

## Multi-million pound settlement after US Government concedes 9 year olds' autism was caused by childhood jabs.

EXCLUSIVE, BY LUCY JOHNSTON,  
HEALTH EDITOR

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A 9-YEAR-OLD GIRL has been awarded a multi-million pound settlement after the US government conceded her autism had been caused by childhood jabs.

The unprecedented admission from a government could open the floodgates for hundreds of similar claims in the States and in the UK.

Next week the extraordinary case will become the subject of a conference at the US Centre for Disease Control in Atlanta when details will be released to the world media.

Health officials on both sides of the Atlantic have always insisted there is no link between childhood jabs and autism despite claims to the contrary from a growing number of experts including the controversial MMR doctor Andrew Wakefield.

Jim Moody, leading US medical lawyer who specialises in vaccine cases and who took Hannah's case said, "This is a huge decision which finally signals the willingness of the government to accept responsibility."

The Washington based lawyer added the case signalled a "paradigm shift" away from the establishment position. He said, "Both our governments have clung to the concept that vaccines do not cause autism and this result shows that they have finally conceded it can in susceptible children.

"Autism is a medical crisis. These children are sick and for the government to concede the vaccine was to blame should be a call to urgent action on behalf of both our governments to fund research."

Hannah Poling, from Baltimore,

Maryland, was given a series of jabs including MMR, diphtheria, tetanus, whooping cough and meningitis in July 2000 when she was 19 months old. Her medical records show she had "consistently met all her developmental milestones during the first 18 months of life". Court documents relating to her case state that she "spoke well", was crawling, "alert and active".

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Just two days later she reacted with a fever and inconsolable crying. She was also diagnosed with a post-vaccine viral infection.

She was assessed by various doctors who noted she had "developed intermittent high-pitched screaming" and was less responsive to stimulation. By December that year doctors recorded that she had a "possible speech delay" after her mother, Terry, complained that she had "lost her language skills."

She was assessed by top child neurologist Dr Andrew Zimmerman in February the following year who concluded that Hannah had lost "previously acquired language", had loose stools and would not make eye contact."

The US Department of Health and Human Services, an arm of the US government assessed the case but

decided to offer the family compensation before it got to court. It concluded that the vaccine had led to Hannah's autism.

Her case was a test case in the States and many more families are poised to make similar claims.

Jackie Fletcher from the UK based vaccine damage support group Jabs said Hannah's story echoes that of hundreds of other children with autism following their jabs. "Many parents complain that their children were developing normally - were reaching all their milestones and had begun to speak - until they were given the jab when they became ill and then showed signs of autism," she said.

She added, "Unfortunately many cases fail to get very far because it is so difficult to prove causation and the medical establishment claim the autism was there anyway."

Unusually in Hannah's case experts including Hannah's father, Dr Jon Poling, a leading neurologist at John Hopkins University, compiled specialist medical reports. He discovered his daughter had a dysfunction, which meant she could not cope with the cocktail of vaccines. Experts believe there may be many other children with a similar condition called mitochondrial dysfunction.

Jim Moody, Hannah's lawyer said the case indicated autism could be triggered by environmental causes - not just mental impairment - suggesting there could be hope for treatment and even cure.

He said, "This case also signals a major shift away from the idea of autism being a mental illness to one which could also be biological with environmental causes which could in fact be treatable."

## Editor's note



Magda Taylor

**F**IRSTLY, I would like to say a HUGE thank you to all of you for being so supportive in recent months. After indicating that *The Informed*

*Parent* was struggling to survive I received an unexpected number of new subscriptions and some generous donations, and this will help me continue to keep the organisation going for the time being! If you are due for renewal – I do hope that you will continue to subscribe, even if you feel that you are well informed, just to keep TIP available as a source of information for others! There are still many people out there who have very limited knowledge on the subject and accept vaccination with almost blind faith. For example, on 6 April The Mail on Sunday featured an article on parents who choose not to vaccinate and *The Informed Parent* was listed as a source of reference. This resulted in an email being sent to me by a mother who was very concerned about parents who do

not vaccinate, particularly as her own child had suffered major complications after developing chickenpox. I responded politely and sympathetically but did stress that secondary complications do not occur randomly and that it is much more about the individual's general health rather than the bacteria or virus. I encouraged this mother to look into the subject in more depth, but sadly her second response was very close-minded. I've reproduced it here as it is a good reminder of how many individuals still view this subject. It reads:

'I know all I need to know thanks - vaccines save lives. I feel people who are against vaccines are looking at this through rose tinted glasses. Perhaps next time you are researching the subject you should do it on a children's ward where children are suffering the effects of not having the vaccine which are far greater than the secondary complications you say happen due to the vaccinations.'

I have read lots in the media about the harmful effects of the vaccinations but feel organisations like yourselves have a responsibility to also point out the harmful effects these illnesses can cause (DEATH BEING ONE OF THEM).'

These kinds of comments make me realize that there are still many people out

there who depend greatly on media coverage as their main source of information, and as many of you know the media rarely presents any truly eye-opening coverage on this subject. Also, it always surprises me how these individuals confidently announce that they 'know all they need to know' or that they have 'researched it thoroughly', when it turns out that they have only read a few tabloids and heard or seen a one-off radio or TV programme on the subject. So there is still plenty of informing to do!

The 40-page special edition, which is a compilation of some of the best articles featured in *The Informed Parent* over the years, is now available, either on-line as a pdf at £4.50, or by post as a hard copy at £5.00. (Discounts are available for larger quantities, please contact me for details.)

I hope you find this latest newsletter useful, and I always welcome any feedback or suggestions for future editions.

As I write this, the sun is pouring in through the window and the sky is a beautiful blue, yes, spring is here and summer is not too far away – and that is always a great boost to our general well-being! Best wishes

Magda Taylor, Editor.

## Who's in charge of your health?

**T**HIS LECTURE takes a close look at the tactics used by big business to manipulate and control the way you think and, ultimately, to control the health (or otherwise) of you and your loved-ones.

Catherine O'Driscoll is the founder of Canine Health Concern, which spearheads research and education by and for dog lovers to promote positive canine health. She is author of the books *What Vets Don't Tell You About Vaccines*, and *Shock To The System*, is a guest columnist for *Dogs Today* magazine, and has helped to popularise natural feeding and complementary healthcare options among dog lovers on a worldwide basis. She learnt Emotional Freedom Technique in 1998 and is qualified as a practitioner and teacher under the Association for the Advancement of Meridian Energy Techniques (AAMET). Catherine is also

an ACT (Animal Communication Training) examiner, and a qualified Reiki practitioner. Not only is Catherine extremely knowledgeable about animals and their health but she feels that the results of dramatic and exciting changes in the way many pets have been treated over a number of years give clear signals for human health.

Her message is this:  
**TAKE YOUR POWER BACK.**  
Catherine will share her experiences of how big business has healthcare issues sewn up at every level. How:

- Multinationals control healthcare education
  - Multinationals control the media
  - Multinationals control practising healthcare providers
  - Multinationals control public opinion
  - Multinationals control governments
  - Multinationals control your health
- Or should we say try to control?

Ostensibly majoring on canine healthcare issues, Catherine also shares how natural food and natural products can enhance human health, and how processed food and pharmaceutical drugs can harm health.

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# The great HPV vaccine hoax exposed

EXTRACTS FROM A NEWSTARGET  
SPECIAL REPORT BY MIKE ADAMS

<http://www.newstarget.com/>

FOR the last several years, HPV vaccines have been marketed to the public and mandated in compulsory injections for young girls in several states based on the idea that they prevent cervical cancer. Now, NewsTarget has obtained documents from the FDA and other sources (see below) which reveal that the FDA has been well aware for several years that Human Papilloma Virus (HPV) has no direct link to cervical cancer.

NewsTarget has also learned that HPV vaccines have been proven to be flatly worthless in clearing the HPV virus from women who have already been exposed to HPV (which includes most sexually active women), calling into question the scientific justification of mandatory "vaccinate everyone" policies.

Furthermore, this story reveals evidence that the vaccine currently being administered for HPV -- Gardasil -- may increase the risk of precancerous cervical lesions by an alarming 44.6 percent in some women. The vaccine, it turns out, may be far more dangerous to the health of women than doing nothing at all.

If true, this information reveals details of an enormous public health fraud being perpetrated on the American people, involving FDA officials, Big Pharma promoters, and even the governors of states like Texas. The health and safety of tens of millions of young girls is at stake here, and what this NewsTarget investigative report reveals is that HPV vaccinations may not only be medically useless; they may also be harmful to the health of the young girls receiving them.

This report reveals startling facts about the HPV vaccine that most people will find shocking:

- How it may actually increase the risk of precancerous lesions by 44.6 percent.
- The FDA has, for four years, known that HPV was not the cause of cervical cancer.

- Why mandatory HPV vaccination policies may cause great harm to young girls.
- Why HPV infections are self-limiting and pose no real danger in healthy women
- Little-known FDA documents that reveal astounding facts about Gardasil
- How Big Pharma promoted its Gardasil vaccine using disease mongering and fear mongering.

.....  
*"The health and safety of tens of millions of young girls is at stake here, and what this NewsTarget investigative report reveals is that HPV vaccinations may not only be medically useless; they may also be harmful to the health of the young girls receiving them.."*  
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This story begins at a company called HiFi DNA Tech, LLC (<http://www.hifidna.com>) a company involved in the manufacture of portable HPV testing devices based on DNA sequencing analysis. HiFi DNA Tech has been pushing to get the FDA to classify its HPV detection technology as a "Class II" virology testing device. To understand why this is a big deal, you have to understand the differences between "Class II" and "Class III" virology testing devices.

Based on FDA rules, a Class III virology testing device is one that is considered by the FDA to have "premarket approval," meaning that it cannot yet be sold to the public. In order for such a device to be marketed to the public, it must be downgraded to Class II status, which is considered a "special controls" status. Class II devices are, "...those devices for which the general controls by themselves are insufficient to provide reasonable assurance of safety and effectiveness, but for which there is sufficient information to establish special controls to provide such assurance, including performance standards, postmarket surveillance, patient registries, development and

dissemination of guidelines, recommendations, and any other appropriate actions the agency deems necessary."

In other words, a Class II device may or may not actually be safe, but the FDA considers is safe enough to release to the public.

HiFi DNA Tech has been trying to get its HPV detection device downgraded to a Class II device based on the following arguments:

- For more than 20 years, the FDA had regulated the HPV test as a "test for cervical cancer."
  - But since at least 2003, the FDA has changed its position on the relationship between Human Papilloma Virus and cervical cancer, stating that the HPV strain is "not associated with cervical cancer."
  - Accordingly, HiFi DNA Tech is arguing that the HPV test it has developed is no longer a test for cervical cancer, but is merely a test for the presence of Human Papilloma Viruses, a shift that makes the test far more reliable in its primary purpose. In other words, the test is merely detecting the presence of a virus, not making a diagnosis of a disease (which would be a much higher standard to meet).
- On October 12, 2007, HiFi DNA Tech sued the Food and Drug Administration in an attempt to force it to downgrade its HPV detection technology to Class II (see <http://www.news-medical.net/?id=31180> ). Earlier in the year, on March 7, 2007, HiFi DNA Tech filed the HPV PCR test reclassification petition with the FDA. It is the information in this petition document that led us to the FDA's knowledge that HPV is not linked to cervical cancer.
- Got all that? This is a somewhat complex story to follow, so here it is again in summary:
- A company that manufactures a DNA testing device that can detect the presence of HPV (Human Papilloma Virus) is petitioning the FDA (and suing the FDA) to get it to reclassify its medical device as a "Class II" device based on the revelation that the FDA has already adopted the position that HPV infections do not directly cause cervical cancer.

- This would mean that the FDA has been aware for years that HPV does not cause cervical cancer, which means that the FDA's approval of the Gardasil vaccine, as well as the national push for Gardasil vaccinations, is based on a grand medical hoax that, not surprisingly, appears to be designed to exploit the fear of cancer to sell vaccines. The victims in all this, of course, are the young girls who are apparently being subjected to a medically useless (and potentially dangerous) vaccine.

- None of this information was apparently known during the more recent debates over the safety and efficacy of Gardasil, the HPV vaccine now in use. This means that the public debate over mandatory HPV vaccinations lacked key elements that now seem essential to reaching rational, evidence-based conclusions over the safety and efficacy of such vaccines.

Next, we reveal the FDA's statement that HPV is "not associated with cervical cancer."

In case the FDA removes this document (as it has been known to do), we've posted a backup copy of the document on our own servers: <http://www.NewsTarget.com/downloads/FDA-HPV.pdf>

This document reveals the following text: The FDA news release of March 31, 2003 acknowledges that "most infections (by HPV) are short-lived and not associated with cervical cancer", in recognition of the advances in medical science and technology since 1988. In other words, since 2003 the scientific staff of the FDA no longer considers HPV infection to be a high-risk disease when writing educational materials for the general public whereas the regulatory arm of the agency is still bound by the old classification scheme that had placed HPV test as a test to stratify risk for cervical cancer in regulating the industry.

NewsTarget sought to verify the existence of the FDA news release referenced by this petition reclassification document and found that, indeed, the FDA news release exists. In fact, it's still posted on the FDA website at: <http://www.fda.gov/bbs/topics/NEWS/2003/NEW00890.html>

In it, the FDA says, "The HPV DNA test is not intended to substitute for regular Pap screening. Nor is it intended to screen women under 30 who have normal Pap tests. Although the rate of HPV infection in this group is high, most infections are short-lived and not associated with cervical cancer." In other words, the FDA knew in 2003 that HPV infections are not associated with cervical cancer.

Furthermore, the FDA states, in the same press release, "Most women who become infected with HPV are able to eradicate the virus and suffer no apparent long-term consequences to their health." In other words, HPV infections do not cause cervical cancer! Remember, the entire push for mandatory HPV vaccinations of young

*"Most women who become infected with HPV are able to eradicate the virus and suffer no apparent long-term consequences to their health."*

girls across the country has been the urgent call to "save" these young girls from cervical cancer. The vaccine push has been about "savings lives." But as these documents clearly reveal, HPV is no threat to the lives of young girls. In fact, as you will see below, HPV infections are naturally self-limiting!

### **HPV Infections Resolve Themselves, Without Vaccines**

As the reclassification petition reveals, HPV infections are naturally self-limiting, meaning that they are controlled naturally, without requiring intervention with drugs or vaccines. It is not the HPV virus itself that causes cervical cancer but rather a persistent state of ill-health on the part of the patient that makes her vulnerable to persistent infections.

As the petition states:

"Based on new scientific information published in the past 15 years, it is now generally agreed that identifying and typing HPV infection does not bear a direct relationship to stratification of the risk for cervical cancer. Most acute infections caused by HPV are self-

limiting [1, 4-7].

...Repeated sequential transient HPV infections, even when caused by "high-risk" HPVs, are characteristically not associated with high risk of developing squamous intraepithelial lesions, a precursor of cervical cancer.

A woman found to be positive for the same strain (genotype) of HPV on repeated testing is highly likely suffering from a persistent HPV infection and is considered to be at high risk of developing precancerous intraepithelial lesions in the cervix. It is the persistent infection, not the virus, that determines the cancer risk."

The FDA agrees with this assessment of the relationship between HPV and cervical cancer, as evidenced by its 2003 news release quoted above.

Next, we reveal evidence that HPV vaccines actually cause precancerous lesions in women.

The reclassification petition cited above also reveals that Gardasil vaccines may increase the risk of developing precancerous lesions by 44.6 percent in some groups of women. This is found in a quote referencing a document mentioned in the petition, which states:

"PCR-based HPV detection device with provision for accurate HPV genotyping is more urgently needed now because vaccination with Gardasil of the women who are already seropositive and PCR-positive for vaccine-relevant genotypes of HPV has been found to increase the risk of developing high-grade precancerous lesions by 44.6%, according to an FDA VRBPAC...

### **Revealing the Dangers of Gardasil**

This revelation should be quite shocking to anyone who has been following the debate over Gardasil and mandatory vaccinations of teenage girls. First, it reveals that Gardasil appears to increase disease by 44.6 percent in certain people -- namely, those who were already carriers of the same HPV strains used in the vaccine.

In other words, it appears that if the vaccine is given to a young woman who already carries HPV in a "harmless" state, it may "activate" the infection and directly cause precancerous lesions to appear. The vaccine, in other words,

may accelerate the development of precancerous lesions in women.

This is information that has simply not been made available in the debate over Gardasil vaccination policies. The pro-vaccination rhetoric has always been about "saving lives" and it carried the implied statement that Gardasil is perfectly safe for all women, posing absolutely no increased risk of cancer. What these documents reveal, however, is that Gardasil may, in fact, pose a serious increase in the risk of cervical cancer in some recipients of the vaccine.

**Next:** Will health authorities "interrogate" young virgins over their sexual activity (or lack thereof)? What are the bioethical ramifications of this vaccine being mandated to all teenage girls?

The FDA directly admits the vaccine is utterly useless in these women, stating in the same document, "Finally, there is compelling evidence that the vaccine lacks therapeutic efficacy among women who have had prior exposure to HPV and have not cleared previous infection (PCR positive and seropositive)."

What this essentially means is that the "safe" administering of the Gardasil vaccine requires that it be administered only to virgins (because virtually all women who are sexually active carry HPV strains). That, of course, would require the direct questioning of the sexual habits of all young girls before administering the vaccine.

Is this what the Governor of Texas really had in mind when he mandated such vaccinations for all young girls in Texas? ... a male doctor with a vaccination needle in his hand and a thirteen-year-old girl sitting in a private clinic room behind closed doors, with the male doctor asking her, "Have you ever had sex?"

Clearly, this kind of patient questioning crosses all kinds of ethical barriers when such vaccinations are made mandatory (as they have been made in Texas). It puts the State in the positioning of ascertaining the sexual habits of very young teenage girls and then potentially causing them harm. It's not hard to suppose that most sexually active teenage girls would claim to still be virgins (especially if their parents were present), creating a

situation where vaccines would be routinely administered to precisely the HPV carrier subgroups for which it has been demonstrated to greatly increase the risk of precancerous lesions.

In other words, under a mandatory Gardasil vaccination scenario like what exists in Texas today, a sexually-active young teenage girl has to make a tough choice:

1) She can lie to her doctor, claim to be a virgin, receive the vaccine and thereby potentially increase her risk of cervical cancer.

2) She can tell her doctor she's sexually active, thereby surrendering her privacy and possibly subjecting herself to various consequences from her sexual status being learned by her parents or guardians. (One would hope, of course, that such sexual habits were not secrets,

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.....

but alas, we live in the real world where many teenage girls do indeed have sex at a very early age...)

Furthermore, the young girl is unlikely to be given accurate information about the health risks associated with the vaccine, since virtually all health authorities are heavily involved in promoting pro-vaccination propaganda, routinely ignoring scientific evidence that might give reasonable people pause.

Naturally, the better scenario here is that the young girl is not sexually active to begin with, but in a society where 8th and 9th graders are already routinely engaged in sexual activities, almost always unbeknownst to their parents, it seems naive to expect that such girls would suddenly honor pledges of celibacy in order to protect themselves from possible future dangers posed by a present-day vaccine (especially when doctors blindly claim the vaccine is harmless).

There are also serious questions about the safety of the vaccine for non-sexually-active young women. Yet even if the vaccine poses no increased risk of cervical cancer for non-sexually-active young girls, there's still the more serious question of: Does the vaccine work? Does it really prevent cervical cancer in the first place? And that question has already been clearly answered by the FDA's own admission that HPV infections are not the cause of cervical cancer in the first place. **Next:** Do HPV vaccinations help anyone? We reveal a four-quadrant comparison that shows the vaccine to be more harmful than helpful.

When considering the safety and effectiveness of Gardasil vaccinations on young teens, there are essentially four quadrants to consider, as shown in the table below:

**Quadrant I: Non-Sexually Active**  
No Gardasil Vaccine

**Quadrant II: Non-Sexually Active**  
Receives Gardasil Vaccine

**Quadrant III: Sexually Active**  
No Gardasil Vaccine

**Quadrant IV: Sexually Active**  
Receives Gardasil Vaccine

Based on what we've learned from the FDA's own documents, here are the likely outcomes of each of the four quadrants:

**Quadrant I:** Non-Sexually Active, No Gardasil Vaccine. Outcome: No risk of cervical cancer.

**Quadrant II:** Non-Sexually Active, Receives Gardasil Vaccine. Outcome: No medical benefit from vaccine.

**Quadrant III:** Sexually Active, No Gardasil Vaccine Outcome: HPV presence is self-limiting and does not lead to cervical cancer.

**Quadrant IV:** Sexually Active, Receives Gardasil Vaccine. Outcome: 44.6% Increased risk of precancerous lesions. No reduction in cancer risk.

In other words, Gardasil adds no benefits to any quadrant! There is no subgroup that actually benefits from a Gardasil vaccination. But there is at least one quadrant in which Gardasil achieves an increased risk of disease. Put another way, Gardasil helps no one, but it harms some.

This is hardly a position from which to mandate the vaccine for everyone, ➤

especially since the vaccine has been widely prescribed as "completely safe" for everyone. It is widely claimed by medical authorities that the vaccine has no downside: No health risks, no increased risk of disease and no potential to cause harm in women. Clearly, these assumptions have no basis in scientific fact.

Keep in mind, too, that Merck, the manufacturer of Gardasil, has publicly suggested that young boys should receive Gardasil vaccinations! Why? Because they might engage in oral sex with girls who carry the virus. Therefore, the story goes, young boys should be vaccinated against this virus that they claim causes cervical cancer! (Never mind the fact that boys don't have a cervix...) There is no end, it seems, to the pseudoscientific nonsense that will be spouted in an effort to sell more Garsasil vaccines to people who don't need them.

**Next:** New clinical study shows Gardasil to be medically useless.

To further investigate this conclusion, NewsTarget took a closer look at research published in the Journal of the American Medical Association (August, 2007), entitled, "Effect of Human Papillomavirus 16/18 L1 Viruslike Particle Vaccine Among Young Women With Preexisting Infection"

This research sought to determine the usefulness of the HPV vaccine among women who already carry HPV (which includes virtually all women who are sexually active, regardless of their age). This document can currently be found at a University of Louisville document archive reprinted from JAMA. Just in case that copy disappears, we've also hosted the PDF here: <http://www.newstarget.com/downloads/HPV-Vaccine-Effects.pdf>

This document reveals startling information about the ineffectiveness of the Gardasil vaccine. It reveals that the HPV vaccine often caused an increase in the presence of HPV strains while utterly failing to clear the viruses in most women.

These shocking results caused the study authors to publish this sobering conclusion, printed in JAMA:

"No significant evidence of a vaccine

therapeutic effect was observed in analyses restricted to women who received all doses of vaccine or those with evidence of single HPV infections at entry. We observed no evidence of vaccine effects when we stratified the analysis on selected study entry characteristics reflective of [various parameters]. Similarly, no evidence of vaccine effects was observed in analyses stratified by other study entry parameters thought to potentially influence clearance rates and efficacy of the vaccine, including time since sexual initiation, oral contraceptive use, cigarette smoking, and concomitant infection with C trachomatis or N gonorrhoeae (Table 3)."

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*"What's clear in all this is that mandatory HPV vaccination programs are not based on anything resembling good science.."*  
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In other words, the authors found no evidence that the vaccine worked at all. This observation led the authors to offer this damning conclusion that appears to render Gardasil nothing more than a grand medical hoax: "... rates of viral clearance over a 12-month period are not influenced by vaccination."

The study goes on to state words that should cause every doctor, Governor and health authority across the United States (and around the world) to rethink Gardasil vaccination policies: "...given that viral clearance rates did not differ by treatment group and that persistent viral infection is the best established predictor of risk of progression, it is unlikely that vaccination could have a significant beneficial impact on rate of lesion progression.<sup>1,17</sup>

Results from our community-based study provide strong evidence that there is little, if any, therapeutic benefit from the vaccine in the population we studied. Furthermore, we see no reason to believe that there is therapeutic benefit of the vaccine elsewhere because the biological effect of vaccination among already infected women is not

expected to vary by population.

In other words, the vaccines didn't work on the population studied, and there is no reason to believe that those same vaccines would magically work on other populations, since the biology of women and HPV is so similar across various populations.

### **Next: Is Gardasil a grand medical hoax?**

It is difficult to take an honest look at this scientific evidence and the statements made by the FDA and not come to the conclusion that mandatory Gardasil vaccination policies being pushed across U.S. states right now are based on something other than science.

There are many theories exploring the motivation for such vaccination policies. Possible theories include:

Financial benefit: Big Pharma is pushing mandatory Gardasil vaccination policies so that it can profit from selling more vaccines to the states. This idea is at least partially supported by the fact that the first state Governor to mandate such vaccines (Texas Gov. Rick Perry) had undisclosed ties to Big Pharma. (A top official in Perry's administration worked directly for Merck, the manufacturer of Gardasil.)

Conspiracy to poison the people: This theory, which may stretch the bounds of belief in some readers, proposes that such mandatory vaccines are put in place in order to create future disease by poisoning the people with dangerous chemicals and DNA fragments that are knowingly added to vaccines. The poisoning of the people, it is said, will pay off in future profits for Big Pharma when those people develop other serious diseases requiring "treatment" with medications. Many people who support this theory currently believe, for example, that AIDS was engineered by human scientists and then administered to the gay population in New York in the late 1980's through vaccines.

Control the sheeple: This theory supposes that the main purpose of mandatory vaccines is to train the American public to get used to submitting to compulsory medicines. Once a certain segment of the population is targeted and effectively injected with mandatory medicines, these policies can be extended to other

groups and, eventually, can encompass the entire population.

The first theory, Financial Benefit, is the simplest and easiest theory to believe. It requires nothing more than simple greed on the part of Big Pharma, along with the usual level of corruption at the FDA. NewsTarget believes this is the most likely explanation for events surrounding Gardasil vaccination policies, but we do not rule out other possible explanations, either.

### Profits at Any Cost

What's clear in all this is that mandatory HPV vaccination programs are not based on anything resembling good science. They seem to be based on a carefully planted meme -- an idea that, coincidentally, spreads from one person's mind to the next much like a virus, gaining momentum as the mainstream media (MSM), health authorities, FDA and drug company reps repeat the meme on a regular basis. And what is that meme? That HPV causes cervical cancer, and, therefore, HPV vaccinations could halt cervical cancer and save lives.

This meme appears to have no real scientific basis. It is more of an urban legend than anything resembling scientific fact. Furthermore, it appears to

have been conjured by those in a position to financially benefit from the adoption of that meme (the drug companies who manufacture, sell, and profit from the sale of HPV vaccines). In this case, that drug company is Merck, a powerful corporation with a dubious history rife with charges of price fixing, large-scale tax avoidance (it set up offshore accounts to avoid billions in U.S. taxes), widespread biopiracy, conspiring with the FDA to discredit its critics, burying negative evidence about its drugs (see the history of Vioxx at: [www.NewsTarget.com/vioxx.html](http://www.NewsTarget.com/vioxx.html) and numerous other actions that many consider to be criminal in nature.

There is no question that Merck has the lack of ethics, the willingness and the means to commit medical fraud on an unprecedented scale. Based on the information revealed in this report, the mandatory vaccination of young girls with Gardasil appears to be the boldest medical hoax yet perpetrated by the company. You can read the true history about Merck and its crimes at: <http://www.newstarget.com/Merck.html>

NewsTarget believes Merck is currently engaged in a massive medical fraud, and that it has influenced, corrupted or otherwise recruited FDA officials and state health authorities in a

grand scheme to sell vaccines that are at best medically worthless, and at worst medically dangerous. Halting cervical cancer seems to have nothing to do with the marketing and prescribing of Gardasil. The entire campaign push for mandatory HPV vaccinations seems to be based entirely in the realm of sales and marketing.

The "marketing" of HPV vaccines involves classic disease mongering, spreading fear about a disease as a way of corraling patients into begging for the "solution" that just happens to be readily available from the same pharmaceutical company that promoted the disease in the first place. The hype over cervical cancer and Gardasil seems to be nothing more than a classic case of fear-based marketing designed to create such consumer fear over cervical cancer that a massive public outcry would result in legislation mandating the vaccines.

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## Delaying DPT vaccination may reduce incidence of childhood asthma

[www.medscape.com/viewarticle/572891](http://www.medscape.com/viewarticle/572891)  
14/04/08. EXTRACT.

Childhood asthma is reduced by half when the first dose of diphtheria, pertussis, and tetanus (DPT) is delayed by more than 2 months vs given during the recommended period, according to the results of a retrospective longitudinal study reported in the March issue of the *Journal of Allergy & Clinical Immunology*.

"Early childhood immunizations have been viewed as promoters of asthma development by stimulating a TH2-type immune response or decreasing microbial pressure, which shifts the

balance between TH1 and TH2 immunity," write Kara L. McDonald, MSc. "Differing time schedules for childhood immunizations may explain the discrepant findings of an association with asthma reported in observational studies. This research was undertaken to determine whether timing of DPT immunization has an effect on the development of childhood asthma by age 7 years."

Among 11,531 children who received at least 4 doses of DPT, the risk for asthma was halved in children in whom administration of the first dose of DPT was delayed by more than 2 months.

"We found a negative association

between delay in administration of the first dose of whole-cell DPT immunization in childhood and the development of asthma; the association was greater with delays in all of the first 3 doses," the study authors write. "The mechanism for this phenomenon requires further research."

"Further study is vital to gain a detailed understanding of the relationship between vaccination and allergic disease, because a perception that vaccination is harmful may have an adverse effect on the effectiveness of immunization programs," the study authors conclude.

*J Allergy Clin Immunol.*  
2008;121:626-631.

# Let me introduce you to the Arnica group

BY "ANNA WATSON"

annawatson66@hotmail.co.uk

WHAT LEADS US to make decisions? I can't remember the moment at which I even questioned vaccines and the medical model.

Was it when my father had a savage time battling cancer with the NHS. Was it when I had already refused the vitamin K injection after my midwife gave me some info on that issue? Certainly, I felt happier on the 'go natural' advice from Foresight, the charity for pre-conceptual care, than embrace the drug route from the IVF clinic. Luckily my son was conceived and born naturally at home - perhaps I would have felt differently about the medical profession if my dad had survived and IVF and hospitals had supported my children instead, which of course they do for many. Who knows?

Why do others doubt vaccines? One friend had never questioned vaccination until her homeopath suggested that the chronic health problems of her son may be due to the DTP. After the initial shock, and subsequent improvements in her son's health, she is now convinced that non-vaccination is the healthier way. Another friend visited a cranial osteopath with her baby daughter and again several months later, when he remarked "What has happened? You have bought me a different child!" He then bought up the subject of vaccinations. To many parents these comments would have fallen upon deaf ears or indeed some would have been deeply offended.

On the flip side, I know mums who studied alternative medicine and dads whose healthy siblings were not vaccinated but then chose to vaccinate their own. Suffice to say, this decision is not always due to what you know or who you know. Certainly, this shows that the social expectation to vaccinate is enormous.

Anyway, since that decision the responsibility to support my children's immune system naturally has become a passionate journey. I am sure many of

you will empathise on the overuse of antibiotics, and other medicines, and are learning that the body is such a powerful system with innate qualities to heal itself. To vaccinate is to poison, and to medicate so many common infections and fever is to suppress our potential. Medicine can save your life when you really need it, if used properly, but I would argue that perhaps it is first better to build a strong immune system naturally.

Now these views are not the norm. I hardly told a soul that I had not vaccinated. But I felt more and more isolated and 12 months ago decided to seek other like minded parents. It turned out that 5 families live a walk away! Meeting up was such a release

*"We also share information regularly by email. For example, if a child is sick, email has proved very helpful in urgent dialogue re experiences and advice."*

and a great source of support and knowledge. My aim became that every town would have a respectful and friendly place to discuss vaccination concerns and natural health issues.

There are 7 groups at the moment - Croydon/Sutton, North Central London, Herts/Middx, West London, West Sussex, Surrey, and of course Kingston upon Thames. Each group is different, some meet with children during the day and others meet formally in the evening. We discuss related issues e.g. reducing toxins, holistic health, vaccinations and travelling, homeopathic vaccinations, taking the fear from childhood disease, nutrition, etc. So far we have also organised talks by homeopath, Trevor Gunn, and more recently by Dr Jayne Donegan, and we intend to invite other researchers/practitioners for future dates.

We also share information regularly by email. For example, if a child is sick, email has proved very helpful in urgent dialogue re experiences and advice. E.g. "My child has impetigo, any



Anna Watson

natural remedies?" "Any ideas please for a persistent cough". As several of the group are alternative and mainstream health practitioners, the advice is well grounded.

Members are also encouraged to forward interesting pieces of research or articles e.g. An interview with a Dr who claims that most childhood ear infection is actually mucus and inflammation caused by dairy and hasn't prescribed antibiotics for 12 years or that the US has banned several cough medicines, which have caused death in children, medicines that we are still selling here.

Facts and figures regarding vaccinations are free for all to read, but to understand them within a wider context needs time and discussion. The meetings and email support are practical and tangible. They try to make sense of all the information out there and they help empower us to make healthy and informed choices for our families. But more than that we are becoming a voice, a questioning power, needed in this closed and medical society. My belief is that a 'thought is a thing' and a thought is energy.

Thoughts and discussion with others can take us to different levels of understanding, and can even bring about changes in general perceptions. If you would like to meet up with other parents who are interested in natural immunity or even would like to start your own group, please email me.

*For more information please visit our new website: [arnica.org.co.uk](http://arnica.org.co.uk)*

# Pneumonia deaths seen with Glaxo vaccine

REUTERS, 15/02/2008

BY KIM DIXON

**G**LAXOSMITHKLINE Plc's rotavirus vaccine is effective but also associated with an increase in pneumonia-related deaths and other reactions, U.S. regulatory staff said in documents posted on Friday.

The review comes ahead of a U.S. Food and Drug Administration advisory meeting on Wednesday to consider approval of the oral vaccine, which aims to prevent rotavirus infection, a cause of severe infant diarrhea that requires hospitalization. The virus is a major killer of children in developing countries, but deaths in the United States are rare.

FDA staff said its analysis of 11 studies revealed that in the largest trial, there was a statistically significant increase in deaths related to pneumonia compared with placebos, documents posted on the FDA's Web site said.

Bernstein Research analyst Tim Anderson said safety issues could mar his forecasts for the drug reaching sales of \$1.3 billion by 2012. The drug could compete with Merck & Co's RotaTeq vaccine, and a negative safety label for Glaxo could give Merck an advantage, he said. The two "are battling it out in the area of pediatric rotavirus vaccines," Anderson said. Deutsche Bank analyst Brian Bourdot downplayed the FDA report, noting the European Medicines Agency has already considered some of

the same safety issues with Rotarix, which is already approved outside the United States.

Merck's vaccine is sold in both the United States and abroad. Anderson said Glaxo's two-dose regime, compared with Merck's three-dose course, could give it an advantage depending on how the safety data are interpreted.

The issues with Rotarix come on the

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*"The rate of pneumonia-related death was 0.051 percent with the Glaxo vaccine, versus 0.019 percent with a placebo, a difference that statistically was not likely due to chance."*  
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heels of problems with Glaxo's blockbuster Cervarix vaccine, a rival to Merck's cervical cancer prevention shot Gardasil. Approval of Cervarix was delayed by the FDA in December and Glaxo says it aims to respond to the agency's concerns during the second quarter of this year.

In a conclusion section, the FDA documents said the drug was effective at preventing rotavirus-related gastroenteritis, but also noted the pneumonia-related deaths and convulsions. It did not appear to make a recommendation to the advisory panel.

That expert panel will weigh the staff review, but makes its own recommendation, which is typically

followed by the FDA.

The rate of pneumonia-related death was 0.051 percent with the Glaxo vaccine, versus 0.019 percent with a placebo, a difference that statistically was not likely due to chance. The biggest study, which enrolled about 63,000 children, also found an increase in convulsions in children given the drug, named Rotarix. Another study found an increased rate of bronchitis, compared with placebos.

Rotarix was found not to be linked with a bowel condition called intussusception that caused an earlier rotavirus drug sold by Wyeth to be pulled off the market, FDA staff said.

Glaxo, in documents prepared for the FDA meeting, noted that respiratory infections like pneumonia account for "dramatically greater numbers and proportions of infant deaths in Latin America, compared to the U.S."

The study took place primarily in Latin America. Last year, the label for Merck's vaccine was changed to include reports of Kawasaki disease, a serious but uncommon illness that causes fever and blood-vessel inflammation.

The FDA staff summary said there were 27 cases of Kawasaki disease reported with Glaxo's vaccine, with 3 cases occurring within 30 days of vaccination.

*(Reporting by Kim Dixon; Editing by Brian Moss and Steve Orlofsky, Richard Chang)*

## Jail for Belgians who reject polio shot

BY MARIA CHENG 13/3/08

<http://ap.google.com/>

**L**ONDON (AP) — As doctors struggle to eradicate polio worldwide, one of their biggest problems is persuading parents to vaccinate their children. In Belgium, authorities are resorting to an extreme measure: prison sentences.

Two sets of parents in Belgium were recently handed five-month prison terms for failing to vaccinate their

children against polio. Each parent was also fined \$8,000.

"It's a pretty extraordinary case," said Dr. Ross Upshur, director of the Joint Centre for Bioethics at the University of Toronto. "The Belgians have a right to take some action against the parents, given the seriousness of polio, but the question is, is a prison sentence disproportionate?"

The parents' sentences were delayed to give them a chance to vaccinate their children. But if that deadline also passes

without the children receiving the injections, the parents could be put behind bars.

Because of privacy laws, Belgian officials would not talk specifically about the cases, such as why the parents refused the vaccine or how much longer they have to get their children vaccinated.

The polio vaccine is the only one required by Belgian law. Exceptions are granted only if parents can prove their children might have a bad physical reaction to the vaccine. There are no exceptions for people who object to vaccinations on religious grounds. ➤

"Polio is a very serious disease and has caused great suffering in the past," said Dr. Victor Lusayu, head of Belgium's international vaccine center. "The discovery of the vaccine has eliminated polio from Europe and it is simply the law in Belgium that you have to be vaccinated. At the end of the day, the law must be respected."

The highly infectious disease is spread through water and mainly strikes children under 5. Initial symptoms include fever, headaches, vomiting, stiffness in the neck and fatigue. The polio virus invades the body's nervous system and can lead to irreversible paralysis within hours. In extreme cases, patients can die when their breathing muscles are immobilized.

Some ethicists back the hard-line Belgian stance.

"Nobody has the right to unfettered liberty, and people do not have a right to endanger their kids," said John Harris, a professor of bioethics at the University of Manchester.

"The parents in this case do not have any rights they can appeal to. They have obligations they are not fulfilling."

Aside from Belgium, only France makes polio vaccinations mandatory by law. In the United States, children must

be immunized against many diseases including polio, but most states allow children to opt out if their parents have religious or "philosophical" objections.

In Maryland, prosecutors and school officials in one county threatened truancy charges against parents who

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*"The only other case of mandatory polio vaccines is during the Muslim yearly Hajj pilgrimage in Saudi Arabia. Pilgrims from polio-endemic countries must prove they have been vaccinated. Saudi officials even give them an extra dose upon arrival at the airport."*

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failed to vaccinate their children. The measure sharply reduced the number of unvaccinated children although no one has been charged.

The only other case of mandatory polio vaccines is during the Muslim yearly Hajj pilgrimage in Saudi Arabia. Pilgrims from polio-endemic countries must prove they have been vaccinated. Saudi officials even give them an extra dose upon arrival at the airport.

Since the polio virus can live in the

human body for weeks, it jumps borders easily. That makes health officials even in developed countries nervous, since the threat of an outbreak remains as long as the virus is circulating anywhere.

Incidence has dropped by 99 percent since the World Health Organization and partners began their eradication effort in 1988. But the virus is still entrenched in Afghanistan, India, Nigeria and Pakistan, and occasionally pops up elsewhere.

For developed countries, imported polio cases could cause chaos in the health system, warned Dr. Steve Cochi, an immunization expert at the United States' Centers for Disease Control and Prevention.

He said that unlike other medical problems, in which rejecting treatment only affects the individual, refusing a vaccine for a transmissible disease such as polio puts others at risk as well.

Still, health officials doubt that Belgium's strategy will be useful to countries that are still battling polio.

"It is up to individual countries to decide their own policies, but we do not feel that imprisonment would help," said Dr. David Heymann, WHO's top polio official.

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## AIDS research in crisis as 'miracle' vaccines actually INCREASE chance of catching virus

BY DAVID GARDNER  
DAILY MAIL. 21/03/2008.

**B**IG BLOW: Researchers have found that two 'miracle' AIDS cures not only failed to work but can actually increase people's chances of contracting the virus.

The search for a cure for Aids was in crisis last night after it was revealed that two supposed "miracle" vaccines not only fail to protect people from the virus, but could put them at greater risk of becoming infected.

It is a massive blow to Aids research, which has ground to a halt - with seven other trials of similarly designed would-be vaccines either suspended or called off indefinitely.

The US government alone pumps

£250million a year into research to try to find a "Holy Grail" vaccine which would put an end to Aids.

Now scientists fear the disastrous outcome of the two most promising trials leaves them back at square one.

Hailed as major breakthroughs when the tests began, the US-funded STEP and Phambili studies were shut down when it became clear the vaccines could leave patients more susceptible to the virus, which attacks the immune system and which killed more than two million victims last year - 320,000 of them children.

More than 25million people have died from Aids since 1981 and an estimated 33million are living with the disease, most in Africa.

In the UK, there have been at least

17,600 Aids-linked deaths and more than 88,000 people have contracted the HIV virus which leads to Aids.

The two aborted studies used the same vaccine, made from a common respiratory virus loaded with fragments of HIV.

The STEP study involved male homosexuals in North and South America, the Caribbean and Australia.

The Phambili trial, involving more than 3,000 men and women heterosexual volunteers in South Africa, was halted less than one year into its four-year schedule after it, too, raised fears that the vaccine could endanger patients.

The vaccine was supposed to cut the number of infections and make the HIV virus less deadly and less contagious in those who had already contracted it.

But, rather than protect the immune system, the tests appeared to show that the vaccine somehow primed it to

become more susceptible to HIV.

Results from both trials, which cost about £16million, suggested that people were twice as likely to become infected after having the vaccine.

The debacle has sent shockwaves through Aids organisations that have raised millions of pounds towards research over the past 20 years.

"This is on the same level of catastrophe as the Challenger disaster that destroyed a Nasa space shuttle," said Robert Gallo, co-discoverer of the HIV virus and head of the Institute for Human Virology in Baltimore.

Mark Harrington, head of Treatment Action Group, an Aids activist

organisation, said: "We can't afford any more trials like this. We have to stop and reassess and recommit to basic science, or people will begin to lose faith."

However, John Moore, an Aids virologist at America's Weill Cornell Medical College, said: "I do think that what happened in this trial is an example of scientists blindly rushing into dangerous things."

Even before the tests came to a grinding halt, some experts were questioning whether the type of vaccine being looked at would be successful.

Rather than a drug to help ease the effects of the virus, people in areas worst

hit by the epidemic were looking for a wholesale cure. As it turned out, the vaccine's abject failure has rendered arguments over marketing unnecessary.

The US National Institutes of Health, which funded both programmes, is holding a crisis meeting next week.

But experts fear a bleak future. "None of the products currently in the pipeline has any reasonable chance of being effective in field trials," said Harvard University molecular geneticist Ronald Desrosiers.

"We simply do not know at the present time how to design a vaccine that will be effective against HIV."

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## Multiple vaccinations and the shaken baby syndrome

THE DOCTOR'S CORNER, NATIONAL VACCINE INFORMATION CENTER  
BY F. EDWARD YAZBAK, MD, FAAP

**D**ISCUSSION. Many SBS "experts" especially those employed by "Child Protection" programs, continue to claim that loving parents with no past history of aggression or abuse and experienced and devoted babysitters and day care workers, suddenly lose their tempers when babies cry and shake them to death or near death.

The fact is that babies have always cried; they are supposed to. As a pediatrician, nothing concerned me more than a mother telling me "He is so good. He never cries."

From the beginning of time, and before we knew there was a "Shaken Baby Syndrome", babies have cried and parents have consoled them ... without killing them: If they were hungry, they were put to the breast; if they were wet, their diapers were changed; and if they just needed a hug, they were hugged. If they were really upset, we carried them for a while or took them for a short car ride. No one held babies by the arms or legs and shook them to death and no one slammed them on a bed or a couch either. Parents loved their babies whether they were placid or not.

When confronted with the fact that

SBS symptoms often followed vaccination at 2 and 4 months of age, many of the same SBS "experts" proposed that the vaccinations caused excessive crying and the caretaker "could not take it anymore."

According to them, this is when the previously very loving and caring father, mother or babysitter "lost it" and started shaking and shaking the infant causing subdural and retinal hemorrhages, brain damage and even death.

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*"Because of their open skull sutures and fontanels, infants can remain asymptomatic even when they have substantial intracranial hemorrhages. They are usually only checked after they arrest, convulse, or become unconscious."*

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In the cases of alleged abuse by shaking /slamming that I reviewed, extreme crankiness was not reported. Frequently, the Apparent Life Threatening Event (ALTE) followed a bath or a feeding, two pleasant and relaxing experiences. The surroundings were usually quiet and most often the adult in attendance was doing something else when he or she first noticed the baby "gasping for air",

seizing or not breathing.

Often, the accused adult had been alone with the infant for just a very short time, and not long enough for him or her to "lose it" — even if the infant was screaming his head off. It is also rather unreasonable to think that a mother who knows that her baby has been extra-irritable following several vaccinations or colic or gas or whatever, would suddenly decide to go to the mall shopping and leave him alone with Dad.

In every one of my reviews, the behavior of the adult in attendance when the baby crashed was very appropriate. He or she did exactly what was supposed to be done: they stimulated and suctioned the baby, called 911 and attempted resuscitation. In every case, the EMTs who responded to the 911 call and who arrived in record time, reported no suspicious behavior on the part of the adult, and no visible evidence of inflicted trauma, such as bruises, burns or deformities.

Because of their open skull sutures and fontanels, infants can remain asymptomatic even when they have substantial intracranial hemorrhages. They are usually only checked after they arrest, convulse, or become unconscious. When a CT-Scan of the head reveals a subdural hemorrhage, child abuse is immediately suspected, ➤

particularly if the baby has a retinal hemorrhage or a "fracture" somewhere. Multi-generational intracranial hemorrhages and specifically acute and chronic subdural hematomas, are likely to be interpreted by a biased expert as "proof" of repeated shaking when in fact, such finding may very well be an argument against abuse. It is surely far-fetched to think that a father can decompensate and shake his small baby causing a first subdural bleed, calm down when mother returns home and act as if nothing happened, wait for a few days until she decides to go out again, lose his temper and become a monster a second time, re-shaking the baby violently enough to cause a second subdural hemorrhage and even a third.

Besides, if the "abuse experts" truly believe that pediatric vaccines cause severe irritability and parents shake infants who become extremely agitated, shouldn't vaccine manufacturers and vaccine promoters, including pediatricians, make it very clear to everyone concerned that the irritability following the vaccination will be so intense that the caretaker may actually decompensate, shake the infant to death and land in jail for the rest of his life?

Shouldn't there be a black box warning on the CDC's vaccine information statement: "The administration of this vaccine may predispose to Shaken Baby Syndrome".

In 2004, pathologist-hematologist and SBS expert Michael Innis summarized the beliefs of many of us when he wrote:

"I have proved that immunization within this period is a cause, repeat A cause, of these haemorrhages (with or without fractures) in susceptible children ..."

They will have successfully demolished my explanation if they can document a SINGLE case of Shaken Baby Syndrome or "inflicted shaking/impact injury" (as they prefer to call it) which occurred outside the 21 day period and in which a disorder of Haemostasis, Nutrition, or Liver disease was convincingly excluded.

I repeat, the diagnosis of Shaken Baby Syndrome or Inflicted Shaking/Impact Injury is a proven

figment of the imagination of some in the Medical Profession and should be relegated to scrap heap of history before it causes any more shame to the profession and disaster to innocent families."

[<http://bmj.bmjournals.com/cgi/eletters/328/7442/719#57790>]

Recently, Dr. Michael Pollanen, Ontario's top forensic pathologist has suggested that "the deaths of 142 Ontario babies since 1986 were attributed to a cause many scientists now believe has been discredited shaken baby syndrome."

[<http://www.theglobeandmail.com/servlet/story/LAC.20071206.GOUDGE06/EmailTPStory/TPNational>]

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*"I have proved that immunization within this period is a cause, repeat a cause, of these haemorrhages (with or without fractures) in susceptible children ..."*  
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### Conclusions

The CDC will be well advised to conduct its own investigation and review of the above data. Particular attention should be paid to the following:

**A.** More infant deaths occurred in a shorter period of time following the administration of the same three vaccines in 2007 than in 2005.

**B.** Almost two thirds of the 2007 deaths occurred within a day or two of the vaccinations

The risks and benefits of simultaneous multiple pediatric vaccinations should be clearly explained to parents. Saving the infant the pain of an extra injection or the parents the trouble of a second trip to the doctor or clinic are worthless arguments when compared to the infant's death.

The history of recent vaccinations must be recorded, reviewed and critically considered before anyone starts screaming "Shaken Baby Syndrome" or calling the authorities.

Like SIDS deaths, infant deaths attributed to SBS and occurring within

30 days of a vaccination should be reported to VAERS and carefully reviewed by a specialized team.

The diagnosis of "Shaken Baby Syndrome" has been questioned and challenged in the last few years. It is time to put it to rest.

Dr. Michael Innis has proposed that the constellation of findings now perceived by some to be "typical" of the "Shaken Baby Syndrome" be called, more appropriately the "Clemetson-Kalokerinos Syndrome". I fully agree.

### Parting advice

Until the CDC and independent international committees further investigate the role of pediatric vaccinations in the causation of the so-called "Shaken Baby Syndrome", parents of infants who have received multiple vaccinations including the 3 vaccines discussed in this report, should exercise extreme caution. They should watch the babies very carefully for a month after each set of vaccinations and report even the slightest problem to their pediatricians - documenting in writing the timing, the findings and the conversation. This is particularly crucial if the pregnancy and delivery were complicated or if the baby was born prematurely or had ongoing health problems. Other considerations are serious infections requiring multiple antibiotics, a recent illness and the baby not being in perfect health at the time of vaccination.

A young parent would be well advised to NEVER be alone with the baby in the immediate post-vaccination period. The presence of a friend, a neighbor or a relative when the baby arrests or convulses can make the difference between a simple interrogation and a full-blown "crime scene investigation". The inconvenience of having a guest, including a mother-in-law, pales in comparison to what I have seen happen to innocent people because some doctor decided that there was a "Shaken Baby Syndrome".

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# Mom says HPV vaccine caused paralysis in 12-year-old

BY JACKELYN BARNARD, FIRST

COAST NEWS, 21/02/08

<http://www.azcentral.com/12news/news/articles/hpvvaccine02212008-CR.html>

**B** RITTANY IS a twelve-year-old who doesn't like to sit still. The Florida girl played softball. She ran cross country. The plan was to stay on the team and get a college scholarship, but those dreams drastically changed.

"She was walking through my house and collapsed. She told me she couldn't feel her leg. We went right to the hospital," says Christina Bell, Brittany's mom.

Bell says there were no answers at first, but then she started to put the pieces of the puzzle together. Two weeks before her daughter's collapse, Brittany received her first injection of a vaccine called Gardasil.

"The doctor recommended we get the Gardasil shot and I'd been thinking about it because I've seen it on TV all the time," says Bell.

The vaccine, produced by Merck, is to help prevent contracting the Human Papillomavirus or HPV. The virus causes 70 percent of cervical cancer.

Over the last year, the vaccine has been the center of moral controversy, but little has been mentioned about the number of vaccine reactions reported to the FDA. Recent news reports link an association with paralysis and death with the vaccine.

"The reason I'm skeptical with this is this isn't a virus," says Dr. Guy Benrubi, an OB/GYN with Shands.

Dr. Benrubi says the HPV vaccine is one of the safest and he recommended it to his own child.

"The immediate risks are minimal. The FDA looked at those. We have not seen any major catastrophes," says Dr. Benrubi.

Benrubi says the majority of complaints are patients fainting during or after the shot. So far, more than four million vaccinations have been done and nearly 4,000 adverse

reactions have been reported.

"Even the worst case scenario, if you have four thousand in four million that is a one to one thousand potential adverse effect," says Dr. Benrubi.

The list of complaints range from temporary blindness, blurry vision, convulsions, seizures and numbness

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*"I think there is a little cart before the horse going on here. I'm not saying this is not a good vaccine, but anyone who is going to have their daughter or child have this shot, they need to be fully informed of risks or potential risks associated with it," says Sean Cronin, Brittany's attorney.*

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in arms and legs that won't go away.

"If you know something is happening why do you let it continue?" asks Bob Giuliano, Brittany's grandfather.

Giuliano and his daughter want answers as to how they didn't know paralysis could be a possibility for Brittany.

"I am very angry," says Brittany's mom. After months of physical therapy, Brittany still has no feeling in her left leg.

Getting around is difficult. It's hard for Brittany to walk and balance and she often needs a little help.

"She's mad. I can tell she's mad," says Brittany's mom. A little shy, Brittany did not want to talk to us, but she did want her story told so parents and young girls know how her life has changed.

Now she is learning to cope with braces, crutches and a walker. "It's changed everything for us," says Bell.

Brittany's doctors have diagnosed her with Acute Demyelinating Encephalomyelitis or ADEM. It is an inflammation of the brain that has

been associated with a vaccination.

"I think there is a little cart before the horse going on here. I'm not saying this is not a good vaccine, but anyone who is going to have their daughter or child have this shot, they need to be fully informed of risks or potential risks associated with it," says Sean Cronin, Brittany's attorney.

Cronin says he can't go after Merck with a lawsuit because Gardasil is now part of a federal fund which pays out to those injured from vaccines.

First Coast News has learned, Gardasil was added to the National Vaccine Injury Compensation Fund just months after it hit the market. "The Federal government would not put it on the list without medical scientific justification," says Cronin.

Brittany's family is filing an injury claim with the government. They are also on a mission to spread the news of what they say can happen with the vaccine. The family also holds out hope that one day, old Brittany will be back walking and running like she did once before.

"I do wish the doctor would have known and would have said there is a chance that this could happen. If he would have said, I would have never done it, says Bell.

The FDA told First Coast News the adverse reaction reports are not a good indicator of a direct cause or relation with an incident. The FDA also says they have investigated several deaths but did not find any association with the vaccine.

Merck told First Coast News it is unaware of Brittany's case. Merck also says it actively monitors the adverse reaction reports and other databases throughout the world.

As for the vaccine being added to the government vaccine fund, Merck says it is their understanding that all new vaccines are added to the fund.

The Pharmaceutical giant says the latest numbers show that ten million HPV vaccines have been given in the United States.

# Vaccine companies investigated for manslaughter

www.mercola.com

**F**ORMAL investigations have been launched by French authorities against two managers from drug companies GlaxoSmithKline and Sanofi Pasteur. A second investigation for manslaughter has also been opened against Sanofi Pasteur MSD.

The investigations are in response to allegations that the companies failed to fully disclose side effects from an anti-hepatitis B drug used between 1994 and 1998.

During this time, close to two-thirds of the French population, and almost all newborn babies, received a hepatitis B vaccine. The vaccination campaign was halted after concerns rose over the shot's side effects.

Thirty plaintiffs, including the families of five people who died after the vaccination, have launched a civil action in the case against the drug companies.

*Source: Reuters February 1, 2008*

Dr. Mercola's Comments:

In the United States, the hepatitis B vaccine is recommended for all newborns before they are discharged from the hospital. These recommendations are inexcusable.

It finally seems that the drug companies will be held responsible for the consequences of giving this dangerous vaccine to infants.

Folks, let's make one thing perfectly clear here, hepatitis B is VERY difficult to catch. You nearly always need to have blood or sexual contact of some sort with an infected

carrier. That is why the main risk factors for hepatitis B are IV drug abusers and those who engage in sex with multiple partners.

This, of course, makes it nearly impossible for a newborn to contract hepatitis B, unless his mother already has it. Further, vaccine-derived immunity is thought to be short-lived, and between 30 percent to 50 percent of vaccinated individuals may lose their antibodies within seven years.

Meanwhile, up to 60 percent of people who initially respond will lose detectable antibodies within 12 years. So that means that by the time these newborns get to the age when they could potentially engage in the risky behaviors that would put them at risk of hepatitis B, their childhood vaccine will provide little to no protection. (*Editor: However, antibodies are not a sign of immunity anyway.*)

The central nervous system of a newborn infant is also particularly susceptible to toxic influences. This is one of the reasons why the hepatitis B vaccine is such a problem. If it were given later in life, as is done in many other countries, it would not be as problematic. Even so, this vaccine is still associated with numerous side effects, such as an increased risk of multiple sclerosis and rheumatoid diseases.

Aside from highlighting the extreme lack of common sense that goes along with vaccinating a newborn against a disease they have a rare chance of getting until they're much older, this article points out, once

again, that the drug companies are not on your side.

Their primary motivation is in making profits, and if that means covering up side effects to make you believe a vaccination is safe, they will likely do it.

Remember, you do have the right to refuse vaccinations, and there are two basic axioms you should never forget.

1. Nobody, anywhere or any time and under any circumstances has the right or power in this country to immunize you or your children against your will and conviction. If they attempt to do so, you can legally charge them with "assault with a deadly weapon" and have the full resources of the law behind you.

2. At all times in attempting to avoid unwanted immunization, you have the Law of the Land behind you. Those who would try to vaccinate you against your will are on very shaky ground. Into every compulsory immunization law in America are written legal exceptions and waivers, which are there specifically to protect you from the attempted tyranny of officialdom. It is not only your right, but your obligation to use them, if this is what your conscience tells you.

While all 50 states have immunization requirements, 28 allow parents to opt out for medical or religious reasons. Another 20 states allow parents to opt out for personal or philosophical reasons as well. (*Editor: Just a reminder that there is a choice in the UK, and there are NO compulsory jabs!*)

## Man sues after vaccine paralyzes him

<http://www.thanhniennews.com/society/20/02/08>

**A** MAN in the southern province of Hau Giang has sued a local health agency and vaccine maker, claiming a vaccine paralyzed him last year.

Tran Minh Chi, 37, is asking for VND85 million (over US\$5,300) from the Phu Huu Commune Health Center and the Vaccine and Bio-Medical Product Company No 2, saying a rabies vaccine manufactured by the firm paralyzed him.

On August 2 last year, Chi received his

first Rabivax II shot at the center after being bitten by a stray dog. On August 12, he received the sixth in a course of eight shots of the vaccine. The next day, he became paralyzed and was rushed to the Can Tho General Hospital and later to the Cho Ray Hospital in Ho Chi Minh City. He has endured quadriplegia since then.

In his lawsuit, Chi said the center failed to inform him of the disadvantages of the vaccine so that he could have chosen a better one. Meanwhile, in documents sent to the court, the health center denied responsibility concerning the man's paralysis and attributed the mishap to the producer, saying that its vaccine failed to meet quality standards. The company also denied its

involvement in the case. The firm said all the information related to the vaccine was included with the medicine. The vaccine is known to cause marrow paralysis to one out of every 10,000 people inoculated by the shots. The Ministry of Health halted the production of Rabivax II in September last year following a similar case in May in which a HCMC man had suffered acute flaccid paralysis due to the same vaccine.

The company said the shots given Chi had been produced before the deadline, which meant it had no responsibility in his mishap. A hearing will take place next Wednesday, according to judge Ngo Thi Hien. Chi filed his suit at the Chau Thanh District People's Court.

# Increase in severe pneumonia in children may be caused by vaccine

BY JEREMY LAURANCE,  
HEALTH EDITOR. 14 APRIL 2008

Cases of a life-threatening form of pneumonia that affects the young are rising rapidly in Britain. It now affects around 1,000 children a year. The cause of the increase is unknown but experts fear a vaccine in the immunisation programme could be contributing.

Child health specialists say cases of the pneumonia, known as serotype 1, have risen tenfold in a decade. They warn that a vaccine against pneumococcal disease called Prevenar, introduced in 2006, could be fuelling the rise. The vaccine is given at two, four and 13 months and provides protection against seven of the commonest types of pneumonia. It is safe and highly effective – cases of invasive pneumococcal disease caused by the serotypes covered by the vaccine have fallen by 90 per cent in two years. But there are more than 90 known strains of the bacterium that causes pneumonia. When one is eliminated, it creates an opportunity for another to take its place. In the US, where Prevenar was introduced in 2000, researchers have reported an emergence of “sero-replacement” disease – types of pneumonia not covered by the vaccine.

David Spencer, consultant respiratory

paediatrician at the Freeman Hospital, Newcastle upon Tyne, will present figures on the growth in pneumococcal disease to the Royal College of Paediatrics annual conference in York today. He said: “It looks as if serotype one is becoming more virulent. We have had four cases in the past week in Newcastle with empyema [the accumulation of septic fluid in the pleural cavity]. These children are seriously ill and suffer a lot of pain.”

Serotype 1's rise in the UK began 15 years ago, long before the Prevenar vaccine was introduced. Although its increase in the past could not be explained by the vaccine, Dr Spencer said evidence from the US suggests it is a risk in the future.

“I contacted the Health Protection Agency [HPA] 18 months ago and expressed concern that there was a potential for the vaccine to make things worse. The increase in other sero-types in the US may be due to the vaccine there.” The HPA immediately expanded its surveillance programme, Dr Spencer said.

Linda Glennie, head of research at the Meningitis Research Foundation, which is funding the surveillance programme with the HPA, said the challenge was to keep one step ahead of nature. “The Prevenar vaccine saves lives. Other strains are starting to increase but the number of

cases prevented hugely outweighs cases increased.”

Two companies are working on vaccines to protect against up to 13 serotypes of the disease, including serotype 1. But they are at least two years away, Dr Glennie said. The ultimate goal would be a vaccine for all pneumococcal disease.

Eighteen-month-old Robbie Barnes started vomiting just over two weeks ago. His mother Vanessa thought he had a virus. Vanessa, 36, from Middlesbrough, said: “He is normally fit, running all over the place. He had a temperature, vomited the next day – and it went on.

“I took him to an emergency doctor twice and to my GP, where I saw the practice nurse. They all said it was a virus and it would go in a few days. He couldn't sleep because he was struggling to breathe.” In desperation, Vanessa took him to their local A&E department, where an X-ray revealed severe pneumonia. “I was devastated. I was expecting a chest infection but not pneumonia,” she said.

Robbie was put on oxygen. His lungs were so badly infected he was transferred to the Freeman Hospital in Newcastle upon Tyne, where surgeons operated to clean out pus and septic fluid gathered in the pleural cavity between the chest wall and lungs. Vanessa said: “He is a lot perkier now. He is still a bit wobbly on his feet because he has got no strength. He is on the mend – but it was all quite frightening.”

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## Countywide pertussis outbreak in 2003 & 2004 primarily affected adolescents

<http://www.medscape.com/>  
EXTRACT

NEW YORK (Reuters Health) Jan 07 2008. In a 2003-2004 outbreak of whooping cough in Fond du Lac County, Wisconsin, most cases were diagnosed in adolescents, although adults had more severe disease, public health officials report in the Archives of Pediatric and Adolescent Medicine for January.

After the first cases were reported to the Fond du Lac Health Department in late July 2003, the origin of the outbreak was traced to the use of a high-school weight room prior to the start of the school year.

The first phase of the outbreak peaked

during mid-June to mid-August, but between October and early December, the number of cases again rose sharply, with substantial transmission to adults and children in the community.

Overall, 71% of cases involved patients ages 10 to 19 years of age. Fourteen percent of cases occurred in patients 2 months to 9 years of age, and 15% occurred in adults. The two infants with pertussis required hospitalization. Adults reported higher frequencies of paroxysms and posttussive vomiting than adolescents.

Dr. Davis and colleagues note that patients were diagnosed with pertussis at all 20 public schools in the county.

In most cases, vaccination histories were

up to date with the standard at that time, 84% having received at least five doses. It wasn't until 2005 that pertussis booster vaccines were licensed for use in teenagers and adults. “This labor- and resource-intensive outbreak highlights potential benefits of pertussis booster vaccination among adolescent and adult populations,” the authors conclude. Arch Pediatr Adolesc Med 2008; 162:79-85.

*(Editor: I would think it highlights the potential uselessness of the vaccine, especially when 84% received at least 5 doses! The illogical conclusions these so-called health experts deduce from such findings gives me enormous concern as to their clear-thinking abilities!)*

# Cuts and grazes

**Y**OUR CHILD comes running to you crying, holding out a finger she has cut on a piece of slate in the garden, your toddler wobbles up to you in the playground with a large patch of skin grazed off his knee, your teenager, who should know better, has been sledging down a rubbish heap in the dark and has come hobbling towards you tearfully, led by a bunch of rather guilty looking friends, with a nail - very dirty, imbedded in her hand.

## What do you do?

No child is going to escape cuts and grazes as they travel through childhood - indeed, there would be something wrong with them if they were cocooned to the extent that they didn't run about fast enough or climb high enough to fall over hard, or hurt their knees. As much as we want to protect our children from obvious and certain danger, the journey through childhood is an experiential one.

## So how do we manage these injuries?

### *Step 1: Don't panic.*

Not only will panic stop you from thinking clearly, but it will also make the wound hurt more. Think about it. If you hurt yourself, what would make you feel better? A level-headed, capable person with a low, measured voice, who calmly took control of the situation, or an hysterical, screaming, person who swept you up in their arms, crying about how how awfully it must hurt and how terrible the blood looks.

Talking in a low measured voice, however much the inner turmoil, also has the effect of calming you down - you can always have a nice, safe attack of hysteria when everything has been sorted out later.

### *Step 2: Carefully assess the situation.*

Most cuts and grazes can be dealt with at home, saving long, fruitless waits in Accident and Emergency (A&E) departments. Scalp wounds always bleed profusely, often quite out of proportion to their size or severity.

Bleeding is actually very useful, it washes the cut from the inside out and floods the area with the oxygen that is carried in the blood.

### *Step 3: Assess the tetanus risk*

Clinical tetanus, ie tetanus with symptoms, is caused by the bacterium, *Clostridium tetani*. It is present in the gut of many farm animals and their faeces and is highly resistant to heat and drying so it can survive in soil and dust in spore form for many years. You can, therefore, assume that tetanus spores are present in most soils.

However, it is not colonisation with the organism that produces 'lockjaw' and other symptoms of clinical tetanus but the toxin that the organism produces when it finds the correct conditions in which to grow.

### *What are these?*

The tetanus bacillus is an anaerobic (non air) bacillus, that means that to produce its toxin it needs to have anaerobic or 'no oxygen' conditions. This is why clinical tetanus is classically associated with wounds from rusty nails because this combines dirt with a deep penetrating wound that it is difficult for oxygen to reach. This need for anaerobic conditions explains why clinical tetanus so rarely occurs despite undoubtedly frequent contamination of wounds.

Other injuries that promote anaerobic infections are severe burns and severe crush injuries where dead flesh is combined with no blood supply - remember blood carries oxygen. Tetanus infection has also been reported after trivial or no injury, such as tonsillitis, or after operative procedures (abortion, appendicitis).

### *Step 4: Reduce the tetanus risk.*

It is a good idea to encourage any wound that has been exposed to dirt or rust etc, to bleed for a minute or so. A cut finger can be held under a cold tap and squeezed a little. Clotting of blood, or rather, coagulation, is a chemical process which works best at body temperature or higher, so cold water slows the process down a little. A graze, by it's very nature is so superficial that it is unlikely to be at



*Dr Jayne L.M. Donegan*

risk of clinical tetanus as most of the wound surface is exposed to the air. Large wounds pouring with blood (oxygen) are also not high on the clinical tetanus risk list.

### *Step 5: See how bad the wound actually is.*

#### **CLEAN CUTS**

At this stage, you need to apply pressure to the bleeding area with a clean tissue, handkerchief or gauze. Applying firm pressure in this way will stop the bleeding within one to five minutes. To speed up the process, a cloth with squeezed out hot water can be used. Then you can see what is really going on.

Have a look to see how big the wound actually is. Do all the fingers, toes in that area move in all the ways they are supposed to? How deep is the wound? Is there subcutaneous fat (yellow shiny globular layer) showing, can you see bone or tendons? If you can you would be advised to get it looked at in A&E

If the cut was caused by broken glass, look carefully and feel around the edges of the wound with your fingertip, feeling for lumps that might mean that there is some glass left in the wound. It is possible to have an Xray to check - but Xrays can also sometimes miss shards.

### *Step 6: Clean it up and dress it if necessary*

If oozing is still occurring you can put a wadge of gauze, tissue or a folded clean hanky on top and then wind a crepe bandage firmly around the

wound. This can be removed in 12 – 24 hours. The limb, hand or foot further on from the bandage should always have a good blood supply – the nail beds should be pink, go white when pressed and return to being pink rapidly when released (good capillary filling), if not, release or remove the bandage immediately

If the edges of the wound are gaping and/or oozing you can steristrip them together, often avoiding the need for stitches in even quite deep cuts. If you don't have steristrips, you can cut thin strips, about 2cm long of micropore. Apply the micropore about 0.5cm apart applying pressure between each one.

For a long wound, don't start at one end as by the time you get to the other end the edges will be skewed. Make sure the edges are dry, apply one across the middle, then one across the middle of each of the two halves and so on.

Do not cover the whole surface of the wound with steristrips as it needs to be able to breathe to heal well. Covering it all up will just make it soggy. Keep the wound dry for a week, then soak the strips in water and remove carefully.

### **DIRTY CUTS**

Wash thoroughly with water, dab dry, half dilute a little 3% hydrogen peroxide (H<sub>2</sub>O<sub>2</sub>) in a small cup, dip a piece of cotton wool in it, drip this over the cut. It will start to sizzle, this is oxygen being released just where you need it, in the area where there might be tetanus spores. Dab dry and drip again, repeating the process until the peroxide no longer bubbles.

Flooding the area with oxygen should make the conditions unfavourable for production of tetanus toxin and, indeed, a German study in 1967 found that hydrogen peroxide hindered the absorption of tetanus toxin as well as detoxifying it. The peroxide was able to penetrate even into jagged wounds. It acted by cleaning the wounds mechanically and killing harmful bacteria and fungus.

The author concluded that peroxide made a valuable complement to active and passive tetanus vaccination (R Ludwig Zur Wirkung von Wasserstoffperoxid auf Tetanustoxin in

Hautwund (Concerning the effect of Hydrogen Peroxide on Tetanus toxin in skin lesions) Chir 1967 ;13:478-481).

When the wound has been thoroughly cleaned it can be properly inspected and treated as above, although deep wounds may need to be left to drain and treated with peroxide daily.

### **GRAZES**

Wash with water +/- soap. If large pieces of gravel are imbedded in the skin, try to flush them off with water or remove them with tweezers. Apply peroxide as above. Leave open to the air when at all possible. If there will be rubbing against clothes or exposure to a lot of dirt, or if it is very painful initially, put a large, thick smear of vaseline, or non petroleum jelly onto a piece of gauze (or use paraffin gauze BP or 'Jelonet' 10cm sq folded over), cover with gauze and secure with tape – knees need tubigrip to stay on. Check it every day and redo the dressing. If any redness occurs around the margins of the graze or if there is pus, repeat the treatment with peroxide.

.....  
*"I spoke in a low, measured voice, told her not to worry, gave her a dose of arnica and a squirt of rescue remedy (don't leave home without it!), which worked wonders, and calmly and purposefully got hold of the nail with a set of pliers and wrenched it out. ."*  
.....

### **What about savlon, germalene, antiseptics?**

I do not recommend any of these. They kill off nice bacteria without necessarily getting rid of the nasty ones and they can cause skin irritation. Calendula cream? Many people swear by this but I avoid creams because they make the wound wet, which is to be avoided in the healing stages, and calendula cream can sting. Using a drop of the tincture in the water used to wash the wound can be helpful.

### **Will any child, or adult for that matter, let you do any of the above interventions?**

Yes, if you act in a calm, firm, kind and purposeful manner, remembering that once the wound is properly dealt with it will feel a lot better.

There is anecdotal evidence (the sort of evidence that comes from individual people's experience (level 4 evidence) rather than randomised controlled trials (level 1 evidence) that baby lambs given ledum when their tails are lopped off, do not get clinical tetanus. Ledum is indicated homoeopathically for deep, penetrating wounds.

Hypericum is for damage to nerves – which is what happens in clinical tetanus - and is said to be useful in the prophylaxis (guarding against the danger) of tetanus prone wounds. I recommend that people take both of these remedies in a 30c or 200c potency, three times a day for two to three days after a wound that might be tetanus prone, regardless of whether they are vaccinated or not, as it is still possible to get clinical tetanus when fully vaccinated with good levels of antibodies to tetanus toxin. It is said to be a rare occurrence, but then so is getting clinical tetanus when unvaccinated, or else most of the human race would not have survived to be here today.

If you are unvaccinated and wish to give yourself a boost of tetanus toxin antibodies, you can get a shot of tetanus hyperimmune globulin at any A&E department. It is, however, a human blood product with the attendant risks of known and unknown virus transmission.

So what did I do with my teenager with the dirt streaked, tear-stained face and the grubby hand with the nail stuck into the pad at the base of her thumb? I spoke in a low, measured voice, told her not to worry, gave her a dose of arnica and a squirt of rescue remedy (don't leave home without it!), which worked wonders, and calmly and purposefully got hold of the nail with a set of pliers and wrenched it out. I cleaned the wound profusely with water from a bottle (we were on a camping site) and squeezed it to make it bleed some more and then dripped dilute peroxide onto the site of the

puncture wound, dabbing with dry cotton wool and dripping more on until the bubbling stopped.

This was the first wound she had had in her 14 years or her sister had had in her 16 years, including guide camps and Duke of Edinburgh hikes, that I thought was a real tetanus risk, so I crushed up a tablet each of ledum and hyericum, put the powder into a 500ml bottle of water with another squirt of rescue remedy, banged it hard twice (to potentise the water) and told her to sip it three times that evening and three times daily for the next two days. I think she took it the next day and then forgot, as did I. The wound healed up nicely without any complications. Then, I told her off! *April 2008*

*The information in this article does not replace the need for medical advice where appropriate*

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'Nursing children supportively through acute illness - A practical guide' by Dr J.L.M Donegan. Now available £5.00 inc P&P.

**Further Information**

More detailed information about tetanus, the disease and the vaccine may be obtained in Dr Donegan's report: 'Vaccinatable Diseases & Their Vaccines' at:  
<http://www.jayne-donegan.co.uk/LinkClick.aspx?fileticket=d%2ffky2flvwv4%3d&tabid=826>  
<http://www.jayne-donegan.co.uk/Articles/JunkJustice/tabid/454/ctl/Edit/mid/822/Default.aspx>

**Dr Donegan runs a series of workshops on:**

- How to Raise a Healthy Child (and Parent!)
  - Nursing Children Supportively through Acute Illness
  - Homeopathy for Children - An Introduction
  - The Vaccination Question
- and other health related topics

If you are interested in hosting one of these workshops, please contact Dr Donegan as above.

<http://www.jayne-donegan.co.uk/Articles/JunkJustice/tabid/454/ctl/Edit/mid/822/Default.aspx>

**Dr Donegan is also giving lectures about her GMC Experience:**

What exactly was the 'Junk Science' that she was accused of presenting to the court?

Why did the GMC panel completely exonerate her of all substantive charges after hearing three weeks of evidence from her, and the UK Government and GMC's expert, Dr David Elliman, Consultant in Community Child Health at Great Ormond Street?

*A tour is being coordinated by Magda Taylor of The Informed Parent dates: 02-07 November 2008 UK*

If you are interested in hosting such an event, please contact Magda at:

tel/ fax 0044 (0)1903 212969

or email at: [magda@informedparent.co.uk](mailto:magda@informedparent.co.uk)

## MMR: major mumps outbreak proves the vaccine doesn't work

At a time when health officials are quietly admitting that there could be a link between the MMR (measles-mumps-rubella) vaccine and autism, a new study has also discovered that it doesn't work.

Researchers investigating a large outbreak of mumps in 2006, when 6,584 cases were reported among college students, have discovered that virtually every sufferer had been vaccinated twice against the disease.

The Centers for Disease Control (CDC) reveals that at least 84 per cent of young adults aged between 18 and

24 years had received two-dose vaccines against mumps. And in 2006 – when the outbreak occurred – the national two-dose coverage among adolescents reached 87 per cent, the highest in US history, and just one point below that needed for 'herd immunity'.

CDC researchers speculate that the outbreak – primarily among 18- to 24-year-olds – was the result of the 'wrong type of mumps'. The vaccine is supposed to protect against A-virus mumps, whereas the outbreak in 2006 was caused by the G-virus strain.

Despite its limitations, the CDC

team reckons that all children need a third dose of MMR – even though the two-dose vaccine was introduced following a 1980 mumps outbreak among children who had received a single vaccine dose.

It may be a measure that will be hard to introduce at a time when health officials are accepting that the MMR vaccine can cause autism among children with a 'mitochondrial disorder'.

*(Source: New England Journal of Medicine, 2008; 358: 1580-9).*

# Diary of a "miracle" recovery from polio

BY LORNA J ENGLISH.

**F**IRST PUBLISHED: Health For All, May 1956. Recently brought to my attention by Peter English, who is also featured in this article. Incidentally, Peter was never vaccinated and this may have a bearing on why he only really suffered flu-like symptoms. During the 1950s the vast majority of polio cases actually only resulted in flu-like symptoms, very few went on to develop any short or long term paralysis - and this would be much more to do with their susceptibility/level of health. It also struck me, on reading this case history, that Jill showed enormous determination and held a strong belief that she would walk again, and I am sure that played an enormous role! Editor.

## The article reads:

I and my four children became Diet Reform and Nature Cure adherents soon after Jill was born. She had to go away from my care for two years, my husband died, and during this time she was vaccinated, inoculated against whooping cough, and maintained on a sadly deficient diet, under orthodox medical treatment. I have since done my utmost to rectify any ill-effects, restoring her health to an excellent condition with fruit and raw vegetables, whole, unadulterated food, and natural methods of healing. In view of this, my dismay when she contracted polio was twofold, but when common sense prevailed I realised that none of us is wholly immune, or should expect to be, even if we live 100 per cent correct, which Jill had not. Of far greater significance is the way the body deals with such an onslaught, either by succumbing or by throwing it off successfully.

*October 16, 1955.* Jill has a headache; Peter feeling sick.

*October 17,* Jill sick at school. No tea, evening temp. 99, put to bed.

*October 18.* Temp. 103 - called Dr M, who diagnosed glandular trouble and slight catarrh, and made out a prescription for tablets which I did not give. Fruit juice only all day.

*October 19.* Temp. 99. Fruit juice only.

*October 20.* Ditto.

*October 21.* Temp. 97. Dr M called and

reported satisfactory. Said she could get up for a little next day. Fruit only.

*October 22.* Temp normal. Fruit and salad only. Got up during afternoon for a few hours.

Peter feeling queer. Temp. 99. To bed with fruit juice and packs.

*October 23.* Peter's temp. 100. Fruit juice only. Evening temp. normal. Jill normal and eating well.

*October 24.* Jill normal and eating well. Peter's temp. 99. Fruit juice and packs.

## "Listless and Fatigued..."

*October 25.* Jill rather listless and fatigued. Peter normal and on fruit.

*October 26.* Jill walking slowly, and tires easily, off her food. Peter up from bed and on fruit.

*October 27.* Both up and out, bitterly cold. Jill's appetite poor. Put her back on fruit, but she complains of bad taste in mouth. Is tired and listless, temp. normal, but put her to bed after lunch. Peter eating well.

*October 28.* Jill still complaining of nasty taste. Took them both out after lunch, very cold. Jill's legs ache and she walks awkwardly.

*October 29.* To the dentist to have Jill's old tooth out. Very cold. Jill's leg hurt and she can only walk slowly. Off her food and very tired.

*October 30.* Although very cold, both wanted to go out. Jill returned with legs aching badly. Put her to bed midday with hot-water bottles. No temp. Legs very painful by night-time and I decided to call Dr M first thing.

*October 31.* Called Dr M Polio suspected. Another doctor called and confirmed. They advised sending her to hospital, but I said I would rather look after her myself. Health Dept. and Dr M getting in touch all day trying to get me to change my mind, but I held out against them. I feel it's only postponing the matter, however, as it can be made compulsory; and in any case I feel rather incompetent to handle a polio case without skilled direction and without the necessary facilities. The possible consequences are rather frightening.

Jill would have nothing to eat or drink, still the bad taste. Temp. normal, legs very

painful. It seems to hurt her when I touch her anywhere. Tried to sponge her down, but she seemed to be in agony so I gave it up.

## "Heart Keeps Fluttering..."

*November 1.* Temp. normal, whole body exceedingly painful, especially legs. Shoulders hurting too, and she says her heart keeps fluttering like butterflies. Dr M called again and said she would have to go where she would be in skilled hands and under constant supervision by people who knew what to look out for. I realised the sense in this, and couldn't, in fairness to Jill, hold out any longer; but before giving my absolute permission I asked that she should remain on vegetarian diet and wholemeal bread, and be given no laxatives or drugs whilst in hospital. This was agreed to. She went to the isolation hospital at midday. The Medical Officer of Health (an authority on polio) diagnosed paralysis of spine and both legs, and assured respect of my wishes. I learnt later that although the vegetarian diet and wholemeal bread were not always adhered to, no drugs or laxatives were ever given to her; but she had an enema for constipation, and heat-treatment for pain. I am able to visit her every day.

*November 2.* Jill bright and cheerful, temp. normal. Heat-treatment for legs, which are still painful. She is flat on her back and not to move, a cradle over her legs. Face blotchy. Appalling diet of white bread, jelly, semolina, etc.

*November 3.* Saw Matron and asked for brown bread for Jill, which she is going to order specially. Also supplied her with Vecon, Yeastrel, PLJ. Jill bright and cheerful. Her nose is peculiarly stuffed-up and she talks in a nasal fashion. Teeth have not been cleaned since she came in. Has daily blanket-baths, however. Legs not so painful. On her case history the doctor in charge reports her general condition of health as "excellent."

## "Bulbar-Poliomyelitis developed..."

After a few days, bulbar-poliomyelitis developed (affecting the base of the brain), manifesting itself in semi-paralysis of facial muscles, a markedly nasal voice. She was on fluids, and I saw that she had her daily intake of fruit and vegetable juices. With bulbar-poliomyelitis the usual prognosis is either death or complete

recovery, there being no residual paralysis, and so once the critical stage was passed, the paralysis was shown to be confined to her spine and legs, and the worst was over.

**November 4.** Legs much more comfortable to-day. Speech affected and thick, she can't smile or open her mouth very much. She is put on to fluids for this reason.

**November 5.** Legs comfortable, face still queer, peculiar speech, nasal tone, laughs with a straight face. She keeps cheerful. I dread a new development when I visit each day.

**November 6.** Face the same, I think not quite so nasal. Eyes irritating, so no more reading, and she is allowed to do nothing, now, but simply rest every part of herself.

**November 7.** Face still semi-paralysed and rather a pathetic sight. Legs comfortable, and she can move them a little. Nose much clearer.

**November 8.** Face a little better - or is it my imagination? No pain in legs now, but her wrists are aching. This may be just strain on the part of muscles doing the work of others which are out of use. She is getting bored and longing to get up - a good sign! She won't take any of the fruit I bring in, she seems to associate it with that nasty taste in the mouth, so I don't press it.

#### **"Definite improvement..."**

**November 9.** Definitely an improvement on the face. Wrists not aching, eyes sore. Am informed there is a bed booked for her at an orthopaedic hospital and am somewhat dismayed at the duration of treatment this implies, as she seems to have improved so rapidly, and can now move about in bed quite a lot, although she is told to lie still all the time.

**November 11.** On to normal food again, which shows she can chew and swallow, so paralysis of face gone. She is still flat on her back doing nothing. Salad and fruit taken in daily.

**November 12.** She can raise herself on elbow, but is not allowed to. The doctor in charge (Medical Officer of Health) is very pleased with her progress, and is almost sure the paralysis will not now spread. Left leg is more affected than right one now - vice versa originally. (Information from nurse.)

All this time Peter has been in quarantine and away from school. He is

eating well, but as he had the preliminary symptoms soon after Jill I am constantly on the watch. I am keeping him on the most rigid diet, and get him out in the fresh air twice daily and as long as possible. He is very white and heavy-eyed, and appears easily fatigued. I get him to bed early. (Eventually he resumed his normal good health and, indeed, seemed to emerge more robust than ever. I wonder if he had the abortive type of polio.)

.....  
*"Cradle taken away to-day, and she's allowed to read and draw. This eases her boredom and she draws on everything she can lay her hands on. She seems very lively, active and cheerful, and wriggles about quite a lot."*  
.....

**November 14.** Jill raised to two pillows to-day - quite a step forward - and the foot rest taken away. She can raise both legs several inches with pressure on them, which she was unable to do before; can raise right leg up high without pressure, but not left; can put chin on chest (but this hurt her back); can sit up with help. The only pain now is during the effort of doing this, at bottom of spine and at hips.

#### **"Very Lively..."**

**November 15.** Cradle taken away to-day, and she's allowed to read and draw. This eases her boredom and she draws on everything she can lay her hands on. She seems very lively, active and cheerful, and wriggles about quite a lot.

Had an interview with the Medical Officer of Health, who says that although her progress has been incredible, she will have to go away for orthopaedic treatment; that I mustn't get too hopeful at the signs of her improvement, as this will be a long job, perhaps a year or two, or even more; it all depends on Jill herself. He says it is extremely unlikely that she will ever recover completely and live a normal life, as both spine and legs are affected; that if the worst possible happens she will have to wear irons, or, at best, there will be a bad limp; but it will take a long time. I can't understand it, she seems to be so active in bed. This is a bitter and sad blow to our hopes for her ultimate recovery. At least, she has plenty of courage and

determination, she's longing to get on to her legs, and says she will walk again soon. I wish I could share her optimism, which I did before I saw the doctor. But he said it without a shadow of doubt, and as he is a specialist on polio one must take his word for it.

At first, I simply could not believe the doctor, remembering Jill's incredible activity, and so for confirmation, and to ensure that he had definite grounds for committing himself so uncompromisingly, I asked why complete recovery was impossible. He replied that Jill's activity was deceptive, that had her legs only been paralysed, hope might be justified, but as the spine also was affected, barring an absolute miracle, she could not recover.

#### **"The Doctors Must Know..."**

**November 18.** She is quite active in bed now, moving about all over the place. I suppose the doctors must know what they are talking about. She constantly talks of getting up, and coming home. Started conditioning her re: Christmas away from home. Peter out of quarantine...

**November 19-25.** Very cheerful and seems quite active. Now propped up on three pillows and drinking from a mug instead of drinking-cup.

**November 26.** Specialist from orthopaedic hospital came and examined her. I saw him after, but could get nothing from him - he hedged at all my questions. He has confirmed the booking at the orthopaedic hospital, but doesn't know when she will go, or for how long. Meanwhile, she is to have daily hot baths and physiotherapy.

**November 30.** Jill attempts to sit, kneel, stand, etc. when nurses are away. She is very determined, and I am amazed at all she can do. I should have thought that, now that the pain and dangerous stage have passed, this would have been encouraged, instead of keeping her immobile all the time. Physiotherapy still hasn't started. She is a little depressed at the lack of anything being done to help her progress. Her own determination keeps her active, however, against doctor's orders! Prolonged nose bleed during night.

**December 1.** Another long nose bleed during night, accompanied by severe trembling. Still no physiotherapy. I must

do something to stir things up, as surely every day that passes is vital, and still nothing is being done. Wrote to Dr M, asking him to intervene and try and set matters going.

### **"No Drugs or injections..."**

*December 2.* Physiotherapy started to-day - massage, exercises, warm baths. No drugs or injections, etc, the only treatment being to allow the body to heal itself. Jill progressed to a back-rest and eats from bed table, sitting up with support. She can't feel anything when she scratches her legs. They are flabby now, through lack of use, and where she used to be able to pick things up with her toes, now she can scarcely move them.

*December 3.* Out of bed for the first time today, and sat in the chair while they made her bed.

*December 5.* No physiotherapy for three days. Pestered the nurses and eventually saw Matron, who said that the physiotherapy wasn't all that important. I should have thought it made a great deal of difference. I also asked that Jill's exercises should be supervised by a nurse, and not left just to Jill's fancy.

*December 9.* Jill stood up alone. Only for short period, and against doctor's orders; she is very triumphant.

*December 12.* (6th week). Jill getting rather low and depressed. I think she feels she is getting nowhere, having so little official encouragement to be active. All she does is done surreptitiously, as she is not supposed to do anything but move about in the bed. In reality, however, when there is no one about, she stands and jumps on the bed, and slides about, and romps whenever she can. I wish she could get to the orthopaedic hospital - she needs more of this activity.

### **"Got Out of Bed..."**

*December 13.* Jill elated by the fact that she got out of bed when nurses were away to-day and walked to the door! I think she is suffering from foot-drop, anyway, which will impede her. Something should have been done to prevent this, as it would obviously happen. I am very dissatisfied with the lack of treatment here. She should progress under supervision, and the things which she does now secretly should be done with encouragement for her activity, for

psychological as well as physical reasons. No physiotherapy for three days. Her determination to overcome her handicap seems to be prevailing in spite of official orders to remain as immobile as possible.

*December 15.* Jill is to go to the orthopaedic hospital in four days. This is great news. I have only just been notified, although the doctor knew over a week ago. There is no co-operation or confidence between medical authority and parents - apart from my initial interview with the doctor in charge, and a second

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*"Notification that Jill is to be discharged from hospital today. She can, apart from a little stiffness, walk, run, dance, hop, skip, and behave quite normally."*  
.....

one which I asked for in order to be less in the dark about Jill, no one has bothered to inform me on the official view of her progress. When I ask pertinent questions I am hedged off with a condescending pat on the head for a layman who is not supposed to share the dark secrets and superior knowledge of medical opinion.

*December 17.* (7th week). Jill bright and excited as the day of moving draws nearer. She jumps on her bed and rolls all over the place, standing at the end of the bed and bouncing up and down. This is good exercise for her.

*December 19.* Jill moved to the orthopaedic hospital. This is the place! They have every facility for treatment and rehabilitation. She is to be dressed every day; I'm glad - this will be good for her morale, whether she can get off the bed or not.

*December 23.* Visited Jill at the new hospital. She was under the sun-lamp after having been in the hot pool where she bathes every day and swims like a fish. She looks well and contented, and it's good to see her dressed and active, after seven weeks in bed in the isolation hospital. I saw Jill walk from one end of the ward to the other, slowly and painstakingly, but supporting her own weight. I had a word with the physiotherapist, and asked her if it was possible to estimate the damage done by paralysis. She said there was nothing completely damaged beyond repair - it

was just a question of getting her to walk properly, instead of badly. This was a simple answer to a simple question, and was more than I had ever had from all the doctors concerned.

*January 3, 1956.* Visited Jill again, and saw her swimming in the pool. The physiotherapist said she had never seen a case quite like Jill's before, in its incredible progress; she said it was quite unique. Jill walked all the way back to the ward by herself.

### **"Discharged from hospital..."**

*January 10.* Notification that Jill is to be discharged from hospital to-day. She can, apart from a little stiffness, walk, run, dance, hop, skip, and behave quite normally.

A week after she was home she went for a 10-mile cycle ride, never having ridden before, and her stiffness has quite gone now. She has been 10 weeks in hospital, instead of the doctor's prescribed "year or two, or even more." She has completely recovered without a trace of paralysis, in spite of the doctor's assertion that this would not be so.

One would think that, as Jill's speedy and complete recovery, in spite of both legs and spine being affected by paralysis, was apparently so miraculous, and as her case has so obviously defied the specialist's gloomy yet definite prognosis, the authorities concerned would be most interested in her case, and would delve into her health record for an factor which might have some bearing on her contrary recovery - for the sake of future victims of the disease. But when the Health Department discharged her as having no after-effects, the only comment was, "What a lucky child!"

The doctor found Jill's progress "incredible," the physiotherapist said the case was "quite unique," everyone of authority says that her speed of recovery is "remarkable."

If only someone in authority would take the trouble to investigate, it might be found that good constitutional health will ward off a serious attack of polio, leaving no after-effects.

It is my firm belief that constitutional factors played the decisive part in bringing about what the doctor himself termed a "miracle," but what I call a natural cure.

# Polio - comments from a natural hygienist

HERE FOLLOWS a few brief extracts from the chapter on Polio featured in a book entitled: The Hygienic Care of Children by Herbert Shelton (1931). This book can be accessed via a link on The Informed Parent's website for those wishing to read the full text.

As regards to certain aspects of the cause of polio Shelton comments:

Page 336 -'Sanitation seems to have very little effect in the prevention of poliomyelitis. Indeed, many medical men have adopted the absurd theory that sanitation helps to spread the disease. Certain it is, the disease is not most prevalent in insanitary regions. Its incidence was actually very low in times past when there was far less sanitation than today. In pointing out these facts, I do not want to be understood as decrying the value of sanitation; I am merely trying to put first things first.

Dirty swimming pools are sometimes listed as means of communicating the disease; yet the disease has increased in incidence and the epidemics come more often and are more widespread since we abandoned the "old swimming holes" of yesteryear, which were anything than models of sanitary pools, and started swimming in the clean pools, with their chlorinated waters, now provided by the cities of the nation.

Spraying the city's streets with DDT has not prevented the disease nor has it ever halted an epidemic. This spraying of the city with poison is done to destroy insects that it is assumed carry the "virus." Here, again, these insects do not seem to have carried any such "virus" in the past. The obvious fact is, when we look at all of the evidence, that, every one of medicine's wild guesses at the cause of poliomyelitis and the means by which it is "spread" are without foundation.

No disease can be prevented until its cause is known. A knowledge of cause provides the key, not only to prevention but also the remedy. Medical men know not how to prevent poliomyelitis because they have not the faintest shadow of an intelligent conception of its true cause...

If better nutrition and better general

care keep babies and children healthy and prevent them from developing diseases of various kinds, would it not be the part of wisdom to resort to such methods of care and cease the effort to poison infants and children into good health in spite of causes that are confessedly unknown - unknown to those who are so wilfully blind they refuse to see when they can.

.....  
*" If we maintain our children in a state of excellent health they will not become sick. No epidemics of any kind will ever occur among them.. "*  
.....

If tomorrow the people of this land could be induced to give their children better care, better nutrition, clean houses, pure air, daily sunshine, no drugs, vaccines, serums etc, we would never again have an epidemic of poliomyelitis. If we maintain our children in a state of excellent health they will not become sick. No epidemics of any kind will ever occur among them. First class habits are the great builders and protectors of health. No healthy child will ever develop poliomyelitis or any other disease so long as, by first class habits, it is maintained in good health. Health is resistance; impaired health is susceptibility. Epidemic influences (any mass prostrating influence) instead of determining the type of disease that will develop, only serve to intensify the already existing states of impaired health...!

Under the heading of Care of the Patient, Shelton states:

Page 340 -'In some cases, there may result infiltration to the cord which will remain, as similar infiltration often remains in an inflamed joint. Indeed, I have seen no paralysis develop in any case where such suppressive measures are not employed. I am firmly convinced that the medical profession is directly responsible for all, or nearly all of the permanent paralysis and deformity that result from poliomyelitis. A temporary

paralysis resulting from inflammation may and does exist while the inflammation is acute, but this should end with convalescence.

When, on the other hand, medical men say that "nursing care, to help the body fight its own battle, is all that can be done in polio," they give expression to a truth that they have never comprehended. Except in surgical cases, good nursing, which, when properly understood, is simple hygiene, is all that can be of value in the care of the patient in any so-called disease.

Complete rest is important. The child should be made as comfortable as possible and everybody except the actual attendants should be excluded from the room. All noise, bright lights, and other disturbing elements should be excluded from the sick room. This plan should be carried out until the temperature is normal and all pain and spasticity have ceased.

The room should be flooded with fresh air at all hours of the day and night. If the temperature is cool, the child may be kept warm by artificial heat, especially to the feet.

All feeding should be discontinued at the first sign of pain and fever. no food should be given until all convulsions, twitchings, spasmodic movements, spastic contractions, pain, fever, etc., have ceased.

All the pure, fresh water demanded by thirst should be given and no more. Do not try to force water drinking. Forcing fluids is a fallacy.

After all acute symptoms have subsided and secretions are normal, feeding may be resumed. Give fruit juice the first day, a half glass every hour from eight to six, and feed whole fruit the second day. The fruit diet should be continued for the first week, after which a full diet of fruits, vegetables, nuts and other wholesome foods may be fed. By all means do not return to the unwholesome feeding of the past.

It will be noted that this is our plan of care for all so-called fevers. If this plan is carried out there will rarely, if ever be any paralysis and there will be no prolonged illness.'

# Measles outbreaks hit dozens and lack of MMR jabs blamed

THE SCOTSMAN. BY LYNDSEY MOSS, HEALTH CORRESPONDENT. 14/03/08

**A**N OUTBREAK of measles has left three people needing hospital treatment, prompting calls for parents to ensure their children are fully vaccinated.

Health Protection Scotland (HPS) said it had received reports of 36 cases of measles so far this year, compared with just four in the whole of 2007. Health chiefs said the outbreak was mostly affecting young people who were not fully immunised. *(Editor: Not fully immunised? Meaning they were immunised but presumably they hadn't had booster shots. And why were booster shots introduced when the public were told back in 1988 by Edwina Curry, that one jab would give lifelong protection!)*

Uptake of the combined measles, mumps and rubella (MMR) jab fell significantly after the publication in 1998 of research - since discredited - suggesting a link between the vaccine and autism.

The percentage of children being given the MMR jab has since started to increase, but remains below desired levels. HPS said

the 36 reports of measles represented the first confirmed cases of the infection in Scotland this year.

NHS Lothian reported 20 confirmed and three probable cases in Edinburgh and Midlothian, while NHS Greater Glasgow and Clyde had eight confirmed and five probable. Three of those infected were hospitalised but have since been discharged.

HPS said the majority of those infected were children under 16 who had not received the full MMR course. Youngsters are supposed to receive two doses - one aged two and another at five.

Currently, 91.7 per cent of two-year-olds and 94.7 per cent of five-year-olds in Scotland have received at least one dose of MMR. But in some areas the level of those immunised at five falls lower, for example 91.1 per cent in Shetland and 93.1 per cent in Highland. *(Editor: Do they seriously think that if they had a higher uptake it would make any difference? Back in 1968 when measles vaccine was introduced there was less than a 30% uptake for the first 4 years of use and yet the measles cases still continued to decline. Why? Because*

*measles had been declining for over 100 years - and that had absolutely nothing to do with any vaccine.)*

Martin Donaghy, HPS medical director, said: "These cases have occurred in individuals who have not received a complete course of MMR, which serves to highlight once more the importance of immunisation in protecting people.

"We would recommend that all children are immunised with two doses of MMR, which will protect them against measles, mumps and rubella."

Dr Lorna Willocks, immunisation co-ordinator at NHS Lothian, said they believed the measles cases were linked and added: "We would encourage everyone to receive protection through vaccination against these potentially serious childhood illnesses."

A spokeswoman for the Scottish Government said: "Currently almost nine out of ten parents in Scotland accept MMR vaccination to protect their children. We believe children would be safer if this were nearer 100 per cent." *(Editor: Nine out ten parents may accept the MMR but that acceptance is not based on thorough, independent research, it is mostly based on blind faith. Once upon a time there existed a much more realistic portrayal of this acute childhood disease, and a few cases would not have even been news worthy!)*

## 10 years on, MMR debate continues

GUEST VOCALS.

BILL WELSH ON AUTISM.

2/3/08 Sunday Herald, Scotland.

**O**N TUESDAY it will be exactly ten years to the day when I went to York University and first met Dr Andrew Wakefield. He was giving a lecture on 'the role of bowel disease in autism'. Dr Wakefield's integrity and compassion were in stark contrast to my later experiences with other members of his profession.

He was, at that time, an honorary consultant gastro-enterologist at the Royal Free Hospital London, and unknown to me had published a paper in the Lancet which concluded that a sub-set of autistic children had a 'novel form of bowel disease'. Potentially this disease was

leading to the children's neurological problems and the behaviours commonly seen in autism. He also proposed a link with the controversial MMR vaccine.

### The die was cast.

The very suggestion that the vaccination programme was implicated in autism provoked outrage. So much so that those charged with government immunisation policy closed ranks. Public health supremos, government departments, big pharmaceutical firms and the medical hierarchy went into denial mode at warp speed. Knights of the realm, academics and epidemiologists were corralled, given their media scripts and deployed against Wakefield and his heretical theory.

The Department of Health began a regular parade of flawed epidemiological studies in defence of MMR; studies from Finland, Denmark, Japan etc, usually described as the 'largest ever' or 'definitive'. Each received massive media coverage but

none of them, on close examination, amounted to a hill of beans. The controversy raged on.

New and independent clinical studies emerged identifying a link between bowel disease and autism, but were buried in an avalanche of UK government propaganda. In parallel, a growing number of parents reported their child's withdrawal following the MMR. Inexplicably, this compelling parental evidence continued to be ignored. The bulldozer of denial had become unstoppable, reaching a new level of state sponsored hysteria when, in 2006, Andrew Wakefield was reported to the General Medical Council by a tabloid journalist!

Dr Wakefield's GMC witch-hunt trial resumes in London this month. I will proudly join many parents of autistic children to demonstrate support for this fine, outstanding physician. *Bill Welsh is President of Autism Treatment Trust, Edinburgh. [www.autismtrust.org.uk](http://www.autismtrust.org.uk)*

# The vaccine road to the GMC

BY MARTIN J WALKER.

7/3/08. Extract.

THE FITNESS to practice case being heard at the General Medical Council (GMC) against Dr Andrew Wakefield and Professors Murch and Walker-Smith, appears to involve an analysis of the scientific research and clinical practice of these doctors. However, almost all of the case and the attacks that have taken place against Dr Wakefield since the mid 1990s are politically inspired. They are a part of the government's drive to produce a single multiple vaccine containing hundreds of viral strains and also a key part of the government's co-ordinated policy for health care that has been resolved in negotiation with the pharmaceutical companies since New Labour came to power in 1997. The following analysis of Dr Wakefield's road to the GMC, is divided into two parts, political and scientific.

## The Politics - the Introduction of MMR

In 1988 three brands of MMR were introduced into the UK programme, two of which contained the Urabe strain mumps virus. The brands containing the Urabe mumps strain were withdrawn, in Canada, Japan and eventually Britain after they had been linked with aseptic meningitis and serious brain damage. In Japan, the affected children and their parents took their cases to court and were paid compensation.

The two brands of MMR were withdrawn from the UK market in 1992 after the problem with Urabe was acknowledged. Typically the Government of the time pretended that the superior vigilance of government agencies had brought the 'slight' problems to light and the government had then acted with alacrity. In fact not only was the government slow in responding to a public health crisis but stocks of this withdrawn vaccine were then made available and sold to less affluent nations, eg Brazil. Since the withdrawal of the Urabe strain MMR brands in the UK, the British

Government and the pharmaceutical companies have refused to acknowledge any legal claims for damages from either these or other MMR brands despite claims from parents whose children showed very similar presentations to the successful claimants in Japan.

At this time the British Government was left with only one brand of MMR vaccine. Had they admitted problems with this vaccine there would almost certainly have been calls for a reversal of their 'combination' vaccine policy and a return to single vaccines.

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*"Although the case on behalf of the parents was almost 10 years in the making, six months before it was due to go to court in 2004, legal aid was suddenly withdrawn and this dealt the case a terminal blow."*  
.....

## Dr Andrew Wakefield

In the late 80s and the first years of the 1990s, Dr Andrew Wakefield was a well respected academic gastroenterologist researching Crohn's disease. He had already won acclaim for proving the mechanism for Crohn's. His work was well endowed with pharmaceutical grants.

In the mid-nineties, he began to be contacted by parents who said that their children's health problems had been caused by the MMR or MR (measles, rubella) vaccination who not only had severe gut problems but also were exhibiting behavioural problems ^ that later came to be perceived as 'regressive autism'.

Dr Wakefield alerted the Department of Health to what he considered to be a public health crisis, and asked for a meeting with the health minister and with the Head of Immunology in the NHS. It took months for the DoH to answer his first letter and almost six years for them to organise the meeting that was finally held in October 1997.

At this meeting the health minister and the chief medical officer gave an

undertaking that there would be a complete review attended by independent international experts of Dr Wakefield's research, the meeting would be relatively open and all opinions would be considered. When it was organised by the MRC, one MP who asked to go to this review on behalf of constituents was told there were not enough chairs and when he said he would stand he was told this was not allowed!

Between the mid-nineties and 1998 hundreds of children suffering from the syndrome (vaccination - gastrointestinal problems - regressive autism) first identified by Dr Wakefield and colleagues approached the Royal Free Hospital, and many of their parents attributed their child's illness to MMR or MR. A number of these parents, had contacted solicitors in order to make a claim against three vaccine manufacturers. Although the case on behalf of the parents was almost 10 years in the making, six months before it was due to go to court in 2004, legal aid was suddenly withdrawn and this dealt the case a terminal blow.

In 1998, Dr Wakefield and twelve other academics and clinicians, had the now famous paper published in the Lancet (Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children. Wakefield AJ, Murch SH, Anthony A, Linnell J, Casson DM, Malik M, Berelowitz M, Dhillon AP, Thomson MA, Harvey P, Valentine A, Davies SE, Walker-Smith JA. Inflammatory Bowel Disease Study Group, University Department of Medicine, Royal Free Hospital and School of Medicine, London, UK The lancet, Mar 6;363(9411):750)

This paper was a case series describing twelve children, 8 of whose parents said their children had begun to experience serious problems soon after MMR /MR vaccination. On clinical examination, diagnosis and treatment at the Royal Free, a majority of these children were found to have both serious gastrointestinal problems together with behavioural problems that presented like regressive autism.

This paper submitted to the Lancet was actually accompanied by another

paper giving details of biological findings relating to the twelve children. The intention was that the two papers should have been published together. However, while the first simple case series was published, two out of the three peer reviewers turned down the second paper. So it happened that the Lancet case series appeared without any scientific explanation of how the authors suggested these conditions had occurred in children.

### **The Consequences of Dr Wakefield's research**

Since the mid-nineties through to the present date there has been constant character assassination carried out against Dr Wakefield; this began to get worse after he tried, on a number of occasions, to organise a meeting with the Department of Health.

After the 1998 paper, harassment and denial grew massively, funding grants from pharmaceutical companies were withdrawn, articles began to appear in the press and other media about his lack of science and the general daftness of his ideas and finally in 2001 his contract at the Royal Free was ended.

Dr Wakefield was essentially forced out of the country and went to work in the USA where, with others, he set up the Thoughtful House project to continue his research into environmental triggers, gastrointestinal problems and autism.

By 2003/2004, the British Government needed to deal a death blow to Wakefield's work. This was probably another strategy related to the court case for which legal aid was withdrawn in 2004, and the need to discredit Wakefield as a possible expert witness in any proceedings.

In February 2004, Brian Deer, a Sunday Times journalist who had written a number of pro vaccine articles uncritical of vaccine manufacturers, wrote a long exposé in The Sunday Times that claimed to be an investigation into Dr Wakefield and the work of the gastrointestinal team at the Royal Free. This article made Wakefield out to be a money grabbing crook and a useless scientist. Embedded in the article was a quote from the then Minister of Health, John Reid who stated clearly that Dr Wakefield should be reported to the General Medical Council. Within two days of the article appearing, Brian Deer had lodged the sole complaint against Dr Wakefield and his co authors with the General Medical Council.

Apparently it took the GMC, almost four years to introduce any sense into the charges against the doctors and in July 2007 they were arraigned before a GMC fitness-to-practice panel. Although there were almost 100 charges against the three doctors, it was clear from the beginning that the main

purpose of the hearing was to ensure that Dr Wakefield was kept out of circulation and unable to comment again on the vaccine and autism issue.

The hearing which was initially scheduled to last for a number of months, has been dragged out by the GMC in such a way that though it started in July 2007, it is now not due to finish before the end of the first quarter of 2009.

There has been no press coverage of the prosecution case at the GMC except on the first day when all the main charges were advertised by newspapers and television. In fact, the Science Media Centre and Sense About Science and the activists linked to these two pharmaceutically funded lobby groups have been running a campaign since the early 2000's to censure from the media all criticisms of science corporations and scientific processes.

Following the last major article in the Observer that appeared just before the GMC hearings began the editor at the Observer resigned after being put under heavy pressure amongst other things, about this article. And in 2007, the BBC banned, world wide, one already shown episode of the Judge John Deed drama series that dealt with MMR, written and produced by Gordon Newman.

[www.theoneclickgroup.co.uk](http://www.theoneclickgroup.co.uk)

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## **Serious concerns over hepatitis B vaccine**

**BY: MICHAEL ARNOLD GLUECK  
AND ROBERT J. CIHAK,  
THE MEDICINE MEN.**

<http://www.newsmax.com/>  
21/3/2008

As some readers know, we have expressed our concerns about childhood vaccinations a number of times. (See Newsmax.com Medicine Men Archives.)

We are not saying that all vaccines are bad, but we ask that parents, physicians, and health authorities proceed with care and caution and sometimes resist some of the "automatic" childhood vaccinations.

Today the issue is that of the hepatitis B vaccine.

From 1994 to 1998, almost two-thirds of the French population and almost all newborn babies were vaccinated against hepatitis B, but the campaign was temporarily suspended because of concerns about side effects.

In what was called a "thunderclap in the vaccine industry," French authorities have opened a formal investigation regarding a hepatitis B vaccination campaign by GlaxoSmithKline and Sanofi Pasteur in the 1990s. It is alleged that the companies failed to fully disclose neurologic side effects.

Another investigation opened by

Judge Marie-Odile Bertella-Geffroy concerns the death ("manslaughter") of a 28-year-old woman from multiple sclerosis, allegedly connected to the vaccine (Le Figaro 1/31/08).

Some 30 plaintiffs, including the families of five patients who died after the vaccination, have launched civil actions (Reuters 1/1/08).

A British case-controlled analysis showed an odds ratio of 3-to-1 (95 percent) for the first symptoms of multiple sclerosis in recipients of recombinant hepatitis B vaccine compared to controls. Two previous French studies had shown a ratio of about 1-to-5. Other studies showed a ➤

non-significant increase (or null findings) especially when date of diagnosis rather than date of first symptoms was used (Neurology 2004; 63: 838-842).

According to attorney Clifford Miller, "British doctors administering hepatitis B vaccine to infants could face criminal prosecution if fully informed consent is not obtained. Civil prosecution for damages is possible over 21 years later if the injured survive as

adults" (UK Press Association Newswire/Romeike, September 2005).

The hepatitis B vaccine has been considered "one of the safest vaccines ever produced" (Neurology, 2004; 63: 838-842). On the other hand, French medical expert Marc Girard has said that "for a preventive measure, hepatitis B is remarkable for the frequency, variety and severity of complications from its use" (Romeike, September 2005).

In the past, individual concerns over vaccination have often been transgressed because of the platitude that the public good takes precedence over the individual.

We suggest that when it comes to the routine childhood hepatitis B vaccination those affected and involved should think a little harder before they shoot.

We think that the French authorities finally got something right.

## The Nuffield Council on Bioethics meeting - a first-hand experience

BY JOANNA KARPASEA-JONES

On 26th October 2006 I was invited to a meeting by Nuffield Council on Bioethics to discuss vaccination issues, and particularly, whether 'public health' is more important than individual choice and whether vaccines in the UK should be mandated.

The final report, 'Public Health: Ethical Issues' which was published recently, did not contain any of my comments and nothing that was written in the original draft report. Here, I'll give you the low down on what actually happened at the meeting.

I was the first speaker on infectious diseases and started by introducing VAN UK and explaining what we do and why we were set up. Then I broached some of the ethical issues of injecting healthy people with bacteria, viruses and chemicals. Normally, medicines are given to assist a sick person in becoming well, but in the case of vaccination, nothing is wrong. As vaccinations can cause many side-effects, including disability and death, they can actually be the opposite of healing and can cause disease in a previously well person.

I expressed that any form of vaccination breached the Hippocratic oath as it violated the principle of 'first do no harm'. Mandatory vaccination was therefore deeply

unethical, and incompatible with the view that 'man owns his body'. If parents were not fully aware of the harmful ingredients like aluminium and formaldehyde, and they weren't aware of all the side-effects, including the severe ones, then they could not be considered to be truly informed and to have given 'informed consent'.

In the case of mandatory vaccination, where jabs can be given without consent, this is a form of unacceptable 'medical rape' (because the person said no). In addition many babies were allergic to vaccines, and problems are posed for vegetarians who

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*"I expressed that any form of vaccination breached the Hippocratic oath as it violated the principle of 'first do no harm'."*  
.....

were forced to accept animal products, which form part of vaccines. It appears that the main drivers behind vaccine programmes are biotech companies who stand to benefit financially from selling vaccines. The fact that people need to be persuaded to be vaccinated is also noteworthy: if the benefits of the intervention are as significant as claimed by the proponents, why do parents need persuasion?

Professor Andrew Hall, from the London School of Health & Tropical Medicine, talked about the Joint



*Joanna Karpasea-Jones*

Committee on Vaccination and Immunisation and how its role was to research the scientific evidence regarding vaccination and to ensure vaccine safety. I interrupted at this point and said to him that the majority of the people on the committee have financial ties to vaccination (for instance, a member belonging to the board of a vaccine manufacturer) and that his own main interest was in vaccination so how could he be considered an independent expert? He replied 'Well, you'd be hard pushed to find someone on the committee who wasn't involved with vaccination because that is our area of interest.'

I took this as an admission of most committee members having a conflict of interest and not being impartial or objective in giving vaccine safety advice. Of course, this commentary was omitted from the report.

They did agree with me that mandatory vaccination was wrong, and had just been abandoned in Italy in favour of a voluntary programme, so it would not be implemented in the UK,

but not because of health concerns or other issues I mentioned, more that they feared it may backfire on them. Dr. Barry Evans, from the Health Protection Agency, stated that compulsion might in effect be counterproductive and cause the public to mistrust the vaccination programme.

Members of the meeting then discussed ways in which to increase vaccination compliance. It was suggested that instead of relying on parental consent for vaccination, the child himself should be influenced. Children under the age of 16 can give consent for vaccination which overrides parental objection, so they suggested implementing health education lessons in school to promote vaccination and encourage children to accept the jabs. They thought better education on vaccination and classes on the subject in school would be the future, and a way in which parental consent could be by-passed altogether. As they wrote in the meeting notes: 'One way of addressing it might be to include lessons on 'risk-assessment' in the school curriculum.'

I was very concerned at listening to this conversation and found the idea very unethical, and a backhanded way of implementing mandatory vaccination, even if outwardly discounting mandating them. I can remember thinking "Thank goodness my children are home educated" – it is certainly a strong argument for home tutoring for those parents who don't wish their children to be vaccinated.

No part of this discussion was mentioned in the published report.

Parents who chose not to vaccinate were referred to as 'free-riders' (people who take advantage of immunity from the vaccination programme without taking part in it themselves). All the professionals who were present at the meeting, talked heavily about the herd immunity theory as a reason to justify vaccination. I did inform them that the herd immunity theory was a phrase coined by a researcher called Hedrich, to describe natural disease processes and natural immunity to disease that occurred when 68% or more of the population had been exposed to it.

The study concerned measles and was conducted from 1900 to the 1930's, years before any measles vaccine was invented. The herd immunity theory was therefore nothing to do with vaccination. Surprisingly, they did not comment on this or have any response when I said this to them and this fact was ignored.

.....  
*"While it was encouraging that they don't intend to mandate UK vaccinations, much of the meeting was dedicated to back door ways in which to mandate and how to ignore parental objection by focusing on the child and influencing that child within a school setting."*  
.....

I stated that in order to believe in the herd immunity theory and be a 'free-rider' as they suggested, one would first have to believe that vaccinations worked in eradicating disease, which parents who don't vaccinate, don't believe. I then cited several studies which showed that disease was still occurring in the vaccinated. This wasn't mentioned in the published report, but they did write it in the draft meeting notes:

'The consultation also claimed that whooping cough and polio had been eradicated as a result of vaccination, but this was incorrect, and several publications showed that the claimed figures were not accurate.'

At no point was safety of vaccination discussed, except from the view of reassuring parents that it was safe, although in the published report on page 55, paragraph 1, they state: 'We note that in recognition of the potential risks (of vaccination), a vaccine damage payments scheme exists in the UK'.

I would argue that parents are usually not aware of these 'potential risks', as they are not informed by the NHS. Most are not aware of the vaccine damage payments scheme and if they were, the very fact that there is need for one would put some parents

off. In addition to this, it fosters the belief that it is okay to sacrifice a few children for the benefit of everyone else. Tell that to the mother who has to spoon feed her DPT brain damaged child every day and see what response you get! As a mother, I am not prepared to put my baby at risk for the benefit of someone else, no matter what benefits you tell me there are.

The vaccine damage payments scheme also only pays out a maximum of £100,000 compensation, even in the case of a death, and then you have to prove it was the vaccine, which doctors won't admit – that is, if you can even get legal aid funding in the first place. Families who tried to claim damages over the MMR vaccine had their legal aid funding removed. None of this, of course, was mentioned in the meeting or the report, although I did try to point out that a person should not be coerced into a medical treatment for the benefit of another because of the side-effects which may occur in that person, but this comment was ignored.

My conclusion was that no real effort was being made to look at vaccine safety or those who are damaged by it, heavy emphasis was put on the herd immunity theory with a failure to look at opposing evidence, and that parents who don't vaccinate were seen merely as under educated or non-conformist people who expect to benefit from other people's risks. While it was encouraging that they don't intend to mandate UK vaccinations, much of the meeting was dedicated to back door ways in which to mandate and how to ignore parental objection by focusing on the child and influencing that child within a school setting.

My overall feeling was that it was not a serious look at the issues, but merely an exercise in making vaccination look 'ethical' and a way to implement vaccines to all without it overtly seeming as if they are mandated.

It was extremely interesting although concerning, and I was very disappointed that none of my commentary was included in the final report, hence my reason for this article. *February 2008.*

## 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.

KINGSTON, SURREY: 06 May 2008  
Contact Anna at: [annawatson66@hotmail.co.uk](mailto:annawatson66@hotmail.co.uk)

BRIGHTON, SUSSEX: 04, 18, June 2008  
Contact Karel on: 01273 277309

CENTRAL LONDON: 24 June 2008  
Places must be booked - contact Magda on: 01903 212969

CHAGFORD, DEVON: 27 June 2008  
Contact Emma on: 01647 433366

For details contact Karel on: 01273 277309

## Informed Discussion Group for Parents

Set up for parents 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. WE HAVE 3 KNOWLEDGABLE 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)

## DEFEND YOUR CHOICE IN MEDICINE!

TO COUNTER the vitriolic attacks in the media and the Government decision to close the homeopathic hospitals, **hmc21** (Homeopathy: Medicine for the 21st Century), has published a website ([www.hmc21.org](http://www.hmc21.org)) and a declaration that states **HOMEOPATHY WORKED FOR ME** (just follow the links). Our aim is to get 250,000 signatures by next June and march them to Number 10, Downing Street, with the demand that the NHS honours its commitment to homeopathy as enshrined in its charter...

IF YOU HAVE EVER BENEFITED BY A HOMEOPATHIC REMEDY, WHETHER SELF-PRESCRIBED OR OTHERWISE, THEN YOU ARE ELIGIBLE TO SIGN. IT WILL TAKE YOU VERY LITTLE TIME AND WILL BE A GREAT CONTRIBUTION TO THE SUCCESS OF THIS PROJECT. ONE FORM PER FAMILY MEMBER PLEASE.

 [www.hmc21.org](http://www.hmc21.org)

### AIMS & OBJECTIVES OF THE *informed* PARENT GROUP

1. To promote awareness & 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 & current information about vaccination & to make it available to members & interested parties.
5. To arrange & facilitate local talks, discussions and seminars on vaccination, childhood illnesses & 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.

THE INFORMED PARENT COMPANY LIMITED. REG.NO. 3845731 (ENGLAND)

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.

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