointees and medical bureaucrats who knew nothing about war.

Since then the military leadership has sought to use anthrax vaccine as "an antidote to accountability" to protect themselves against failures in force protection, while they simultaneously neglected body armor and steel-plating for Humvees and trucks that could have saved thousands of deaths and serious injuries in Iraq.

This was nothing less than dereliction of duty, as there is no magic shot to immunize generals' careers.

Worse, the military leadership was silent while both active and retired senior officers linked to the anthrax vaccine program accepted non-federal income from private sector entities that benefit from the vaccination program. Would this be tolerated if an operational officer took money from a manufacturer of tanks, ships, or aircraft?

In contrast to the generals and the Major (Dr.) Burns clones who do their bidding, in 2001 one brave military physician, Air Force Captain John Buck, refused the vaccine, was court martialed, convicted, fined $21,000 -- and was then given an honorable discharge because the Pentagon leadership knew his objections to the vaccine were legitimate.

Perhaps one general or admiral will finally have the guts to acknowledge what is now obvious: that the anthrax vaccine experiment, justified by willful mistruths about the threat, was morally and ethically wrong; that the on-going cover-up of the deaths and illnesses associated with the anthrax vaccine is criminal and should be prosecuted under the UCMJ; and, that the military leaderships' years of silence and unwillingness to protect the warriors from the Pentagon's medical bureaucrats has been cowardly.

Therefore, taking the anthrax vaccine isn't patriotic, or a sign of loyalty to the chain of command. It is simply aiding and abetting a crime by a Pentagon leadership, during both the Clinton and Bush Administrations, that has had no respect for either the law -- or for the soldiers, sailors, airmen and Marines who serve them.

Those responsible must now be held accountable. Until there is full accountability, if you are asked to "volunteer" for the anthrax vaccine, follow former First Lady Nancy Reagan's advice about illegal drugs: "Just Say No."

John Richardson is a retired USAF Reserve lieutenant colonel, a 1991 Gulf War veteran, and served as a policy analyst on the Joint Staff (J-5) from 1992-1998.

CHIRON RECALLS VACCINE, REVISES 2005 EARNINGS

http://today.reuters.co.uk/
16/3/06

CHICAGO (Reuters) - Chiron Corp. on Thursday said it is recalling and withdrawing its measles, mumps and rubella vaccine, MORUPAR, from Italian and developing world markets because it may be associated with a higher rate of adverse side effects than other such vaccines.

The adverse events on which the recall and withdrawal are based are within a range of those commonly associated with vaccines, such as fever, allergic reactions and swelling of the glands, Chiron said.

As a result of the recall and other adjustments, Chiron said it revised its 2005 net earnings per share to 94 cents from 97 cents per share.

The Emeryville, California-based biotechnology company said it has written off about $6 million of MORUPAR inventory in 2005 as a result of the withdrawal and has recorded about $1.7 million of product return reserves in 2005 in connection with expected returns of 2005 product sales from the recall.

In 2005, Chiron's sales of the MORUPAR vaccine was about $10 million. Chiron supplied about 5 million doses of the vaccine in 2005, providing most of it to a limited number of developing countries and about 450,000 doses to Italy. The recall and withdrawal of MORUPAR, which Chiron produces in Italy, does not affect any of Chiron's other vaccines.

Chiron shares were off 22 cents to $45.48 on the Nasdaq in early trading.

If you would like to organise a talk regarding vaccination, or a related subject, in your locality please get in touch with me, Magda, on 01903 212969.

Apart from giving talks myself I am in touch with other speakers and something may be able to be arranged!!

NUFFIED COUNCIL ON BIOETHICS

I have recently received in the post a consultation paper by the Nuffield Council on Bioethics (set up in 1991) to identify, examine and report on the ethical questions raised by recent advances in biological and medical research. This Council seek to play a role in contributing to policy-making and stimulating debate in bioethics.

Here's a little of what the letter says.....

'In Jan2006 a working party has been established to consider ethical issues raised by public health. The study will focus on a range of ethical tensions, such as the difficulty in balancing individual choice and community benefit. It will also examine the circumstances in which people make choices, and the responsibilities of other parties that influence them.'

Full details on website www.nuffieldbioethics.org

They welcome YOUR comments and views and the deadline is 15 Sept 2006, and the report will be published in 2007. They prefer responses to be submitted electronically, either online at:
https:/consultation.nuffieldbiothics.org or by email using the respondent's form available from their website.

One of the subjects is 'Prevention and control of infectious diseases.' There is a referral to the 'free rider problem' - individuals who take more than their fair share of the benefits *(ie the idea that those parents who choose not to vaccinate their children are riding on the back of those that do!)* or do not bear their fair share of the costs of using or benefiting from a resource or institution. They raise the issue of should parents make decisions on behalf of their children? Should vaccination be compulsory, would this be justified to achieve herd immunity? etc etc

Other subjects being discussed are obesity - smoking - alcohol - fluoridation. I would urge everybody to respond with their views!

This is an 'establishment' run body and they appear to have the expected 'mind-set' so all the more reason to try and enlighten them or at least sow some seeds of doubt! *Magda Taylor*

DEALING WITH ACUTE AND CHRONIC ILLNESS - THE NATURAL WAY

Talk by

KEKI SIDHWA, DN DO DNH

Brighton - July 6 2006

7pm - 9pm

Worthing - July 7 2006

10am - 12pm

Keki Sidhwa will be giving a further two more talks in Sussex, after the success and interest of his recent talks in early May.

This talk is very useful for those who just want to know more about health and how to keep it, and also for those who want to extend their existing knowledge. Keki will be also be covering the practicalities of fasting and the physiological changes of the body during the process, hydrotherapy techniques and further fascinating and extraordinary case studies!

For further details and bookings please contact -

Magda on: 01903 212969

Karel on: 01273 277309

COMPARING NATURAL IMMUNITY WITH VACCINES

with TREVOR GUNN, *BSc. LCH RSHom, graduate in biochemistry*

Topics covered include: Short and long term effects of childhood and travel vaccines - evidence from orthodox & complementary sources - information that the authorities don't tell you - making sense of statistics - childhood illnesses - dealing with fear- avoiding future problems- increasing health now

For those who have previously attended Trevor's presentation and would like to hear more there is now a **Part 11.**

BRIGHTON

Part 1: 13 Oct 2006
7 Feb 2007 • 6 June 2007
Part 2: 10 Nov 2006
7 March 2007 • 4 July 2007

For details contact Karel on:
01273 277309

LONDON

10th October 2006 - Part 1
14th November 2006 - Part 2

For details and bookings, please contact Magda on: **01903 212969**

Early bird booking £8 up to end of August

Just another reminder that a booklet entitled **'Comparing Natural Immunity with Vaccination'**, based on Trevor's presentation is now available from The Informed Parent at the cost of £5.50 including postage and packing.

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 their decisions

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, childhood illnesses and the promotion of health.

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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