

## HOLLYWOOD TAKES ON THE MMR JAB

SUNDAY EXPRESS

12 October 2008

**A**S CELEBRITIES VOICE their concerns about the triple vaccine and measles outbreaks continue to plague Britain, Health Editor, LUCY JOHNSTON speaks exclusively to Andrew Wakefield, the doctor who started the debate.

When Tour de France champion, Lance Armstrong, and actress Jenny McCarthy hosted a fundraising gala in California recently for families convinced that MMR caused autism in their children, a debate that has never really gone away was thrown to the fore once more.

The star-studded event in aid of Ante Up For Autism, highlighted the fact that the controversy surrounding the triple vaccine is now becoming a celebrity issue.

Meanwhile, in Britain, last week saw the 20th anniversary of the controversial triple jab.

High profile critics of MMR now include actor Jim Carrey, his girlfriend Jenny McCarthy, and the all-girl rock group the Dixie Chicks.

McCarthy and Carrey were recently given an hour on the Oprah Winfrey Show to promote her new best-selling book, *Mother Warriors*, which maintains that vaccines can trigger autism in infants. She says her 6-year-old son Evan developed the symptoms following his triple jab.

"After the MMR Evan started having seizures," she said. "After I treated his medical issues, which the medical establishment continues to ignore, my son recovered from autism and he is not the only one. I talked to 60,000 mothers and kept hearing the same story.

"Vaccines are safe for some children and not for others. We want to reduce

the number of vaccines. We want the toxic ingredients removed and independent safety studies carried out.

Few parents questioned the use of the combined vaccine when it was introduced into the UK in October 1988. However things changed irrevocably in 1998 when Dr Andrew Wakefield, then a gut specialist at London's Royal Free Hospital published an explosive article in *The Lancet* linking autism with MMR.

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The medical establishment and government turned on Dr Wakefield. He was forced out of his job and has been blamed for the significant drop in uptake of MMR, leading to fears over the widespread return of the diseases the jab is designed to protect against.

Last week, a Health Protection Agency spokesman pleaded with parents to give their children the MMR, pointing to new figures that revealed an increase of 231 cases of measles from 2006 -2007, bringing the total number to 971. Overall vaccination rates are currently running at 85 per cent across the country but some areas such as London have rates as low as 49 per cent.

Wakefield, a father of four, is now based in Texas, where he operates a charity-run clinic called Thoughtful House for treatment of and research into autism. About 2,000 autistic children are being treated. Dr Wakefield and two other colleagues, Professor Simon Murch and Professor John Walker-Smith, are currently awaiting a decision from the General Medical Council about whether the research they conducted in the UK breached ethical codes.

In a rare and exclusive interview with the Sunday Express Dr Wakefield defended himself against critics and denied he was "courting celebrities" to promote his theory.

"I have only met Jenny McCarthy a couple of times. I have never tried to influence her," he said. "She has her own story to tell about how she blames the vaccine for her son's autism. Her story is so similar to that of many other mothers who say their children were developing normally until they had the MMR jab between 12- and 18-months, when they developed a form of regressive autism. She is an important voice and I have tremendous respect for her courage in speaking out."

Dr Wakefield and his team identified a bowel disorder that causes "leaky guts". He theorised that the virus damages the gut, leading to inflammation and secondary injury to the developing brain. He believes this syndrome, unique to some autistic children, could be caused by the triple jab after studies found the measles part of the vaccine virus present in the gut.

His critics pronounce him a maverick but his work has since been replicated by other studies from Italy, South America and various centers in the US.

American researchers revealed in 2006 that 85 per cent of samples taken from 82 autistic children contained the vaccine strain of the measles virus.

Recently the former head of the National Institute of Health in the US and the head of the US Centers for Disease Control and Prevention (CDC) have acknowledged that poor study design may have led to underestimation of the risk of autism following vaccines.

Wakefield said no parent of the children treated at the Royal Free or at Thoughtful House had ever complained about his work and that his aim was to make sure the children's problems are recognised and treated appropriately.

"My sole purpose is to help these children and get to grips with the root of the problem, which is what I am doing," he said. "Despite having discovered an apparently new disease my colleagues and I are being vilified purely because of the vaccine association. This link has threatened Government policy and drug-company profit. What we're witnessing over the triple jab is a propaganda campaign based on who has the biggest budget. I have none while the budget of the UK Government and its allies is limitless."

Dr Wakefield, who is to publish a book, *The Lesser Truth*, on his experiences over the controversy next year, added: "Unfortunately much of Britain's media has bought into this propaganda lock, stock and barrel. Without the manpower or financial back up, I have waited, watched and just got on with my work. Now the time has come to tell the story."

He cites parallels between his story and that of Dr. William McBride, the Australian gynaecologist who first alerted the world to the danger of thalidomide, the morning sickness drug that caused widespread foetal malformation, in 1961 in a letter to *The Lancet*. Drug manufacturers and European governments resisted the withdrawal of thalidomide until the weight of evidence and media pressure was overwhelming.

## DO GOVERNMENT'S STILL CONCEAL EVIDENCE AND COVER UP?

The Sunday Express has discovered evidence that health officials failed to warn of serious risks linked with the MMR jab before it was introduced. According to a secret dossier, five cases were reported of potentially deadly brain inflammation following the use of MMR in Canada before it became part of standard childhood vaccinations in Britain.

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*"Dr Peter Fletcher, former Chief Scientific Officer at the Dept of Health, is also sceptical about the Government's position and the safety of the triple jab. In a previous interview he said: "The refusal by governments to evaluate the risks properly will make this one of the greatest scandals in medical history. "*

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The internal documents from the Government's Joint Committee on Vaccination and Immunisation meeting also reveal reports that another brand of MMR had caused "neurological complications" from the measles component of the vaccine in the US. The minutes of the committee on vaccination meeting in 1988, released under the Freedom of Information Act, blame the mumps component of the vaccine, called Urabe, for five cases of brain inflammation.

Despite this, from 1988 these brands were administered routinely without any warning of serious risk until the two brands that contained the Urabe mumps strain were withdrawn four years later because of health fears.

Some children died or were seriously brain damaged by this vaccine. One of these was Hannah Buxton, who was 18 months old when she reacted to her first MMR jab given in the first week of the new campaign. She started having fits and died 18 months later in February 1992.

Parents Carol and Tony of Towcester,

Northants, did not know Hannah had been given the strain of vaccine later withdrawn after it was deemed unsafe. In March 1992 a Government tribunal blamed the vaccine for her death and the family was awarded a vaccine damage payment.

Dr Peter Fletcher, former Chief Scientific Officer at the Department of Health, is also sceptical about the Government's position and the safety of the triple jab.

In a previous interview he said: "The refusal by governments to evaluate the risks properly will make this one of the greatest scandals in medical history. There are very powerful people in positions of great authority who have staked their reputations on the safety of MMR and they are willing to do almost anything to protect themselves."

Wakefield does not claim he is right about the link with autism but he believes it needs investigating, not ridiculing. In the meantime he says the Government should offer parents the choice of single vaccines. He has, he says, privately asked vaccine policy makers why this is not happening and been told that "offering single jabs would destroy the triple jab programme."

This, he feels is not good enough. "The first priority should be to protect children from infection with safe vaccines. A cloud of doubt has been cast over the safety of MMR and parents should have a choice." However, parents looking for this choice are finding it increasingly difficult to obtain single jabs with the handful of private clinics offering them often running out of supplies.

The Department of Health insists the vaccine is safe. A spokesperson said: "We believe that the vaccine has an excellent safety record and studies have confirmed this. Neither population-based studies or studies in individual children have confirmed a link between MMR vaccine and autism."

*However, with Hollywood's renewed interest it seems this important debate has moved ever further from a resolution.*

## Editor's note



Magda Taylor

*HERE IS THE LAST ISSUE FOR 2008, which I hope you will find interesting and thought-provoking! Many thanks for your continued support and words of encouragement, this has enabled me to continue with *The Informed Parent* and also keep the paper version of the newsletter available for*

*the time being. Many of you kindly sent me your email addresses and I do hope to be able to email updates and forthcoming events in the year ahead!*

*I was recently contacted by one subscriber who was under pressure to have a Mantoux test (she was rejoining the NHS and they wanted to 'check' her immunity to TB), and she was reluctant to agree. I referred to a rather large and pro-vaccine publication entitled: 'Vaccines' by Plotkin and Mortimer to see what they had to say about the test. I was not surprised to see that the Mantoux test results varied greatly, making it difficult to establish the usefulness of the test. As many of you are aware the present orthodox*

*view of immunity is highly questionable anyway, and so how they would expect to be able to detect something they don't really understand in the first place is quite a task!!*

*However, here are some of the authors's points as to the possible reasons for inaccurate test results:*

- *Frequent inaccurate report results by inexperienced health professionals*
- *The fact that a negative tuberculin skin test never rules out TB*
- *That a variety of host-related factors such as young or old age, poor nutrition, immunosuppression by disease or drugs, viral infections and so on*
- *False positive reactions also occur*
- *Recent exposure to environmental mycobacteria can result in cross-sensitization leading to false positive reactions*
- *The appropriate cutoff size indicating a positive reaction varies with the person being tested and with related epidemiological factors.*

*So many confounding factors, how on earth do they know what they are doing???!?*

*Wishing you a healthy and happy 2009!*

*Magda Taylor, Editor.*

## Yet another dose of rash statements on measles

ONCE AGAIN parents are being subjected to yet another scaremongering campaign on the potential of a 'so-called' measles epidemic. Dr Mary Ramsey, an immunisation 'expert' from the Health Protection Agency, has been recently quoted in the media regarding measles. For example, in *The Guardian*, 28 November 2008, Dr Ramsey is quoted as saying: "This rise is due to relatively low MMR vaccine uptake over the past decade and there are now a large number of children who are not fully vaccinated with MMR. This means that measles is spreading easily among unvaccinated children."

What does 'not fully vaccinated' mean exactly? Often it means that one dose of MMR was given – it does not mean the child was totally unvaccinated. When there are a few measles cases reported there is usually no mention of their vaccination status, which is more likely to indicate that they were vaccinated, as the Dept. of Health would be very quick to point out an unvaccinated case in an attempt to scare parents to vaccinate. It is often what is not said that is more revealing!

Threats of measles epidemics have consistently occurred over the years, almost on a regular basis, especially since the introduction of the MMR in 1988. One minute we are being told that the uptake of MMR is low and that there will be measles outbreaks. Then the next minute we are being told that the uptake is picking up and that parents are becoming

more confident about the vaccine. (Perhaps it is another way to try and increase uptake by giving the impression that more parents are saying yes, in the hope that others will follow.) The portrayal of measles is so unbelievably exaggerated that it is no wonder many parents grow worried. And yet compared to, say, travelling in a car there is a much greater risk of death or serious injuries than any negative consequences from measles.

Measles is an acute childhood illness, which most reasonably healthy children will sail through, and is actually beneficial for their well-being as it is an elimination process which is necessary for those that develop it. If toxins have accumulated in their systems then the body will mount an elimination, and this may be expressed as a case of measles. If the disease is allowed to run its course and at no stage suppressed the child will swiftly recover and be healthier for it! Complications do not happen randomly as indicated in the scaremongering propaganda – there will be underlying reasons or total mismanagement and suppression of the symptoms for problems to occur.

As one subscriber wrote to me after his children had just been through a bout of measles: 'They had no problems and this has confirmed to me that the fear of the childhood illnesses are much worse than the reality.'

If you do have any worries about measles I urge you to study more about the role of acute childhood illnesses and how they play a necessary role in improving the overall health of the child!

*Magda Taylor, Editor.*

# 10-month-old baby dies after vaccine shot

EXPRESS BUZZ - CHENNAI, TAMIL NADU, INDIA, G RAJASEKHARAN  
10 Oct 2008

**N**AMAKKAL: A TEN-month old girl child died today after being administered a vaccine shot near Pachan Gounden Valasu in Paramathy Taluk of Namakkal district.

Rashidha, daughter of Raja (32) was given a dose of measles vaccine at the Jaderpalayam Primary Health Centre (PHC) on Tuesday. After returning home, the child developed high fever and was immediately taken to the same PHC where she was treated by a staff of the hospital. Dr Kumar who worked in a PHC in a nearby village then treated the child. But Rashidha's condition

worsened. Her stomach became bloated and she suffered loose motion.

This morning, as the child became weak and fainted, the parents rushed her to the Tiruchengode GH where the doctors declared the baby "brought

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*"Speaking to this website's newspaper, Dr Elango, Joint Director (In-charge) Public Health, said that as per the preliminary investigations, the death was not due to the vaccine as the child was normal for eight hours after the vaccine. She was given the right treatment for fever."*

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dead." Getting suspicious of his daughter's death, Raja informed the local police.

Paramathy Vellore Police Station Inspector N Manoharan and Jedarpalayam sub-inspector Kandasamy

made preliminary investigations and have registered a case. A postmortem has been ordered and the report is awaited.

Meanwhile, the department of public health sources said that 11 children were given vaccine shots on Tuesday at the Jedarpalayam PHC.

Six of them including Rashidha were administered the dose taken from the same vial. Rashidha's blood and bowel samples have been sent for investigation.

Speaking to this website's newspaper, Dr Elango, Joint Director (In-charge) Public Health, said that as per the preliminary investigations, the death was not due to the vaccine as the child was normal for eight hours after the vaccine. She was given the right treatment for fever.

The baby was fed after the treatment by the parents at home during which time she became breathless due to regurgitation, claimed Elango while assuring to reveal the full medical report as soon as it was ready.

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## Girl, 13, was given Cancer Vaccine 'without consent'

THE SUNDAY TIMES,  
ISABEL OAKESHOTT,  
DEPUTY POLITICAL EDITOR  
12 October 2008

**A** NEW ROW has broken out over the government's programme of mass vaccination of schoolgirls against cervical cancer after a mother claimed her daughter received the jab without either of them consenting to it.

Debbie Jones has filed an official complaint against health professionals who she claims took the 13-year-old aside at school and administered the injection.

About 300,000 girls are receiving the Cervarix vaccine in schools this autumn to protect them against the human papilloma virus, a sexually transmitted infection that causes most cases of cervical cancer. Some parents and religious groups are unhappy, fearing it could encourage promiscuity, and one Catholic school has opted out.

Jones, a Christian, says her daughter, who has diabetes, agreed with her that she should not have the injection at

Stromness academy, Orkney, because she was too young and could also suffer an adverse reaction because of existing health problems.

Orkney NHS Trust said yesterday it was launching an "urgent investigation".

Jones said: "We all discussed it at length as a family. I just didn't feel comfortable with it. I told my daughter that if she really wanted it, she could have it, but she agreed with me. I couldn't believe it when she came home and said they'd given it to her anyway."

The cervical cancer programme is a UK-wide initiative and the case will be keenly watched in England.

Campaigners said they had had similar reports from other parents.

Disputes over parental consent for children's medical treatment have raged for years. A test case in 1983 established that children can be given treatment without parental permission. Victoria Gillick, a mother of 10, had brought the case to stop doctors prescribing contraception to under-16s without parents' knowledge.

Although the health department expects girls to discuss the vaccine with their parents, those who want it can receive it even if their parents are opposed.

A spokesman said it was up to the professional administering the jab to be satisfied consent had been dealt with.

Jones claims her daughter was not even asked: "She didn't say yes or no because she was never directly asked. They talked to her, then just gave it to her."

Jackie Fletcher, a campaigner with Jabs, a child immunisation campaign, said: "We have had first-hand accounts from parents going to the doctors to discuss vaccines and the children being taken by the clinic nurse and vaccinated without consent."

An Orkney NHS Trust spokeswoman confirmed it had received the complaint, adding: "We take this complaint extremely seriously and will be investigating fully as a matter of urgency. If there are lessons to be learnt they will be incorporated into the vaccination programme in Orkney."

# Landmark study finds: Mercury poisoning causes Autism

PRESS RELEASE

October 10, 2008

WASHINGTON, DC - New study, "Biomarkers of Environmental Toxicity and Susceptibility in Autism" in the peer-reviewed *Journal of the Neurological Sciences* <sup>1</sup>, confirms a causal link between subacute mercury poisoning in children and their autism spectrum disorder (ASD) diagnosis. The autism community reported that this study presents, "some compelling evidence, consistent with the author's theory that mercury exposure plays a role in autism." <sup>2</sup>

This paper <sup>3</sup> presents the first prospective, blinded cohort study to examine children diagnosed with an ASD using: urinary porphyrin profile analysis (UPPA) to assess the body-burden and physiological effects of their mercury, glutathione analysis to assess susceptibility to mercury poisoning, and Childhood Autism Rating Scale (CARS) scores to measure ASD severity. These evaluations <sup>4</sup> established:

Non-chelated patients diagnosed with an ASD had UPPA profiles indicative of mercury poisoning that strongly correlated with ASD severity, measured using CARS scores.

Glutathione (a key biochemical in the body's mercury detoxification

pathway) was significantly lower in patients diagnosed with an ASD in comparison with its level in neurotypical controls.

Increasing mercury-poisoning severity, as indicated by the UPPA results, was associated with lower glutathione levels among the patients diagnosed with an ASD.

Based upon these findings, the researchers concluded, "ASDs may result from a combination of genetic/ biochemical susceptibilities in the form of a reduced ability to excrete mercury and/or increased environmental exposures at key developmental times."

The Autism Research Institute, the non-profit CoMeD, Inc., and, through a grant from the Brenen Hornstein Autism Research & Education (BHARE) Foundation, the non-profit Institute of Chronic Illnesses, Inc. funded this research study.

Today, any parent, physician, or healthcare provider can easily confirm whether or not a non-chelated child diagnosed with an ASD is mercury poisoned by having UPPA testing run at LabCorp (CLIA-certified, test# 120980) or Laboratoire Philippe Auguste (ISO-certified, 119 Philippe Auguste Avenue, Paris, France 75011). Please, visit CoMeD's web site, <http://www.Mercury-freeDrugs.org> for information on how to order UPPA

tests and full copies of some of the many published papers validating the UPPA test

## REFERENCES

- {1} Geier DA, Kern JK, Garver CR, Adams JB, Audhya T, Nataf R, Geier MR. Biomarkers of environmental toxicity and susceptibility in autism. *J Neurol Sci.* 2008 Sep 24.
- {2} <http://www.autismvox.com/new-study-on-heavy-metal-toxicity-and-detoxification-by/>
- {3} This new study involved a multi-national collaboration between researchers, including: David A. Geier, Janet K. Kern, PhD, RN, Carolyn Gavery, PhD, James B. Adams, PhD, Tapan Audhya, PhD, Robert Nataf, MD, and Mark R. Geier, MD, PhD, FABMG, FACE. These researchers have extensive research backgrounds in medicine, biochemistry and neuroscience, and include professors from the University of Texas, Southwestern Medical Center (Dallas) and Arizona State University (Tempe).
- {4} Laboratoire Philippe Auguste and Vitamin Diagnostics performed biochemical testing; Dr. Kern conducted the CARS scoring. Contacts: CoMeD President {Rev. Lisa K. Sykes (Richmond, VA) 804-364-8426} CoMeD Sci. Advisor {Dr. King (Lake Hiawatha, NJ) 973-263-4843}

## A role for the body burden of Aluminium in Vaccine-Associated Macrophagic Myofasciitis and Chronic Fatigue Syndrome.

EXLEY C, SWARBRICK L,  
GHERARDI RK, AUTHIER FJ.

<http://www.ncbi.nlm.nih.gov/pubmed/19004564?dopt=AbstractPlus>

Med Hypotheses. 2008 Nov 10

MACROPHAGIC myofasciitis (inflammation of the connective tissue) and chronic fatigue syndrome are severely disabling conditions which may be caused by adverse reactions to aluminium-containing adjuvants in vaccines. While a little is known of disease aetiology both conditions are

characterised by an aberrant immune response, have a number of prominent symptoms in common and are coincident in many individuals. Herein, we have described a case of vaccine-associated chronic fatigue syndrome and macrophagic myofasciitis in an individual demonstrating aluminium overload.

This is the first report linking the latter with either of these two conditions and the possibility is considered that the coincident aluminium overload contributed significantly to the severity

of these conditions in this individual. This case has highlighted potential dangers associated with aluminium-containing adjuvants and we have elucidated a possible mechanism whereby vaccination involving aluminium-containing adjuvants could trigger the cascade of immunological events which are associated with autoimmune conditions including chronic fatigue syndrome and macrophagic myofasciitis.

PMID: 19004564

# Rapidly fatal invasive Pertussis in young infants – how can we change the outcome?

## PREVENTION OF INFECTION MAY BE THE ONLY EFFECTIVE INTERVENTION AGAINST WHOOPING COUGH FOR UNIMMUNISED INFANTS

U Theilen, consultant<sup>1</sup>, E D Johnston, specialist registrar<sup>2</sup>, P A Robinson, clinical fellow<sup>1</sup>  
<sup>1</sup> Paediatric Intensive Care Unit, Royal Hospital for Sick Children, Edinburgh EH9 1LF, 2  
Medical Paediatrics, Royal Hospital for Sick Children,  
Edinburgh EH9 1LF. Correspondence to: U Theilen ulf.theilen@luht.scot.nhs.uk

### EXTRACT (ONLY THE FIRST 150 WORDS APPROX. WERE ACCESSIBLE WITHOUT PAYMENT.)

Published 27 November 2008,  
BMJ 2008;337:a343  
www.bmj.com

**A**LTHOUGH VACCINATION of infants has greatly reduced morbidity and mortality in children,<sup>1</sup> the incidence of pertussis is rising in the non-paediatric population.<sup>2</sup> In adults persistent cough for more than two weeks is the cardinal feature of pertussis, but with a wide differential and an atypical course, pertussis is often undiagnosed.<sup>3</sup> Infectious adults in a family are the main source of infection for unimmunised infants.<sup>4</sup> We report two fatal cases of invasive pertussis in unvaccinated infants.

### CASE REPORTS

**CASE 1:** A 1 month old boy presented to a district general hospital with a five day history of cough, runny nose, and difficulty feeding. A working diagnosis of

bronchiolitis was made.

Both parents and an older sibling reported coughing episodes for the preceding fortnight. The baby's mother gave a history of vomiting after these spells, and classic bouts with "whoop" were observed. The sibling had been fully vaccinated...

**EDITOR:** *The opening lines of this article immediately make claims that the whooping cough (pertussis) vaccine has greatly reduced the number of cases and deaths from whooping cough – this is highly debatable. Many of you are aware of the epidemiological data which has been collected since as far back as the mid 1800s. Deaths from whooping cough had been greatly reduced well before the introduction of a vaccine – by the mid 1950s it was over 90% in decline and this was achieved by improvements in health, ie better nutrition, better living conditions, sanitation and so on. The vaccine was introduced at the tail end of the decline – it was not responsible for the decline.*

*It is interesting that the authors then*

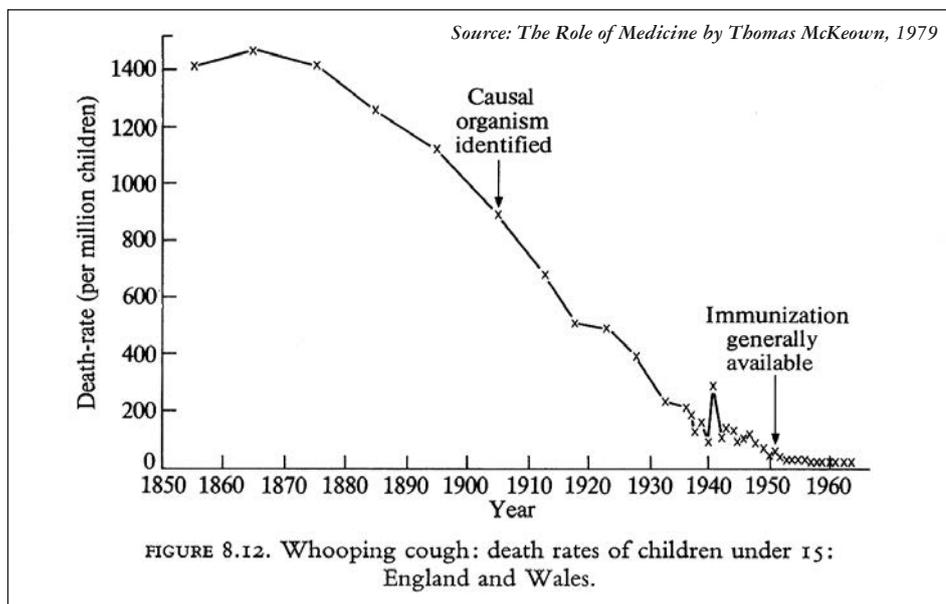
*go on to state that there is a rise in cases in the 'non-paediatric population', in other words – adults. No mention of how many of these adults were fully vaccinated against whooping cough, receiving their vaccinations as babies or young toddlers. (If anyone has access to the rest of the article I would be interested in a copy.) Is it possible that those adults developing whooping cough at a much later age is due to the vaccinations they received as youngsters, resulting in a shift in the age of incidence from a childhood disease to an adult condition? Also, why would there be more atypical cases – this too, could be as a result of vaccination, ie the vaccine may skew the immune system disabling the body to produce proper symptoms.*

*Regarding the two fatalities mentioned it would be interesting to see how much detail is included in the full article. Over the years of running The Informed Parent I have spoken to parents whose very young babies have developed whooping cough, eg at 3 and 6 weeks old, and although it was not a pleasant experience, their babies fully recovered with no obvious negative consequences.*

*I have also noted that those parents nursing their children through whooping cough in a naturopathic way find the illness much easier to deal with and results in a much speedier recovery to good health.*

*This article reminded me of a medical paper that was published in the Medical Journal of Australia in 1998, which reported on deaths from whooping cough in young babies. Reproduced from Dr Viera Scheibner's website is an interesting article whereby Dr Scheibner comments on this particular paper, highlighting the four deaths and the possible reasons.*

*Please note that these whooping cough cases were blamed on being caught from 'unknown, unvaccinated children, who suffered whooping cough' – which is rather an ambiguous statement since if they were 'unknown' then how would they know if they were unvaccinated??*



# What really killed the four infants during the NSW Pertussis epidemic in 1996-97?

BY DR VIERA SCHEIBNER (PRINCIPAL RESEARCH SCIENTIST- RETIRED)

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

**M**EDICAL JOURNAL of Australia (vol 168, 16 March 1998: 281-283) published a short report on 'Infant pertussis deaths in New South Wales 1996-1997 by Williams, Matthews, Choong and Ferson. The authors of this article wrote:

"Since 1996, south-eastern Australia has been experiencing a pertussis epidemic which has resulted in the deaths of several infants, including four from NSW in the 12 months to July 1997. All were less than six weeks of age and died from overwhelming cardiovascular compromise "despite intensive care support". "The failure of management in three different pediatric intensive care units to save their lives reflects the inadequacy of technology in such cases, and, as all were too young to have been vaccinated against pertussis, emphasises the need to prevent pertussis transmission through good herd immunity". They continued that this excessive infant mortality from a preventable disease demonstrates the need for better pertussis immunity in the community and for erythromycin treatment of all suspected cases and family contacts, especially infants. Importantly, the article also revealed that the four deaths, plus the death of a Victorian infant which was also attributed to pertussis, represents a mortality of about 0.03 per 100,000 population per year after indexing to the Australian population. "In contrast, in the United States throughout the 1980s and early 1990s, pertussis mortality varied between 0.0005 and 0.002 per 100,000 population per year. Even in peak years, this was at least 15-fold less than the Australian mortality reported here."

The above statement is interesting, in that, in other situations, such as polio vaccine-caused paralysis in Romania (Strebel et al. 1995), the difference between the admitted US rate and the

Romanian rate was around 14- to 15-fold (compared with other countries, 5 to 17 times higher). In my understanding, this simply reflects the level of plain misinformation on the part of the US health authorities; the widely quoted number of vaccine-induced paralysis: 12, extrapolated from Romania and other countries, should actually be at least 12,000 and even that figure is grossly minimised.

Williams et al. (1998) then, predictably, offered an explanation that "the recent sustained high level of pertussis in Australia (and the resulting infant deaths) is incomplete vaccination coverage", this being 87% for the primary course at ages two, four and six months, only 60% for the 18-months booster and 20% for the booster at school entry. They consider vaccine failure as a possible, but less likely explanation.

At the time, the media were saying that these young infants contracted whooping cough from "some unknown unvaccinated children who suffered whooping cough."

Let's now have a look how these four NSW infants contracted whooping cough and what really caused their deaths.

Based on the facts described in the above article, the cases 1,2, and 4 represented infants aged 5 weeks, 16 days and four weeks, all obviously too young to have been vaccinated.

All contracted whooping cough from their fully or partly vaccinated siblings and/or fully vaccinated mothers who suffered whooping cough for a number of weeks at the time of these babies' birth.

The case 3 was a five-week old male whose 11-year old sibling, with "immunisation status uncertain" (meaning that he still could have vaccinated) suffered paroxysmal cough for three weeks at the time of the deceased baby's birth.

The above clearly debunks the misinformation that none of the above babies contracted the disease from

"some unknown unvaccinated child"; they all contracted whooping cough from well-known fully/partly (and one most probably) vaccinated family members.

None of the babies were very ill on admission to hospital. The highest temperature was 37.6 C and none suffered paroxysmal cough. They were doing well initially, until they were administered intravenous antibiotics cefotaxime, erythromycin and/or ceftriaxone. All initially did quite well, but quite obviously started deteriorating and died after the administration of the above antibiotics.

**Baby 1** (five-week-old male twin), admitted to a Sydney teaching hospital, experienced 48 hours of lethargy, poor feeding, tachypnoea, and cough and temperature 36.5 centigrades; in hospital, he was administered intravenous cefotaxime (from day 3) and erythromycin (from day 5) and while remaining stable over the first five days with satisfactory breast feeding and occasional coughing, on day 5, his respiratory distress (not mentioned within the first five days of the admission) increased and he developed "severe pulmonary hypertension and cardiovascular compromise and died [allegedly] 72 hours after admission to Sydney Children's Hospital".

Whichever way I look at it, the authors had the timing of death wrong, since the baby was on intravenous antibiotics which would hardly have been administered in his home. Nevertheless, it is clear that until the administration of IV erythromycin on hospital day 5, the baby was doing fine and died at least 120 hours after the initial presentation.

**Baby 2** was a sixteen-day-old 3.7kg female admitted to a Sydney teaching hospital with two days of poor feeding, cough, tachypnoea and fever (37.6 centigrades, hardly a high fever) who was administered intravenous cefotaxime (from Day 1) and

intravenous erythromycin (from Day 2), and over 18 hours after the antibiotic administration, developed progressive tachypnoea with respiratory distress, tachycardia, hypercapnia unresponsive to different ventilatory regimens. Circulatory compromise also developed and was not ameliorated with infusion of adrenaline or inhalation of nitric oxide administered to treat presumed pulmonary hypertension. Systemic hypotension and severe metabolic acidosis developed, and the infant died following an asystolic arrest "48 hours after initial presentation". Again, the authors got lost in their maths. The baby died at least 90 hours after the initial presentation.

**Baby 3**, five-week-old male admitted in a country-based hospital, with three days of cough and treated with ampicillin. He was pale and lethargic, with a minimally elevated temperature (37 centigrades) and was put on intravenous cefotaxime and within minutes required bag-and-mask ventilation for several minutes. Ten hours after admission his respiratory distress worsened, he was intubated and transferred to the Women's and Children's Hospital in Adelaide and "the infant died 25 hours after initial presentation". Again, the authors' maths suffered dementia.

**Baby 4**, a four-week-old male admitted to a country district hospital, initially experienced 48 hours of cough without fever, and sudden onset of respiratory distress. In hospital, the baby was put on supplemental oxygen, intraosseous resuscitation fluids and intravenous ceftriaxone. Within hours of this 'management, the infants' respiratory difficulty increased, and he developed poor perfusion requiring artificial ventilation together with further substantial colloid and inotrope support of the circulation. Six hours after transfer to the New Childrens' Hospital in Sydney, "despite escalation of inotrope therapy, the infant remained hypotensive and poorly perfused, with a severe mixed respiratory and metabolic acidosis (pH 6.99)"..., culminating in cardiac arrest.

*Bordetella pertussis* was isolated from all babies, and at least some mothers

and siblings who suffered whooping cough at the crucial time. The article does not give any information on possible administration of paracetamol.

It must be obvious to an objective observer that all these babies contracted whooping cough from their vaccinated mothers, and/or siblings who suffered

.....  
*"Why the authors failed to recognise these material facts is anybody's guess; however, the obsessive preoccupation with vaccination and unproven safety of antibiotics are close to home.."*  
.....

whooping cough at the crucial time, and, clearly, started deteriorating and died shortly after being administered intravenous antibiotics. They would have been better off staying at home and given nothing, particularly those who were breastfed. It is also obvious (this word is a rarity in medicine) that they developed whooping cough because of the lack of transplacentally-transmitted immunity since their mothers were vaccinated in their childhood. The vaccination obviously failed to protect the mothers and siblings.

Why the authors failed to recognise these material facts is anybody's guess; however, the obsessive preoccupation with vaccination and unproven safety of antibiotics are close to home.

The toxicity of antibiotics of the kind used in the above cases is well established. Tragically, but, in my opinion, not coincidentally, a year later, Medical Journal of Australia (MJA 1998; 169: 116) published a retrospective review of antibiotic-associated serum sickness in children presenting to a paediatric emergency department in Victoria (Parshuram and Phillips 1998). These authors retrospectively examined the records of 537 children who attended the Royal Children's Hospital emergency departments between May 1994 and July 1996 and who had a coded diagnosis of serum sickness, erythema multiforme, urticaria, anaphylaxis or drug reaction. Those who developed symptoms within 5-21 days of the start

of taking medication, were considered to have medication-associated serum sickness.

There is little excuse for Williams et al's (1998) misdiagnosis, since serum sickness (or serum sickness-like) reactions to penicillin and more modern (broad spectrum) antibiotics since penicillin (cephalosporins) have been well known since their introduction in the eighties (Stricker and Tijssen (1992); Martin and Abbott (1985), Levin (1985). Moreover, since the mass use of any antibiotics, deaths in their recipients have been published. Coleman et al. (1955) wrote that "Severe immediate reactions to the administration of penicillin, some ending in fatalities, are occurring with increasing frequency".

"None so blind as he who will not see".

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# Homeopathic Remedies for the relief of Colds and Flu

SAM GLADDEN

sam.gladden@nw3homeopathy.co.uk

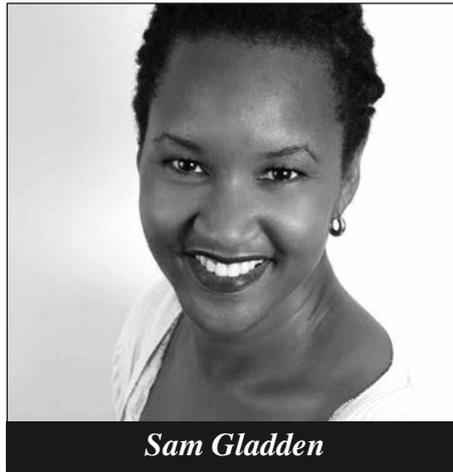
**F**ED UP WITH SNEEZING, coughing, feeling tired and having to blow your nose every 5 mins.

The nights are getting darker and the weather seems to be very changeable, unfortunately this is the time that you can easily catch a cold especially with returning to work or school and any associated stress that may go with that. You may be one of those people that just has to look at someone sneezing and you catch a cold or you may be suffering with one right now. I have included some natural and homeopathic tips to speed up your recovery time.

Did you know that fresh lemon juice and manuka honey in hot water can help with cold symptoms and has the added benefit of helping to soothe chesty coughs.

I mentioned Homeopathic tips, well Homeopathy is a natural approach to medicine that relies on gently stimulating your self healing ability to alleviate your physical or emotional symptoms.

Homeopathic treatment is gentle, safe and treats your symptoms together with the underlying cause. The remedies are made from natural sources which are mostly plants and minerals.



Sam Gladden

## HOMEOPATHIC REMEDIES FOR THE RELIEF OF COLDS AND FLU

FOR A COLD :

- That started quickly when exposed to a cold dry wind or being outside in the cold - *Aconite*
- With sneezing and a blocked up nose that drips with a fluent, burning and watery mucus that leaves the nose and upper lip red and sore- *Arsenicum*
- With a blocked nose or thick cheesy smelling mucus together with sneezing worse in the cold. This may be accompanied with a feeling of irritability- *Hepar Sulphate*
- Where there maybe a tickling or wriggling sensation in the nose accompanied by a thick mucus which looks like egg white and a possible

loss of smell and taste. There may be a thirst for cold drinks - *Nat mur*

- Due to getting wet or sitting on a damp ground, with aching and stiffness in the muscles and joints which is better for moving about. There is much sneezing and mucus with swollen/ tender throat glands - *Rhus Tox*

I tend to use a 30c strength as it is stronger than 6c but 6c can still be used.

If you suffer with frequent coughs and colds, this may indicate a weakened immune system. Professional homeopathic treatment can help prevent colds and strengthen the immune system.

The homeopathic remedies are for short term use only, please use your instincts and common sense when prescribing for yourself or your children. If you are at all worried, seek professional advice and give the prescribed remedy whilst you are waiting.

*For more information contact:  
Sam Gladden LCHC, RSHom,  
sam.gladden@nw3homeopathy.co.uk*

*Photography by Jamie Gladden,  
from 3songsnoflash.  
www.3songsnoflash.co.uk*

## Journal of Epidemiology and Community Health 2008; 62:570-571 Human Papillomavirus (HPV) vaccination and the development of public policies

BRIEF EXTRACT

ABBY LIPPMAN, MCGILL UNIVERSITY,  
MONTREAL, QUEBEC, CANADA  
abby.lippman@mcgill.ca

**T**HROUGH heavy, profit-driven marketing, cervical cancer has been (re)constructed in the past couple of years in North America almost solely as an

independent vaccine-preventable disease.

With the heady mix of young girls and their sexual behaviour as background, and an open-ended advertising budget providing memorable catch-phrases, the powerful major storytellers (pharmaceutical companies, physicians and their organisations, the media) have constructed a gripping story comprising a feared disease (cancer), a

unique product (the human papillomavirus (HPV) vaccine, Gardasil) to address it, and hyped promises of prevention.

This presentation has all too often silenced, or at least marginalised, other ways of talking about cervical cancer (and HPV infection), at the same time arousing controversies, confusions and conundrums in the minds of many.

# WHY DO CHILDREN GET INFECTIOUS DISEASES?

DR JAYNE LM DONEGAN MBBS  
DRCOG DCH DFFP MRCGP MFHOM  
GP & Homeopath

WHEN CHILDREN ARE BORN, they are, so to speak, an empty vessel. Then, due to the influence of perhaps birth trauma, pollution, junk food, sugar, parents arguing or simply the stresses and strains of being a child in the twenty-first century, they build up a level of what can be called toxins. When these toxins reach a certain threshold a healthy child will initiate a clean-out reaction. That is, they will get themselves a viral infection which causes:

- **FEVER** – the chemical reactions required for the clean-out process to work more efficiently at a higher temperature, as do the white cells in the immune system that help to scavenge and clean out rubbish.
- **LOSS OF APPETITE** – if you are trying to clean yourself out, the last thing you need is to fill yourself up with more food that needs processing.
- **DIARRHOEA AND VOMITING** – this happens especially when children are fed more milk to make up for their not eating, and may also happen as part of the clean-out process.
- **RASH** – this is a form of toxins coming out through the skin.

If this process is allowed to continue unhindered, at the end of it your child will do something new, depending on their age: a baby may produce a new tooth, a toddler who keeps wobbling around and banging their head on the corners of the furniture will start to walk straight, a six year old who isn't reading may suddenly start to read, a child who is a bit small will suddenly have a growth spurt, another will develop new vocabulary or mature emotionally.

It can be seen from this that, in order to take a developmental step forward, the child has to clean out their system first, and this takes the form of a crisis,



*Dr Jayne L.M. Donegan*

*"An appropriate infectious disease, well managed, is our friend, not our enemy, and is there to help us to correct the mistakes we make by being imperfect parents with imperfect children in an imperfect society."*

rather like snakes, which have to crack off their old, too small skins before they can slither out with their shiny new ones.

Conventional wisdom has it that fever is bad and that children should be given paracetamol, ibuprofen or both, to lower the temperature. This is rather like clearing up your garden after the autumn winds, building a big bonfire, and looking forward to a nice clean garden at the end of it with some ash to spread under your fruit trees, and having your well meaning next door neighbour, who thinks your house is on fire, getting out his big hose and putting it out. Instead of a nice, clean garden, you are left with a black, slimy mess.

However, all is not lost! The human body does not give up that easily. It will initiate another clean-out reaction, at a slightly higher threshold, and will keep on doing so until it finally manages to get its nice hot fever and finish off the process, some time when, perhaps, the parents are asleep and don't notice! You often hear people outside the school gates saying, "And then she got this ...

and then she got that ...." This is a description of exactly the same process.

So what happens if the child never gets a chance to carry out this process, or did not have enough vital energy or immune force to carry out such a reaction. These are the children who hardly ever get an infection, and people mistakenly call this, 'health', but one look at them shows that it is not – sallow skin, dull eyes, no radiant vitality. These children become prone to chronic disease in later life – auto-immune problems, rheumatoid disease, cancer.

So we see that an appropriate infectious disease, well managed, is our friend, not our enemy, and is there to help us to correct the mistakes we make by being imperfect parents with imperfect children in an imperfect society.

The other, slower way that children get rid of rubbish, is by constant mucus production which should never be impeded in any way or dried up.

## SO WHY IS VACCINATION DIFFERENT?

Parents who are worried about allowing their children to have multiple vaccines (eg the '5 in 1' plus pneumococcal vaccine at 2 months of age) are reassuringly told that babies are capable of dealing with hundreds, if not thousands of antigens (the parts of an organism or anything else with which the body comes in contact which is capable of stimulating an antibody response) from the day they are born, there is 'no problem' with overloading the system.

It is quite true that adequate exposure to microbes early in life is an important factor in the maturation of the immune system. As the human immune system has evolved under the selection pressure of infectious diseases it stands to reason that if they are removed, then problems may occur. Hence the old clinical adage, "autoimmunity is the price paid for eradicating infectious diseases."<sup>1</sup>

The usual exposure of babies and children to infectious organisms or

antigens, however, is via the normal routes – the mouth, nose, ears, eyes, by inhaling or eating them or sometimes through cuts in the skin. Eating a bit of dirt or being sneezed upon is not at all the same as having the organisms injected through the skin, with direct access to the blood stream, bypassing all the ‘non specific’ immune systems that the body has in place specifically to deal with such eventualities, and they are numerous: the skin acts as a barrier to the outside; mucus washes organism/ antigens out of the body; the cough reflex forcibly expels mucus and microbes; human tears, saliva, and other body fluids contain lysosyme, an enzyme which is capable of destroying the cell walls of certain bacteria and therefore acts as an antiseptic. If the organism gets as far in as the stomach, there is extremely concentrated (one molar) hydrochloric acid which is capable of denaturing protein and thus disabling many intruders by stopping their enzymes from functioning. The passages of the gut and the airways produce a special type of ‘secretory’ antibody called Immunoglobulin A (IgA), this coats the organism so that it is already partially dealt with before it even reaches the blood stream. In the case of whooping cough the inhaled organism sticks to the hairs lining the airways. It is then able to multiply and cause the inflammation, mucus, pus and ulceration that may block the narrow airways of young children and babies. These IgA secretory antibodies are very important as they specifically stop the bacterium from sticking to the hairs and multiplying. Vaccination against pertussis does not produce this

IgA antibody which is so important in protecting against further infection.<sup>2</sup> In the blood stream itself there are macrophages, cells which engulf foreign material and destroy it.

At the end of all these processes, the body sets into motion the ‘specific’ immune response which gives rise to antibodies that are ‘specific’ to the organism: IgM and IgG. Injecting a vaccine bypasses all these early stages and means that the organism – and all the other additives in the vaccine such as aluminium salts, formaldehyde and traces of antibiotics – is able to enter

the innermost parts of the baby or child unmodified by any of the protective processes described, provoking an intense, sometimes overly intense, immune response, as it is designed to do. This may lead to allergies such as eczema or asthma, autoimmune disease, or even the formation of ‘antigen-antibody’ complexes which float around the body, depositing themselves in the gut, brain or kidney lining and causing

.....  
*"62% of parents in a Steiner community in Gloucester where an outbreak of measles occurred in 1997-8 reported a strengthening and maturing of their child both mentally and physically after measles infection. "*  
 .....

long term, low grade inflammation. It is well known that the incidence of asthma has been rising in the last few decades, as has eczema and more severe autoimmune diseases, for example diabetes. Whether this is caused by vaccination is unknown as studies that are capable of showing causality (ie that this caused that) have not and are not being carried out and I find it very difficult to understand why.

Conventional medicine regards itself as a ‘science’ and the first rule of ‘science’ (from the Latin root ‘scio’ I know) is observation. One can, nevertheless, look at trends in the incidence of diseases over time and postulate what effect the universal childhood vaccination program is having on them.

In a study which took place in the Oxford region between 1985 and 1996, the incidence of insulin dependent diabetes mellitus in children was found to have risen by 11 per cent per year in children under the age of four year.<sup>3</sup> The authors concluded: “Incidence of insulin dependent diabetes in children aged under 5 years has risen markedly in the Oxford region over the past decade. The cause of the increase is unknown, but environmental influences encountered before birth or in early postnatal life are likely to be responsible.”

The authors themselves do not consider that vaccination may be a factor, however, ‘environmental’ influences are external influences and include factors such as vaccination (and pollution, fluoride etc). Babies only used to get four vaccines – diphtheria, whooping cough, tetanus and oral polio – starting at three months, with the next one not being until the age of five months and the last set at ten months. In 1990 (in the middle of the study) the age was reduced to two months as the ‘accelerated’ vaccine program started, with the next two sets being only four weeks later, at the age of three and four months, In 2008, six vaccines are administered, often only four weeks after a BCG vaccination. Is the rise in insulin dependant diabetes in young children ‘caused’ by vaccination or is it completely unrelated? I cannot answer that question with the data available and neither can anyone else.

Are there any studies to show benefit from having infectious diseases?

Italian recruits with antibodies for hepatitis A (regarded as a marker for exposure to ‘dirt’) had a lower incidence of atopic (allergic) disease, asthma and eczema.<sup>4</sup> A study in West Germany found a lower risk of developing asthma in children who had repeated viral infections, other than lower respiratory infections, early in life.<sup>5</sup> And 62% of parents in a Steiner community in Gloucester where an outbreak of measles occurred in 1997-8 reported a strengthening and maturing of their child both mentally and physically after measles infection.<sup>6</sup>

## SO WHAT DO I DO WHEN MY CHILD IS ILL?

Nurse them. How? Not too difficult really, apart from the time that it takes.

## GENERAL MEASURES FOR MANAGING ALL ACUTE CHILDHOOD ILLNESS

- FRESH AIR – open the window, during mild weather, nurse outside. At night, make sure that the window is open even if only a little.

- LOOSE CLOTHING – made of soft, natural fibres. ➤

- **PLENTY OF CLEAR FLUIDS** – for example, water with Rescue Remedy, half diluted apple juice, ginger, honey & lemon tea\* (children seem to prefer it cooled), stock. If squash, make sure it contains no aspartame or saccharin. No orange juice. Fluids must be offered frequently, small frequent sips are more useful than occasional large gulps, especially in gastric upsets.

- **NO DAIRY PRODUCE** – no milk, including soya, yoghurt, cheese, eggs until well on the mend. This does not include breast milk which must always be continued. Dairy increases mucus, upsets stomachs and may increase fever. Babies on formula milk need to restart by 24 hours if they are not weaned.

- **NO FOOD UNLESS HUNGRY AND NO FEVER** – this is VERY important. Children naturally fast when ill, do not attempt to feed them when they don't want to eat. When the fever is down, if they are hungry feed them a light diet – starch, minimal fat, to be chewed well, for example:

- peeled slices of apple.
- wholemeal toast scraped with Marmite or honey, with no crusts, cut into squares about the size of a postage stamp. Give half a slice at a time.
- mashed potato made with cooked potato, boiling water and a pinch of salt.
- vegetable soup, home made
- fruit or cooked vegetables
- all in very small quantities

- **HONEY** on a teaspoon is very good for sore throats and stops harmful bacteria from multiplying (not advised in babies less than 1 year)

- **REST** – this is extremely important. If symptoms are minimal then it is fine for a child to run around and rest when tired, but if there is severe upset, they must rest and sleep otherwise they will not get well. This is often easier said than done!

- **KEEPING THEM** in which ever room you are working helps, so that they do not feel 'abandoned'.

- **NO TV/ COMPUTER/ BOOKS** – audio material or being read to are fine.

## RECIPE FOR GINGER, HONEY & LEMON TEA:

- ★ *One good pinch of grated ginger (need not be peeled)*
- ★ *2 teaspoons of honey (if over one year)- one quarter of a lemon, squeezed - put in a mug and add boiling water*
- ★ *stir, wait until cooled to suitable temperature and sip*
- ★ *4-5 mugs for an adult per day. This may be made in quantity, sieved, cooled and used as a fluid replacement in cases of diarrhoea and vomiting.*

- **ROOM TEMPERATURE** – between 15°C and 18°C

- **NO MEAT, FISH, FATTY FOOD OR DAIRY** - until two days after better, up to a week if after diarrhoea and vomiting. If dairy or normal diet is introduced and symptoms start again, especially after diarrhoea and vomiting, go back to fasting or light diet until symptom free.

Treating a child without giving them medicines to suppress their symptoms does not mean doing nothing - it means supporting the body's processes of elimination by making sure that there is plenty of fresh air and fluids.

This will allow the liver, the major detoxifier, the kidneys and lungs to work efficiently.

A child's ability to regulate their temperature is immature.

If the room is hot, the child cannot radiate their excess heat into their surroundings.

It is important, therefore, that the temperature in the room is low enough to provide a temperature gradient to allow this to happen.

While this elimination is occurring, it makes sense not to fill

the child with food that they then need to process.

Much of the 'picture' that we see on a screen has to be filled in by our cognitive processes as comparatively little information is supplied with visual electronic media.

It can therefore be very tiring to watch TV or computer screens. Reading and studying are also tiring and are best avoided when ill.

This article contains excerpts from 'Vaccinatable Diseases & their Vaccines' and 'Nursing Children Supportively through Acute illness' which are both available on Dr Donegan's website: [www.jayne-donegan.co.uk](http://www.jayne-donegan.co.uk)

Dr Donegan runs workshops and lectures on these subjects and other health related matters. If you would like to arrange for her to speak in your area please contact her via her email: [jaynelmdonegan@yahoo.com](mailto:jaynelmdonegan@yahoo.com) or by phone/fax - 020 8623 1634

November 2008

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# MORE THAN ONE BAD APPLE

NATURE 455, 835 (16 OCTOBER 2008) | DOI:10.1038/455835A; PUBLISHED ONLINE.

## ABSTRACT

15 October 2008

*EDITOR: This article is not about vaccination as such – it is just highlighting the corruption as regards to the pharma industry and the money they dish out to various medical professionals.*

**A** CONGRESSIONAL INVESTIGATION alleges that some researchers have failed to report all the drug-company money that they have received — and that universities may have been too slow to police them.

The case of Charles Nemeroff, who as chair of the psychiatry department at Emory University in Atlanta, Georgia, allegedly underreported his income from drug companies, offers some stark revelations. Not only does it seem that Nemeroff was able to skirt around rules for reporting income, but Emory's officials appeared unable to rein him in.

A string of internal Emory documents and e-mails made public last week after a hearing of the US Senate Committee on Finance, chaired by Senator Charles Grassley (Republican, Iowa), allege a web of consulting, lecturing and advisory-board relationships that Nemeroff maintained with 16 pharmaceutical companies. By obtaining figures from each of the companies and comparing them with Nemeroff's financial disclosure forms provided by Emory, the committee's investigators alleged that, in breach of university rules, he failed to report at least \$1.2 million in income that these relationships earned him between 2000 and 2006.

In fairness, Emory medical school's Conflict of Interest Committee conducted an in-house investigation of Nemeroff's consulting in 2004. The committee alleged that he had

committed “serious” violations of rules on reporting financial interests. Nemeroff accordingly promised in writing to keep his consulting with drugmaker GlaxoSmithKline (GSK) to less than \$10,000 annually — the threshold beyond which, under National Institutes of Health (NIH) rules, institutions must actively manage or eliminate entirely their NIH-funded researchers' conflicts.

GSK was of special concern because, from 2003 to 2008, Nemeroff was principal investigator on a \$4-million NIH grant examining five GSK antidepressant candidates. Figures given to Grassley's investigators by GSK allege that, despite his written promise, Nemeroff's compensation from the company totalled \$171,000, \$78,000 and \$33,000 in 2004, 2005 and 2006, respectively. His disclosure forms to Emory in those same years allegedly showed payments of \$9,999 per year, or of no specified amount.

*“The case of Charles Nemeroff, who as chair of the psychiatry department at Emory University in Atlanta, Georgia, allegedly underreported his income from drug companies, offers some stark revelations. Not only does it seem that Nemeroff was able to skirt around rules for reporting income, but Emory's officials appeared unable to rein him in.”*

Asked by Nature last week why Nemeroff was not disciplined in 2004 when his violations first emerged, the university responded that its 2004 internal report documenting his breach of the rules “speaks for itself”. It added that the public documents show that it has “worked diligently” with Nemeroff to manage his alleged conflicts of interest. The university also noted that it is planning a “thorough investigation” of the allegations made by Grassley and that it is emphasizing its disclosure policies to all staff members.

The 2004 report did indeed lay down

the law to Nemeroff. Yet Emory officials did not audit his income to be sure that he had reformed. Nemeroff stepped down as psychiatry chair only earlier this month, on the eve of the first newspaper report detailing his actions. Of course, the university's financial interests are tied up in the case too. Some \$1.35 million of the NIH grant went to Emory for overhead costs. Nemeroff did not respond to Nature's requests for comment. However, in a statement issued by Emory, he said: “To the best of my knowledge, I have followed the appropriate University regulations concerning financial disclosures. ... I will cooperate fully and work with Emory to respond to the alleged conflicts of interest issues raised by Senator Grassley and his staff.”

It is tempting to dismiss this case as a ‘one-bad-apple’ situation. But Nemeroff is the seventh academic psychiatrist this year that Grassley has exposed as allegedly underreporting drug-company income. His office says that there are more revelations to come. Grassley has begun pressuring the NIH to mete out real punishment — as in, pulling grants — to spur institutions to enforce proper reporting. The agency came close last week, when it imposed conditions on Emory requiring written assurance that proper disclosures have been made for every grant before it will give funds to the university. Departing NIH director, Elias Zerhouni, has also launched a time-intensive administrative revamp of the rules governing conflict-of-interest reporting by universities. His successor should make it a priority to speed up this process.

Grassley, meanwhile, has proposed a Physician Payments Sunshine Act. Introduced in Congress last year, it would legally oblige drug and device companies to post in a publicly accessible database all payments of more than \$500 that they make to physicians. This would markedly ease the task of universities in enforcing proper reporting, and would exonerate the many researchers who play by the rules but who are nonetheless being cast under a cloud by Grassley's investigation. Congress ought to pass the bill into law when it next convenes.

# Racketeering, corruption and conflict of interest: The criminal organisations that want to vaccinate you and your child.

BY JOANNA KARPASEA JONES

www.vaccineriskawareness.com

23/06/2008

**P**ARENTS who question vaccines and those involved in their production and administration are often told by doctors and the media that there is no money in vaccination, they cost a lot for the drug companies to make and that medical professionals are shelling out billions of pounds to ensure that children are protected from deadly diseases. However, this couldn't be further from the truth.

## THE BOTTOM RUNG OF THE LADDER

At the lowest end of the chain – the nurses and doctors who give the shots – there are financial incentives to encourage them to vaccinate. If they don't vaccinate nearly all of the babies in their practice, they lose their rather lucrative bonus. In 2002 this bonus was £2,730 extra salary for each GP vaccinating 90% of his child patients. There aren't many people who would say no to that kind of pay rise. (BBC News, 2nd July 2002).

That's just for the initial shots, there are also extra bonuses for shots for adults, such as the flu vaccine. For instance, in an article in the GP magazine, Pulse, entitled 'Make The Most of New Fees From Vaccinating Over 65's', they state:

'The Government's decision to offer GPs an incentive to increase flu vaccinations in over-65s could mean a profit of over £2,000 for every GP.' (Pulse, 23rd September 2000). That would make a staggering £4,730 extra for each GP simply doing childhood vaccines and flu vaccines, discounting all the travel vaccinations currently available, and injections for 'high risk' people, such as pneumonia.

More recently, a decision has been made by the Department of Health to transfer the responsibility of giving childhood vaccines from GPs and their



Joanna Karpasea-Jones

*"If doctors were so convinced of the necessity of vaccinations and believed they saved thousands of babies lives as they report, they would not consider stopping the programme simply because they hadn't been given a bonus. Any medicine system which is based on profits first instead of the welfare of its clients should be viewed at the very least with suspicion."*

practice nurses to health visitors, and GPs in Glasgow are mounting a protest over it, stating,

'We are profoundly unhappy about the professional consequences of what the board is pushing through. This represents a very big change in the way services are delivered.' (The Herald, October 26th 2008).

More than likely they are concerned about this change because it would mean that health visitors would receive the bonuses for reaching vaccination targets instead of them.

Across the globe in Australia, the government has scrapped its GP's incentive payments, and this has been met with an even stronger backlash. GPs are considering scrapping the vaccination programme if they are not paid.

Dr. Hearnden, from the Royal

Australian College of General Practitioners has speculated that some doctors might say they are too busy to immunize.

'Doctors will choose not to vaccinate', he said, 'unless they are committed to a professional and ethical way to vaccinate.' (Writer's comment: *what have incentive payments and ethics got to do with each other?*).

He also referred to the GP's practice as a 'business'.

'But there's only so much you can expect a small business to do. Why should small business take a hit for a public health measure?'

That is the stark reality of the situation. GP practices are not health services for the general public as we have been led to believe. As Dr. Hearnden says, their main priority is not public health, but in money and good business sense. If doctors were so convinced of the necessity of vaccinations and believed they saved thousands of babies lives as they report, they would not consider stopping the programme simply because they hadn't been given a bonus. Any medicine system which is based on profits first instead of the welfare of its clients should be viewed at the very least with suspicion. (The Daily Telegraph, Australia, 10 October 2008).

## THE DRUG COMPANIES

Next on the ladder are the drug companies who make the vaccines, who just happen to fund medical schools at which the GPs train.

According to a survey which was published in JAMA, 93% of student doctors had been required by a physician to attend at least one industry sponsored lunch. Shockingly, more than 800 third year students in medical schools had reported being given one gift or participating in one activity organised by a pharmaceutical company every single week. As well as the sponsored lunches and lectures, students are offered pens, mugs and

pads with drug logos on them.

Drug companies will often withdraw funding from a school if their product is not endorsed. This has raised concern about conflict of interest. (Journal of the American Medical Association, 7th September 2005).

In another survey published in JAMA, 60% of responding Department Chairs in medical schools and the 15 largest teaching hospitals in the US, reported to having a 'personal relationship' with the industry. This included being a paid speaker on behalf of the drug company, acting as a consultant for the drug company or serving as a member of a scientific advisory board. It also found that 50% of clinical departments who responded received funding from drug companies for food and drinks, 65% received funding from drug companies for their medical education, 37% got financial support for residency or fellowship training and a staggering 80% of all clinical departments had some relationship with a drug company. (Journal of the American Medical Association, 17th October 2007).

If the advisory board which monitors the safety of medicines and vaccines is profiting from the sale of those vaccines, then this amounts to a criminal activity. They can no longer be impartial because they are being paid to promote a certain drug, which is not science. The public who trust in their recommendations are often not aware of this conflict of interest and members of the panel may even put people's lives at risk by recommending a drug or vaccine which has safety concerns. A good example of this is Merck's drug, Vioxx, an anti-inflammatory medication which was approved by the FDA in May 1999. It was declared safe and then caused heart attacks in a large number of people. JAMA determined that it caused kidney disease and heart attacks. ("Adverse Effects of Cyclooxygenase-2 Inhibitors on Renal and Arrhythmia Events: Meta-Analysis of Randomized Trials", 2006). Interestingly, Merck is the company that make Gardasil, which has currently caused more than 8,000 serious reactions and 27 deaths, and those are only the reported figures.

In the UK it is the responsibility of the Joint Committee On Vaccination And Immunisation to ensure the safety of our vaccines yet the Chair Professor Andrew Hall said to me (Joanna Karpasea-Jones) at a Nuffield Bio Ethics meeting in 2006 that vaccines were their area of interest so it would be difficult to find anyone on the committee that wasn't directly involved with vaccinations. I have looked at their minutes held for subsequent committee meetings and found the following admitted conflicts of interest:

#### **FOR TETANUS VACCINE:**

Dr. Ray Borrow had interests with Sanofi Pasteur and GSK, manufacturer's of the shot.

#### **FOR PNEUMOCOCCAL VACCINE:**

The following members declared interests in Sanofi Pasteur, Wyeth or GSK.

Professor Simon Kroll  
Professor Jon Friedland  
Professor David Goldblatt  
Dr Syed Ahmed  
Dr Ray Borrow  
Dr Stephen Inglis  
Mrs Pauline MacDonald  
Ms Anne McGowan  
Professor Paul Griffiths

#### **FOR CHICKENPOX VACCINE:**

The following member declared interests in Sanofi Pasteur or GSK.  
Dr Ray Borrow  
Professor Dr Paul Griffiths

#### **FOR PANDEMIC FLU VACCINE:**

The following members declared interests in Sanofi Pasteur, GSK, Baxter, Novartis, or Merck.  
Professor Jon Friedland  
Dr Syed Ahmed  
Dr Ray Borrow  
Dr Stephen Inglis  
Mrs Pauline MacDonald  
Professor David Goldblatt  
Professor Paul Griffiths .

The majority of the committee members have ties to the vaccine manufacturers and current rules state that you only have to declare your interests if they are less than 12 months

old. If you had any dealings with a company prior to that, you don't even have to mention it.

In the minutes paper I refer to, the committee concluded that for tetanus vaccine, having 5 doses in adulthood should still be recommended, to continue with pneumonia vaccine for older people despite the fact that, 'This programme was providing protection against invasive pneumococcal disease at a level estimated prior to the introduction of the programme although of shorter duration than had been predicted.' (i.e. it's not working as well as we thought). For Chickenpox vaccine, their aim was to 'introduce universal chickenpox vaccination, antenatal screening for chickenpox and post-natal vaccination of new mothers'.

They wrote 'Such a programme could be introduced quickly at relatively low cost.'

Obviously with high benefits for those committee members who admitted interests in the vaccine companies.

#### **FOR PANDEMIC FLU, THEY WROTE:**

'Three meetings had been held recently to consider pre-pandemic vaccines. The first held late last year examined the safety and immunogenicity of candidate H5N1 vaccines. They concluded at this meeting that such products were safe and effective.' Of course they concluded such, with seven doctors on the panel involved in vaccine production and profit. (Minutes of the meeting of JCVI, 13 February 2008).

#### **SOARING PROFITS**

According to ABC Business News, 'Sales of vaccines, once considered a commodity market, are booming with global revenues set to reach nearly \$10 billion in 2006 from \$5.4 billion in 2001... The infant sector currently makes up the largest section of the vaccine market, with 2001 sales of \$2.5 billion, but adult demand is growing as governments actively promote flu shots for the elderly and more vaccines are used by tourists.' (ABC News, 7th January 2003).

Since that time we had added to the market the new 5-in-1, Prevnar in the

UK, Hepatitis B vaccine for Irish babies, Cervarix/Gardasil and MMR for adults.

## MAINTAINING THE STATUS QUO

A lot of parents think that if something were to happen to their child, the doctor concerned would report it and they'd get medical help, or the government would revise its policies to protect other children. Unfortunately this doesn't happen. The medical profession and drug companies close ranks to protect their profits, and this is a universal response to guard the huge revenue they make from you and your child.

For instance, recently there have been a number of deaths in India due to the measles vaccine. You would have thought that this would move the Indian Academy of Pediatrics to do something to protect their patients, but no, here's what they wrote in Indian Pediatrics:

'On April 23rd, 2008, four children died soon after receiving measles vaccines stored in ice boxes in vaccination camps in two villages. As per the parents and other eye witnesses, all children developed frothing at the mouth, drooping of the head, rolling of the eyeballs and died within 15 minutes of the vaccine being given. The LAPCOI attempts to discuss the possible causes for serious adverse reactions...the objective is to reassure paediatricians about vaccine safety...and to ensure that immunization coverage does not dip.'

They did not care that four children had died. Their primary concern was not allowing the vaccination programme to dip and damage the status quo. Since that journal article was published, there have been another 9 deaths after measles vaccine in India, in another three separate incidents. (Indian Pediatrics, volume 45, June 17th, 2008).

## THE GOVERNMENT

At the top of the ladder are the governments of the world and the big pharma fat cats.

Parents cannot usually sue the doctors who performed the vaccination and drug manufacturers have a legal

immunity against prosecution because of a doctrine called pre-emption. If a vaccine has been approved by the government as being safe, that person cannot sue the company who made it.

An injured party or the relatives of those killed have to accept a government sponsored compensation programme, which is a maximum of £100,000 in the UK and that is if you can jump through all their hoops to prove it.

*"Parents cannot usually sue the doctors who performed the vaccination and drug manufacturers have a legal immunity against prosecution because of a doctrine called pre-emption. If a vaccine has been approved by the government as being safe, that person cannot sue the company who made it."*

In addition to protecting themselves legally and maintaining their drug and vaccine profits even in the face of death, the drug industry has been known to pay for health promotions. For instance, in Israel, GSK funded a TV advertising campaign for Chickenpox vaccine, in association with the Israel Family Physicians Association.

Advertisements have begun to appear on Israeli television channels and radio stations and in the newspapers urging parents to get their children vaccinated against chicken pox.

The campaign, organised by the Israel Paediatrics Association and the Israel Family Physicians Association, is financed by SmithKline Beecham, which manufactures Varilrix, the sole brand of varicella zoster vaccine to be approved so far by the health ministry. (BMJ 2000;321:656, 16 Sept).

As well as safety committees sitting on the boards of the companies they are supposed to regulate, they also actively try to squash other, safer forms of medicine like alternative therapy.

The American Medical Association

set up the Committee on Quackery in 1963, to look at alternative forms of medicine that may affect the profit margins of the pharmaceutical industry. In the following year, the Coordinating Conference on Health Information was set up and involved numerous government figures. Their meetings were private and their function was to suppress Homeopathy, Naturopathy, Acupuncture, Chiropractic care and Vitamin therapy. i.e. they had no interest at all in people being healthy, they just wanted to carry on making money with drugs and vaccines.

This is racketeering and is against the law. All industry, when marketing a product have to advertise fairly and not try to suppress the competition. Certainly, the AMA and CCHI with its government officials came under the Racketeer Influenced and Corrupt Organisations Act.

The FDA joined in this work in the 1980s to advertise against 'quackery'(alternative medicine) with the organisations it was supposed to be regulating. Today, this campaign is going strong in all countries, with bans on vitamin tablets being proposed and 'safety regulations' being sought on herbal medicines because apparently they kill, when, in fact, it is the pharmaceutical and vaccine industry that continues to kill scores of people.

A Watchdog group has found that deaths from prescription drugs have reached an all time high with a staggering 4,825 deaths and 21,000 injuries in the first three months of 2008, and that's just in the States. (The Los Angeles Times, 23rd October 2008). Others believe that pharmaceutical drug deaths are actually the leading cause of death. In a research paper by Dr. Debora Rasio and Dr. Martin Fieldman, et al,

'A definitive review and close reading of medical peer-review journals, and government health statistics shows that American medicine frequently causes more harm than good. The number of people having in-hospital, adverse drug reactions (ADR) to prescribed medicine is 2.2 million. Dr. Richard

Besser, of the CDC, in 1995, said the number of unnecessary antibiotics prescribed annually for viral infections was 20 million. Dr. Besser, in 2003, now refers to tens of millions of unnecessary antibiotics. The number of unnecessary medical and surgical procedures performed annually is 7.5 million. The number of people exposed to unnecessary hospitalization

annually is 8.9 million. The total number of iatrogenic deaths shown is 783,936. It is evident that the American medical system is the leading cause of death and injury in the United States. The 2001 heart disease annual death rate is 699,697; the annual cancer death rate, 553,251.'

The Nutrition Institute of America,

[www.stopcancer.com/medicalmistakes.htm](http://www.stopcancer.com/medicalmistakes.htm)

So next time someone tells you that doctors vaccinate for public good, tell them about the corrupt, bribing racketeers that are in charge of their child's health, and they might just change their mind.

By Joanna Karpasea-Jones.

## Vaccines cause Micro-Vascular Strokes: Dr. Andrew Moulden, Canadian Doctor

NEWSBLAZE, BY ALAN GRAY

September 27, 2008

**H**OW LONG DOES IT TAKE A medical breakthrough to be acted upon?

A Canadian doctor, Dr. Andrew Moulden says he conclusively proved seven years ago that vaccines cause micro-vascular strokes. Dr Moulden has a 21 year record of award-winning medical study and practice starting at Nipissing University, but he has been unable to get the attention of the College of Physicians or politicians to investigate his findings, which have been corroborated by other doctors.

### HOW VACCINES CAUSE MICRO-VASCULAR STROKES

Dr. Moulden says the shots cause our body's own immune systems to hyper-react as large white blood cells naturally rush to attack the foreign particles injected into our bloodstream. The white blood cells are too big to enter, so they surround tiny capillaries where the foreign particles land, clog and collapse the capillaries.

This cuts off pathways for the smaller red blood cells to carry oxygen to the organs near those capillaries that contain the foreign particles. When the particles float near the brain, this lack of blood supply can lead to autism, SIDS and many other diagnosed illnesses in both children and adults.

Our immune systems will continue fighting the particles leading to long-term or chronic illness. Different

organs are affected depending on where the particles are, which leads to different symptoms and 'disease' names, but the basic causes are the same and before this discovery were unknown.

*"Dr. Moulden says the shots cause our body's own immune systems to hyper-react as large white blood cells naturally rush to attack the foreign particles injected into our bloodstream."*

The main cause of the problem is the additives in the vaccines. The purpose of the additives is to generate a faster response from white blood cells. This works perfectly - white blood cells rush to the site of the introduced foreign matter - and that is the source of the problem. The white blood cells block the capillaries and also collapse them, trying to destroy the foreign matter.

Dr. Moulden has been appointed to the Scientific Advisory Board for the First Annual World Congress on Vaccinology in Guangzhou, China, December 1- 5, 2008, where, he is to present to a group of 10,000 experts from around the world.

### A HISTORY OF IGNORING A MEDICAL BREAKTHROUGH

In 2001, he took his work to the College of Physicians and Surgeons of Ontario. They refused to review his

work. He took it to Canadian Members of Parliament including Gurbax Singh Mali (Liberal, Bramalea-Gore) and Michael Ignatieff (Liberal, Etobicoke). They refused to respond. He wrote to U.S. Senator Charles Grassley. Grassley refused to respond. He took it to many established medical bodies. They also did not respond.

### CONFIRMATION OF RESULTS

Dr. Moulden has confirmed his research with hundreds of independent doctors and other medical experts around the world. Many of them introduced him to clinically proven natural health solutions they provide.

### PUTTING PEOPLE BEFORE CORPORATIONS

When The College of Physicians refuses to acknowledge that there is even a problem and politicians refuse to investigate, what could be done next?

Dr. Moulden decided to run for election as Member of Parliament in the Nipissing - Timiskaming riding where he grew up. By this action, he plans to bring attention to the issue and to finally end the political problems that are blocking this medical breakthrough. Dr. Moulden says big pharmaceutical companies are exercising control over Canada's taxpayer-funded universal healthcare system. One of the ways the pharmaceutical companies are exercising control is in Bills C-51 and C-52 currently in Parliament which would essentially criminalize vitamins and supplements and give big pharmaceutical companies a virtual monopoly on medical treatments.

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

# The illusion of the Germ Theory

BY DR ROBERT O YOUNG

**T**HE PURPOSE of this article is to open your mind to the illusion of the germ theory that imprisons many us and to study the history of how this illusion was created.

One must challenge everything in the modern construct of immunology and what is said to be the immune system. The basis of modern immunology is founded on Louis Pasteur, the fraud, impostor, deceiver and self promoter. There is a serious problem to where every word and part of the anatomy must be questioned to find their use and function because of the fraud of Louis Pasteur.

For example, the word influenza means influence. Originally, influenza was said to come from the stars or heavens. The Avian Influenza is an influenza of a bird influence. More specifically, it is an influence of bird waste. The bird consumption industry in Southeast Asia is overcrowded to the point that the chickens are consuming their own waste, producing an over-acidification of the birds and workers that must work in the acidic air and waste.

It could be more accurately called Acidic Bird or Chicken Excrement Influenza that is only contagious to those consuming acidic birds, like chicken or breathing chemically altered air from chicken excrement. Because chickens do not have a urinary tract system, like humans and animals they are more likely to absorb their own acidic urine into their tissues. I guess you could say that's what makes chicken flesh or turkey flesh taste so juicy and why chicken or turkey flesh should never be consumed by humans!

Here is a second example of Pasteurian scientific dogma. The word virus is originally Latin meaning poison, as in snake venom, (being too acidic). When a serious snake bite releases venom or acid into the skin and soft tissues, the small sweat vessels become so enlarged that red corpuscles can flow into the tiny sweat glands, showing red skin patterns and allowing the venom or acids to escape through

the skin. Acidity dissolves and enlarges blood vessels for the movement of acidic fluids or gases. Alkalinity constricts and normalizes the blood vessels.

The point being that viruses are molecular liquids or gases (venom) that can be created by chemical imbalances in humans, plants and animals (by malnutrition or toxic acidic food and/or drink consumption), also created in humans, plants and animal glands, sometimes used in defense (snake venom) or emergency (overactive adrenals), also can be crystallized in laboratories, rarely, if ever crystallized in vivo, and foolish to call viruses contagious when viruses are nothing more than acidic liquids or gases from biological transformation or rotting matter.

*"These fragile microforms or microbes are the expression of cellular transformation from once healthy human, plant or animal cells due to an over acidic environment. Sickness and disease can only be caused by an over acidification (abundance of antigens) of the fluids of the body due to our own personal lifestyle and dietary choices."*

In snake bites, lifestyle choices and diets - it is not the bite or food that kills it is the venom or acid from the bite or food that kills. Ultimately, it is in ones personal choice that gives life or takes life! Life and death is a consequence of choice!

My final example is in defining the truth about antibodies and antigens. Antibodies are chemical clusters or alkaline buffers to a typical acidic condition properly referred to as antigens or enzymes. So called antibodies are released from healthy organ cells, such as the liver, in response to buffer and neutralize the acidity or liquid acid antigen that was first introduced. It must be noted that the word, antibody and antigen, are a

Pasteurian dogma construct. The mind set being that an antibody or now even antibiotics, are defending or responding to bodies, microbes or invisible bodies or what I call phantom viruses, like Avian, SARS, or even HIV - even though HIV is not a virus but an alkaline antibody to buffer acid or antigens. The chemical response is actually due to an introduction, vector or antigen of a chemical nature, typically acidic, not a body, microbe or bacteria or yeast.

If bacteria, yeast, fungus or mold are transferred into another individual it must be made in a balanced liquid medium to support that fragile microbe or insignificant entity in order to survive. The main point here is that bacteria, yeast, fungus or mold do not cause sickness and disease (including cancer) as theorized by Pasteur and most recently suggested by Dr. Simoncini, an oncologist from Rome, Italy - sickness and disease (including cancer and HIV) is a result of excess acidity or antigens that have not been properly buffered by antibodies or bases such as sodium bicarbonate. These fragile microforms or microbes are the expression of cellular transformation from once healthy human, plant or animal cells due to an over acidic environment. Sickness and disease can only be caused by an over acidification (abundance of antigens) of the fluids of the body due to our own personal lifestyle and dietary choices.

As you contemplate the cause of the flu, cold or any so-called infection, may I suggest that each of us take personal responsibility for the consequences of our choices, rather than blame a phantom Avian Influenza virus, cold virus, flu virus, cancer virus or some non-existent HIV virus. If you get sick, it is your own fault and not the cause of some phantom virus that you can blame to cover your own lifestyle and dietary transgressions. Save your money and save your life by making alkalizing and energizing lifestyle and dietary choices. This is where true immunity is found -- not in a vaccine or a drug which are all acidic and poisonous to the body but in living an alkaline lifestyle.

I love the words of Hippocrates when he said, 'Let your medicine be your food

and your food be your medicine.'

In closing, I quote Abraham Lincoln who said '... but you can't fool all the people, all of the time.'

Is it now time that we wake up from the fraud and deception of Louis Pasteur's medical science and break the chains that can prevent us from incredible outstanding good health, energy and a long a prosperous life free

from all sickness and disease? Is it now time for us to be truly free in all ways - physically, emotionally and spiritually?

I believe with all my heart that the answers to all questions can be found and realized in understanding and choosing truth, light and life over deception, darkness and death. For the truth can and will always set us free, in all ways!

*Dr. Robert O. Young, September 2008.*

*PS For more information on flu, viruses, and vaccines I refer you to our book, 'Sick and Tired: and the technical essay called, 'A Second Thought About Viruses, Vaccines and the HIV/AIDS Hypothesis.'*

*Go to: <http://www.phmiracleliving.com/c-25-books-dvds-audios.aspx>*

## Biomedical interventions

**I**T WAS VERY SAD that a child who had undergone chelation in the USA has died and it undoubtedly does raise further concerns about these procedures and some doctors who promote them. Research into these activities must be vigilant and robust.

Having said that, however, it was wrong of NAS (National Autistic Society) National Councillor Mike Stanton to patronise the thousands of parents who believe their autistic children have been harmed by mercury by dismissing them as the 'Mercury Moms'. In fact many thousands of parents believe this to be the case and the outcome of a long running court case may eventually vindicate their concerns.

### SCIENCE

Everyone knows that scientific proof linking cause and effect is extremely hard to obtain. I worked in the tobacco industry at the time that the US Surgeon General's report incriminated tobacco in lung cancer, a finding echoed by Richard Doll who asked why nine out of ten patients in cardio-thoracic wards and diagnosed with lung cancer, were former smokers whilst only around three in ten of the general population were smokers. The link between smoking and lung cancer and many other conditions has still to be proven scientifically, today more than forty years later, but few people anywhere now believe that smoking is safe.

I have asked a similar question about mercury-containing vaccines and autism. How many unvaccinated people have fallen prey to autism? There are many hundreds of thousands

of people who have never had any childhood vaccinations but of these only a handful seem to be autistic and some of these seem to have question marks about exposure to mercury from other sources. US researchers looking at the Amish community and the natural medicine Home First Chicago based community, neither of which vaccinate their children, have found virtually no autistic children in aggregate numbers of over 300,000 people in those groups.

Autism did not exist before mass public immunisation became regular practice in the USA and Western Europe. Suggestions that similar conditions were known in historical times do not bear close scrutiny, except for those exposed to heavy metal and mercury poisoning (acrodynia, mad hatters disease) both of which can bear an extraordinarily close resemblance to autism, with some researchers suggesting commonalities that simply confirm the diagnosis.

### SHELF LIFE

Autism, a rare condition when my daughter was diagnosed as autistic in 1965 has become common place. But we should be clear that it is no randomly-caused epidemic, the recent explosion in numbers since the early nineties almost exactly parallels the growth of the use of mercury in vaccines between the mid nineteen eighties and the late nineteen nineties both in the USA and the UK. Both countries have now withdrawn the use of this material in some childhood vaccines. In California, where the most reliable autism statistics are kept, it is claimed that quarterly autism

prevalence rates amongst three year olds have fallen for four successive quarters. Britain ceased the use of mercury in some vaccines in September 2004, but it is thought the actual decision was taken soon after officials returned from a vaccine safety conference in the USA in the early part of that year. Let us hope that this country will experience a similar decline in autism within the coming years.

If rates fall, then it will become apparent that our children, over half a million in the UK and millions more in other countries have been sacrificed on the economic altar of 'shelf life'. After all, this is the reason why the second most toxic chemical of all has been used in vaccines. It preserves combined vaccines and vaccine materials packed in multi shot vials to prevent the growth of bacteria in these highly toxic cultivated pathogens.

### DISCOVERY

The evidence that these complex materials can cause harm remains circumstantial but it is certainly devastatingly so. Wide commonalities between the extent of their use and the prevalence of autism are indisputable. Any researcher looking into the scientific record of the misuse of mercury and its consequences will find a massive amount of data, yet data shown in the medical record seems strangely depleted.

In any event, once autism became so pervasive the writing was on the wall for the continued use of mercury in vaccines since medics, researchers and powerful people were drawn into the 'autism family,' as they too became widely affected as a result of producing children who became

autistic. Today the so called 'mercury moms' include many hundreds of doctors and medical people, US Senators and Congressmen, a former Secretary of the Californian Senate, mercury experts, research professors and world experts in key disciplines who have combined to become a powerful research engine, as one after the other concluded that mercury is implicated in their child's condition.

Even their tremendous contribution towards learning the truth, after fifty years of evasion by the pharmaceutical industry, has been mitigated by the power of the most profitable industry on earth to shackle public awareness and debate. But the prosaic truth that autism may be the price paid to achieve an economic shelf life for vaccines is almost too hard to bear.

In the United States over one billion dollars has been paid out in twenty years or so under the Vaccines Adverse Events Reporting System (VAERS), funded by an industry levy on vaccine makers in which mercury containing vaccines have always paid the highest levies and those affected by them have received two thirds of the payments. David and Mark Geiers' review of the data from VAERS showed that exposure to mercury in vaccines closely paralleled the extent of the condition in children compensated under VAERS. As one of the very few reports not written by researchers directly or indirectly employed by the

pharmaceutical industry, the Geiers' work must be listened to. The truth has surely always been just under the noses of those truly concerned to look for it.

#### NATIONAL AUTISTIC SOCIETY

The National Autistic Society has, in the past, rejected any obligations to pursue research or inquiry on the grounds that it was not a 'medical charity'. I have always believed that the NAS has an absolute obligation to pursue any line of inquiry that leads to a better understanding of autism, especially as it now appears that the areas to be looked at are principally scientific, social and economic rather than medical. This obligation arises unequivocally from their leadership in the field of autism where they must rank as one of the world's leading autism bodies. Cause and effect should be a matter of concern to the NAS and prevention must surely rank amongst the highest echelons of welfare.

National Councillor Mike Stanton's opinion cannot be drawn from a well informed standpoint as the thousands of hours of research into the secretive and well-hidden medical and scientific record by concerned individuals readily reveals. Sixty five years after Kanner, something is clearly not working.

However, Professor Boyd Haley, the world's leading researcher into mercury and its impact upon the central nervous system, has authorised me to say that he would welcome the opportunity to debate with any senior health

establishment person as to the merits or otherwise of the use of mercury in vaccines, especially paediatric vaccines, and he has encouraged me to publicise his offer. Boyd Haley had much to do with the US Government's decision to recommend that the FDA should request the withdrawal of Thimerosal (mercury compound used in vaccines). Similarly it is likely that his submission to the US Federal Committee on Vaccine Safety hearings in February 2004 had an equivalent impact upon UK officials resulting in the overnight and so far unexplained withdrawal of Thimerosal in UK vaccines from 1 September 2004. The NAS could do worse than to accept this challenge and to facilitate such an event, especially amongst its very large and concerned membership.

#### NOTES

*The author, Tony Bateson was a member of the Board of the NAS between 1979 and 1991 and during that time held the post of Vice Chairman for a time. He was founder chairman of the Lindens School Parents Group in Surrey that led to the new Linden Bridge School at Worcester Park and of the Mid Counties Autistic Society which developed Stroud Court at Minchinhampton, Gloucestershire in 1982 leading on to other residential communities, near Caversham, Reading and at Nailsworth in Gloucestershire. Tony Bateson continues to be a trustee of Stroud Court.*

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## Hepatitis B immunisation in persons not previously exposed to hepatitis B or with unknown exposure status

MATHEW JL, EL DIB R, MATHEW PJ, BOXALL EH, BROK J.  
DEPARTMENT OF PEDIATRICS, ADVANCED PEDIATRICS CENTRE,  
POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH  
(PGIMER), CHANDIGARH, INDIA, 160012.

jlmathew@rediffmail.com. Cochrane Database Syst Rev. 2008 Jul 16;(3):CD006481.

#### BRIEF EXTRACT:

**B**ACKGROUND: The benefits and harms of hepatitis B vaccination in persons not previously exposed to hepatitis B infection or with unknown exposure status have not been

established. OBJECTIVES: To assess the benefits and harms of hepatitis B vaccination in people not previously exposed to hepatitis B infection or with unknown exposure status

AUTHORS' CONCLUSIONS: In people not previously exposed to hepatitis B, vaccination has unclear effect on the risk of developing infection, as compared to no vaccination. The risk of lacking protective antibody levels as well as serious and non-serious adverse events appear comparable among recipients and non-recipients of hepatitis B vaccine.  
*PMID: 18677780 {PubMed - indexed for MEDLINE}*

# My girls won't have the cancer jab

<http://www.independent.co.uk/life-style/health-and-wellbeing/features/my-girls-wont-have-the-cancer-jab-1022918.html>

Tuesday, 18 November 2008

**T**HE NEW CERVICAL cancer vaccine offers few benefits, says Jerome Burne, father of two daughters. Which makes the risks even more alarming

Much as I love my two gorgeous daughters – aged 13 and 17 – and wish to protect them from all harm, I will not be consenting to them having the HPV vaccine against cervical cancer.

It's a public health initiative that is unnecessary, reckless and ridiculously expensive. Worse, serious doubts about its wisdom have not been properly presented to the public. Instead, children and parents have been bombarded with publicity – "a totally life-saving, revolutionary vaccine" – while the media have largely parroted official assertions that it is "safe, proven and effective", all of which are unfounded.

The outline of the project is pretty familiar. This term, "the biggest public health programme ever" began to vaccinate all 12- and 13-year-olds against the human papilloma virus (HPV): this involves three separate injections over several months. Later on, 16- to 18-year-olds will be inoculated as part of a catch-up programme. By July 2011, more than two million girls will have been offered the vaccine which, it is claimed, will protect them against the two strains of HPV – numbers 16 and 18 – responsible for 70 per cent of all cervical cancers.

At the moment, 3,000 women develop cervical cancer every year and just under 1,000 die from it. Government and drug-company press releases claim that the programme will eventually cut these deaths by about 400 a year. What's not to like?

To begin with, it is a fabulously expensive way to deal with a problem which, although horrible for anyone who develops it, is hardly a major health risk. Figures haven't been widely publicised, but one quoted cost is £100m a year, which works out at £250,000 per life

saved. Would this pass the NICE criteria for expensive cancer drugs? We already have a very effective screening programme that has brought deaths from cervical cancer down from 11 per 100,000 in 1950 to 3.4 in 2004, and the numbers are expected to continue falling.

However, the vaccination could actually reverse that. Women still have to be screened because, even when the whole programme is up and running, the number who develop precancerous cells is expected to drop by, at best, 50 per cent. At the moment, the biggest risk factor for cervical cancer is never having been screened; half of those with the disease haven't. The fear is that the programme may reduce screening attendance as vaccinated women assume they are safe.

But these are arguments about the HPV vaccine as a public policy. What really matters to me and every parent is: what risk does it expose my children to? As we've seen that the chance that any individual girl will benefit is tiny, I want the risk of any adverse reaction to be even tinier.

Public discussion of risks in the UK gives little hint of possible dangers. (The figures that follow all relate to a brand called Gardasil being used in America. This was to have been the UK choice until one called Cervarix was chosen because it was cheaper. We are told that otherwise they are equivalent.)

We plan to vaccinate 600,000 12- and 13-year-olds a year, on the basis of trials involving fewer than 1,200 girls under 16 that lasted less than two years. More than 20,000 women aged 16 to 26 were also involved in trials. Side effects included birth defects and juvenile arthritis. Only a few; but what happens when millions get the vaccine? Could certain genotypes be particularly vulnerable? No one knows. In fact, I'm asked to enter my children into a vast experiment. Already, patterns of side effects are emerging. A body called Justice Watch has been prising figures for adverse reactions to Gardasil from the US authorities. Last October, the total was around 3,500; by this July, the figure had risen to 8,864, including 18 deaths and 140 "serious" reports.

There's plenty of disagreement over what the cases show. Authorities say they aren't necessarily connected to the vaccine. Two of the most worrying reactions have been blood clots – what might that be doing if you are one of the older girls on the pill? – and 38 reports of an autoimmune disorder called Guillain-Barré syndrome that can cause paralysis.

It's obvious that we need more information, which is why the US Food and Drug Administration called for studies to investigate these possible risks. But the results won't be in for a decade in some cases. The quickest trial they asked for was one involving 44,000 vaccinated girls who are being followed for six months to pick up signs of any immediate or medium-term problems such as autoimmune disorders or rheumatism. The results will be out in September next year. Meanwhile, UK experts confidently declare that there are no dangers; if so, why run this and the other studies?

But the uncertainty over side effects isn't all that's unknown. A key factor in the success of any vaccine is the length of time it confers protection. If it is too short – say, less than 10 years – too many booster shots will be needed. How long will protection last? No one knows; so far, it's lasted just over six years... And on top of all that, we don't actually know that the vaccine will prevent cancer. We know it confers resistance to the virus strains most likely to cause cancer, but since the cancers don't usually appear until a woman is in her late forties, definitive proof will be some time coming.

So this great public-health initiative looks more like a hugely unstable edifice of wildly optimistic assumptions piled on top of one another. If just one or two prove way out, it could all come crashing down. It's one lottery I won't buy a ticket for.

HPV infects the majority of women, maybe as many as 80 per cent, by the age of 50 but it very, very rarely causes a problem. I believe that my girls will be a lot safer relying on healthy immune systems that haven't been challenged by too many vaccinations and on regular, cheap, simple and safe smear tests.

# The confidence to make an informed choice

WHEN I WAS ABOUT six months pregnant with my daughter, and I worked in IT support, a work colleague of mine ran it past me that his six year old daughter had never been vaccinated. I was stunned. My initial thoughts were, “How irresponsible, isn’t he scared? What! Putting the health of others at risk...?”

I’m not the sort of person who speaks without knowing more – and I’d got to know and respect Pete in the time I’d been working with him. Weren’t he and his wife worried about their daughter dying of some terrible disease that could be vaccinated against? Weren’t they really worried about even going to a swimming pool with her in case she caught Polio or something? I had to know more about why on earth they’d taken such a decision (which seemed so out of character), so at the next opportunity I brought the subject up again and asked him why. That moment really was the start of my journey, or certainly the start of the next major part of it.

Pete talked to me a bit about the basics behind vaccination, questioning the “truths” that we are constantly drip fed by the media, and asking me questions about my evidence for just accepting what I was told. It’s interesting what comes up at a time like this “...well everyone KNOWS that vaccination protects lives” (how does everyone know?), “Vaccinations stop you from getting diseases” (where is the evidence for this, and how come a large amount of vaccinated individuals get the disease in spite of being vaccinated?), etc., etc. We didn’t have a long conversation about the subject but I listened to what he had to say, and went away determined to look into the subject with new eyes and a bit more of an open mind – to think outside the box, in other words.

The Active Birth Centre [www.activebirthcentre.com](http://www.activebirthcentre.com) was just down the road from where we lived in North London, and it proved to be a very useful resource, being

independently run and therefore not tied to the NHS. One of the many things they did (and do!) was organise talks, and shortly before my ‘due date’, we went to a series of three talks by Dr Michel Odent. I forget the exact titles of the talks but one of them was specifically to do with the question of vaccination against childhood diseases, and also the effects of the new combined vaccination cocktails such as the MMR; he has done a huge amount of research on the subject. The talk reinforced my husband’s and my

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*“If I can get people to stop, think and investigate a bit before blindly accepting what the authorities say, ... I feel I will be passing on, and sharing, my good fortune.”*  
.....

growing knowledge and confidence on the subject and provided us with more information to help make our choice. (It’s really scary at first saying “no thanks” to the doctors and nurses, but strangely empowering too!)

On the day my daughter was born I experienced the pressure of the medical community to put her on antibiotics (‘just in case’), and, although horrified at the idea, succumbed for a short while. (Lack of knowledge equals lack of confidence to make one’s choices.) The almost funny thing about the doctors’ reaction to my not wanting her to be on antibiotics (possibly for the first 5-6 years of her life!) was that they tried to convince me that the amount she would be on was so small that it was like homeopathy!!!

Well, that was the start of it all, and I am now a qualified homeopath working on a part time basis whilst bringing up my beautiful, healthy, unvaccinated daughter. The discovery of homeopathy (and my journey through the most wonderful college, The Lakeland College of Homeopathy) has been a real gift, but then it fits in with one of my favourite sayings,

“Nothing by chance!”.

I was blessed by Pete saying those words to me over eight years ago, and the subject of vaccination remains a passion with me still. (If I can get people to stop, think and investigate a bit before blindly accepting what the authorities say, just like he did with me, I feel I will be passing on, and sharing, my good fortune.)

I do understand that the medical profession are trying to do their best, they were (and are) taught that vaccination is the best thing for humanity, but I do believe that they are very restricted by their knowledge – which is backed with a lot of fear. When you realise that it is also best for their earnings (via the bonuses the given to them for percentages of their vaccinated patients), and understand, therefore, that they cannot provide you with unbiased information, then it is time to stop, think again, and to start looking for yourself.

On talking to another like-minded mum at school recently, we decided to take up the invitation that is always printed in “The Informed Parent” to organise a talk, in our area, to try and make a few more people think further on the subject.

Magda Taylor (founder of The Informed Parent) couldn’t have been more helpful when I rang her, and she gave me the contact details of three (really well qualified) people who would be happy to travel to the Midlands and give a talk, and asked me to let her know if we needed any further help. I rang Dr Patrick Quanten MD, again really helpful, and we agreed a date which would give us time to organise the publicity, etc. We booked a room near the centre of Stourbridge for the talk, and produced simple flyers and posters on the computer (which we then got photocopied, to help keep the expense down). In the next 3 weeks we visited libraries, cafés, alternative health centres, local papers, sent invitations to doctors, contacted local radio stations, and publicised it around the school. Although it sounds like a lot

of 'leg work', it actually wasn't much at all between the two of us. (We kept the cost of a ticket as low as we could to make it accessible to as many people as possible.)

It was wonderful to meet Dr Patrick Quanten on the evening of the talk, a man overflowing with humility and knowledge, to say the least, in spite of his tough journey. His talk was incredibly informative and inspiring; he told us facts that shed a whole new light on disease, and left me with a further sense of empowerment. (He was quite happy to let us record the talk, to enable

more people to hear the facts as they are.) It was well attended and really got people thinking – it allows you to step back and listen “with a new ear” to the fear being spread in the media; fear is a great way to control people. Information brings confidence, and confidence is a place where we should all be able to make our choices from.

Really I am writing this article to see if I can encourage or inspire others to get together with a friend or colleague and do the same as we did. It's easy. So how about it?

*Kate Fullerlove, November 2008.*

*The recording of Dr Quanten's talk in Stourbridge will soon be available in MP3 format from The Informed Parent website  
[www.informedparent.co.uk](http://www.informedparent.co.uk)*

*DVD and CDs recordings of the talk are available for £6.00 (inc p&p). Please send your address, with a cheque for £6.00 (made payable to: K Fullerlove) and stating whether you require DVD or CD to: K Fullerlove, Westridge, Chapel Lane, Quatford, Bridgnorth, Shrops. WV15 6QH.*

## Autism Doc claims government led witch hunt against him

SUNDAY SUN, BY PHIL DOHERTY

Sep 28 2008

<http://www.sundaysun.co.uk/news/north-east-news/2008/09/28/autism-doc-claims-government-led-witch-hunt-against-him-79310-21915131/>

**T**HE MAN AT THE CENTRE of the triple jab controversy has accused the Government of conducting a witch hunt against him.

Dr Andrew Wakefield has been pilloried by the medical establishment after he voiced fears 10 years ago the Measles Mumps and Rubella inoculation could cause autism in some kids it was given to.

Now working in the USA, he was called back to appear before a General Medical Council disciplinary hearing earlier this year to answer charges of serious professional misconduct.

Speaking for the first time since the hearing was adjourned in July, he said: “What the establishment does is throw stuff at you continuously and then tie you up for years with things like the GMC.

“It is not a question of not vaccinating. I'm not against vaccinations. I don't know for sure vaccines cause autism but I suspect they do. The opposition just states categorically it does not. But they don't know either.”

Dr Wakefield and two other

colleagues professor Simon Murch and Professor John Walker-Smith, were summoned to the GMC disciplinary hearing over allegations that research they conducted on children breached ethical codes.

If found guilty they face being struck off the medical register.

This follows years of being reviled in parts of the medical world after they published a scientific paper in the Lancet that said there could be a link between the MMR vaccine, and autism and bowel disease.

*“I had assessed the data and the safety study relied upon by the Department of Health and it was derisory. It was no way as good as the research into the single jabs.”*

At a Press conference in 1998 Dr Wakefield said while further research was conducted to see if there was a link, parents should have the single inoculations instead of the triple jabs. At the time of the research it was claimed he had been paid to carry out another study to find out if parents who said their children were damaged by the MMR had a case.

The Lancet said this was a potential conflict of interest and if they had known they would have rejected the research paper.

Dr Wakefield said: “I was accused of going beyond the science when I suggested that parents should have single jabs until the MMR had been properly assessed for risk.

“I had assessed the data and the safety study relied upon by the Department of Health and it was derisory. It was no way as good as the research into the single jabs.

“Bernadine Healy, the former head of the US National Institute for Health, admitted they had altered evidence on the epidemiological studies conducted by the US Government to suit the official line. She admitted the evidence both the US and UK relies on is useless.

“The UK Government has a big dirty secret that it doesn't want the public to know . . . they agreed to under write any compensation claims for the MMR. This is why they can't and won't let their position fail.

“It was inevitable I was going to be dragged in front of the GMC because I dared to question big business. They always come after those who don't toe their line.”

A Department of Health spokesman said: “We believe that the vaccine has an excellent safety record and studies have confirmed this belief.

“Neither population-based studies or studies in individual children have confirmed a link between MMR vaccine and autism.”

# Are vaccinations causing early Alzheimer's?

BY BYRON J. RICHARDS, CCN

## EXTRACTS

NewsWithViews.com

November 19, 2008

**T**HE ISSUE OF COGNITIVE decline and the more advanced Alzheimer's disease is predicted to be a public health crisis in America over the next 20 years, as the swell of baby boomers hits the age when problems manifest. This past week the Wall Street Journal ran an article on a man getting Alzheimer's in his 40s, one of 500,000 Americans with early onset. The notion that this problem is striking ever earlier sent shock waves through the country and left people wondering why this is happening. Clearly, there are many inflammatory factors in one's life and gene-related weaknesses involved. However, theoretical data on the inflammatory nature of vaccines, especially in the large numbers given to children at an early age while their nerves are developing response patterns for future life, means that they cannot be ruled out as one main factor that primes the Alzheimer's pump.....We already know from existing research the recipe that leads to Alzheimer's risk. Data coming from the Canadian Study of Health and Aging found that aging in general, fewer years of education (less brain exercise), and the apolipoprotein E epsilon4 allele were significantly associated with increased risk of Alzheimer's disease. Other research has shown that heavy smoking and drinking speed the onset of Alzheimer's. A sluggish thyroid also increases the risk.....

## THE IMMUNIZATION - ALZHEIMER'S CONTROVERSY

The adjuvants used in vaccines (putting the mercury issue aside) are intentionally highly inflammatory so as to provoke a more active immune response to the weakened pathogen. The fact that American children are the most vaccinated in the world at such an early age, when their brains are setting up shop, runs the high risk that vaccinations will "train" nerves to become more

hyper-active to future inflammatory stress of any kind. Such issues would be magnified if a child had a history of stress in the womb, stress as an infant (unstable environment), poor nutrition in the womb or early life, other health problems as an infant, or has family-related gene weaknesses predisposing to Alzheimer's (or any other nerve-related disease for that matter). These massive numbers of early vaccinations could easily set the stage for early onset Alzheimer's. At this point there is absolutely no science that refutes this

.....  
*"...theoretical data on the inflammatory nature of vaccines, especially in the large numbers given to children at an early age while their nerves are developing response patterns for future life, means that they cannot be ruled out as one main factor that primes the Alzheimer's pump".*  
.....

theory, and plenty of science to predict it. Our government, bless their little hearts, has no interest in proving this not to be the case or in figuring out a safety threshold for the number of vaccines or the age they are given. Rather, they operate on the assumption that any number of vaccines is harmless. This public health mentality of fire a shot gun and ask questions later (or never ask any questions at all) is good for herd mentality and not so good for personalized wellness and quality of life.

Any notion that the treatment is problematic, such as a contributor to autism, is met with flat out denial. It does not matter to them what data is presented or what new science obviously predicts. Our government's illness is their bizarre concept of control at all costs by unelected bureaucrats, risks be damned. The bottom line, our government doesn't actually care what adverse effects vaccinations may cause to your child, they are treating a herd.

This issue flared up back in 1997

when a leading proponent of the vaccine-autism link, Hugh Fudenberg, MD, presented his research at the NVIC International Vaccine Conference, Arlington, VA. His data showed that if an individual had five consecutive flu shots between 1970 and 1980 (the years studied) his/her chances of getting Alzheimer's disease is 10 times higher than if he/she had one, two, or no shots. This data was never published in a peer reviewed journal. Supporters of Fudenberg describe him as "the world's leading immunogeneticist and 13th most quoted biologist of our times (nearly 850 papers in peer review journals)."

The Alzheimer's Association website attempts to discredit Fudenberg, but not the data he presented, stating that his "license was suspended by the South Carolina Board of Medical Examiners." This is true, but that was due to a classic witch hunt because of his anti-vaccine position. The Alzheimer's Association went on to reference a meaningless study in which those with a negligible vaccine history had no apparent risk of Alzheimer's. The data does not begin to approximate the potential risk of massive numbers of vaccines given to American children and future Alzheimer's risk.

Thus, the question of the immunization link to Alzheimer's is an open-ended and controversial issue. A responsible government would have demanded animal studies with different levels of immunizations at different ages in relation to the onset of Alzheimer's. These studies aren't being conducted because OUR GOVERNMENT DOES NOT WANT TO KNOW THE ANSWER.

Since Americans are more vaccinated than Europeans, a detailed analysis of vaccine amounts compared to Alzheimer's risk or early onset of Alzheimer's could be conducted. However, if the government is behind this study they will use statistical techniques that water down the results so that risk disappears, the favorite strategy employed when any drug or medicine has potential risks that would cause people not to take them.....

# Feckless IOM does agency's bidding: sound familiar?

BY DAN OLMSTED

<http://www.ageofautism.com/2008/11/feckless-ion-do.html>

November 17, 2008

**A** HARSH NEW REPORT is blasting the relationship between a federal agency and the Institute of Medicine -- saying costly reports the IOM produced were worthless and failed to connect a widespread but baffling epidemic with its true causes.

No, it's not about autism. This criticism relates to the Veterans Administration and studies it commissioned from the Institute of Medicine to look into Gulf War Illness. The Congressionally mandated independent review of Gulf War Studies, in a report to be officially released Tuesday, calls the VA-IOM effort a diversion from the search for the truth.

It says that Saddam Hussein didn't cause Gulf War Syndrome - we did. The most likely suspects, it concludes, are a nerve gas antidote used protectively (there was never an attack) and widespread exposure to pesticides. And it says multiple vaccinations given to the troops cannot be ruled out.

Too many vaccines.... a potent and inadequately tested medicine used to ward off an attack that never came, one that may have mimicked the effects of actual exposure.... environmental toxins causing new and catastrophic mental and physical damage.... a conflicted government agency using the IOM for its own purposes.

In other words, it sounds a lot like the autism-vaccines report the IOM produced in 2004 for its client, the CDC -- which found no relationship between the two -- and the belief by many in the autism community that the science was skewed to produce a predetermined result. It also goes to the issue of whether scientific research has become so politicized and corporatized, especially in the past eight years, that a top to bottom review is needed - something President-Elect Obama has said he will order.

Here is the heart of the matter, according to the new report: "In 1998, with few conclusive answers to continuing questions about Gulf War illness and the federal response to this problem, Congress directed VA to contract with the National Academy of Sciences (NAS) to review available research in order to assist the Secretary of Veterans Affairs in making decisions about Gulf War-related disability compensation. Public Laws directed that the review identify conditions that affect Gulf War veterans at excess rates and assess the scientific evidence concerning associations between those conditions and a detailed list of Gulf War exposures.

In response, VA commissioned the Institute of Medicine (IOM), within the National Academies, to conduct a series of reviews using a methodology previously established to evaluate diseases affecting Vietnam veterans in relation to Agent Orange. (Hyams/Brown). To date, the resulting Gulf War and Health series has included nine reports, including two updated reports, and provided hundreds of conclusions. The Committee was concerned to find that the IOM reviews were not conducted in accordance with the laws that mandated them. As a result, the Gulf War and Health reports have provided little information that is directly relevant to health conditions that affect Gulf War veterans at excess rates, or their association with Gulf War exposures.

The 1998 legislation specifically directed that VA commission reviews that identify both diagnosed and undiagnosed illnesses that affect Gulf War veterans at excess rates and, based on a comprehensive consideration of available research, determine whether there is evidence that those illnesses are associated with Gulf War exposures or Gulf War service. However, the health conditions considered in the IOM Gulf War and Health reports have primarily included multiple types of cancer and a number of other diagnosed diseases--conditions for which there are no indications that Gulf War veterans

have been affected at excess rates. In contrast, the IOM reports have provided almost no information on conditions that do occur at excess rates in Gulf War veterans. That is, the Gulf War and Health reports have not provided findings on possible associations between Gulf War illness or ALS and most Gulf War exposures. Nor do they provide findings on conditions like migraines and seizures, which preliminary information suggests may affect Gulf War veterans at excess rates, in relation to Gulf War exposures.

The legislation also directed that determinations be based on scientific evidence provided by both human and animal studies. Most studies that evaluate biological effects of hazardous exposures are done in animals, for ethical reasons. In recent years, a large number of animal studies have identified biological effects of Gulf War exposures and combinations of exposures that were previously unknown. Although animal research was sometimes described in the IOM reports, findings from animal studies were not considered in drawing conclusions about the evidence that Gulf War exposures were associated with health outcomes. Unlike IOM's earlier Agent Orange reports, the standards used to determine levels of evidence for the Gulf War and Health reports expressly limited IOM panelists to consideration of results from human studies. The omission of animal studies was especially striking in IOM's updated report on sarin (nerve gas for which the antidote was given to U.S. troops), which had been requested by the Secretary of Veterans Affairs in 2003 specifically because of new research in animals that demonstrated adverse effects of low-level sarin exposure.

The hundreds of findings provided in the IOM reports are largely inconclusive, indicating that there is insufficient evidence to determine if the diseases considered are associated with the exposures considered, based on the types of studies considered.

The specific information included in the Gulf War and Health reports is also >

problematic, in that it appears to reflect a process of reporting selected results from subgroups of studies, rather than integrating and analyzing results from all available research. This is a pervasive problem.

In short, IOM's Gulf War and Health series of reports have been skewed and limited by a restrictive approach to the scientific tasks mandated by Congress, an approach directed by VA in commissioning the reports. These limitations are most notably reflected in the selective types of information reviewed and the lack of in-depth analysis of the research literature and scientific questions associated with the health of Gulf War veterans. There is a fundamental disconnect between the Congressional directive to VA and VA's charge to IOM for reviewing evidence on Gulf War exposures and their association with illnesses affecting Gulf War veterans. The reports have particularly fallen short in advancing understanding of associations between Gulf War exposures and Gulf War illness, the most prominent health issue affecting Gulf War veterans."

This set-up, of course, will be familiar to Age of Autism readers knowledgeable about the CDC-mandated-and-manipulated IOM study of autism and vaccines, which pulled every kind of punch - from hurrying up the report to avoid looking at new studies, to ignoring or denigrating studies like the hair-mercury analysis and the violent reaction to thimerosal in mice bred to have autoimmune problems, to overweighting slipshod epidemiological studies that even the IOM acknowledged could fail to identify a susceptible subset of children.

**Bottom line:** The VA-IOM debacle is an analogous case study to the IOM-CDC cover-up, with similar consequences - lack of understanding of what really caused Gulf War Syndrome; lack of understanding of what really caused the autism epidemic. At a deeper level, the study suggests a culture in which "science" is just another political tool to silence criticism and prevent the truth from emerging. In Patrick Fitzgerald's memorable phrase in the Scooter Libby trial, the IOM appears to have become a mechanism for "kicking

sand in the umpire's face."

This connection was not lost on Steve Robinson, one of America's leading veterans advocates, who was instrumental in exposing the Bush Administration's shabby treatment of returning Iraq and Afghanistan veterans.

"It's the three-card monte game they use to have a pre-determined outcome," Robinson told me. And it's no mere game - at stake are treatment and compensation for, in this case, hundreds of thousands of Gulf War vets whose lives have been damaged by their decision to serve their country.

"How do we break the code of how

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*"The VA-IOM debacle is an analogous case study to the IOM-CDC cover-up, with similar consequences - lack of understanding of what really caused Gulf War Syndrome; lack of understanding of what really caused the autism epidemic."*

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corrupt it is to manipulate science this way, not just for vets but for autism and other issues?" asked Robinson, who has been informally working with the Obama transition team on veterans' issues. He said Obama "is not going to get the ground truth from these people" in any of the areas where the science has been corrupted.

"What does he inherit? A politicized federal government [science program] that is defunct and corrupt." The problem is most acute four or five levels down from the top, where the actual manipulation occurs, he said. Those are the people who need to come clean.

The Gulf War review panel basically called for a mulligan on the shoddy VA/IOM collaboration - recommending that the VA ask the IOM to redo all its studies and that the VA office involved in the previous studies, the Office of Public Health and Environmental Hazards, be removed from all participation in the new effort.

Here's an idea, one that's been circulating in the autism community for some time: Redo the IOM studies on autism and vaccines and remove the

CDC, the U.S. Public Health Service and their pharma-flacking cronies from all oversight and responsibility.

Maybe the debacle at the VA will encourage the Obama Administration to take another look at the autism-vaccine "science" produced by the CDC and stamped "approved" by the IOM. A number of autism advocates worked hard for years to get the Bush administration to reconsider the Immunization Safety Review findings on autism. They made modest progress: the IOM sponsored a "Workshop on Autism and the Environment" last year.

Age of Autism Editor-at-Large Mark Blaxill was a member of the Planning Committee for that workshop. "The workshop was a small step in a better direction," says Blaxill, "but even getting that far was a huge struggle. And in no way whatsoever did it undo the damage done by the 2004 report. We need to see some intellectual courage from our scientific leadership. So far, all we've seen is systemic cowardice and a complete perversion of the scientific process. In the meantime, families are suffering and no one is doing anything about it."

A final note - while the IOM may claim it was just doing its job as mandated by the VA, that's not good enough, not for an institution that is part of the National Academies, which calls itself "Advisers to the Nation on Science, Engineering and Health." IOM could just as easily have read the Congressional mandate and told the VA that its request was not in accordance with the law -- in common parlance, illegal. In fact, why didn't they stand up for good science? Was the contract too enticing? Yet the IOM says it advises "the nation."

The nation is not the VA - the nation is veterans. The nation is not the CDC - it's families and individuals coping with an autism epidemic. And the nation is certainly not the federal government - the nation is the people who elected that government to protect and defend them; it's you and me.

And we, the people, keep getting royally screwed.

*Dan Olmsted is Editor of Age of Autism.*

# Breaking news: Autism may be caused by "Chemical Exposures!" – CDC

BY DAVID KIRBY

www.huffingtonpost.com

26 November 2008

FOR YEARS NOW, scientists at the Centers for Disease Control and elsewhere have said that autism is probably a purely genetic disorder, and that the dramatic increase in numbers was due to better diagnostics, wider reporting and greater awareness - and not because of any environmental factors.

## THOSE DAYS ARE OVER NOW.

Today, I received an email from an official in the Office of CDC Director Dr. Julie Gerberding (rumored to be on her way out in January), "Office of Enterprise Communication," replying to my questions on what the agency is doing to look into the reportedly high number (1 in 28) of Somali (with Autism) in Minneapolis.

The responses I got from the CDC

(and the Minnesota Department of Health) were thorough, thoughtful, and quite lengthy. They will be published in their entirety shortly at [www.ageofautism.com](http://www.ageofautism.com).

But one of the last questions answered by the CDC really stuck out. I cannot recall anything quite like it from any Federal agency when asked a question about the possible causes of autism.

Instead of the usual, tired, "it's just better diagnostics" mantra one routinely gets from most public health authorities (and prominent author-pediatricians), this particular person at the CDC chose to tell the refreshing truth - and it is something that I have been saying for quite some time, myself.

Here is the question I posed to CDC: If it is determined that Somali children in Minnesota do in fact have higher rates of autism than non-Somali children in Minnesota, and that they also have higher rates than Somali children in

Somalia, will CDC officially concur that autism, at least in these cases, must necessarily have an environmental component?

And here is part of the reply:

While it is important to understand if autism is affecting any group of children disproportionately, it is also important to keep in mind that there are likely multiple causes of the autism spectrum of disorders. Most scientists agree that today's research will show that a person's genetic profile may make them more or less susceptible to ASDs as a result of any number of factors such as infections, the physical environment, chemical exposures, or psychosocial components.

The idea that "chemical exposures" (vaccine induced or otherwise) might cause autism still brings virtual apoplexia to certain scientific circles. Let's hope they all take a deep breath and consider the CDC's wisdom.

*Thank you, Centers for Disease Control.*

*Thank you for your candor, your courage, and your ability to admit that there is no such thing as a genetic epidemic.*



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  - Free biomedical interventions on the NHS
  - Recognition of the role of vaccination in ASD
    - Valid research to establish cause
    - More support for Autistic adults
- More help with the transition from child to adult and much more

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Bring banners, bring placards, bring your family, represent someone who can't attend.

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with Trevor Gunn, BSc. LCH RSHom, Graduate in Biochemistry

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For those who have previously attended Trevor's presentation and would like to hear more there is now a Part 2.

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## 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.

THE INFORMED PARENT, PO BOX 4481, WORTHING, WEST SUSSEX, BN11 2WH.

Tel/Fax: 01903 212969 web: [www.informedparent.co.uk](http://www.informedparent.co.uk)