

# THE *informed* PARENT

ISSUE TWO 2007

A NEWSLETTER ON THE VACCINATION ISSUE & HEALTH

## THREE GIRLS DIED, OTHERS HOSPITALIZED, AFTER HPV VACCINE

Amid controversy over state legislatures in the U.S. requiring young girls to take Gardasil, Merck's new vaccine for human papillomavirus (HPV), severe side effects are being reported.

1,637 adverse reactions have been reported by Judicial Watch, a public interest watchdog, including three girls who died shortly after receiving the immunization. Judicial Watch obtained the reports from the U.S. Food and Drug Administration using the Freedom of Information Act.

In Australia, 25 girls who had just received their first injection of the vaccine experienced headache, nausea, and dizziness. In some cases, the problems were so severe that they were hospitalized. Shares of the vaccine's Australian developer, CSL, fell after the incident was reported in the news. British Medical Journal June 9, 2007; 334:1182-1183

Dr Mercola's Comment ([mercola.com](http://mercola.com)):  
Should young girls be required to take

Gardasil by the government when possible side effects include hospitalization and death? There have also been reports from the National Vaccine Information Center about fainting and dizziness reported by dozens of patients as side effects of Gardasil, and there are even some concerns that Gardasil may cause infertility.

These are steep risks for a vaccine that only sometimes protects against HPV, which is virtually 100 percent avoidable without an expensive and potentially fatal vaccine.

Please realize that Merck has manipulated the medical and political system to FORCE children to get this dangerous vaccine for their own bottom line profit. The potential promised reduction of cervical cancer is the bait they use.

Remember Merck, the manufacturer of this vaccine, is the same company that made Vioxx that killed over 60,000 people.

It is also important to understand that this year, some 11,000 women will be diagnosed with cervical cancer, which can be caused by HPV, and about 3,700 will die from it. In comparison, 16 times more American women will be diagnosed with breast cancer (178,480), and 11 times more will die from it (40,460).

As Merck's own literature says, it is important to realize that Gardasil does not protect women against some "non-vaccine" HPV types. So, even if girls accept the risks and get vaccinated, they can still get HPV.

Finally, although more than 6 million women contract HPV each year, a woman's immune system is often strong enough to clear up the infection on its own. About 90 percent of HPV infections simply clear up within two years.

Remember, it is NOT the infection that is the issue as much as it is the person's immune system. You can be exposed to these bacteria and viruses and if you are living a healthy lifestyle your body's immune system will typically know how to address the infection.

## DEDICATION

This issue of the newsletter is dedicated to Ian Sinclair, whom some of you may have been fortunate to hear his common sense, down to earth and entertaining lectures when he visited the UK in 1999 and 2000. I have included his articles on *Seeking an Alternative* (page 4) which continue from the last issue, and of which he actually wrote shortly before his unexpected departure.

I have corresponded with Ian over the years and had many interesting discussions about various topics, Ian was constantly reading up on all kinds of issues, and I was saddened to hear the sad news.

Greg Beattie, author of *Vaccination A Parents Dilemma*, and close friend of Ian, has kindly written a few lines about Ian, which follow here:

Ian Sinclair, author of three books and well known speaker, passed away peacefully on the 23rd April 2007 at

home in Brisbane, Australia, in the company of his son, Robbie Jay, ex-wife Wannathip and myself. He was 53 years of age. His books, *Vaccination - the Hidden Facts, You Can Overcome Asthma and Health - the Only Immunity*, drew praise and ignited controversy the world over.

The books, inspired by his own life, offered a simple insight into a health philosophy encouraging us to take charge of our own health and not be dependent on drugs, vaccines, procedures and practitioners. His colourful personality and abundant energy ensured he was remembered wherever he spoke as a vibrant, spirited larrikin.

I first met Ian in 1994 when he was travelling the east coast of Australia. He was speaking in every major town along the way. I was involved in a battle with my local government at the time concerning my children not being allowed into a childcare facility when Ian

arrived in my home town on the Sunshine Coast of Queensland. When I asked his advice on how to fight for our rights he simply referred to the bible and said... 'Love thy enemy'.

We were friends ever since and for the last six years of his life, when he and Robbie took up permanent residence in Queensland, I was fortunate enough to have him as a close friend, neighbour and confidante. No matter what the issue Ian would always have an enlightening angle from which to view it.

Ian's life seemed dominated by paradoxes. He was a loner and deeply loved his home space yet he spent much of his life travelling, drifting, speaking to groups, giving interviews etc. Similarly, his clear blue eyes, radiant energy and vigorous fitness regime belied the fact that much of his younger life was immersed in chronic ill health.

He will be remembered fondly as a clear thinker and loveable larrikin.  
*Greg Beattie, July 2007.*

# EARLY FEARS ABOUT MMR IN SECRET PAPERS

<http://www.telegraph.co.uk/>  
05/03/2007

*Mark Watts reports on the potentially dangerous side-effects of the MMR vaccine.*

Katie Stephen was a healthy baby girl when she was injected with the MMR triple vaccine. Ten days later she was vomiting, delirious and running a fever.

That was in 1990. Seventeen years later, she is deaf in one ear.

Following the debate over MMR and its alleged link with autism, government documents just released under the Freedom of Information Act show there was another, earlier concern for which there was more evidence and, apparently, more immediate risk. Whitehall experts knew of it before MMR's mass introduction into Britain, but the public

was kept in ignorance.

Katie's symptoms were consistent with those of encephalitis, which can cause brain damage or even death. Her mother Wendy, a former psychiatric nurse, is convinced that the first variant of MMR used in Britain is responsible.

Mass immunisation with the combined measles, mumps and rubella vaccine began in Britain in October 1988. Ten years later, Andrew Wakefield, a researcher at the Royal Free Hospital in London, suggested the vaccine might increase the risk of autism and bowel disorders. But at least eight months before the first British children were injected with MMR, the government working party set up to introduce it was already aware of another potentially dangerous side-effect.

## UK INCREASE TO VACCINE DAMAGE PAYMENTS FROM TODAY

Department for Work And Pensions  
(National) 12/7/2007

The statutory sum awarded to people who become severely disabled as a result of vaccination against certain diseases will increase from £100,000 to £120,000 from today, Anne McGuire, Minister for Disabled People, has announced.

The increase will restore the value of the payment to today's prices for all successful claims made on or after 12 July. Anne McGuire said: "I am pleased to announce that the statutory sum for a vaccine damage payment will increase from £100,000 to £120,000 from today.

"Vaccination has been one of the great successes of modern times, and immunisation continues to be the safest way for parents to protect their children against disease. In the event of new awards for vaccine damage, the level of payment has been raised, and this increase shows that the Government remains committed to providing families with financial support." The last increase took place in 2000 when the statutory sum for a vaccine damage payment was increased from £40,000 to £100,000.

### NOTES FOR EDITORS

1. The increase to the statutory sum of a Vaccine Damage Payment was announced in a Written Ministerial Statement on 3 May 2007.
2. Vaccine Damage Payments are one-

## AMERICAN COURT TO HEAR CASE ON MMR VACCINE

Clare Dyer, legal editor, The Guardian  
9/6/07 [www.guardian.co.uk](http://www.guardian.co.uk)

Michelle Cedillo, a 12-year-old girl with autism from Arizona, will make legal history on Monday when her case becomes the first to go before a court to consider whether the MMR vaccine can cause the condition. The case before the US federal court of claims in Washington will reignite the controversy over the triple vaccine for measles, mumps and rubella.

Andrew Wakefield, a British gastroenterologist, caused an international scare over the vaccine in 1998 when, at a press conference in London to publicise his research on links between the measles virus, autism and bowel disease, he called for the MMR vaccine to be replaced by single vaccines.

Hundreds of parents of autistic children in the UK have been trying for 15 years to bring a group action over the vaccine to trial but their hopes of compensation were dealt a final blow yesterday, when a high court judge disbanded the action. Their case had been fatally wounded when the legal services commission withdrew legal aid funding in 2004 after spending £15m. To add to their chagrin, this week Mr Justice Keith ruled at the high court that scientific reports obtained by the drug companies who were fighting their claims could be released to the US government, which is defending the cases there.

In the US, 4,800 claims have been brought against the government under its scheme for vaccine damage compensation. In three test cases, lawyers for the parents will put forward three theories: that autism was caused either by the MMR vaccine, or by other childhood vaccines containing the mercury preservative thimerosal, or by a combination of thimerosal and MMR.

- off lump sum payments for people who become severely disabled as a result of vaccination against certain diseases. These include Diphtheria, Tetanus, Pertussis (whooping cough), Poliomyelitis, Measles, Mumps, Rubella (German measles), Tuberculosis (TB), Smallpox, Haemophilus Influenzae Type B, Pneumococcal Infection and Meningococcal Group C (Meningitis C).
3. The amount of the payment under the Vaccine Damage Payments Act 1979 is governed by the date of claims as follows:
    - £10,000 for claims made on or after 22 March 1979
    - £20,000 for claims made on or after 16 August 1985
    - £30,000 for claims made on or after 15 April 1991
    - £40,000 for claims made on or after 1 July 1998
    - £100,000 for claims made on or after 22 July 2000
    - £120,000 for claims made on or after 12 July 2007
  4. Vaccine Damage Payments do not exclude a person's potential eligibility to other benefits nor do they prejudice the right of the disabled person to pursue a claim for damages through the court.
  5. The Vaccine Damage Payments Unit address is Palatine House, Lancaster Rd, Preston, PR1 1HB. Tel 01772 899944. Website: <http://www.dwp.gov.uk>

# VACCINATED CHILDREN TWO AND A HALF TIMES MORE LIKELY TO HAVE NEUROLOGICAL DISORDERS LIKE ADHD AND AUTISM, NEW SURVEY IN CALIFORNIA AND OREGON FINDS

[www.generationrescue.org/survey.html](http://www.generationrescue.org/survey.html)  
New Findings Emerge as  
Debate Rages in Court

Portland, OR — 26/06/07. As the first trial in Vaccine Court explores the relationship between vaccines and autism, a new survey released today indicates a strong correlation between rates of neurological disorders, such as ADHD and autism, and childhood vaccinations.

The survey, commissioned by Generation Rescue, compared vaccinated and unvaccinated children in nine counties in Oregon and California. Among more than 9,000 boys age 4-17, the survey found vaccinated boys were two and a half times (155%) more likely to have neurological disorders compared to their unvaccinated peers. Vaccinated boys were 224% more likely to have Attention Deficit Hyperactivity Disorder (ADHD), and 61% more likely to have autism.

For older vaccinated boys in the 11-17 age bracket, the results were even more pronounced. Vaccinated boys were 158% more likely to have a neurological disorder, 317% more likely to have ADHD, and 112% more likely to have autism. Complete survey results are available at [www.GenerationRescue.org](http://www.GenerationRescue.org).

Generation Rescue commissioned the phone survey. Data was gathered by SurveyUSA, a national market research firm, which surveyed parents by phone on more than 17,000 children, ages 4-17, in five counties in California (San Diego, Sonoma, Orange, Sacramento, and Marin) and four counties in Oregon (Multnomah, Marion, Jackson, and Lane).

The survey asked parents whether their child had been vaccinated, and whether that child had one or more of the following diagnoses: Attention Deficit Disorder (ADD), ADHD, Asperger's Syndrome, Pervasive Development Disorder-Not Otherwise Specified (PDD-NOS), or Autism. The phone survey was chosen to mirror the methodology the Centers for Disease Control (CDC) uses to establish national prevalence for neurological disorders in their national phone survey.

Timed to the release of the survey results, Generation Rescue also ran full-

page advertisements in Washington's Roll Call, The Oregonian, and The Orange County Register today. The ad compares the 36 pediatric vaccines the CDC recommends today to the 10 recommended in 1983, and asks, "Are We Over-Vaccinating Our Kids?"

"No one has ever compared prevalence rates of these neurological disorders between vaccinated and unvaccinated children," said J.B. Handley, co-founder of Generation Rescue, whose son was diagnosed with autism. "The phone survey isn't perfect, but these numbers point to the need for a comprehensive national study to gather this critical information."

In Washington, Congresswoman Carolyn Maloney (D-NY) has been advocating for such a survey. Co-sponsored by Rep. Maurice Hinchey (D-NY) and Rep. Ron Paul (R-TX), the "Comprehensive Comparative Study of Vaccinated and Unvaccinated Population Act of 2006," or H.R. 2832, was introduced on June 22, and would require the National Institutes of Health to complete this research.

"Generation Rescue's study is impressive and forcefully raises some serious questions about the relationship between vaccines and autism. What is ultimately needed to resolve this issue one way or the other is a comprehensive national study of vaccinated and unvaccinated children," said Congresswoman Maloney. "The parents behind Generation Rescue only want information. These parents deserve more than road blocks, they deserve answers. We can and should move forward in search of those answers. That's why I've introduced a common sense bill that would require the National Institutes of Health (NIH) to conduct a comprehensive, comparative study on the possible link between autism and thimerosal."

From 1983 to 2007, autism rates have climbed from 1 in 10,000 children to 1 in 150 children, a growth rate of 6,000% (boys are significantly more affected by neurological disorders, accounting for approximately 80% of all cases). ADHD currently affects 1 in 13 children. In the same period, the CDC's recommended vaccine schedule more than tripled. The

simmering debate over the cause of childhood neurological disorders shows no sign of cooling, but no study had ever been done to look at unvaccinated children.

Lisa Handley, co-founder of Generation Rescue, adds, "Everyone working with autism wants to identify the cause so we can focus on treatment and prevention. A national study like HR 5940 could help end this debate and focus all of our resources on helping our kids. Its time has come, and we hope Congress will choose to put our children first."

## ABOUT GENERATION RESCUE

Generation Rescue was formed by parents of children who have been diagnosed with childhood neurological disorders (NDs), and is dedicated to examining the causes and biomedical treatments for Autism, Asperger's, ADHD, ADD, PDD-NOS, and other learning disabilities.

Visit: [www.GenerationRescue.org](http://www.GenerationRescue.org) for more information and to see complete survey results.

## SPECIAL EDITION

There is soon to be a 40-page special edition of this newsletter, which is a compilation of some of the articles featured from 1993 to 2005 of this newsletter.

I have selected articles which are timeless and very informative, including an excellent article on fever and a in-depth look at tetanus.

Initially this will be available on the website to purchase and download. However if there is enough interest in a paper copy then this format will also be available. The cost for a paper copy will be around £4, with good discounts for larger quantities.

So please let me know ASAP if you are interested, to give me an idea of the quantity to have printed. Either phone Magda on 01903 212969 or email via website: [www.informedparent.co.uk](http://www.informedparent.co.uk)

# SEEKING AN ALTERNATIVE

Seeking An Alternative - continued from Issue 1 2007.

By Ian Sinclair, March 2007.

## THE PROCESS OF ELIMINATION

Elimination is the process whereby metabolic wastes, toxic chemicals and foreign substances are eliminated from the body via the normal channels of elimination, mainly the kidneys, lungs and bowel. The important thing to realise, is that the efficiency of this process, like all other metabolic processes, is primarily dependent upon the health and vitality of the body. Anything that weakens or compromises health, eg malnourishment, faulty diet, impure water, overwork, fatigue, stress, etc will impair elimination which results in a build up of internal waste matter, a condition commonly referred to as Toxemia. In the world of Natural Health, it is believed that many diseases including the childhood infections and other infectious diseases are a direct result of this condition.

Toxemia can also develop if the amount of chemicals and foreign matter that enters the body exceeds the body's normal eliminative capacity. For example, let's say a child's body can eliminate around 100 units of toxic waste a day. If the amount of toxic waste produced in that child is around 120 units a day, then this means there will be 20 units of toxic waste that the child's body has been unable to remove. If this continues day after day, then over a period of time, the result will be an accumulation of toxic waste within the child's body leading to this condition known as Toxemia.

This may come as a shock to some parents, but I don't believe there would be a child out there, who, raised under the conventional lifestyle, would be free of this condition. Poor parental health, drugs and vaccines, impoverished breastmilk, fluoridated water, overfeeding, chemicals in the diet, pesticides, negative emotional states, etc etc all contribute to the development of Toxemia in children. Little wonder that sickness in today's generation of children

is so endemic.

By understanding the toxemia theory, one is in a perfect position to clearly understand where "germs" (bacteria and viruses) fit in to all of this. Bacteria are micro-organisms known as saprophytes whose biological role is to breakdown organic waste matter into simple molecules which can then be transformed back into living substances. The role of bacteria in the body is not to attack cells or tissues but to breakdown organic waste matter for disposal and recycling. As for viruses, Natural Health regards them as merely products of cellular decay which play no part in disease causation. It's worth noting that Louis Pasteur, the scientist credited with the germ theory of disease, ultimately admitted that it was not the seed (germ) but the soil (toxemia) which was the determining factor in disease.

Rene Dubois, the most renowned microbiologist of the 20th century wrote:

"Viruses and bacteria are not the sole cause of infectious disease, there is something else." What is this something else? Toxemia.

So what it all comes down to is this. If a child develops measles, chicken pox, whooping cough or any of the other childhood infections, it is not because of germs, it is because of the toxic conditions in the child's body. Whenever some type of infectious disease is diagnosed in a child or adult, regardless of what name is given to it, regardless of whether it is viral or bacterial, the underlying cause is always toxemia. This explains why vaccines fail to prevent disease for they do nothing to remove the toxic conditions of the body out of which the various bacterial and viral diseases arise.

I wrote previously that in order for parents to choose an alternative approach that gives them the confidence and certainty of safeguarding their children's health, they would need to gain a clear understanding of the root causes of childhood infection and what childhood infection is. By understanding the Toxemia theory, not only do parents gain a clear understanding of the root causes

of childhood infection and the means by which it can be prevented, but they are in a position to clearly understand what childhood infection is.

## WHAT IS A CHILDHOOD INFECTION?

Let's go back to the example of a child whose body is capable of eliminating 100 units of toxic waste a day. If that child's body produces 120 units of toxic waste a day (as a result of the conventional diet, fluoridated water, chemical pollutants, vaccines etc), then this means that there will be 20 units of toxic waste that the child's body has been unable to eliminate. If this continues day after day then obviously, over a period of time, there will be a gradual build up of toxic waste within that child's body creating the condition known as toxemia.

This condition is very harmful, for toxic waste is poisonous, and if left unchecked, then its retention within the body will ultimately lead to cellular damage and destruction, or in other words, serious disease including cancer.

Fortunately, there are safety mechanisms within our bodies that are switched on whenever our toxicity levels rise above the normal level. These safety mechanisms are designed to reduce excess toxicity.

In infants and children, the most common safety mechanism that the body employs to reduce excess toxicity is fever. Fever is not a mistake, it is not something evil, it is not the body trying to fight off germs. Fever is an emergency reaction by the body which is designed to speed up the process of elimination. This dramatically reduces toxicity levels thereby restoring the health of the child. This safety mechanism, like all other safety mechanisms that the body employs, is governed and controlled by the innate intelligence of the body, and this intelligence knows exactly when to turn the fever on, and exactly when to turn the fever off.

Whenever fever is present, the body will activate a number of other safety mechanisms which are designed to facilitate and assist in the reduction of toxicity. During fever, the body will neither need or want any food and therefore it will shut down the digestive system resulting in a loss of appetite. If,

during fever, any food is present within the digestive tract, then the body will eject it either through vomiting or diarrhea. During fever, the body directs all its energy towards this process of elimination, so the general energy level of the body will be greatly reduced resulting in tiredness, lethargy and fatigue.

During or after the cessation of the fever, there may be localised areas of inflammation which is another safety mechanism the body employs in order to reduce toxicity and promote healing and repair. There may be swollen glands whereby the swelling increases the glands capacity to filter toxic waste from the bloodstream. In many cases the body will eliminate toxic waste through the skin which will manifest as skin eruptions, blisters, red spots or rashes. Throughout this entire process the central nervous system will be on full alert and therefore extremely sensitive to the level of toxic waste in the circulation, and its subsequent elimination from the body. This can result in headaches, aches and pains, nausea and general discomfort.

Now if it hasn't yet twigged, then what I'm about to tell you is probably the most crucial point of this whole article. Whenever a child develops measles, chicken pox, whooping cough, mumps, rubella or any other so called childhood infection, the child will experience the exact same symptoms that I have underlined above. So what all this means is that measles, chicken pox, whooping cough, mumps, rubella or any of the other so called childhood infections, are not infections caused by germs, but are in reality, safety mechanisms which are designed to reduce inner toxicity to a safe level.

Whether you wish to refer to them as childhood infections, safety mechanisms, crisis of elimination, acute illnesses, cleansing processes, healing crises or whatever - measles, chicken pox, rubella, whooping cough, mumps etc all arise from the same underlying cause - toxemia, and all of them serve the exact same purpose - the elimination of toxic waste from the body.

By clearly understanding what

childhood infection is, parents are in a position to understand a method of treatment that not only allows their children to recover from childhood infections quickly and without complications or suffering, but a method that ensures their children will be in better health afterwards.

#### METHOD OF TREATMENT

If childhood infections are indeed the body's way of reducing inner toxicity, then it stands to reason that the method of treatment employed should do nothing to suppress or interfere with this process, and everything to assist and support it. In the world of Natural Health, whenever a child develops measles, chicken pox, whooping cough or any other childhood infection, the most common method of treatment is as follows;

The sick child is immediately put to bed in a well ventilated room. If weather permits the child is often placed outdoors in a shaded area where it has maximum exposure to fresh air. If the weather is cold the child is rugged up to preserve warmth. During the fever no food whatsoever is given to the child, not even fruit juice. Pure water is made available to the child should thirst be experienced. Two or three times a day, the child is sponged down with luke warm water to ensure cleanliness. No effort is made to suppress the fever.

The duration of the fever will in most cases last anywhere between 24 to 72 hours and throughout this period noise is kept to a minimum so that the child's rest and sleep remain undisturbed.

Once the fever subsides and the child's desire for food returns, fresh fruit or fruit juices are given for the first one or two days then slowly other wholesome foods are reintroduced. If any skin rashes or eruptions appear, short periods of sunbathing to the child's naked body are applied. No ointments or creams are used. Some parents also resort to a technique known as hydrotherapy which utilises bathing, hot and cold compresses, and plain water enemas. The bathing and compresses serve to relieve discomfort, promote circulation, induce calm and sleep, whilst the enemas help clear congestion in the

lower bowel, a causative factor in many childhood fevers.

This method of treatment, as taught by Natural Health, does nothing to suppress and everything to assist this inner cleansing process. Children treated in this manner not only recover quickly and without complications or long term suffering, they are in fact in better health afterwards because their body's have been cleansed of the accumulated toxic wastes. It is not uncommon for these children to experience growth spurts or noticeable improvements in their physical, intellectual or creative abilities following these acute cleansing episodes. This occurs because their bodies, no longer burdened by toxic and chemical poisons, can operate at a much higher vitality level.

For those parents who are considering adopting this approach in treating childhood infection, it is my opinion that they should first thoroughly acquaint themselves with Natural Health or Natural Hygiene philosophy. This will give them the knowledge and the confidence they need to become totally self-reliant in the treatment of childhood infection and other acute childhood illnesses. It is also wise for parents to seek out those health practitioners who support this philosophy so if at any time uncertainty arises they can find professional guidance.

I will not say that it has never happened, but in the many years that I have studied and researched this philosophy, I have never come across a case of a child, who, diagnosed with a common childhood infection and treated in accordance with Natural Health principles, has suffered any complications or died. It is my firm belief that in the industrialised countries like USA, Australia, England, etc, if a child develops measles, whooping cough, chicken pox or any of the other childhood infections and subsequently goes through any long term suffering, or experiences any complications, or dies, then the causes can be directly attributed to wrong treatment which in most cases includes suppressive drug therapy. It is to this that we will turn our attention to

next.

## WRONG TREATMENT AND ITS CONSEQUENCES

*(Note: In this section I am referring to treatment of childhood infections in the industrialised countries. In third world countries, the high rate of morbidity and mortality from childhood infections is due entirely to malnourishment, starvation, polluted water, poor sanitation and the absence of holistic health care facilities.)*

In the world of Natural Health, complications from childhood infections are virtually unheard of, yet, in the world of Orthodox Medicine, complications are numerous and well documented. They include encephalitis, otitis media, pneumonia, bronchitis, Reye's syndrome, myocarditis, arthritis, convulsions, mental retardation, apnea, brain damage, cerebral haemorrhage, pulmonary edema, paralysis, urinary tract infections and high blood pressure. The question is - WHY?

Let me repeat my earlier statement where I said "If childhood infections are indeed the body's way of reducing inner toxicity, then it stands to reason that the method of treatment employed should do nothing to suppress or interfere with this process, and everything to assist and support it." In the world of orthodox medicine, the method of treatment includes many measures that do nothing to assist and support, and everything to suppress and interfere with this process.

What must be kept foremost in mind is that the common symptoms of the childhood infections ie fever, vomiting, diarrhea, bacterial action, swollen glands, skin eruptions, inflammatory reactions, etc, are all curative in nature, their purpose being to reduce the inner toxicity of the body. As you would be aware, the medical approach towards disease, including the childhood infections, is to use drugs which are specifically aimed at suppressing the symptoms. So drugs are given to reduce the fever, drugs are given to reduce the inflammation, drugs (antibiotics) are given to kill beneficial bacteria, drugs/creams are given to suppress the skin eruptions. On top of all this the sick child continues to be fed when it neither wants nor needs food, and the drinking water offered will in

most cases be fluoridated chlorinated tap water. If hospitalised, the child will be treated in air-conditioned wards without access to fresh air. This whole approach in the medical treatment of childhood infections can be likened to firing at your own soldiers whilst they are battling the enemy.

The consequences of this type of suppressive treatment will be obvious to any logical thinker. The child's body will be forced to retain the toxic poisons that it is attempting to eliminate, and to add insult to injury, the child's body will be further poisoned by the drugs that are being administered. How a child subsequently reacts to this treatment will vary from child to child. For many a child, the symptoms will subside and the child will appear to recover, yet within the child's body, lies this residue of uneliminated toxic waste and drug poisons. This may result in another crisis of elimination (childhood infection) several weeks or months later, or it may manifest as a less acute crisis of elimination such as eczema or asthma. Or the child's body may be forced to redeposit this waste matter into less vital areas of the body, thus laying the foundations for chronic disease in later life.

For other children, their bodies will continue the struggle to reduce toxicity, despite the imposition of suppressive drugs. However, instead of this cleansing process taking only a few days, it may actually take a few weeks and involve a great deal of distress and suffering on the part of the child (not to mention the parents). When you hear of these children who are hospitalised with whooping cough for example, and spend up to three months in hospital fighting for their lives, what you should realise, if you don't already, is that their hospitalisation and subsequent struggle to survive, are a direct result of suppressive drugs, incorrect feeding, fluoridated chlorinated water and lack of fresh air! Not to mention the negative impact that separation of a child from its parents has on its emotional and spiritual wellbeing.

Tragically, there will be a minority of children, who, for reasons of increased susceptibility or inherited weaknesses,

will experience the type of complications listed above, and in rare cases, succumb to their condition. If you happen to know of any child, who, having been diagnosed with one of the common childhood infections, subsequently experienced any degree of suffering, or complications, or died, then just find out how the child was treated. I believe that in every case you will find a history of wrong treatment and suppressive drug therapy.

## CONCLUSION

In the worlds of Orthodox Medicine and Natural Health, theories on disease causation, the nature of disease, and methods of treatment, differ widely, and in many cases, are diametrically opposed to one another. Ultimately, parents must determine for themselves where the truth lies and act accordingly.

When it comes to the childhood infections and other acute childhood illnesses, I believe that the truth lies with the Toxemia theory. I believe that every childhood infection arises from the exact same underlying cause - Toxemia, and every childhood infection serves the exact same purpose - the elimination of toxic waste. I therefore believe that the prevention of childhood infection is only possible by preventing the development of toxemia, or in other words, by preserving the inner health of the child.

Needless to say this is easier said than done, for in order to preserve the inner health of a child, the child must be provided with the healthiest of diets uncontaminated by chemical poisons, it must have access to pure drinking water free of fluoride, chlorine and heavy metals, it must have several hours daily of enjoyable physical activity in the fresh air, it must live in an environment which is free of atmospheric and industrial pollutants, it must be given the freedom and encouragement to express all of its creative urges, and above all else, it must live in a home, where the family atmosphere is one of love, happiness and acceptance. Now if you happen to know of any parents who have been able to provide these conditions for a child, can you please let me know what planet they are from. Because on my planet, whilst most of us parents do the

very best we can to raise healthy children, our efforts often fall well short of perfection, and as a consequence, our children frequently experience the common childhood infections.

Fortunately, there is one saving grace, which when realised, alleviates the fear and anxiety that so many parents experience over the childhood infections. What is this saving grace? It is the realisation that the childhood infections are beneficial to a child's health, the realisation that they are designed by nature to reduce the toxic build-up in the child's body, the realisation that when correctly treated no harm will come to the child. When parents realise the true nature of these childhood infections they will no longer look upon these illnesses as a burden, but will in fact, look upon them as a blessing. For me personally, whenever my young son experienced an acute childhood illness, I rejoiced! I rejoiced because it indicated to me that his body was just doing a bit of housecleaning, and I rejoiced because it meant that for the next three or four days he would remain quietly in bed and it would be absolute peace around the place.

For most of us, we were raised to believe that the only people who had the power to prevent or treat childhood illness were medical doctors with their drugs and vaccines. Well the reality is this - no matter how knowledgeable or how experienced or how well meaning medical doctors are, they have absolutely no control over the quality of a child's diet, over the quality of a child's drinking water, over the quality of a child's playtime, over the quality of a child's environment, over the quality of a child's sleep, or over the quality of the child's thoughts and feelings. Medical doctors have no control over these things yet these are the very things which ultimately determine the health of the child. The only people who have control over these things are parents, which means that when it all comes down to it, the only people with the power to safeguard children's health are the parents themselves. And in this regard, I believe parents have no alternative.

## MEDICAL STUDENT REJECTS HEP B VACCINE

I'm a student nurse in England and have had a run-in with the university over the hepatitis B vaccine. Evidently I am the only student to refuse this vaccine and I was told that although the vaccine is only 'recommended', I either had it, or I was off the course.

I contacted my local newspaper, who contacted the university, who then changed their policy and now I can stay on the course without having the vaccine.

Just thought others might be

interested in this, as I am sure there must be other students who would prefer not to have this vaccine, but feel that they have no choice.

It's important that we know our rights and that we are not bullied into having vaccines that we feel could pose a health risk to us.

Just say no.

Anon.

*Editor: It is good to challenge these issues as most policies are not written in stone!*

## BMJ EDITOR CONDEMNS SCARE MONGERING OVER BIRD FLU

<http://www.medicalnewstoday.com/29/06/07>

In this week's BMJ, Deputy Editor Tony Delamothe attacks the continued scare mongering over bird flu.

Somewhere, I imagine, there's a small group of people proud to be counted among the Friends of Avian Flu, or FAF for short, he writes. I suspect they have a catchy mission statement, such as "Keeping the nightmare alive," and lapel badges of vaguely bird-like shape.

Their challenge is to keep bird flu forever in the public eye. This should be getting harder, as influenza H5N1 is proving particularly resistant to undergoing the killer mutation that would allow efficient human to human transmission of the virus.

Ten years after the strain first appeared in humans, it has killed just 191 people, despite millions of people and poultry living in very close proximity in South East Asia. Although these deaths are a tragedy for the victims and their families, it's well to remember that a similar number of people die on the roads world wide every 84 minutes, he says.

Traditionally, we've blamed the drug companies for talking up the risks of diseases, or even inventing diseases, but this is not the case with bird flu. The track record of oseltamivir

(Tamiflu) as a treatment for H5N1 is decidedly mixed. Yet FAF, he says, has incorporated this pharmaceutical failure into its story: for bird flu, The Drugs Don't Work. Be afraid. Be very afraid.

FAF also knows that the best way to generate column inches is high profile scientific conferences with well oiled media machines, and this week's BMJ reports some of the familiar observations from a conference, such as the inevitability of the pandemic and the possibility of drug resistance. But others, he says, were relatively new: the terminological mutation from "avian flu" to "pandemic flu," in recognition of H5N1's failure to mutate genetically.

While H5N1 had been groomed for stardom, the story has shifted: now any influenza strain can become pandemic, with further details unknown, he says.

As influenza pandemics occurred in 1918, 1957, and 1968, another one is likely. But, he asks, why should we be any more worried in 2007 than in 1997 or 2017? Couldn't those responsible for planning the next pandemic do their planning a little less publicly and put the frighteners on the rest of us at the appropriate time?

"Editor's Choice: FAFing about"  
<http://www.bmj.com>

# WHAT IS WRONG WITH THE HPV VACCINE MANDATE IN ILLINOIS?

By David Ayoub, MD

It is a vaccine for a disease that is rare, costs multiple times more than existing preventative measures, effectiveness is anyone's guess, acute adverse reactions are common and long term side effects are unknown. Not even the CDC wants it mandated. Why do so many states want to mandate the HPV vaccine for schoolgirls? Merck's marketing prowess triumphs over science and common sense.

<http://www.vaproject.org/ayoub/what-is-wrong-with-hpv-20070305.htm>

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## SUMMARY:

- 1) Cervical cancer in Illinois is responsible for only about 200 annual deaths and rates have steadily declined. Nearly all cancers are preventable with a simple Pap test at a fraction of the cost of the vaccine.
- 2) The HPV vaccine is a unique type of vaccine with no prior clinical experience. The potential for benefit is not nearly as great as the potential for widespread harm if mandated for thousands of children.
- 3) Merck has funded most HPV vaccine clinical trials and the majority authorship of published papers suggests considerable potential for extensive reporting bias. Over 40% of study co-authors are Merck employees and 81% had received money from Merck.
- 4) Since cancer requires years to develop the effectiveness if the vaccine is totally hypothetical. Even a Merck executive has recently admitted that vaccine efficacy in women under 15 years is unknown.
- 5) The HPV vaccine suffers a significant

adverse reaction rate (90%) as reported in published trials and also in VAERS. There are no long-term safety studies yet over 500 reports of vaccine failures or adverse reactions have already been reported to the FDA. Gardasil contains a large quantity of a neurotoxin, aluminum at doses that are known to cause neurological damage in animals.

- 6) Targeting 11 year-old girls is unadvisable, since few studies have assessed children this young. Over one-third of all adverse Gardasil vaccine reactions recently reported to VAERS were in children 16 years old or younger.
- 7) Since influenza kills ten-times as many individuals as cervical cancer yet flu vaccination is not mandated, HPV mandates can't be just about "saving more lives".
- 8) Even the CDC has recently stated that HPV vaccine should NOT be mandated.

## UPDATED MARCH 5, 2007

Thank you for considering a bill that will potentially reduce a dangerous cancer in women. Based upon our review of the safety and effectiveness of the HPV vaccine, we cannot support this legislation and that the available data suggests that use of the HPV vaccine in Illinois should be highly restricted to IRB-approved, closely supervised clinical trials.

A review of the facts about cervical cancer raises doubts about the role of preventative immunization. There are only about 3,700 annual cervical cancer deaths in the United States, less than 1% of all total cancer deaths and the 6th leading cause of cancer deaths in women. Furthermore, there have already been sharp declines in the incidence of cervical cancer.

Hospitalization rates have dropped 36% since 1994.[1] According to the National Cancer Institute, mortality rates have declined 75% since the Pap test was widely implemented over 50 years ago and recent studies indicate mortality rates are still declining.[2][3] Nearly all

cervical cancer deaths are preventable by a simple Pap test and appropriate follow-up. In Illinois there are only about 200 annual cervical cancer deaths but nearly 20% of women in our state do not receive recommended Pap screening.[4],[5] Therefore, simply improving access to Pap tests can further reduce cervical cancer in Illinois. The HPV immunization series would cost at least \$360 but doctors may charge up to three-times that to patients. A Pap test costs about \$50. The annual cost of Pap smears, about \$1.6 billion in the U.S., is about three-times lower than the projected sales for Gardasil. Other risk factors for cervical cancer such as tobacco and birth control pill use and sexual promiscuity represent modifiable risks. Therefore, risk education and promoting abstinence, monogamy or condom use can further reduce HPV transmission.

The rationale to prevent cervical cancer is based upon its association with Human Papillomavirus (HPV) infection. Although most women will at some time become infected with HPV the overwhelming majority will not progress to invasive cancer. It is easy to question the rationale of forced vaccination of 80,000-90,000 11 year-old Illinois school girls (at a cost of at least \$28 million) against a sexually transmitted disease that affects adult women.

Effectiveness of the HPV vaccine unproven. The Gardasil product insert states that the goal of vaccination is to prevent the development of pathological changes in the cervix that are known precursors to invasive carcinoma; however, the length of time required to develop invasive cancer after identification of precursor lesions averages between 8.1 to 12.6 years and may require up to 40 years.[6] Since published vaccine trials have only assessed outcomes in women for two years or less after vaccination, prevention of cervical cancer is a highly optimistic claim. By the time a vaccinated child turns 18 years-old they will be well beyond Merck's testing period for known protection and still two-three decades younger than when cervical cancer typically develops.

Not all cervical cancers are related to HPV. Since the vaccine currently targets only four HPV viruses that are known to

cause about 70% of all cervical cancers, prevention of all cases of HPV-related cancer is highly unlikely. There are 30 known high-risk HPV strains but the vaccine targets only two. Only 3.4% of women are infected with any one of the HPV strains in Gardasil, less than 2% when considering only high-risk strains [7]

This novel type of vaccine even possesses the potential to worsen cervical cancer. If HPV virus types compete to colonize the cervix, then the prevalence of competing strains not targeted by the vaccine could increase. If these virus types are more aggressive, cervical cancer could still develop or worse develop into a more lethal form. NIH researcher Dr. Joseph DeSoto stated similar concerns: "These are incomplete vaccines which will not do what they are supposed to do and that's prevent cervical cancer." [8]

Even though Merck claims that Gardasil is virtually 100% successful in preventing HPV infection, a recent report filed in the Vaccine Adverse Event Reporting System (VAERS) described the development of cervical infection with a "high-risk" HPV vaccine strain only three years after Gardasil immunization and seroconversion. [9] So far VAERS has reported 12 vaccination failures, including three reports of genital warts, six cases of abnormal Pap smears and three HPV infections. Merck executive director of medical affairs, Richard Haupt has recently admitted "In the 9 to 15 year-old age group, we could not do an efficacy study." [10]

Major concerns about Gardasil vaccine safety. Since vaccine effectiveness is not established and methods do exist to prevent cervical cancer, tolerance for vaccination risk should be very low. The vaccine package insert assures that Merck's HPV vaccine failed to detect adverse outcomes, including reproductive harm, in experimental animal studies. Unfortunately, HPV is only pathogenic to HUMANS and the applicability of animal studies is problematic. The National Vaccine Information Center is a consumer vaccine safety organization tracking adverse vaccine events reported to VAERS. Their recent analysis of VAERS reports revealed an alarming and increasing number of complications since the FDA approved Gardasil for use on

June 8th, 2006. [11] There were a total of 385 unduplicated reports over a 6-month period ending December 31, 2006 (The current reports in VAERS were 542 according to a more recent CDC announcement [12]). These reports may represent as few as 1% of the true incidence of reactions due to the passive nature of the reporting system. NVIC stated there were a disproportionately large percentage of complications reported in women? 16-year olds (38%), representing a subgroup that was the least evaluated in Merck's safety studies. Five reactions were life threatening and six were "disabling". Two-thirds of reports described the necessity for additional medical care including hospitalization (12). The majority of reported reactions occurred within 24 hours of vaccination leaving little doubt about causation. Frequently reported events included syncope/fainting (62), seizures (6), hypesthesia/ paresthesia (34), and Guillain-Barre Syndrome (5).

#### THE ALUMINUM CONCERN

Gardasil contains an aluminum adjuvant that assists in development of a proper immune response but it is also a known neurotoxin with little safety testing. The concentration of aluminum in Gardasil is 25 mg/L or 18,000 times higher than what the FDA considers safe in injectable products. [13] Aluminum has been shown to cause behavior and memory impairment associated with death of motor neurons in animals at doses of 10-11 micrograms/kg. [14] The Gardasil immunization series will expose 11 year-old girls to approximately 17 micrograms/kg, doses above that known to be neurotoxic in animals. Reports of neurological events following immunization with Gardasil are therefore not surprising if not predictable.

Published papers touting vaccine safety and efficacy are not credible. Bias in Gardasil research authorship is strong. Review of five major studies published in peer-reviewed journals indicated that all studies were funded by Merck and Co. [15] Of the 69 listed co-authors, 81% had financial connections to Merck, 42% were actual Merck employees, presumably holding stock/options and therefore were positioned to financially benefit from their own favorable reporting. In four of five papers a co-author was

actually a Gardasil patent holder.

There are several striking and disturbing parallels between Merck's missteps with Vioxx research and the current research surrounding Gardasil.

Vioxx was introduced by Merck in 1999 as a safe alternative to non-steroidal anti-inflammatory drugs but was later withdrawn due to serious cardiovascular complications, including as many as 100,000 deaths over five years. The details are summarized in a recent feature article in the British Medical Journal (January 20th, 2007):

- Merck had prior knowledge of potential cardiovascular reactions to Vioxx but intentionally designed subsequent studies to obscure such risks.

- Merck financed and produced nine studies touting Vioxx safety and effectiveness having establishing influence over data analysis, safety monitoring and reporting. Design flaws included small sample sizes, selection of low-risk patients, short follow-up and pooling of data.

- A major journal editor condemned published studies, claiming Merck had withheld critical data, obscuring serious complications. Companies hired by Merck had ghostwritten some publications.

- Merck faces nearly 30,000 legal claims due to serious and undisclosed drug complications.

Merck's behaviors could be better classified as criminal than biased. Following a similar pattern to Merck's Vioxx research, Gardasil researchers designed studies of women who were low-risk for HPV transmission and followed them for only two years or less. Despite reporting adverse events in 90% of vaccine recipients (approximately 40% were systemic reactions), they minimized the significance by reporting similar reaction rates in placebo groups that had inappropriately received high doses of aluminum rather than conventional saline.

Financial pressures against the pharmaceutical giant are now even greater. Besides facing up to a \$10 billion in legal losses from Vioxx they now anticipate a nearly \$6 billion tax charge as the result of multiple tax reporting violations. [16] Is a company that already has spent millions of dollars on an advertising campaign for Gardasil

capable of telling the truth when they are more financially desperate today than ever before? It has been estimated that HPV mandates could generate as much as \$5 billion annually for Merck, who now has little liability in vaccine injuries that may ensue thanks to the CDC's decision to distribute Gardasil through the Vaccine for Children Program. Any Gardasil-related legal claims will be addressed in the no-fault system of the U.S. Court of Federal Claims rather than state and federal courts. Thus, taxpayers and consumers will pay for children's injuries, not Merck. Limited liability further undermines Merck's motivation to be forthright about vaccine problems.

Government healthcare agencies serve industry. FDA approval should not garner confidence in Gardasil. FDA biases and failures are well documented. In a November 18th, 2004 testimony before Congress, FDA drug safety officer Dr. David Graham, commenting on Merck's Vioxx debacle and the FDA's role in concealment of cardiovascular complications and failure to withdraw the drug earlier, stated, "I would argue that the FDA, as currently configured, is incapable of protecting America against another Vioxx. We are virtually defenseless." [17] We can only be grateful that Vioxx was not a mandated drug.

Four years prior this problem was foreshadowed in a Congressional investigation reviewing conflicts of interest among healthcare agencies that reported too close of ties between FDA and CDC advisory committee members and the drug industry.[18] This included the placement of patent holders on advisory committees who were allowed to vote in approval for their own vaccine. Four of six members of a 1999 FDA advisory who approved Vioxx were granted waivers from the conflict-of-interest rule.

Harsh criticisms of the FDA continue to this day.[19] On February 13, 2007 the House Energy and Commerce Committee's Subcommittee on Oversight and Investigations opened hearings lambasting the FDA regarding the safety of drugs. Chairman John Dingell (D-MI) opened, "It is clear that the FDA is badly broken. I expect that before we finish this investigation, which is just getting

underway, we will discover whether the problems we have found are due to the work of scoundrels, irrational penny-pinching, or because the doors to the FDA "hen house" have been thrown open to foxes." Testimony by Charles Grassley (R-IA) painted a picture of a rogue agency with near complete disregard for the law, an agency intentionally exposing Americans to known peril while actively covering the trail and working in partnership with Big Pharma.

Many legislators and physicians may find it impossible to believe that America's healthcare governance is broken, but consider the evidence. According to a recent shocking report by the international group Save The Children, the United States has one of the highest rates of newborn mortality of all the "industrialized" nations in the world.[20] Of the 33 developed nations reviewed, the U.S. ranked 32nd in infant mortality. The CIA Factbooks has recently failed to rank the United States in the top 40 nations for either infant mortality or life expectancy.[21] Children in the United States suffer from increasing rates of autism, asthma, obesity and other chronic childhood illnesses yet are among the world's most vaccinated populations.

Who is promoting the HPV mandate-medicine or Merck? The efforts to pass legislation mandating this vaccine appear to more about marketing and influence than about science. After Texan Governor Perry issued an executive order on February 2nd, 2006, mandating the HPV vaccine, the Associated Press reported he had taken campaign contributions from Merck and his former chief of staff was a Merck lobbyist.[22] Merck provides an undisclosed amount of money to Women in Government (WiG), an advocacy group comprised of female state lawmakers that include SB 10 cosponsor Senator Debbie Halvorson (D) who also received money from Merck last year for her re-election campaign.[23] WiG and its member legislators have launched an aggressive campaign to mandate the HPV vaccine throughout the U.S. Even the chairman of the CDC's Advisory Committee of Immunization Practices Dr. Jon Abramson recently stated; "It shouldn't be mandated", echoing similar positions taken by the AAP and the AAFP.[24]

How is it exactly that Illinois should bypass recommendations from these organizations and agencies?

## CONCLUSION

Mandating a vaccine against sexually transmitted diseases in 11 year-old children is unwise. This age group is likely being targeted to take advantage of the leverage of the threat to block entry into 6th grade and maximizing drug sales, not because of valid science. Merck's own trials only enrolled only a few hundred 11-12 year olds so we know the least about vaccinating children this age than any other age group.

Cervical cancer is not a common cancer in women, certainly not in 11 year-old girls. The real science indicates the greatest risk groups for HPV transmission are sexually active adults, not children. Since regulatory agencies urge vaccination before HPV infection is established and nearly 97% of adult women do not possess the strains in Gardasil, the overwhelming majority of women are candidates for vaccination. Therefore, I certainly hope that legislators, healthcare officials and physicians will also be willing to roll up their own sleeves in order to "prevent" cervical cancer. Somehow, I think very few would have the courage to take their own advice in lieu of the many unanswered questions about a drug marketed by a company who's moral compass is obviously broken. Again, the evidence suggests that mandating the HPV vaccine is more about marketing strategy than rationale science. The HPV vaccine mandate may be a good idea someday, but please not today.

*Editor: Personally I don't think it would be a good idea at all, now or in the future. As for blaming various virus as the cause of various cancers - once again I think they are following the wrong trail!!*

*Just read a book by Phillip Day called 'Cancer - Why We're Still Dying To Know The Truth' - it makes interesting reading!!*  
www.credence.org

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## PEOPLE IN PESHAWAR FAINT AFTER GETTING TAB VACCINE

<http://www.dailytimes.com.pk/>  
By Akhtar Amin, 1/7/2007. *Extract.*

PESHAWAR: At least 500 people were rushed to the hospital after they fell unconscious, allegedly due to the administration of faulty vaccines, in the flood-hit Regi locality of Peshawar on Saturday.

The patients had been administered the TAB vaccine by health workers to protect them from TB and cholera after floods. The Khyber Teaching Hospital (KTH) was flooded with women, children and elderly people complaining of fever after getting the vaccines. "I received the vaccine at 11am and at 1pm, I fell unconscious. The next moment I found myself in a hospital bed," said Omar Khan, 45. Mehrunisa, 60 said she had got the vaccine at 10am and lost consciousness at 11pm.

Doctors said the problem was caused by panic. Dr Mosem Khan, executive district officer (EDO) for health, said the vaccine could cause drowsiness, skin rashes, low blood pressure and vomiting, but these symptoms were not reported, showing that the reaction to the vaccine was caused by mass panic. People in Regi made announcements on loudspeakers asking residents to avoid vaccination and to rush those who had already been vaccinated to hospital. They also held nine health workers hostage, including one doctor, two nurses, five technicians and one store-keeper.

"We have suspended the ongoing anti-TB and cholera vaccination in the flood-hit areas across the province," said Health Minister Inayatullah Khan at an emergency press conference at the KTH.

The minister said that 9 health workers involved in the vaccination campaign in Regi had been suspended and a committee had been formed to investigate the causes of the incident.....NWFP Chief Secretary Sahibzada Riaz Noor issued a notification ordering an inquiry, which is to be completed within 12 hours.

# THE HEALTH BENEFITS OF WATER FASTING

By Stephen Harrod Buhner, April 2006

Fasting is an exceptionally ancient, and powerful, approach to healing many common disease conditions. It allows the body to rest, detoxify, and to heal. During fasting the body moves into the same kind of detoxification cycle that it normally enters during sleep. It uses its energy during a fast, not for digesting food, but for cleansing the body of accumulated toxins and healing any parts of it that are ill. As a fast progresses the body consumes everything that it can that is not essential to bodily functioning. This includes bacteria, viruses, fibroid tumors, waste products in the blood, any build up around the joints, and stored fat. The historical record indicates that human beings are evolutionarily designed to fast. It is an incredibly safe approach to healing and the body knows how to do it very well.

## THE PHYSIOLOGICAL CHANGES OF FASTING

Many of the most dramatic changes that occur in the body during fasting take place on the first three days of the fast. These occur as the body switches from one fuel source to another. Normally, the primary form of energy the body uses for energy is glucose, a type of sugar. Most of this is extracted or converted from the food we eat. Throughout the day, the liver stores excess sugar in a special form called glycogen that it can call on as energy levels fall between meals. There is enough of this sugar source for 8-12 hours of energy and usually, it is completely exhausted within the first 24 hours of fasting. (However, once the body shifts over to ketosis or fat as fuel, this new fuel is used to also restore the body's glycogen reserves.)

Once the liver's stores of glycogen are gone, the body begins to shift over to what is called ketosis or ketone production - the use of fatty acids as fuel instead of glucose. This shift generally begins on the second day of fasting and completed by the third. In

this interim period there is no glucose available and energy from fat conversion is insufficient but the body still needs fuel. So it accesses glucose from two sources. It first converts glycerol, available in the body's fat stores, to glucose but this is still insufficient. So it makes the rest that it needs from catabolizing, or breaking down, the amino acids in muscle tissue, using them in the liver for gluconeogenesis, or the making of glucose. Between 60 and 84 grams of protein are used on this second day, 2-3 ounces of muscle tissue. By the third day ketone production is sufficient to provide nearly all the energy the body needs and the body's protein begins to be strongly conserved. The body still needs a tiny amount of glucose for some functions, however, so a very small amount of protein, 18-24 grams, is still catabolized to supply it - from 1/2 to 1 ounce of muscle tissue per day. Over a 30 day water fast a person generally loses a maximum of 1-2 pounds of muscle mass. This conservation of the body's protein is an evolutionary development that exists to protect muscle tissue and vital organs from damage during periods of insufficient food availability.

From the third day onward the rate of the breakdown of fatty acids from adipose or fat tissue continues to increase, hitting its peak on the tenth day. This seven day period, after the body has shifted completely over to ketosis, is where the maximum breakdown of fat tissue occurs. As part of protein conservation, the body also begins seeking out all non-body-protein sources of fuel: nonessential cellular masses such as fibroid tumors and degenerative tissues, bacteria, viruses, or any other compounds in the body that can be used for fuel. This is part of the reason that fasting produces the kind of health effects it does. Also, during this period of heightened ketosis the body is in a similar state as the one that occurs during sleep - a rest and

detoxification cycle. It begins to focus on the removal of toxins from the body and the healing and regeneration of damaged tissues and organs.

## FASTING AND HEALING

Fasting has been found to help a number of disease conditions, often permanently. There have been a number of intriguing clinical trials and studies treating numerous disease conditions with fasting. Here are some of those findings.

In one clinical trial of hypertension and fasting, 174 people with hypertension were prefasted for 2-3 days by eating only fruits and vegetables. They then participated in a 10-11 day water only fast, followed by a 6-7 day post fast in which they ate only a low-fat, low- sodium vegan diet. Initial blood pressure in the participants was either in excess of 140 millimeters of mercury (mm HG) systolic or 90 diastolic or both. Ninety percent of the participants achieved blood pressure less than 140/90 by the end of the trial. The higher their initial blood pressure the more their readings dropped. The average drop for all participants was 37/13. Those with stage 3 hypertension (over 180/110) had an average reduction of 60/17. All those taking blood pressure medication prior to fasting were able to discontinue it. Fasting has been shown in a number of trials like this one to be one of the most effective methods for lowering blood pressure and normalizing cardiovascular function. Blood pressure tends to remain low in all those using fasting for cardiovascular disease once fasting is completed.

Fasting is exceptionally beneficial in chronic cardiovascular disease and congestive heart failure, reducing triglycerides, atheromas, total cholesterol, and increasing HDL levels.

Fasting has been found effective in the treatment of type II diabetes, often reversing the condition permanently. Because of its long term effects on

metabolism, fat stores in the body, leptin, and disease conditions associated with obesity, fasting has been found to be one of the most effective treatments for obesity.

A number of studies have found that fasting is beneficial in epilepsy, reducing the length, number, and severity of seizures. Fasting is especially effective for helping alleviate or cure childhood epilepsy.

In a 1988 trial of 88 people with acute pancreatitis, fasting was found better than any other medical intervention. Neither nasogastric suction or cimetidine were found to produce as beneficial effects as those from fasting. Symptoms were relieved irrespective of the etiology of the disease.

A number of studies have found that fasting is effective for treating both osteoarthritis and rheumatoid arthritis. Fasting induces significant anti-inflammatory actions in the body and researchers found decreased ESR, arthralgia, pain, stiffness, and need for medication.

Autoimmune diseases such as lupus, rosacea, chronic urticaria, and acute glomerulonephritis have all responded well to fasting.

Severe toxic contamination has been shown to be significantly helped with fasting. Clinical trials have found that people poisoned with PCB experienced "dramatic" relief after 7-10 day fasts.

Poor immune function improves during fasting. Studies have found that there is increased macrophage activity, increased cell-mediated immunity, decreased complement factors, decreased antigen-antibody complexes, increased immunoglobulin levels, increased neutrophil bactericidal activity, depressed lymphocyte blastogenesis, heightened monocyte killing and bactericidal function, and enhanced natural killer cell activity.

Other diseases that have responded to fasting are: psychosomatic disease, neurogenic bladder, psoriasis, eczema,

thrombophlebitis, varicose ulcers, fibromyalgia, neurocirculatory disease, irritable bowel syndrome, inflammatory bowel disease, bronchial asthma, lumbago, depression, neurosis, schizophrenia, duodenal ulcers, uterine fibroids, intestinal parasites, gout, allergies, hay fever, hives, multiple sclerosis, and insomnia.

The historically lengthy claim that fasting increases life span is beginning to garner some support in research literature. Regularly repeated 4-day fasting has been found to increase the life span in normal and immuno-compromised mice.

Although the use of fasting in the treatment of cancer is controversial, there is some emerging data **SHOWING** that fasting helps prevent cancer. Intermittent fasting (2 days weekly) has shown an inhibitory effect on the development of liver cancer in rats.

#### PEOPLE WHO SHOULD NOT FAST

Although most people can fast, there are a few who, because of special conditions, should not.

- People who are extremely emaciated or in a state of starvation
- Those who are anorexic or bulimic
- Pregnant, diabetic women
- Nursing mothers
- Those who have severe anemia
- Those with an extreme fear of fasting
- Those with porphyria. Porphyria refers to a genetic metabolic defect that affects the body's ability to manage porphyrins. Porphyrins are a group of compounds that combine with iron to produce blood, are involved in the control of electron transport systems, and, within mitochondria, are intricately involved in the production, accumulation, and utilization of energy. Porphyria can cause malfunctions in the liver, bone marrow, and red blood cells and produces a wide range of symptoms including seizures.
- People with a rare, genetic, fatty acid deficiency which prevents *THE INITIATION OF KETOSIS*. This is a deficiency involving the enzyme acetyl-

CoA, a mitochondrial fatty acid oxidation enzyme, that is essential to ketosis. Those with this deficiency who do fast can experience severe side effects, including hepatic steatosis, myocardial lipid accumulation, and severe hypoglycemia.

#### A Note on Pregnancy, Children, and Fasting:

Although many fasting texts suggest that pregnant women not fast, those that have been found to suffer side effects were also diabetic. Ketosis during pregnancy can seriously harm the fetus if the mother is diabetic. Fasting during pregnancy if a woman is not diabetic has not been found harmful to either mother or fetus. However, fasts for nondiabetic pregnant women should be no longer than 2-3 weeks duration and be monitored by a health care provider. Children, even infants, can also fast without complications if the fasts are of relatively short duration.

For infants 2-3 days, children 1-2 weeks depending on age. These fasts should also be monitored by a health care provider unless of short duration. The need for infants and young children to fast is rare.

#### THOSE WHO SHOULD FAST UNDER HEALTH CARE SUPERVISION

While most people can fast safely there are some that should do so only under the supervision of a health professional experienced in fasting for healing.

- Those with serious disease conditions
- Pregnant women
- Infants and young children
- Type I diabetics
- Those with insufficient kidney function
- Those who are extremely afraid of fasting yet wish to do so anyway
- People with a high toxic contamination level of DDT. DDT is stored by the body in a highly concentrated form in fat tissue. Fasting can release huge levels of DDT into the bloodstream as the fat stores are released. This can be quite dangerous.

# THE STING IN THE NEEDLE

*Doubts are emerging about the long-term effect of vaccinations on bacteria, writes Julie Robotham, 29/3/07.*  
[www.smh.com.au/](http://www.smh.com.au/)

FOR a baby, it is a brief moment of anguish as the needle punctures the arm. For public health experts, the rapidly expanding Australian childhood immunisation program is presenting longer-term concerns that cannot be so quickly overcome with a cuddle and a feed.

They are balancing the attractions of preventing serious illness and death today against the unknown effects of mass vaccination on patterns of disease in the future.

What if banishing one set of bugs provides a golden opportunity for others to set up shop in the body? What if bacteria that are only occasionally deadly serve an as yet unrecognised but beneficial function? How will we provide boosters if the protection vaccines afford turns out to diminish over time? If childhood diseases are deferred to adulthood, will they be more severe?

Mahomed Patel believes so little is known about the natural balance of microbes in the nose and throat that vaccines against bugs that reside there "must be regarded as an experiment in restructuring the local bacterial population".

Bacteria in the gut are known to be important for immunity and digestive health, says Patel, an epidemiologist at the Australian National University.

"We don't understand the microbiology of the throat at all. My guess is that they must be doing us some good ... we're knocking out some bugs which relatively infrequently cause disease."

Many people carry meningococcal bacteria, for example, benignly in their throats. Only in about one in 100,000 does the bug invade the blood or brain to become a life-threatening infection. Meanwhile, the vaccine against the C strain of meningococcal disease has been given universally to children since 2003.

Mass immunisation against seven dangerous strains of pneumococcus - also part of the standard childhood jab schedule since 2005 - vastly decreases the amount of disease they cause by ridding the throat of any trace of the organisms.

Among Boston preschoolers the proportion who carried the vaccine strains fell from 22 per cent to 2 per cent

during the three years after immunisation began. But colonisation by other pneumococcal strains - there are more than 90 - increased from 7 per cent to 16 per cent. Given time to evolve, those too might turn nastier.

"The prognosis for a lasting suppression of pneumococcal disease is guarded," Patel wrote last month in the *Medical Journal of Australia*, reigniting discussion of scientific uncertainties surrounding some aspects of Australia's immunisation program, even among its most ardent proponents.

Patel, who has worked in central Australia and Papua New Guinea, where infectious disease outbreaks are rife, believes vaccine technology offers too simplistic a technical fix to diseases that are more truly based in poverty, overcrowding and poor hygiene.

Robert Booy, the co-director of the National Centre for Immunisation Research and Surveillance, is an enthusiastic advocate of immunisation programs, but readily agrees they raise consequences for the future that can only partially be foreseen.

Booy says the evidence to date suggests that no new disease-causing strains for meningococcal, pneumococcal or the meningitis-causing *Haemophilus influenzae* type b (Hib) bacteria - against which Australia has been immunising since 1993 - have arisen to take the place of those knocked out by vaccines. "Over 10 to 15 years we haven't seen replacement," he says.

Nevertheless, says Booy, there is clear evidence from studies of people with chronic lung disease that different bugs do compete with each other to occupy a susceptible respiratory tract, and it may be that now is simply too soon to breathe a sigh of relief. "[Strain replacement] is a very real possibility," he says. "It may be it's a function over time."

And there is also solid evidence that mass immunisation can lead to the still more serious scenario of so-called capsule switching - in which, for example, the disease-causing core of the C strain meningococcal bacteria might swap genes with another meningococcal strain, allowing it to spread more readily and evade vaccine defences.

Booy says such instances are so few and far between that they have not posed a health threat. "It's a hypothetical concern that in practice hasn't amounted to anything more than isolated cases," he says.

A more immediate worry - as the most immunised generation in history makes its way out of preschools and into middle childhood - is how long their turbo-charged immunity will last.

According to immunisation dogma, any "live" vaccine - based on an actual pathogen modified to stop it causing disease - creates a lifelong "memory" in the body, triggering a powerful immune response every time it encounters the real thing.

Experience has taught that this is only partially true, says Booy.

Individuals vary in the degree of immune response that vaccines induce, and there is a gradual diminution of response as people age.

Yet another variable is the age at which a vaccine is administered, which also influences the strength of the immune response it provokes.

Australian babies who receive a single meningococcal C jab at age 12 months already have better protection from the disease than British infants, who receive three shots during their first six months of life.

But their next time of peak risk will come during their teens, when adolescent socialising puts them back in intimate contact with other people's bugs, and there is no guarantee their immunity will still be sufficient to withstand the onslaught.

"We may get to the point of giving [a booster] at about 12 years, before they start snogging and smoking," Booy says.

Meanwhile, waning immunity to the chicken pox virus varicella - against which children are also now immunised - would pose a separate conundrum because infection takes a different form in older people, in whom it often appears as the phenomenally painful neurological condition shingles.

Varicella vaccines for the elderly to prevent the shingles manifestation are under development.

For Peter Collignon, the director of infectious diseases at the Canberra Hospital, it is a question of proportion.

The organisms we vaccinate against are a relatively small slice of microbial life in the throat, and immunisation has proven extremely efficient at combating serious diseases they cause. The only other available option - treating disease after it occurs - may knock out many more bugs than just the culprit.

"I think we've got to keep a practical perspective," Collignon says. "If you take an antibiotic it's like napalming your throat."

## MULTIPLE SCLEROSIS AFTER HEPATITIS B VACCINE

Medical Veritas 4 (2007) 1436-1451

When evidence-based medicine (EBM) fuels confusion: multiple sclerosis after hepatitis B vaccine as a case in point  
Marc Girard, MSc, MD  
Email: agosgirard@free.fr

### ABSTRACT

Background: Evidence-based medicine (EBM) may be used to discard valuable data under the pretext that it does not correspond to the "best" criteria of proof, even when no results complying with these "best" criteria are available. Since their infrequent occurrences make it impossible to assess most adverse effects using randomised clinical trials (RCTs), drug safety offers frequent examples of selective assessment of data based upon this poor understanding of the fundamental tenets of EBM. While the gold standard of pharmaco-epidemiology (case/control studies) is usually ranked amongst the lower levels of evidence and is unattainable in many instances, the majority of safety problems are simply assessed using subjective specifications ("acceptable", "hard to interpret", "not

enough evidence", "not causally demonstrated"). This vaccine-safety example illustrates that such specifications are almost always biased by prejudices and application inconsistencies.

Methodology: Taking it for granted that any review of evidence must be complete, it must also be emphasized that such reviews must be fair. This means that the significance of the results must be assessed according to: a) the reliability of their sources (sponsoring, methods used, transparency of results, vested interests) and b) the weight of evidence which, in previous instances, was deemed to be "sufficient" to justify regulatory measures or practical recommendations.

Principal Findings: Applied to the issue of demyelinating disorders after vaccination against hepatitis B, this conceptual framework makes it possible to show that: (1) the authors of most studies challenging the reality of a neurological risk have vested interests (which are not always of financial nature); (2) the criticism directed by national (French Agency, U.S. CDC) and international health agencies (WHO) towards investigations supporting a

neurological risk after hepatitis B vaccination ranges from nonsense to documented forgery; and (3) even in the greatest journals, the process of publication has been tainted by the self-serving influence of the drug makers.

### Conclusions/Significance:

(1) The level of evidence demonstrating a significant risk of central demyelinating disorder after hepatitis B vaccine is far higher than that normally accepted to justify strong regulatory measures as exemplified by the historical precedents of thalidomide, aminorex, diethylstilbestrol, practolol, dexfenfluramine, tolcapone, and cerivastatin. (2) The dynamics of biased controversies over drug safety is based upon a worrying perversion of two key-points of scientific legitimacy: the publication process on the one hand, and the game of refutation on the other. However, the secular rules of Hippocratic prudence still offer valuable guidance to prescribers that, in practice, can be used to manage today's money-driven controversies that focus on promoting the "benefits" of drugs while downplaying or ignoring the often all-to-real "risks" associated with these same drugs.

## WORLD VACCINE MARKET PROMISES GROWTH EXCEEDING \$15 BILLION BY 2012

[www.prweb.com/](http://www.prweb.com/)

New Report Available From Piribo.com

Piribo, the online destination for business intelligence for the biotech and pharmaceutical industry, has just added a report on the exciting and growing global vaccine market. "Vaccines: The World Market," forecasts that the market will reach \$15 billion by 2012.

(PRWEB) March 25, 2007 – The potential to increase the global vaccine market is huge. Currently there are major issues hindering the wider usage of current vaccines on a global level. Never the less, most of these issues are being seriously addressed by the world health community. There are also several vaccines with significant potential in the pipeline and adult vaccines are being developed and used at a faster rate than seen before.

There is an imbalance in vaccine usage in developing countries, where

preventable diseases continue to go unchecked due to cost and supply issues. Shortages and delays as well as safety issues are also having an impact on the global market.

New vaccines currently in the development pipeline are emerging as promising alternatives to prevent or mitigate diseases. Expectations are high as numerous vaccines for HIV, several forms of cancer, and other diseases are in various stages of testing. As many as five new vaccines to treat cancer may soon be available, creating an \$8 billion dollar cancer vaccine market by 2012.

In addition, adult vaccines will increase at a faster rate, bolstered by strong influenza and hepatitis vaccine sales. However, pediatric vaccines continue to play a dominant role in the market.

This comprehensive report explores the nearly 200 drugs in development, provides in-depth company profiles, and

includes more than 55 tables and figures including current and forecasted revenues. It is essentially reading for information buyers interested in this exciting industry.

"Vaccines: The World Market," is available in pdf format from Piribo. For more information, go to: [www.piribo.com/publications/therapeutic/vaccines/vaccines\\_world\\_market.html](http://www.piribo.com/publications/therapeutic/vaccines/vaccines_world_market.html)

### ABOUT PIRIBO.

Piribo (<http://www.piribo.com>) is a UK-based independent online store supplying business information on the pharmaceutical and biotechnology industries. The website now carries over 6,000 English language titles including, market reports, studies and books and is the UK's largest online biopharma information store. Subscribers receive a free monthly newsletter and email alerts on new titles in their areas of interest. The company was established in 2004.

# THE AGE OF AUTISM: THE LAST WORD

July 18, 2007 By DAN OLMSTED UPI Senior Editor

WASHINGTON, (UPI) -- This is my 113th and final Age of Autism column. United Press International, which has been the hospitable home for this series, is restructuring, and I'm off to adventures as yet unknown -- although I intend to keep my focus on autism and related issues.

Why? Because it is the story of a lifetime.

"Autism is currently, in our view, the most important and the fastest-evolving disorder in all of medical science and promises to remain so for the foreseeable future," says Dr. Jeffrey A. Lieberman, chairman of the department of psychiatry at Columbia University's school of medicine.

Most mainstream experts believe autism is a genetic disorder that's "increasing" only because of more sophisticated diagnoses. But based on my own reporting, I think autism is soaring due to environmental factors -- in the sense of something coming from the outside in -- and that genes play a mostly secondary role, perhaps creating a susceptibility to toxic exposures in certain children. As the saying goes: Genes load the gun, environment pulls the trigger.

So to me, the issues autism raises -- about the health and well-being of this and future generations, about the role that planetary pollution, chemical inventions and medical interventions may have inadvertently played in triggering it -- are so fundamental that by looking at autism, we're looking very deeply into the kind of world we want to inhabit and our children to inherit.

It is impossible to summarize all the issues I've raised in my columns, but to me, four stand out:

-- The first question I asked when I started looking at autism in late 2004 was this: What is the autism rate among never-vaccinated American children?

Vaccines are the leading "environmental" suspect for many families of autistic children. So I was stunned to learn that such a study had never been done, given that it could

quickly lay to rest concerns that public health authorities say are dangerously undermining confidence in childhood immunizations.

Rep. Carolyn Maloney, D-N.Y., introduced -- and just reintroduced -- a bill to force the Department of Health and Human Services to do just that (generously crediting this column for finding enough never-vaccinated children to show that such a study is indeed feasible). She calls it "common sense," and it is an example of ordinary people -- through their representatives -- telling the experts they want better answers, and fast.

Recently, such a study was in fact done with private funds. It was a \$200,000 telephone survey commissioned by the advocacy group Generation Rescue that, as limited as it is scientifically, suggested a disturbing trend: Higher rates of autism in vaccinated vs. never-vaccinated U.S. children, along with similar ratios for other neurodevelopmental disorders like attention deficit/hyperactivity disorder.

I reported the same possible association in the Amish community. That's been criticized as inherently unscientific and undercut by the fact that Amish genes may differ from the rest of us and that increasingly, the Amish do receive at least some vaccinations.

All true, but intriguing nonetheless. I also found a family medical practice in Chicago called Homefirst that has thousands of never-vaccinated children as patients. According to its medical director, Mayer Eisenstein, he's aware of only one case of autism and one case of asthma among those kids -- not the 1 in 150 and 1 in 10 that are the national averages for those disorders -- and he has the medical records to prove it.

I wrote about that in 2005, yet when I met again with Mayer in Chicago last week, he told me not one public health official or medical association has contacted him to express any interest. Nor has any other journalist -- not a one.

-- That brings me to my second theme. I am sorry to say my

colleagues in the mainstream journalistic community have, in the main, done a lousy job covering this issue. They, of course, would disagree -- two were quoted (anonymously!) in the Columbia Journalism Review saying, "Olmsted has made up his mind on the question and is reporting the facts that support his conclusions."

Actually, my mind is made up about only one thing: Both vaccinations and autism are so important that definitive, independent research needs to be done yesterday -- and the fact that it hasn't should be making more journalists suspicious.

I think Big Media's performance on this issue is on a dismal par with its record leading up to the Iraq war, when for the most part it failed to probe deeply into the intelligence about weapons of mass destruction and the assertions about Saddam Hussein's link to al-Qaida. And it's bad for the same reasons -- excessive reliance on "authorities" with obvious conflicts of interest; uncritical enlistment in the "war on terror" and "the war on disease" without considering collateral damage or adverse events; a stenographic and superficial approach to covering the news, and an at-least-semiconscious fear of professional reprisal.

In the case of Iraq, that fear included being cut off -- like my exemplary fellow ex-Unipresser Helen Thomas -- from precious "inside sources" in the government; in the case of autism, fear of alienating advertisers lurks silently in the background.

To see how squeamish and slow-on-the-uptake the media can be in the face of an urgent health crisis, look no further than the early days of AIDS, as chronicled in Randy Shilts' "And the Band Played On."

-- Another angle I explored intensively involved a group of families in Olympia, Wash., who noticed their children regressing into autism after getting four live-virus vaccines -- mumps, measles, rubella (MMR) and chickenpox -- at an early age and in close temporal proximity. These cases seemed to have little or nothing to do

with the mercury preservative in other vaccines, called thimerosal, that many parents blame for autism (it was phased out of most routine immunizations starting in 1999).

That raises an ominous prospect: The still-rising autism rate might be related to some other aspect of the immunization schedule as well -- timing, age, total load or other ingredients. (I didn't invent that idea; the head of an expert panel mandated by Congress expressed it to me in an interview -- and again, her comments were largely ignored.)

One focus of that seven-part Pox series last year was a case of autism following a small clinical trial of a new vaccine called ProQuad, which contains the live-but-weakened MMR and chickenpox viruses in one shot. The chickenpox virus in ProQuad is about 10 times the amount in the standalone chickenpox shot, a boost needed to overcome "interference" among the four viruses (and a possible sign of trouble right there). Manufacturer Merck says the vaccine is safe and not related to autism.

Earlier this year the company announced it was suspending production of ProQuad -- barely a year after its introduction -- because supplies of chickenpox vaccine had run unexpectedly low. The company, however, will keep producing its other products containing chickenpox virus: the standalone chickenpox shot and a new vaccine for shingles.

A Merck spokesman told me the suspension of ProQuad had nothing to do with any safety concerns, that it had been selling well and would be reintroduced as soon as chickenpox vaccine supplies were replenished. As I've written before, I found Merck to be quite accessible and forthcoming when I asked questions about this issue -- much more so than the Food and Drug Administration, in fact.

So I take Merck at its word. But -- in the spirit of trust-but-verify -- I'll be watching for the return of ProQuad.

-- The Age of Autism columns that may mean the most over time (IMHO, of course) are about the first cases of autism, reported in 1943 at Johns Hopkins University in Baltimore among 11 children born in the United States in the 1930s.

With crucial observations from Mark

Blaxill of the advocacy group SafeMinds, I've suggested a pattern in some of those early cases: exposure, through the father's occupation, to ethyl mercury in fungicides. That's the same kind of mercury used in vaccines, and both were introduced commercially around 1930, right when those first autism cases were identified.

This is only a hypothesis, and critics have suggested it is a classic case not of connecting the dots, but of finding what I went looking for. That may be, but put yourself in my place when -- more than a year after publicly proposing the mercury fungicide idea in a column -- I identified the family of autism's Case 2 and located an extensive archive for the father, a distinguished scientist.

I sat down in the North Carolina State University library and opened the first box, took out the first folder and opened it to the first page. It was a yellowed, typewritten paper from spring 1922 summarizing a fungicide experiment the father conducted as a grad student in plant pathology -- an experiment in which mercury was the main ingredient (and in the title). By the time his son was born in 1936, he was working with the new generation of ethyl mercury fungicides -- yes, the kind used in vaccines.

Though others will disagree, I find that just a bit outside the parameters of chance, given the timeline of the disorder and the independent belief of so many of today's parents that the same kind of mercury, in a totally different context, triggered their children's autism.

It also suggests that whatever is causing autism could be coming at us from several directions -- our increasingly mercury-toxic environment as well as any medical interventions that may be implicated. Check out "Mercury Link to Case 2" in the series to get the full picture.

So thanks to UPI for supporting this work. And thanks for reading, responding to -- and critiquing -- this column. Truth is, you haven't heard the last word from me. Not by a long shot. (The entire Age of Autism series is available at [upi.com](http://upi.com) under Special Reports.)

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## QUOTES FROM THE PAST

The following quotes are from a lengthy text by R. T. Trall in 1862. The quotes are continued on p19 and p21.

*Trall states:* I said Prince Albert was opposed to taking medicine; so was the Queen, and no wonder. The most eminent of the British authors and professors had condemned it time and again. Let me give you a few specimens of their utterances.

"The medical practice of our day is, at the best, a most uncertain and unsatisfactory system; it has neither philosophy nor common sense to commend it to confidence."

--Dr. EVANS, Fellow of the Royal College, London.

"There has been a great increase of medical men of late, but, upon my life, diseases have increased in proportion." JOHN ABERNETHY, M.D., "The Good," of London.

"Gentlemen, ninety-nine out of every hundred medical facts are medical lies; and medical doctrines are, for the most part, stark, staring nonsense."

--Prof. GREGORY, of Edinburgh, author of a work on "Theory and Practice of Physic."

"It cannot be denied that the present system of medicine is a burning shame to its professors, if indeed a series of vague and uncertain incongruities deserves to be called by that name. How rarely do our medicines do good! How often do they make our patients really worse! I fearlessly assert that in most cases the sufferer would be safer without a physician than with one. I have seen enough of the mal-practice of my professional brethren to warrant the strong language I employ."

--Dr. Ramage, Fellow of the Royal College, London.

"The present practice of medicine is a reproach to the name of Science, while its professors give evidence of an almost total ignorance of the nature and proper treatment of disease. Nine times out of ten, our mis-called remedies are absolutely injurious to our patients, suffering under diseases of whose real character and cause we are most culpably ignorant."

--Prof. Jamison, of Edinburgh.

*Contd. page 21*

# PROSECUTORS TARGET RUSSIAN CLINIC TESTING BRITISH FIRM'S MMR VACCINE

<http://www.guardian.co.uk>  
By Luke Harding in Moscow.  
3/3/2007. The Guardian

Russian prosecutors have opened a criminal investigation into a clinic after unsubstantiated allegations that a vaccine made by the British drugs company GlaxoSmithKline has had disturbing side effects in a clinical trial. Prosecutors in Volgograd are investigating a clinic that tested the chickenpox, measles, mumps and rubella vaccine on 100 babies between the ages of one and two.

Prosecutors say at least one of the children developed alarming symptoms after receiving the vaccine. A regional court last week halted the trial, by the city's Independent clinical hospital, amid complaints from parents that they had not been fully informed they were taking part in an experiment.

It follows complaints by the family of Vika Gerasinka, who was given the GlaxoSmithKline vaccine in November

2005. Her family claim that before receiving the shots she was developing normally, and was able to say 10 words. Afterwards, however, they allege that she became fretful and developed problems.

"Since getting her shots, Vika and I have been to the hospital on several occasions. She has frequently been sick," her grandmother, Lyubov Gerasinka, said. Vika, now two and a half, had serious speech and psychological problems, she added.

Yesterday GlaxoSmithKline, the world's second biggest pharmaceutical company, said the vaccines in the trial were entirely safe and had been extensively tested.

The clinical trial involved 5,700 adults and children in 10 European countries including Russia, a spokeswoman said. All three vaccines - Varilrix, against chickenpox; Priorix-Tetra, a combined MMR and chickenpox vaccine; and Priorix, a new MMR vaccine - had been

approved by European and Russian regulators.

"GlaxoSmithKline is extremely concerned about the unsubstantiated and untrue allegations circulating relating to clinical trials in Russia," Michael Crow, the firm's Russia vice-president, told the Guardian. He said an internal audit had found "no signs of misconduct" by the private Volgograd clinic. There was also no evidence to link Vika Gerasinka's problems with the MMR vaccine, he added.

The clinic received \$50,000 (£25,500) from the British drugs company to carry out the trial, prosecutors say. The Rossiskaya Gazeta newspaper cited local doctors as saying one of the problems with the trial may have been the fact that so few babies were healthy in the first place.

Yesterday a spokeswoman for the Volgo-grad prosecutor's office said the criminal case was against the clinic and not GlaxoSmithKline. "GlaxoSmithKline contracted the clinic, so the clinic was responsible," Lidia Sergeyeva said. She made clear, though, that future action against the drug maker was not impossible.

## GERMANY INTRODUCES CANCER JAB

<http://news.bbc.co.uk> 28/3/2007

Young girls in Germany are to be vaccinated against the virus that causes cervical cancer. Italian health officials have also recommended 12-year old girls are immunised against human papillomavirus.

The issue has been controversial as some parents fear a vaccine against a virus which effectively is sexually transmitted could promote underage sex. Government advisors are considering whether the HPV vaccine should be introduced in the UK.

Gardasil, made by Merck and Sanofi Pasteur, offers protection against HPV types 16 and 18, which are responsible for 70% of all cervical cancers and types 6 and 11, which cause about 90% of cases of genital warts.

UK-based GlaxoSmithKline also has a HPV vaccine, called Cervarix, in development but which has not yet been licensed in Europe. The Standing Commission for Vaccination at the Robert Koch-Institut in Germany has recommended the universal vaccination of girls aged 12 to 17 years, four months ahead of schedule. Although boys can

pass on HPV infection, the Commission has not recommended that they also receive the vaccine.

Gardasil was already available from pharmacies but the move means that state insurance companies will fund the cost of the course of three injections in teenage girls. The Italian Ministry of Health announced that vaccination of 12 year old girls in Italy can start as soon as regional vaccination centres are prepared.

### Sexually transmitted infection

Around 80% of sexually active women can expect to have an HPV infection at some point in their lives. And cervical cancer kills 274,000 women worldwide every year, including 1,120 in the UK.

In an editorial published last year, The Lancet called for mandatory vaccination against HPV for girls in all EU member states once they are 11 or 12.

Some experts have raised concerns about the heavy promotion of the vaccine by companies involved.

A spokesperson for the Department of Health said introduction of HPV vaccination was currently under investigation by the Joint Committee on

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Vaccination and Immunisation. (Editor: What kind of investigation will be made if the majority of the committee have links with the industry?)

A study in Manchester of parents attitudes to HPV vaccine and research by the Department of Health had shown that most parents have not heard of HPV and were not aware of the role of HPV in cervical cancer. (Editor: I'm sure the medical profession are not sure what role HPV plays in cervical cancer either, and personally I don't think it has anything to do with the cause!)

Parents had concerns about offering a vaccine that protects against a sexually transmitted infection to children at a young age and the sexual health issues that could arise.

Cancer Research UK's medical director Professor John Toy said: "We are very keen to find out whether HPV vaccines will be offered as part of a nationwide programme in the UK.

"But we recognise that an initiative of this scale requires thorough consideration, especially since it would need to work alongside the highly-effective cervical cancer screening programme."

## QUOTES CONTINUED

"Assuredly the uncertain and most unsatisfactory art that we call medical science, is no science at all, but a jumble of inconsistent opinions; of conclusions hastily and often incorrectly drawn; of facts misunderstood or perverted; of comparisons without analogy; of hypotheses without reason, and theories not only useless, but dangerous." --Dublin Medical Journal.

"Some patients get well with the aid of medicines; more without it; and still more in spite of it."

--Sir John Forbes, M.D., F.R.S.

"Thousands are annually slaughtered in the quiet sickroom. Governments should at once either banish medical men, and proscribe their blundering art, or they should adopt some better means to protect the lives of the people than at present prevail, when they look far less after the practice of this dangerous profession, and the murders committed in it, than after the lowest trades."

--Dr. Frank, an eminent author and practitioner.

*Contd. page 23*

## COLEMAN'S LAWS - THE TWELVE MEDICAL TRUTHS YOU MUST KNOW TO SURVIVE

*By Vernon Coleman.*

This book is built around Vernon Coleman's twelve basic laws of medicine; laws which he has, over 40 years, formulated for his own benefit, as a doctor, an observer and a patient and which now, for the first time, he shares with his readers. Coleman's twelve laws are illustrated with clinical anecdotes and reinforced with an utterly convincing barrage of scientific data.

This book covers many aspects of medicine and health, including the vaccination issue. Reproduced here is just one of the points Dr Coleman makes on vaccination (P177 • 37):

'There is one form of preventive medicine with which doctors and nurses are very well acquainted: most are enthusiastic about vaccines.

Are they right to be so? Should you have your child vaccinated? Who should you believe about vaccination? The Government? The drug companies? The medical establishment? Television?

For over thirty years I have been warning about the potential problems associated with vaccines. I have,

during that time, provided a considerable amount of proof showing that vaccination programmes often do more harm than good. To be precise, I believe that the amount of illness and the number of deaths caused by vaccinations far exceeds the amount of serious illness and the number of deaths caused by the diseases against which the vaccinations are supposed to offer protection. The most significant known facts about vaccines are that they can cause brain damage and they can kill. The evidence shows that some vaccines kill and injure far more people than the diseases the vaccines are given to protect against.

This isn't a theory or supposition. It is a fact.

Since the late 1970s the British Government has quietly handed out tens of thousands of pounds in damages to parents of children suffering from brain damage caused by vaccines.'

Published by the European Medical Journal, Publishing House, Trintiy Place, Barnstaple, Devon EX32 9HG. Published 2006.

ISBN 1 898947 06 6

## TRIALS START ON NEW TB VACCINE

<http://news.bbc.co.uk/> 28/7/07

The first new TB vaccine for 80 years is being tested in clinical trials in South Africa. Oxford University researchers say that the jab, given alongside the current BCG vaccine, could protect people better from the disease. (*Editor: The largest trial on BCG showed the vaccine to be less than 0% effective!*)

TB kills more than two million people worldwide a year, and drug resistant forms are becoming more common. (*Editor: What they should be saying is that poverty, over crowded living and immune suppressive lifestyles and medications kill more than 2 million a year.*)

Charity TB Alert said an effective, cheap and long-lasting vaccine could justify widespread use in the UK. The Health Protection Agency recorded more than 8,500 cases in 2005, but the BCG vaccine, which used to be given

to all schoolchildren in the UK, is currently targeted only at communities with high rates of the infection, such as immigrant groups and the homeless.

The new vaccine has already passed safety trials in the Gambia, and the latest tests in the Western Cape area of South Africa, where one in 100 infants has the illness, will reveal if the extra jab works better than BCG alone.

Dr Helen McShane, the Oxford University and Wellcome Trust researcher leading the project, said: "This vaccine is safe, and stimulates very high levels of the type of immune response we think we need to protect against TB. "It is important for us to test whether or not this vaccine does work to stop people getting TB."

### 'ONE STEP AHEAD'

The results of the Gambian trials suggest that the vaccine is having a big impact on how the body's immune

system is primed to resist TB infection. It works by stimulating immune system cells called T-cells to produce a stronger response to the BCG jab.

TB Alert, a charity which campaigns for wider awareness of the global cost of TB, said that a new tool in the fight against the disease would be a "great step forward".

A spokesman said: "The TB bacterium has for too long managed to stay a step ahead of human efforts, as shown by the appearance, especially in HIV positive populations in southern Africa, of a strain of tuberculosis resistant to virtually all known drugs."

She added that if the vaccine proved to be safe, cheap and far more effective than BCG, with its effects lasting throughout life, then the reintroduction of universal immunisation in the UK "might be worthwhile".

# WHAT KILLED SALLY CLARK'S CHILD?

The Spectator, Issue: 19 May 2007

Neville Hodgkinson

Sally Clark spent three and a half years in jail wrongly convicted of murdering two of her babies after a jury was assured there was no other explanation for their sudden deaths than that she had deliberately smothered them. Yet five hours before her second child, Harry, was found lifeless in his baby chair, he had been injected with a combined vaccine with a long history of serious adverse reactions.

Harry was eight weeks old, the regulation age for the first of three injections against diphtheria, tetanus, pertussis (DTP) and Hib (a bacterial infection that can cause meningitis). He was also given an oral polio vaccine. His biological age was five weeks, as he had been born three weeks premature. Because of the previous sudden death of his brother, Christopher, his breathing was being monitored. He was uncharacteristically dozy from the time of his jabs to the time he died.

Not many people know these facts, because at Sally's trial the defence did not mention immunisation as a possible cause of death. Two prosecution witnesses, including the paediatrician Professor Sir Roy Meadow, assured the jury it could be discounted. Their statements went unchallenged, and the issue did not form any part of the appeal hearings. Professor Meadow, a former member of a Department of Health sub-committee on adverse reactions to vaccines, told the jury that he could not think of any natural explanation for Harry's or Christopher's deaths.

Yet the DTP vaccine they both received can unquestionably cause alarming and occasionally life-threatening reactions in susceptible babies. The pertussis (whooping cough) component, made from whole cells of the microbe, has been especially implicated as a cause of permanent brain damage and death. The evidence was spelled out in an unpublished 150-page report to the Department of Health by Dr Gordon Stewart, emeritus professor of public health at the

University of Glasgow and a world authority on vaccine safety.

Professor Stewart's report, first submitted at the request of the chief scientist in 1983 and updated in 1998 and 2006, also shows that, unlike the other vaccines, pertussis is ineffective — there has been widespread recurrence of whooping cough in fully vaccinated children in Europe and the USA. For these reasons several countries, including West Germany, Italy and Japan, removed it from their infant vaccination schedule. The report calls on the UK to do the same.

Harry Clark died in 1998, when the DTP vaccine also contained a controversial preservative, thiomersal, comprising 50 per cent mercury. Its use in childhood vaccines has recently been phased out in the UK, following concerns that it may have contributed to a rise in developmental disorders, especially autism. Last year the whole-cell pertussis vaccine was also finally abandoned in the UK, years after most other countries, in favour of a safer version.

Sally Clark, a solicitor, was freed after a huge campaign by friends, family and other supporters who recognised a gross miscarriage of justice. Her story was told by John Batt, also a solicitor and a family friend, in his book *Stolen Innocence*, described by the British Medical Journal as 'a terrible indictment of the criminal system, the legal profession and our own experts'. The book highlighted seemingly arbitrary, shifting and conflicting 'expert' opinions. Where some saw signs of abuse, others were emphatic that these were probably misinterpretations of natural events, including damage at birth and post mortem. Mrs Clark had a serious drink problem, which worsened after Christopher's death; but there was no evidence of her being anything other than a caring mother towards her children.

The main reason for her eventual release was the discovery of a microbiology report, not disclosed to the defence, showing that Harry had a common bacterial infection when he died. Again, experts disagreed about the significance of this report, but at a

second appeal the judges ruled it made the convictions unsafe.

This vindication, such as it was, came too late. On 16 March this year Sally Clark was found dead at the family home in Essex. She was 42. An inquest heard that she appeared to have died from natural causes. The results of more detailed tests are awaited, but friends suggested she died of a broken heart. She had spoken of how her eventual acquittal did not end her ordeal; of how she did not feel she had ever really proved her innocence.

Could that be because the most likely cause of Harry's death — an adverse reaction to the vaccines — was neither put to the jury nor formed a part of public discussion surrounding the case?

An examination of related legal and other correspondence has now made clear the reason for this extraordinary omission. It is that child health experts, following public loss of confidence in vaccination when the risks of brain damage were first publicised, were trying to maintain a united front in preventing further debate. Even paediatricians who gave testimony on Mrs Clark's behalf told defence lawyers that if vaccination were mentioned as a possible cause of Harry's death, they would dispute it. Not wanting to confuse the jury, and with judges having a history of bowing to dominant medical opinion, the defence decided to stay silent on the issue.

With hindsight, it is clear that this was a bad decision. Not just for Sally Clark, her husband, her surviving child, her family and friends, but because of the suppression of evidence of potentially vital importance to public health. Deaths and major injuries from vaccines are rare, but if professionals take an ostrich-like attitude towards those that do occur — and instead blame the parents — the scene could be set for a major disaster.

In fact, a disaster may already be upon us. Before 1990 the DTP vaccine was given to babies at three, five, and ten months. In 1990, despite previous safety controversies, an accelerated schedule was introduced, with injections at two, three and four months. This meant that by body weight, babies were now receiving bigger burdens of mercury and other toxins in the

vaccines than previously, and at younger ages. There are concerns that this increased risk in early childhood may have contributed to a big increase in disorders linked to varying degrees of faulty brain circuitry.

According to a major national survey conducted in the UK in 2004, one in 100 children aged five to 16 had been diagnosed as suffering from autistic spectrum disorder (ASD), a range of developmental impairments affecting social and communication skills and sometimes accompanied by behavioural problems including hyperactivity and impulsiveness. Although this was a 'snapshot' survey that said nothing about changes over time, previous smaller studies have suggested far lower incidence.

In the US, where drug safety regulation and pharmaceutical practices often parallel those in the UK, diagnosis of autism has been based since 1994 on clear criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders. The medical diagnosis is usually reviewed by specialists in special education, before services are provided in the different school districts. In 1994 there were 22,780 children aged six to 21 diagnosed with autism and ASD. By 2004 this number had risen to 140,972.

Argument continues over the possible causes of these changes. Some say the increase is only apparent, and is caused through greater awareness, or diagnostic fashion. Others point to medicine's increasing skill in keeping very premature babies alive. Lisa Blakemore-Brown, a psychologist specialising in autism and related disorders, says she saw the numbers clearly increasing during the 1980s and 1990s and believes many teachers as well as parents and children are suffering intensely as a result — especially when there is a delay in recognising the nature of the problem. Her book *Reweaving the Autistic Tapestry* was cited in a House of Lords debate in 2003 as 'required reading in every LEA — and in the Department of Health'. Peers also spoke of how it is often the prison system that finally has to deal with many of the youngsters involved.

Blakemore-Brown now has no doubt

that vaccines are a contributory cause, though she did not make the link for several years. Previously, her main concern was with the best ways of diagnosing, educating and treating, at a time when many of the children's difficulties were not recognised or understood. Gradually, she began to take notice of parental reports of children changing immediately after vaccination.

Sometimes there was video evidence, as when a baby girl was filmed eating with relish, and later the same day — all times and dates automatically documented on the film — lying flat out on the floor after receiving DTP. The next day she was a different child, dribbling and with her mouth moving oddly. Later film showed her with 'dead' eyes, as her mother described it. 'I saw that child when she was eight years old,' says Blakemore-Brown. 'By then she had experienced years of learning difficulties, many very subtle, but damaging to her life nevertheless. The fight the parents have had to get education for her has been extraordinary.' The mother even had to rebut an allegation of Munchausen syndrome by proxy (MSBP), in which a parent invents false illness for the child, sometimes faking or creating symptoms through deliberate harm.

Professor Sir Roy Meadow was first to describe MSBP. Previously held in high esteem for his work in this field, in 2005 he was struck off by the General Medical Council for giving 'erroneous' and 'misleading' evidence that helped wrongly convict Sally, and two other mothers, of killing their children. Last year he was reinstated, after an appeal to the High Court in London. Mr Justice Collins said he had acted in good faith when he gave evidence at the Clark trial, including his widely publicised claim that the probability of two cot deaths in a family such as the Clarks' was 73 million to one. Studies suggest a more realistic figure is 64 to one. The judge said he had 'made one mistake; it was a mistake that was easily and widely made'.

Clearly, Professor Meadow is much respected and has made a distinguished contribution to medicine. But was it really such an innocent

mistake? Or was the professor — in common with his paediatric colleagues — avoiding facing up to a reality, unpleasant for professionals who have for years defended a controversial vaccine: that when a tiny baby dies five hours after being injected, a link between the two events might be more probable than that the mother was a murderer?

## FURTHER PAST QUOTES

"Our actual information or knowledge of disease does not increase in proportion to our experimental practice. Every dose of medicine given is a blind experiment upon the vitality of the patient." -- Dr. Bostock, author of "History of Medicine."

"The science of medicine is a barbarous jargon, and the effects of our medicines on the human system in the highest degree uncertain; except, indeed, that they have destroyed more lives than war, pestilence, and famine combined." -- John Mason Good, M.D., F.R.S., author of "Book of Nature," "A System of Nosology," "Study of Medicine," etc.

"I declare, as my conscientious conviction, founded on long experience and reflection, that if there were not a single physician, surgeon, man-midwife, chemist, apothecary, druggist, nor drug on the face of the earth, there would be less sickness and less mortality than now prevail." -- Jas. Johnson, M.D., F.R.S., Editor of the *MedicoChirurgical Review*.

Prince Albert and the Queen could hardly have been unacquainted with the opinions of those distinguished physicians. Prince Albert was inclined to medical studies and physiological investigations. He has probably done more to improve the sanitary condition of the poor of London than all the doctors of the British Empire have.

Prince Albert was afraid to take the medicine of the regular profession, yet he was killed by it. Lord Byron held medicine in contempt, and execrated bleeding; yet he was bled to death. Prince Albert refused to take the ordinary drugs, but consented to take alcoholic stimulants. There was the fatal error. *End of extract.*

# THE TRUTH ABOUT VACCINES:

## HOW WE ARE USED AS GUINEA PIGS WITHOUT KNOWING IT

A new book, of the above title, is now available, written by London-based medical doctor, Richard Halvorsen.

*Dr Halvorsen comments:* Are the scares over vaccines the work of hysterical parents, anti-vaccine fanatics and a sensationalist media? Or is the Government wilfully ignoring very real dangers and promoting vaccines that we don't need?

Seven years ago, I was a regular London GP with no particular opinion about vaccines. I gave them to my patients and my own children, secure in the knowledge that they were safe. That all changed in 2000 when a newspaper asked me to write about the MMR vaccine.

I knew there were a few, rare side effects of the triple vaccine, but like most GPs I had no doubt the benefits far outweighed the risks.

What I then found out led me to change my practice as a family doctor and I started to prescribe measles, mumps and rubella vaccines singly.

I am now convinced that rather than being a silver bullet in the heart of disease, vaccine programmes could actually be causing some serious health problems, with hundreds if not thousands of children adversely affected every year.

The more I researched, the more disturbed I became. I felt I'd been grossly misled by the Department of Health.

The Government's defence of the MMR vaccine - that no clear link had been proven between the MMR and autism - turned out to be extremely misleading.

When evidence emerged that there could be a problem, they consistently rejected or ignored it. One international vaccine expert succinctly described their case as "crap".

It became clear to me that the benefits of vaccines were far from clear-cut. My research unearthed facts which often challenged, and sometimes contradicted, the established view of vaccines as a boon to mankind, the view I'd been taught

at medical school and which is presented to the public as indisputable.

In fact, vaccines have nearly always been a battleground.

The current conflicts over MMR are echoes of earlier struggles over the safety of the whooping cough and polio vaccines.

Over a 20-year period, according to an article in the British Medical Journal, the oral polio vaccine caused more people to become paralysed than the illness itself.

In the Seventies, vaccination rates for whooping cough plummeted because of fears of brain damage.

So how much of our massively improved survival rates are actually due to vaccination? Not nearly as much as you've been led to believe. What is usually forgotten is that death rates from the four big Victorian killers of children - measles, whooping cough, diphtheria and scarlet fever - were already declining from the beginning of the 20th century due to improvements in hygiene and nutrition.

Even so, by the Forties it was still worth starting a vaccination program against diphtheria and whooping cough.

For every 600 children you vaccinated against diphtheria, one life was saved; for whooping cough 800 were vaccinated for each death prevented.

But today, the number you have to vaccinate for one child's life to be saved is enormous - 30,000 in the case of the new pneumococcal vaccine intended to protect against blood poisoning, meningitis and pneumonia, which was introduced last year.

Far from protecting the nation against common killers, our current vaccination programmes are protecting against increasingly rare infections.

Which raises the question: are vaccinations - with all their side effects - now creating more problems than they solve?

**The Truth About Vaccines**  
By Dr Richard Halvorsen.  
Published by Gibson Square on  
July 26 2007 at £9.99. ISBN 978-1-903933-92-3

## PULSE POLIO BUNGLE UNTESTED VACCINE SURFACES IN POLIO OUTBREAK

<http://www.tehelka.com/24/7/07>

A potent new vaccine introduced in Uttar Pradesh by the WHO has had no safety tests; the rash of new polio cases in the state may've been caused by the vaccine itself, reports Mihir Srivastava. Surrounded by mango groves, village Rahimabad is situated 10 kilometres off the Lucknow-Sitapur highway in the Khairabad block of Sitapur district. Rahimabad is in news for a dubious reason. A two-year-old girl of this village, Saniya, suffers from Type I polio despite being administered more than seven doses of the new polio monovalent vaccine (MOPVI), which is made specially for the Type I poliovirus. The vaccine was introduced in mid-2005 and tom-tommed as the final step in the eradication of polio from India. Before its introduction, a trivalent vaccine was in use that simultaneously targeted the three poliovirus strands found in India, Type I, II and III, by introducing into the body live viruses of all the 3 strands to develop immunity.

Saniya's is not the only case. There are 15 cases of Type I polio spread across Uttar Pradesh (There are also 41 cases of Type II polio which takes the total count to 56). While there has been no reported Type I case in the endemic Moradabad, the new cases have been reported from eastern and central Uttar Pradesh; so instead of just a region, cases of wild polio are being reported from all over Uttar Pradesh now.

Saniya's mother, Noorjahan, is furious. "She is having polio drops ever since she was four days old. She has had over a dozen doses of the polio drops. We came to know about her polio when she got a high fever. She could barely manage to stand, could not walk at all, after the fever. We took her to the local hospital where they did a stool test. We were later told that she has polio," she recounts. "There must be some thing wrong with the polio drops if even after so many doses my child has contracted polio. The government should test medicines before they are used. Pata nahin bachchoo ko

kya pila rahin hain!" (Don't know what they are making my child drink), she adds.

Mistrust is not only rife among the patients' families, it has also gripped the doctors and field operatives overseeing the vaccination project. Add to this the latest controversy about the MOPVI vaccine, introduced in India by the World Health Organisation (WHO), and the organisation's National Polio Surveillance Project (NPSP), and you get a sense of the callousness plaguing the polio campaign.

When the MOPVI was launched in India in mid-2005, there was no mention that it was a new vaccine, and therefore no need was felt to examine whether it had been tested. The impression created at the time was that this vaccine had earlier been used in the 60s and 70s in some other countries. The project manager of the NPSP, Dr Hamid Jafari, confirmed this while talking to Tehelka.

In contrast to this position, the April 21, 2007 issue of the renowned medical journal, *The Lancet*, carried a study titled "Protective efficacy of a monovalent oral Type 1 poliovirus vaccine: a case-control study by Grassly NC, Wenger J, Durrani S, Bahl S, Deshpande JM, Sutter RW, Heymann DL and Aylward RB". On pages 1356-1362 it says: "A high-potency monovalent oral type 1 poliovirus vaccine (mopv-i) was developed in 2005 to tackle persistent poliovirus transmission in the last remaining infected countries. Our aim was to assess the efficacy of this vaccine in India."

This clearly means that the MOPVI is a new, untested vaccine and its use was part of an experiment. This news has outraged the Indian medical community. If this vaccine was new, did the WHO and NPSP test its safety? Head of the pediatrics department of Delhi-based St Stephen's Hospital, Jacob Puliyeel, took up the matter with *Lancet*. In his strong-worded letter to *Lancet*'s editor, he wrote: "We are shocked and dismayed that the *Lancet* should have published the paper on the protective efficacy of monovalent oral Type 1 poliovirus... having overlooked the serious ethical issues involved." He went on to write, "What was introduced, according to this article, was a new vaccine that was five times more potent than previous vaccines, presumably also with the increased likelihood of adverse

effects. No informed consent was taken, nor was the public told that the vaccine was experimental. Efforts were made to give the impression that the monovalent vaccine was not new."

*Lancet* asked the authors of the article to respond to the questions raised by Puliyeel. In their reply, the authors bypassed the question whether the vaccine was new or not, and put the onus of use of this vaccine squarely on the government of India. "The vaccines assessed were licenced for administration in India by the national regulatory authority, the Drugs Controller General of India. The MOPVI formulation assessed in our study has been used since mid-2005 by the Government of India, and now in over 20 countries around the world."

When Tehelka asked the same question to Jafari, he said it wasn't a new vaccine. Then why does this paper in *Lancet* say so? "It has been interpreted wrongly," Jafari said.

Puliyeel had another serious objection. He said administering MOPVI without examining its potential harmful effects amounts to experimentation on human subjects. The question that NPSP and WHO have to answer is why polio drops that are five times more potent, which means they carry five times more of the live poliovirus, was indiscriminately administered. Would this not result in overexposure to the live poliovirus and possibly result in vaccine-induced polio? "The oversight body that introduced this experimental vaccine should also have monitored adverse effects," wrote Puliyeel to *Lancet*. Further, he mentioned: "In the absence of proper post-vaccination surveillance of adverse effects, we have to rely on indirect evidence of possible adverse effects available from the NPSP. Data from Uttar Pradesh (where Grassly and colleagues show improved vaccine efficacy) show an increase in the incidence of non-polio Acute Flaccid Paralysis (AFP, or the weakness of limbs) since the introduction of the monovalent vaccine." Doctors in UP are worried about this development. "We want the nature of AFP in these cases to be investigated. It could be due to over exposure to the polio vaccine," said a senior doctor in Lucknow who has overseen the polio immunisation programme in UP for years.

These apprehensions are not without

reason. Of the 10,264 reported cases of AFP, 209 were cases of polio. Of the remaining 10,055 only 2,553 were followed up. NPSP data reveal that approximately 4,800 cases had residual paralysis or died after acquiring in 2005 non-polio AFP. "The situation was even worse in 2006 after just six doses of MOPVI. It is not surprising that NPSP is not keen on the follow up of these cases," says Puliyeel.

In their reply to *Lancet*, the study's authors have ruled out this possibility completely. Interestingly, they cite no study to support their assertion. The increase in AFP cases is attributed to better surveillance and reporting. "The increase in AFP cases began before MOPVI was introduced, and occurred across India, including states where MOPVI has not been used. The introduction of MOPVI is not, therefore, the cause of the increase in cases of AFP," the authors wrote.

Disagrees Puliyeel: "This cannot be ruled out unless tested." In their reply to *Lancet*, the authors have written: "Poliomyelitis cases are confirmed only when the poliovirus is identified in the stools of a patient with Acute Flaccid Paralysis (AFP). However, it is impossible to collect stool samples from all such patients." They have also said: "When we are into the business of polio eradication we are interested in polio and nothing else."

Jafari said the question of overexposure does not exist. "Each time a vaccine is given, it strengthens the child's immunity against subsequent doses," Jafari said. But he failed to explain why infants like Saniya, who have had multiple vaccination, have contracted polio. On the question of whether the rising cases of AFP are a possible fallout of overexposure to polio vaccines, Jafari said, "We know by our 50 years of experience in polio vaccination that the vaccines are safe. There are many studies in place, even in India." None of these "studies" was quoted in the detailed reply to *Lancet*.

Then why does polio survive in the Hindi heartland? As usual, the WHO blames the state government and its poor health infrastructure. Dr LB Prasad, director general of UP's Directorate of Family Welfare, counters: "Our job is to give vaccines to every child in Uttar

Pradesh. We have approximately a 90-percent coverage against the required 80 percent. Each child has received multiple doses."

Another question is why are local authorities always held responsible for any failure? Did the WHO care to check the efficacy of its own vaccine? "We are constantly looking at the efficacy aspect of the vaccines," said Jafari. "That is what led to the introduction of MOPVI." But if that is the case, why are children, who have been vaccinated more than 20 times, still carrying polio? "The efficacy of the vaccine depends on climate conditions, hygiene, population density, etc. They may not be 100 percent effective," concedes Jafari.

While Jafari does not consider efficacy the real issue, Principal Secretary of the UP's Health department, Arun Mishra, informed Tehelka: "The efficacy of the MOPVI is being tested by the Indian Council of Medical Research. The results are awaited."

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## ABUSING VOLUNTEERS

[www.haaretz.com](http://www.haaretz.com) 27/07/2007  
By Haaretz Editorial. *Extracts.*

A secret medical experiment that injected soldiers with the anti-anthrax vaccine, run over eight years beginning in 1998, raises alarming questions about the army authorities' conduct.

The army conducted the experiment, code-named Omer 2, under a cloak of secrecy, furtiveness and panic. Now, as details emerge despite the military authorities, it is clear that the soldiers involved have been brushed aside with half-truths and evasion.

The experiment was carried out on obedient, motivated soldiers from elite units. Indeed, they volunteered for the mission, but in such circumstances, what they did cannot be called volunteering in any way. Had not a few of them started suffering from serious after-effects, they themselves would probably be covering up the system's blunders to this day.

The details are now beginning to see the light of day, after a petition was submitted to the High Court of Justice by a group of young adults suffering from breathing and skin problems and having various degrees of difficulty with everyday functions. The petitioners are demanding that the army accept responsibility for them and treat their condition. They are also demanding that it reveal the experiment's decision-making process and supervision mechanism. The defense

# NIGERIA ADDS FRAUD CHARGE AGAINST PFIZER IN CIVIL LAWSUIT

Associated Press July 20, 2007  
[online.wsj.com](http://online.wsj.com) (Wall Street Journal)  
ABUJA, Nigeria -- Nigerian government lawyers added a tougher fraud charge in their \$7 billion civil lawsuit against drug maker Pfizer Friday.

The government has accused Pfizer of taking advantage of a 1996 meningitis epidemic to test an experimental drug without authorization or full understanding of the families involved -- allegedly contributing to the deaths of some of the children and sickening others. Pfizer denies wrongdoing.

Government lawyer Babatunde Irukera said lawyers recently discovered material that suggested Pfizer committed fraud by bypassing company rules on obtaining consent from families. Based on that, they withdrew their original suit Friday and hours later filed a new one. He said the new suit also clarifies some of the government's original arguments.

"Some of the materials we needed to establish that Pfizer was fraudulent only came out after we filed the suit," he said. Irukera said the earlier suit only levied a softer charge of "fraudulent representation."

Pfizer's lawyers were not immediately available for comment.

The civil case is in addition to a federal criminal case and separate from civil and criminal cases launched at the state level in the northern state of Kano. All the cases stem from the same mid-1990s drug study in Kano's main city, also called Kano.

establishment's refusal to provide a clear answer increases the sense of alarm over its conduct.

The authorities claim to this day that the American vaccine (which was given to a quarter of the group taking part in the experiment) was "completely safe" already at the time, because it had been tried successfully in the United States. However, it was known that until 2005 about half of the U.S.'s soldiers refused to be vaccinated with this substance due to the fear of after-effects.

Three-quarters of the Israeli soldiers in the experiment were injected with an Israeli vaccine, which had not been tried until then. Both those given the American vaccine and those given the Israeli vaccine are suffering from after-effects today.

Pfizer treated 100 meningitis-infected children with an experimental antibiotic, Trovan. Another 100 children, who were control patients in the study, received an approved antibiotic, ceftriaxone -- but the dose was lower than recommended, the families' lawyers alleged.

Eleven children died -- five of those on Trovan and six in the control group, while others suffered physical disabilities and brain damage. Pfizer has always insisted its records show none of the deaths was linked to Trovan or substandard treatment, noting that the study showed a better survival rate for the patients on Trovan than those on the standard drug. Meningitis survivors sometimes sustain brain damage or other complications from the disease.

Authorities in Kano state have blamed the Pfizer controversy for widespread suspicion of government public-health policies, particularly the global effort to vaccinate children against polio.

Islamic leaders in largely Muslim Kano had seized on the Pfizer controversy as evidence of a U.S.-led conspiracy. Rumors that polio vaccines spread AIDS or infertility spurred Kano and another heavily Muslim state, Zamfara, to boycott a polio vaccination campaign four years ago.

Vaccination programs restarted in Nigeria in 2004, after an 11-month boycott. But the delay set back global eradication. The boycott was blamed for causing an outbreak that spread the disease across Africa and into the Middle East.

The study was a closely-kept secret, although the director of the Israel Institute for Biological Research in Nes Tziona, Professor Avigdor Shafferman, who headed the experiment, now claims that the vaccine's composition was not classified. Details of the Israeli vaccine had been published already in 2001 in foreign periodicals and in the domestic press..... Nothing is easier than conducting an experiment on a "captive" group such as soldiers or infirm elderly people (like the experiments at Hartzfeld Geriatric Hospital in Gederah).

Until this business is regulated by law, a committee of inquiry must be set up to shed light on the concealed details, define the responsibility toward the young civilians who were harmed and prevent such occurrences in the future.

# I TOLD THE TRUTH ALL ALONG

In his only interview before he appears in front of the General Medical Council to face serious charges of malpractice, the campaigner against the MMR vaccine tells Denis Campbell that he has no regrets.

Sunday July 8, 2007, *The Observer*

Flicking through some paperwork in an Italian restaurant in central London, Andrew Wakefield cuts an anonymous figure. Tall, wearing a deep green polo shirt, chinos and outdoor jacket against the rain, he could be an accountant checking figures. It is unlikely that the other mid-afternoon diners recognise a man who sparked one of the great public health controversies.

Wakefield is a hugely divisive figure. Nine years ago he claimed that the measles mumps rubella vaccine, or MMR, given to every baby in the country at 12-15 months, may cause autism. To many in the medical and political establishment he is a misguided, dangerous propagandist whose claims have caused unnecessary alarm among millions of parents and risked outbreaks of three diseases that remain potential killers. Some critics describe him as a crank, a publicity-lover, a peddler of spin, hype and pseudo-science. He has been attacked by the Chief Medical Officer, the then Health Secretary and Tony Blair.

Forced to leave Britain to practise in America because of the furore, Wakefield is now back. And unrepentant. Time, and the condemnation he faced, have deepened his suspicions about MMR. For the last few weeks he has spent long hours every day with his lawyers finalising evidence he will give when he appears next week before the General Medical Council, the body which investigates alleged malpractice by doctors. He is facing a long list of serious charges relating to research he co-authored in 1998 that triggered the huge public uncertainty about MMR that endures today.

To supporters, Wakefield is a hero, a lone crusader for truth and a principled, caring doctor challenging a policy that is harming significant numbers of children. Some scientists, a handful of doctors and parents of sons and daughters they claim have been damaged by the triple vaccine see him as the victim of a Department of Health-led plot to discredit him, and the GMC hearing as a show trial designed to suppress an uncomfortable truth. Wakefield, talking to *The Observer* in his only interview before the hearing, says he

plans to defend himself vigorously against allegations he sees as ill-conceived and malicious. 'I've done what I've done because my motivation is the suffering of children I've seen and the determination of devoted, articulate, rational parents to find out why part of them has been destroyed, why their child has been ruined. Why would I go through this process of professional isolation if it was simply to do with egomania? My alleged egomania doesn't explain things very well. There's been no upside for me in having pursued this issue. It's been very difficult.

'As Vaclav Havel once said: "Follow the man who seeks the truth; run from the man who has found it." I can't tell you that we know that the MMR vaccine causes autism. But the Department of Health can tell you with 100 per cent certainty that it doesn't, and they believe that, and that concerns me greatly.'

The MMR controversy began on 26 February, 1998 when a group of doctors at the Royal Free Hospital in north London, including Wakefield, held a press conference to publicise a research paper they had just published in the medical journal *The Lancet*.

Journalists asked about the authors' main claim to have discovered, in a study of 12 children, a new form of inflammatory bowel disease, which they linked to the MMR vaccine. The doctors outlined their theory that in some children the combination vaccine damaged the immune system because they could not cope with simultaneously receiving a tiny dose of three separate diseases, leaving them susceptible to illness.

The five doctors were asked if, given the findings, parents should continue having their children vaccinated with the three-in-one jab. Roy Pounder, professor of medicine at the Royal Free, passed the question to Wakefield. The gastro-enterologist replied that the potential link between gut disorders, autism and MMR vaccination could no longer be ignored. 'It's a moral issue, and I can't support the continued use of these three vaccines given in combination until this issue has been resolved,' he said.

Several co-authors disagreed, as did the Department of Health, which was furious. But, fuelled by huge publicity, Wakefield's remarks led to large numbers of parents then, since and today enduring anxious hours wondering what to do: follow the NHS advice and get their babies the MMR jab or opt for single vaccines - argued by some to be safer - privately instead.

MMR safety will be back in the news

on 16 July when the GMC Fitness to Practise Panel begins disciplinary proceedings against Wakefield and two of his *Lancet* co-authors, Professor John Walker-Smith and Professor Simon Murch. The charges of serious professional misconduct in the way they conducted the disputed study are very grave. If upheld, all face being struck off.

They include allegations that the three undertook research with the 12 children without proper approval from the Royal Free's ethics committee, failed to conduct their study along the lines they had sought ethical approval for, and did not treat their young patients in accordance with the ethical approval given. The trio are accused of carrying out procedures on children in the study, such as lumbar punctures and colonoscopies, that were not in the best interests of the health of some seriously ill young people.

According to the charge papers, the GMC will also hear claims that Wakefield and Walker-Smith 'acted dishonestly and irresponsibly' in failing to tell *The Lancet* how they had recruited the patients, and that the pair also acted irresponsibly when they gave one child 'a purportedly therapeutic substance for experimental reasons prior to obtaining information about the safety of the substance'.

Wakefield himself is further accused of being 'dishonest and misleading' when he obtained research funds from the Legal Aid Board, of ordering investigations to be carried out on some children even though he did not have the paediatric qualifications to do so, and that he took blood from children at a birthday party to use for research purposes after offering them money.

Wakefield explains that legal advice and his desire not to turn the GMC panel against him, mean he is unable to respond directly to the allegations. But friends say that he views the GMC hearing as part of a long-running 'Stalinist' campaign to ruin his reputation. He and his co-accused deny all the claims.

Wakefield told *The Observer* that he has no regrets for saying what he did in 1998 nor for continuing to seek to prove his view of MMR as the likeliest explanation for the rise in cases of autism in Britain. Almost every child health expert, though, regards the jab as hugely beneficial to public health and rules out any connection between it and autism.

'My concern is that it's biologically plausible that the MMR vaccine causes or contributes to the disease in many children, and that nothing in the science so far dissuades me from the continued

need to pursue that question', Wakefield said. 'The trend in autism has gone up sharply in many countries. It's interesting that that increase coincides in many places with the introduction of the MMR vaccine. That doesn't make it the cause. But it's an observation that needs to be explained, because there was clearly some environmental change at that time that led to growing numbers of children becoming autistic. It's a legitimate question if MMR is one of those factors. I fear that it may be.'

His notoriety means he is effectively an exile in America, where he is now the executive director of research at Thoughtful House, a non-profit-making school and clinic in Austin, Texas, which treats children with autism from all over the world.

'The hypothesis that we have been pursuing for some years is that the vaccines in some way may interact to increase the risk of the measles element in the MMR jab damaging the intestine, and possibly the brain directly, or alternatively that the intestinal disease leads to secondary immune injury to the developing brain.'

As the Havel quote suggests, Wakefield sees himself as a dogged seeker after a disturbing truth. He compares himself to the small band of doctors who, soon after Aids emerged in the Eighties, pinpointed a previously unknown virus (HIV) as the cause, only for their theory to take years to become established.

'In the Thatcher-Reagan era, Aids was originally seen as something politically unacceptable, as an act of God or a gay plague - as anything but our problem. People were stigmatised,' he said. 'We are looking at something with autism which is similarly politically unacceptable. That is, how could one of medicine's modern miracles possibly be associated with damage to children? Because if it's shown to be linked, then it becomes less of a miracle and more of a potential scandal.' He believes that the Department of Health introduced MMR into the UK in 1988 to save money and that he has been persecuted for daring to take on powerful political and drug industry interests.

Professor David Elliman, of Great Ormond Street Children's Hospital in London, is one of Wakefield's chief critics. In his view a growing public distrust of health professionals, caused by a series of medical scandals, has helped create a climate in which Wakefield is seen by some as a David taking on the Goliath of a medical establishment.

'Some people are susceptible to conspiracy theories,' he said. 'Media coverage of the MMR row, which gave both sides equal say, gave the public the misleading impression that Wakefield represented a significant body of opinion. Yet there isn't a 50-50 split on this. It's 99.9 per cent to point one [of a per cent].'

The science author and broadcaster Vivienne Parry, a member of the government's independent advisory panel, the Joint Committee on Vaccination and Immunisation, speaks for the large majority of scientific and medical opinion when she says: 'I think Wakefield is wrong about MMR. He has caused great alarm and distress. But the demonisation of him has made some people think he's being hounded by a vengeful establishment, which has given him a certain amount of credibility with those who believe that all mavericks are right.'

Autism baffles science. Unlike diseases - and autism is a neurological condition, not a disease - few experts would claim to know exactly what causes it, much less treat it. Some blame genetic factors, others put the increase in those classed as being autistic down to better diagnosis, and others believe MMR is responsible.

Professor Simon Baron-Cohen, co-director of the Autism Research Centre at Cambridge University, is the UK's leading expert on the lifelong, so far incurable, condition, which is estimated to affect 588,000 people, about one in 100 Britons. But even he is not precise: 'The main causes of autism are likely to be genetic, though interacting with some as yet unknown environmental factors.'

The National Autistic Society is similarly vague. 'The causes of autism are still being investigated. Many experts believe that the pattern of behaviour from which autism is diagnosed may not result from a single cause,' it has said in a statement. Sufferers have trouble forming relationships, encounter difficulties in communicating in verbal or written form, and often develop obsessional interests. Interestingly, the charity does not adhere to the medical consensus which categorically rejects any link between MMR and autism. 'The NAS is keenly aware of the understandable concerns of parents surrounding suggested links between autism and the MMR vaccine,' says a spokeswoman.

Experts disagree on whether reported increases in the number of children with autism in the UK and elsewhere represent 'real' rises or better diagnosis. Wakefield is now a key figure in a

growing world network of organisations, medical professionals, treatment centres, activist groups and campaigning parents which insists the rise is real and that the triple jab is the reason.

Pressure is building for fresh studies of possible links and in-depth examination of children apparently adversely affected by vaccines. The US Court of Federal Claims recently began hearing a case which could lead to compensation being paid to 4,800 families who have filed lawsuits claiming that their children ended up suffering from autism, inflammatory bowel disease, glaucoma and epilepsy after receiving the MMR jab and other childhood vaccinations.

Critics point out that the US court case is not about the MMR vaccine itself but centres on the use of a preservative called thimerosal, which contains 50 per cent mercury and until a few years ago was added to routine vaccinations given to children in the US under one. Crucially, it has never been an element of the MMR vaccine here.

In Japan the MMR jab became mandatory in 1989, but was withdrawn in 1993 after doctors warned of side-effects. There were more than 2,000 claims that it triggered reactions such as meningitis and encephalitis, an inflammation of the brain, and even caused deaths. Families of children who had died received £80,000 each in damages.

'America is like the UK in that many children are affected by autism, but over there there's a powerful drive to get to the truth, an inherent mistrust of the healthcare bureaucracy, and a can-do attitude among intelligent and articulate parents,' says Wakefield. He predicts that 'the truth' about MMR will eventually come from America, not the UK.

Before Wakefield's warning, 91.5 per cent of children in England had the MMR jab by the time they turned two. After he hit the headlines immunisation rates fell to 87.4 per cent. Public distrust in the vaccine was enhanced when Tony Blair refused to say whether his son Leo had had the jab and rumours swirled that the Blairs had travelled to France to have the single jabs privately. The vaccination rate subsequently fell to 79.9 per cent. The World Health Organisation says 95 per cent is necessary to ensure what medical experts call 'herd immunity' - that enough children have had MMR to ensure that they neither get the three illnesses nor pass them on to others.

Dr Natasha Crowcroft, a childhood immunisation expert at the Health Protection Agency, said: 'There have been outbreaks of measles in places like

nurseries. The fear is that children who weren't vaccinated following Wakefield's comments are now approaching secondary school age and may well get measles, for example on holiday in Thailand or even in Italy, where it's common.'

MMR's defenders admit that significant numbers of parents are still apprehensive. 'Confidence was shaken,' concedes Crowcroft. But parental fear seems to be gradually subsiding. MMR uptake has been increasing since 2003; by last year 84.1 per cent of two year olds in England had had it. Gordon Brown last year said that his son, John, two had the triple jab and made clear he saw it as a matter of parents' responsibility to ensure their child was covered.

Although Wakefield will be on trial at the GMC, the hearing could prove uncomfortable for those that make decisions about health. An editorial in the New Scientist magazine has expressed alarm over the implications of the GMC's action for health professionals' freedom to raise questions about possible safety flaws. 'The notion that he should have kept quiet is ludicrous: there are too many cases where doctors' concerns have proved correct, such as their fears over the impact of antidepressant drugs on children.'

MMR's defenders do not pretend it is always 100 per cent safe. JCVI member Vivienne Parry admits: 'There's a risk with all vaccines. It's a very small risk. No one has ever said that the MMR vaccine, or any vaccine, is completely without side-effects. But as a society we have to decide whether the benefits outweigh the risks. If we had measles, it would kill lots of children. If you have a vaccine, it will damage some children, but a very small number.' Parry believes the near-disappearance of measles, mumps and rubella in recent times means they no longer hold any horror for most people, and that helps explain the questioning attitude to MMR.

In the Italian restaurant, Wakefield fires a parting shot before another meeting with his lawyers. 'I'm determined to continue to do this work, regardless of the personal cost. It has to be done. Because the parents of these children deserve an answer, and their children deserve help and they can be helped', he says. 'My colleagues and I won't be deflected by the interests of public health policymakers and pharmaceuticals. I want to help children with autism; they are my motivation. If the work ultimately exonerates the vaccines, that's fine. If not, we need to think again.'

## OCCUPATIONAL EXPOSURE

The following article is related to mercury poisoning in relation to dental fillings, which the author Becky Dutton thought may be of interest to those concerned with the mercury products used in some vaccines. Becky writes:

Thirty seven years ago I was employed by a Dentist as a Practice Manager. I was solely responsible for the running of the Practice and was employed for four years in this capacity.

I spent many hours each day mixing mercury/amalgam fillings in a finger stall, exposed to mercury vapours from the action of rubbing silver alloy and mercury together. I had no personal protection equipment, i.e. gloves, mask or cover over the mercury and no ventilation system. If I spilt the mercury, I simply wiped it up with a cloth. Any surplus amalgam was stored in an uncovered pot in a drawer along with the liquid mercury. The only way I could see if the amalgam was to the correct consistency was by peering into the finger stall. In the seventies, amalgam was the only material considered strong enough and long lasting for fillings in pre-molars and molars.

During the latter part of my employment I became pregnant and worked throughout my pregnancy all the time exposed to mercury and its vapours. I had a long, difficult birth but my daughter, Katie appeared to be reasonably well apart from allergies and sinus problems. At the age of seventeen, she started to complain of backache; four Doctors gave varying opinions including 'sciatica' and 'growing pains'. Unhappy with these diagnoses I arranged for my daughter to see a spinal surgeon and she was duly diagnosed with Scoliosis. She underwent several more tests including a myelogram, 200 x-rays, nerve tests and a MRI scan, which showed a syrinx (a cavity) in the lumbar region of her spinal cord. Katie's neurosurgeon, diagnosed Syringomyelia, a progressive condition which causes paralysis of the limbs, usually caused by a spinal tumour or hindbrain hernia - she had neither!! Katie had major spinal surgery which involved the removal of four discs and a rib and during the six hour operation, her heart struggled and she nearly died. She spent two weeks on a special bed to rotate her body and then a further six months in a plaster cast. She now has a titanium rod screwed into her spine in the lumbar region.

Now aged 33, Katie still suffers terrible backache, allergies and anxiety.

My second pregnancy was also difficult as I gave birth to a ten pound baby! The placenta was two pounds, which I know indicates a problem. Mercury can affect birth weight and size as it reduces the blood's ability to carry oxygen. Overweight placentas are associated with consequences of acute ante-natal hypoxia, including neonatal death and long-term neurological abnormalities.

My son was also aggressive and hyperactive as a child and throughout his teens.

In November 2004 I was diagnosed with mercury poisoning having had insomnia and depression for nearly five years. I was advised to have a 'Kelmer' mercury excretion test.

This test, which compares two urine samples taken 3 hours apart, the second after taking a dose of Dimercaptosuccinic acid at 30mg of my body weight, produced an increase of 857% in my mercury levels! In addition, it made me feel very unwell.

The initial test showed I had a mercury level in urine of 3.0mg/ltr -120 times i.e 12,000% higher than acceptable limits! The new Health and Safety Executive guide lines indicate that the 'accepted level' is 0.025mg/m3.

I was advised to have all my 12 amalgam fillings removed a few months later as I would need intense chelation therapy to remove the mercury from my body. This process is expected to continue for years because of my occupational exposure.

I had menstrual problems for years which culminated in an early hysterectomy at 38. I have suffered from depression, nervousness, hand tremor and anxiety. I suffer from tinnitus, insomnia, memory loss and an underactive thyroid.

I have spent the past three years contacting various specialists in the UK and abroad, all extremely knowledgeable about mercury and mercury related illnesses. I have sent my findings to all the consultants who have dealt with both my daughter's and my own health problems over the years. Six consultants are presently looking into the mercury connection by doing their own research; two are consultant gynaecologists and also oncologists. I truly hope some good will come out of our awful experience.

Maybe, one day, scientists and the medical profession will realise we cannot continue using mercury in any capacity. [beckydutton@mercurymadness.org](mailto:beckydutton@mercurymadness.org)

# 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 2**.

## BRIGHTON

**Part 1: 26 Sept 2007 • 6 Feb 2008 • 4 June 2008**

**Part 2: 17 Oct 2007 • 27 Feb 2008 • 18 June 2008**

For details contact Karel on: 01273 277309

## WINCHESTER

**21st September 2007 • 19.00pm - 21.00pm**

To book, please call Chloe 01962 775111

## BRISTOL

**28th September (advance booking recommended)**

Seven Generations, 10-12 Picton Street, Montpelier, Bristol, BS5 6QA.

0845 330 3934 [www.sevengenerations.co.uk](http://www.sevengenerations.co.uk) [info@sevengenerations.co.uk](mailto:info@sevengenerations.co.uk)

## LONDON

**Part 2: 14 November 2007**

Friends Meeting House, Euston Road, London NW1

Limited places so bookings in advance please. Early bird bookings

£8 before 31 August.

Magda on: 01903 212969

## NATURAL IMMUNITY & STRUCTURAL INTEGRITY

**14 October 2007**

10am - 4pm

At Reading International Solidarity Centre, London Street, Reading, Berks.

Programme includes **Viera Scheibner** on her orthodox research into the dangers and ineffectiveness of vaccination; **Keki Sidhwa** on lifestyle changes that can affect your health; **Stephen Gamble** on his unique way of using Gerson therapy to assist recovery from chronic illness; **Howard Beardmore** explains that there are no diseases or cures, only obstructions to natural processes Ticket price of £40 includes a vegetarian lunch with vegetable juices inspired by the theme of the day ~ recipes will be available.

For further details or tickets go to <http://www.british-institute-of-osteopathy.org/> call 0118 988 5293 or write to:

The British Institute of Osteopathy, PO Box 7357, Reading RG27 7EP

## "THE IMMUNE SYSTEM AND ITS RELATIONSHIP TO IMMUNISATION"

The International Society for Homeopathy (U.K.) invites you to a Seminar on:

**Sunday 30th September, 2007**

9.30 a.m. - 4.30 p.m.

Trevor Gunn speaking on to be held at Kingswood School, Bath. Fee £45.00 (including light vegetarian buffet lunch)

For further details and a Registration Form, please contact:

I.S.Hom.(U.K.), c/o Harebell Woods, Cranham, Glos., GL4 8HS.

Tel. 01452 810979 or 0117 9040652

Email: [seminar@ISHom.org](mailto:seminar@ISHom.org)

\*Late Registrations: £55.00 for payments received after 31st August 2007.

## HEALTH MATTERS & HOW

Informed Discussion Group for Parents Set up to meet for informed discussion about health, immunity & supporting

parents decisions about their children & themselves. This is currently taking place north-west of London near Watford, Rickmansworth & Harrow, accessible trains, underground, motorways incl. M25. It runs on the 2nd Tuesday of each month in the mornings but can be adapted to suit people.

Next meetings: Tuesday 14th August 10am-12 noon, Tues 11th Sept 9.30-11.30 am. We have 3

knowledgeable people on hand and welcome anyone to come.

Contact Diana on Tel. 01923 823 105 or e-mail [dianarustam@hotmail.co.uk](mailto:dianarustam@hotmail.co.uk)

*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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