

## VACCINE COURT: HEPATITIS B SHOT CAUSED MS

BY DAVID KIRBY

www.ageofautism.com

February 03, 2009

ALL EYES ARE ON Vaccine Court this week, as people await rulings in the autism “test cases” on MMR and thimerosal. But another omnibus proceeding involving Hepatitis B vaccine and autoimmune disorders in adults, including MS, has already been quietly ruling in favour of several petitioners.

The most recent case was announced about a week ago. In it, the Court ruled that the victim, an adult female, had contracted a form of demyelinating disease and MS, and eventually died, after receiving the Hepatitis B vaccine series. It was just the most recent case in a rash of rulings in the omnibus proceeding dealing with hepatitis B vaccine and “demyelinating diseases such as transverse myelitis (TM), Guillain-Barré syndrome (GBS), chronic inflammatory demyelinating disease (CIDP), and multiple sclerosis (MS),” according to court papers.

“Petitioner has prevailed on the issue of entitlement. The medical records during decedent’s final hospitalization reflect that she died from demyelinating disease. Not only did decedent have a vaccine injury, but also her death was vaccine-related,” wrote the Special Master in the case.

Interestingly, the US government chose not to present any expert witnesses, nor to contest the case any further.

But the family of the deceased woman had presented testimony from an expert witness who stated that, “It is biologically plausible for hepatitis B to cause demyelination because vaccines are composed of organic compounds of viral or bacterial origin, whether recombinant or otherwise, whose purpose is to initiate an immune response in the recipient, the Court noted in the ruling. “But if any of

the vaccine antigens shares a homology with the recipient’s antigens, the host’s immune response will attack both the vaccine antigens and the host’s antigens, resulting in an autoimmune response. This concept is also known as molecular mimicry and is well-established in immunology.”

In the last few years, it turns out, the Federal Vaccine Court has issued a number of rulings in favour of petitioners seeking compensation for Hepatitis B vaccine-related demyelinating diseases, especially MS.

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*“For years, the US Government and the IOM have insisted that Hepatitis B vaccine does not and can not cause MS. But the Federal Vaccine Court has now, essentially, overturned that opinion.”*  
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What is also notable about all the Hep B rulings is that they fly in the face of the reasoned opinion of an IOM panel that looked into the matter in 2002. That committee determined that “the epidemiological evidence favours rejection of a causal relationship between the hepatitis B vaccine in adults and multiple sclerosis.” Likewise, the panel said that it “does not recommend that national and federal vaccine advisory bodies review the hepatitis B vaccine on the basis of concerns about demyelinating disorders.”

Apparently, Vaccine Court Special Masters are willing to make their rulings independent of what the IOM has decreed (and given the IOM’s spotty track record on the etiology of illnesses such as Agent Orange and Gulf War Syndrome, perhaps there is a solid legal underpinning for that).

So, what does any of this have to do with the autism cases? Perhaps nothing.

But, if the autism Special Masters suggest that more research is needed, one area that scientists may want to explore is demyelination in autism and its many potential causes.

Myelin is the fatty acid sheath that protects and insulates nerve cells and the brain. Some people with autoimmune disorders, including MS, present with damage to myelin in the brain.

Myelin damage has long been suspected in autism, though the jury is still out on this question. One thing that does seem to be certain is that children with ASD appear to have unusually high levels of antibodies to myelin basic protein, or MBP. That would suggest they might have myelin damage as well. Some studies have also shown highly elevated levels (up to 90%) of MBP antibodies in ASD children who received the MMR vaccine. The development of MBP antibodies could possibly be caused by a reaction to the live measles virus in the vaccine, because the virus may mimic the molecular structure of MBP. (The finding of antibodies to MBP is also associated with MS, which is a demyelinating disorder).

This vaccine-myelin association was also supported by a study in the October, 2008 issue of the journal *Neurology*. It reported that exposure to Hep B vaccine in children was associated with a 50% increased risk for CNS inflammatory demyelination of 50 percent (OR: 1.50; 0.93–2.43). This was especially true for children who got GlaxoSmithKline’s Engerix B vaccine, in which case the risk was elevated by 74% (1.74; 1.03–2.95). Among ASD children with confirmed multiple sclerosis, the risk increased by 177% (2.77; 1.23–6.24).

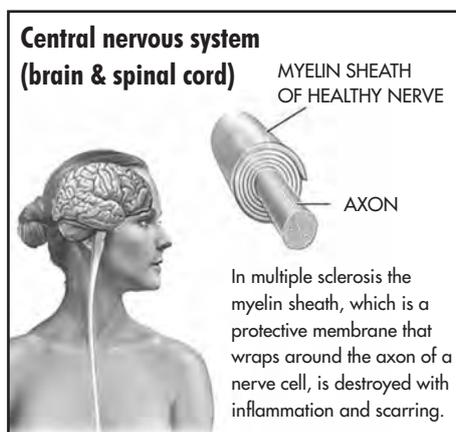
“Hepatitis B vaccination does not generally increase the risk of CNS inflammatory demyelination in childhood,” the authors concluded. “However, the Engerix B vaccine appears >

to increase this risk, particularly for confirmed multiple sclerosis, in the longer term. Our results require confirmation in future studies.”

Of course more studies are needed, but it is becoming more difficult these days to argue that there is no active immune/inflammatory response going on in the brains of autistic individuals, and even harder to contest that MBP is associated with at least one aspect of that response, although there are likely others. The MBP findings are not 100% concordant, but there is a fair amount of supportive evidence.

Equally intriguing, along these lines, is a new study published in the *Journal of Child Neurology*. That paper reported that “anti-myelin-associated glycoprotein positivity” was found in a stunning 62.5% of the autistic children studied. And, a family history of autoimmunity was five times more common in ASD children (50%) than controls (9.4%).

“Anti-myelin-associated glycoprotein



serum levels were significantly higher in autistic children than those without such history,” the authors wrote. “Autism could be, in part, one of the pediatric autoimmune neuropsychiatric disorders. Further studies are warranted to shed light on the etiopathogenic role of anti-myelin-associated glycoprotein antibodies and the role of immunotherapy in autism.”

This information is tantalizing, to say the least. And it could provide new

avenues of research into the role of vaccines, demyelinating diseases, “autoimmune neuropsychiatric disorders,” and autism.

If the HepB series can destroy myelin in some kids and adults, and cause full-blown MS in adults, then is it really that “fringe” to investigate the plausibility of a biological mechanism whereby some vaccines (including MMR) in a subset of susceptible infants might produce symptoms that are characteristic of autism and/or other neuro-developmental disorders?

For years, the US Government and the IOM have insisted that Hepatitis B vaccine does not and can not cause MS. But the Federal Vaccine Court has now, essentially, overturned that opinion. Will the Court now do the same for vaccines and autism? I don’t think so – not this week. But it just might keep that door slightly ajar for the future.

*David Kirby is author of Evidence of Harm and a contributor to Age of Autism*

## Another ruling in the US vaccine court

MELANIE PHILLIPS

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

Friday, 27th February 2009

SEVEN DAYS AGO, the US vaccine court awarded damages to a ten year-old child, Bailey Banks, who it said had developed acute brain damage involving autistic spectrum disorder as a result of his MMR vaccination.

This followed a judgment by the same court a few days previously in the ‘Cedillo’ case which threw out three test claims involving MMR on the grounds that that there was no proven link between the MMR vaccine and autism. The judges in that case said parents had been misled by doctors who were guilty of ‘gross medical misjudgment’ and had peddled ‘speculative and unpersuasive’ theories.

That judgment in turn followed another case in which the vaccine court said nine year-old Hanna Poling had developed autism as a result of a cocktail of nine vaccines administered simultaneously, including MMR, which had significantly aggravated an underlying mitochondrial disorder, which predisposed her to deficits in

cellular energy metabolism, and manifested as a regressive encephalopathy with features of autism spectrum disorder.

In the Bailey Banks case, the ruling was unequivocal. It concluded from the evidence provided by a full neurological examination of the child 16 days after his MMR vaccination that the jab had caused Acute Disseminated Encephalomyelitis (ADEM) which in turn had led to Pervasive Developmental Delay, a disorder on the autistic spectrum.

Special Master Richard Abell wrote:

The Court found, *supra*, that Bailey’s ADEM was both caused-in-fact and proximately caused by his vaccination. It is well-understood that the vaccination at issue can cause ADEM, and the Court found, based upon a full reading and hearing of the pertinent facts in this case, that it did actually cause the ADEM. Furthermore, Bailey’s ADEM was severe enough to cause lasting, residual damage, and retarded his developmental progress, which fits under the generalized heading of Pervasive Developmental Delay, or PDD. The Court found that Bailey would not have

suffered this delay but for the administration of the MMR vaccine, and that this chain of causation was not too remote, but was rather a proximate sequence of cause and effect leading inexorably from vaccination to Pervasive Developmental Delay.

Therefore it had been successfully demonstrated that the MMR vaccine at issue actually caused the condition(s) from which Bailey suffered and continues to suffer.

It also turns out from this ruling that the vaccine court had heard two previous cases where the Special Master had found that the MMR vaccine had caused Acute Disseminated Encephalomyelitis.

In response to the Bailey Banks case, Dr. Bryan Jepson, an autism specialist at Thoughtful House where Andrew Wakefield now conducts research, said:

The contradictory rulings from the Vaccine Court regarding vaccines and autism demonstrate that we still don’t have a definitive answer. We need to realize that the question of MMR’s potential contribution to autism remains under scientific debate. Ultimately, the correct answer will come through honest, transparent and rigorous scientific study, not from a court bench.

# Editor's note



Magda Taylor

WELCOME TO THE SPRING ISSUE OF THE NEWSLETTER! The British Naturopathic Association organised a 'Vaccination Debate' on 14 March in Kensington, London and kindly invited The Informed Parent to have literature available on the day.

There were four speakers presenting – Paul Shattock, a pharmacist and parent of an autistic son, Dr Richard Halvorsen, author of 'The Truth About Vaccines', Dr David Elliman, a consultant in community child health and co-author of 'Childhood Immunisation – a review for parents and carers', and Trevor Gunn, homeopath and author of 'Comparing Natural Immunity with Vaccination'.

Sadly, I came away from the day rather disappointed as I did not feel that there had been enough discussion/question time between the panel. Also, in my opinion, although there were some interesting data presented, generally the speakers were inclined towards being too much on the defensive and overly cautious with their comments.

I was particularly disappointed with Dr Elliman's presentation as he merely outlined the procedures for the production of vaccines in a very general way and did not really present on the so-called 'achievements' of vaccination or really comment on the concerns presented by the previous speakers. He did, however, during the question time openly admit that the BCG vaccine for TB was the 'crappiest' vaccine that was on offer.

I intend to write to Dr Elliman with a question or two, as the time was very limited on the day, and hopefully will be able to publish any correspondence in a future newsletter.

Moving on to the HPV vaccine 'against' cervical cancer, I could not help wondering if the regular coverage in the media regarding the case, and now death, of Jade Goody will be used a marketing tool to promote the vaccine to teenage girls and young women. I was not alone in my thinking and came across an interesting article by UK journalist Christine England, of which I have posted a link to on the website noticeboard for those interested. (Link:

[www.americanchronicle.com/articles/view/95068](http://www.americanchronicle.com/articles/view/95068)). Teenage girls are particularly susceptible to scaremongering from the media, as well as from each other, and unfortunately there has been little published on the concerns and reactions. However, The Daily Mail, March 9th 2009 did report that there had been over 1300 reactions so far, but typically these were described as coincidental by the Medicines and Healthcare products Regulatory Agency (MHRA).

I would urge you all to write to your MPs over these matters of concern, make them more aware of these issues, and who knows, it may trigger proper debate on this subject resulting in major changes!

**FINALLY, THANKS TO YOU ALL FOR MAKING THESE NEWSLETTERS POSSIBLE, AND DO PLEASE LET OTHERS KNOW OF THIS PUBLICATION – The Informed Parent needs continued support to ensure that an alternative voice remains present!**

Magda Taylor, Editor

## New Books

THREE BOOKS BY JAPANESE HOMEOPATH, Torako Yui are now available in English. These all focus on vaccination and the effects, and may be of particular interest to practitioners as they include a selection of case studies. The titles are 'The Thesis of Immunisation Impossible', 'Homeopathic Approach to Developmental Disorders' and 'The Basic Guide to Immunisation and Iatrogenic Diseases', and are available from The Informed Parent for a limited period. For UK orders, each book is £10.00, which includes postage and packing. Outside UK please contact me for details.

Interested in the HIV/AIDS issue? A new book entitled 'Goodbye AIDS: Did It Ever Exist?' is now available. It has

been written by Maria Papagiannidou-St Pierre, a senior Greek journalist, and ex-AIDS patient. Born in 1965, she was diagnosed "HIV positive" in 1985. From 1995 to 2005 she was a full-blown AIDS patient suffering horrifically from the side-effects of the medications, being sometimes told she had no more than a week to live. In 2006 she started the website [www.hivwave.gr](http://www.hivwave.gr) and married the Canadian "HIV negative" Gilles St Pierre. In 23 April 2007 she stopped taking the pills prescribed against AIDS, became strong again and regained the freedom we all lost in 1984. So, what had she suffered from, a deadly hoax? She began to research what had happened to her, met many who had questioned the HIV/AIDS dogma on her way, found the missing answers and now wants to shout out around the world: "The elaborate AIDS construction is built on a false foundation!"

# Doctors to find babies who had 'tainted jab'

BY STEVE CONNOR  
THE INDEPENDENT

[www.independent.co.uk/news/science/doctors-to-find-babies-who-had-tainted-jab-1633390.html](http://www.independent.co.uk/news/science/doctors-to-find-babies-who-had-tainted-jab-1633390.html)

27 February 2009

**D**OCTORS have been asked to trace all babies in Britain who have been injected in the past month with the meningitis C vaccine which was recalled on Wednesday after it emerged that it may be contaminated with a microbe that can cause potentially fatal blood poisoning.

The Department of Health also announced it is also going to test unused batches of the vaccine sent from Italy and stored in GP surgeries in the UK to see whether any of them are contaminated with *Staphylococcus aureus*, the same type of microbe responsible for the hospital-acquired infection MRSA.

The health department said it does not yet know how many of the 17,000 doses of meningitis C vaccine sent to GPs on 22 January and 20 February – but recalled on Wednesday night – have been used as part of the national childhood vaccination programme. However, it is likely to be in the hundreds or possibly thousands.

"We can, and are going to, track the vaccine to individual GP surgeries. GPs can then contact the patients who have had the injection. Although, as we've

said, this is as a precautionary measure and we are not aware of any problems in the UK," a spokeswoman for the health department said.

"We won't know how many doses have already been administered and how many are sitting in GPs' fridges until we have recalled them all. The health department has traced all the vaccine and knows where it is. It will be collected from GP surgeries," she added.

Novartis, the Swiss pharmaceuticals company, manufactured its Menjugate vaccine for meningitis C at its facility in Italy, and the product destined for Britain had passed all sterility tests required under European Union regulations.

However, Novartis subsequently detected *Staphylococcus* contamination in samples taken from two batches that had already been sent to Britain by road. The samples were being used in an experiment to test their vulnerability to pressure changes when shipped by air and they were found to be positive on arrival in the US, a Novartis spokeswoman said.

Novartis informed the British distributor of the problem late on Friday night of last week by email, and the company subsequently telephoned the Department of Health on Monday morning, a spokesman said. The health department said it checked with the company on Monday morning to make sure it had informed the medicines watchdog, the Medicines Healthcare

Products Regulatory Agency (MHRA) but the agency said that it was only told about the problem on Tuesday.

The MHRA recalled the vaccine on Wednesday night several hours after the health department had been approached by The Independent with questions about the possible contamination of the baby vaccine.

Professor Kent Woods, chief executive of the MHRA, said there was currently no evidence that any children have been harmed by the suspect stocks of meningitis C vaccine and there have been no reports of any infections following vaccination.

"Parents should not be concerned over this recall, as there is currently no evidence to show UK children have been put at risk. Novartis are recalling these two batches as a precautionary measure," Professor Woods said.

More than 60,000 doses of vaccine formed the two batches sent from Italy. The Department of Health said that more than 21,000 of those had been shipped to GP surgeries but yesterday it revised that figure down to 17,000.

A spokeswoman for Novartis said the vaccine is transported in vials separated from a liquid solvent in which it is mixed on arrival. It was the liquid solvent – aluminium hydroxide – that was found to be contaminated. "The solvent that was transported by road to the UK passed all routine checks but the solvent that was transported by road and air to the US did not," she said.

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## Forced vaccines - epetition response

[www.number10.gov.uk:80/Page18232](http://www.number10.gov.uk:80/Page18232)  
Friday 6 February 2009

**WE RECEIVED A PETITION ASKING:**  
"We the undersigned petition the Prime Minister to not agree to enforcing vaccinations for all children both now and in the future."

### **DETAILS OF PETITION:**

"A Labour MP has recently suggested forcing all children to be vaccinated

otherwise they cannot attend school and parents should not receive child benefits. Vaccinations can cause various injuries to children and also manipulate only specific parts of the immune system and not necessarily all the appropriate parts."

### **READ THE GOVERNMENT'S RESPONSE**

In the UK, immunisation, along with most healthcare, is voluntary and is a

system built on informed consent and patient autonomy. A parent cannot be forced to have their child immunised. There are currently no plans to introduce compulsory immunisation in the UK or to sanction parents who choose not to immunise their child.

The Department of Health encourages parents to immunise their children, as immunisation protects children against diseases which, even today in developed countries, can cause serious long-term ill-health, including mental and/or physical disability, and can even kill.

# Vaccine call after 16 Mumps cases

24th January 2009

<http://news.bbc.co.uk/>

PEOPLE ARE BEING URGED to make sure they have had the MMR vaccination after 16 cases of mumps in Anglesey and Gwynedd in the last month.

The National Public Health Service for Wales (NPHS) says 15 of those affected have been given the recommended two doses of the MMR vaccine.

Ten secondary school pupils in Amlwch on Anglesey are understood to have been sent home with the illness.

GPs in the two areas have been alerted to the problem.

Health officials from Anglesey's Local Health Board (LHB) have sent letters to parents through Ysgol Syr Thomas Jones in Amlwch where pupils have become ill.

All the suspected cases have emerged since 27 December. Anyone in a school or community where mumps cases are reported who have not already been fully immunised with two doses of MMR should be vaccinated immediately.

The health service said it is possible, but not common, to get mumps after being vaccinated with MMR which

protects against measles, mumps and rubella and is given as part of the routine childhood immunisation programme.

Dr Judy Hart, Consultant in Communicable Disease Control, said: "The MMR vaccine is extremely effective in protecting against measles and rubella, with 99% of those who have received two doses protected for many years.

"However, while it is still very effective compared to other vaccines, MMR does not provide such high levels of protection against the mumps infection compared to measles and rubella."

Dr Hart said one dose of MMR protects around 65% of those who receive it against mumps, with a second dose of MMR improving immunity to around 85% of recipients.

"So it is possible to see mumps in individuals who have been vaccinated with MMR, although this is not common," said Dr Hart.

## COUGHS AND SNEEZES

"MMR uptake is very high on Anglesey so most school children are protected.

"However, young people aged 16 and over were too old to have received a routine second dose of MMR before

school entry when it was introduced in 1996.

"They are more likely to be susceptible to mumps and require a second dose now."

Mumps is spread by coughs and sneezes and directly through close personal contact. Symptoms include swelling on the angle of the jaw on one or both sides of the face. Beforehand, there may be several days of symptoms such as fever, headache, tiredness, muscle aches, and loss of appetite.

Anyone with these symptoms is being advised to consult their GP and stay away from school or work until five days after the start of the swelling when they are no longer infectious.

Dr Hart added: "Anyone in a school or community where mumps cases are reported who have not already been fully immunised with two doses of MMR should be vaccinated immediately."

There is no upper age limit for vaccination. The NPHS has issued letters to GPs in Anglesey and Gwynedd to alert them to the increase in suspected mumps.

*Editor: Even if a vaccine could offer protection, why on earth would we try and protect from this ordinary childhood illness??*

## One Mum's Encounter of the 'Medical' Kind

AN INTERESTING THING happened to my son when he was about 3 months old. He developed a chesty wheeze and general bronchial congestion that persisted for about 3 months. It got no better so I decided that perhaps I ought to take him to the doctors so they could have a listen and perhaps get their take on it! The doctor listened and she said to me "That's a bit of asthma. Bring him back if it gets worse and is troubling him". I was shocked as it's not really what I was expecting so I just said "Asthma?" And again, in disbelief "ASTHMA?!" She then, noting my bewildered state, said "well of course I could give you some inhalers if you like". I declined these (emphatically!)

and utterly baffled and concerned with this diagnosis went home determined to look in my homeopathy/herbal books etc.

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"Imagine if I had accepted that diagnosis of Asthma and started my child on inhalers as was offered (!)"  
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Do you know? .... two weeks later he developed a fever (24-36 hour one, burning up like a little radiator) and all I did was maintain a check on his temperature so it didn't go completely through the roof and kept him cool with cold flannels. When he came out

the other side of that fever the lingering respiratory infection had COMPLETELY cleared up and the fever had killed whatever bacteria or virus that was lurking there for all that time. I often relate this to people as it taught me a valuable lesson(s) and reminded me of our bodies own innate ability to heal itself when allowed to.

Imagine if I had accepted that diagnosis of Asthma and started my child on inhalers as was offered (!) and also as is so often the case when a child has a fever the parent is encouraged and advised to give them Calpol to bring the temperature down thereby denying the body the chance to fight using its own natural defences (ie good old fever!). W.G.

# THE MMR VACCINE IS NOT HOLY WATER

DR. SHERRI TENPENNY, DO

February 17, 2009

NewsWithViews.com

FOR NEARLY A DECADE, the British General Medical Council (GMC), the equivalent of a U.S. State Medical Board on steroids, has been taking Dr. Andrew Wakefield to task for daring to suggest that autism could be caused by the measles, mumps and rubella (MMR) vaccine. This week proved that the inquisition continues. The Times UK published a report written by commissioned journalist, Brian Deer, claiming that "confidential medical documents and interviews with witnesses" have established that Andrew Wakefield manipulated patients' data.<sup>[1]</sup> Deer claims that Dr. Wakefield's "misleading and inaccurate" research about the MMR has led to reduced vaccination rates and a resurgence of measles. And while the bickering about the MMR continues, the number of children who have been lost to autism continues to soar.

Before the 1990s, U.K. researchers estimated four to five cases of autism per 10,000 people in their country. By 2006, the number with autism had escalated to 39 per 10,000 and the number with autism spectrum disorder (ASD) stood at 77 per 10,000, making the total prevalence of all types of ASD 116 per 10,000, or one in every 86 children.<sup>[2]</sup> Barely one year later (2007), researchers at the Cambridge University's Autism Research Center in London released a report estimating that one in every 58 children in the U.K. (not just boys) suffers from "some form of autism disorder."<sup>[3]</sup>

The current population of the United Kingdom is estimated to be nearly 61 million.<sup>[4]</sup> One in every 58 equates to 1.7 percent of the population. The reality of that statistic should make one gasp: more than 1,000,000 citizens in the U.K. will become mentally handicapped adults, living on drugs and in group homes to manage their behaviour. In twenty years, more than a million persons will be absent from the ranks of engineers, shop owners, doctors, lawyers,

policemen, firemen and teachers. In addition, a significant portion of the population will be needed to care for adults who will be incapable of self care. Who will pay these costs?

Adults with severe autism could live very long lives. Some may have asthma and others bowel disorders, but unlike children with a true genetic disorder such as Down's syndrome, autistic adults could live well into their 70s or 80s. Who will care for them? Feed them? Bathe them? Who will wipe their bottoms? Persons with severe regressive autism have not lost their health; they have lost their minds.

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*"The United Kingdom is a relatively small country. What will this society look like, with one million autistic adults in its midst?"*

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What if one in 58 children were suddenly going blind or becoming deaf? If vaccines were the suspected cause, would doctors continue to robotically vaccinate and explain away the travesty - - blaming genetics -- then try to fix the problem by increasing the number of seeing-eye dogs and cochlear implants? How much destruction of human life is necessary before the medical profession stops genuflecting to a methodology that should have become a relic of history, similar to bloodletting and skull trephination to release evil spirits? The United Kingdom is a relatively small country. What will this society look like, with one million autistic adults in its midst? Imagine this as the opening scene of a movie, set in 20 years from now in 2029:

...The opening camera shot scans a British street, typical and narrow, bustling with activity. As the camera zooms in, it becomes apparent that something is disturbingly wrong. Dozens of adults with blank stares are wandering aimlessly through the streets flapping and shouting frequent, unintelligible words. Shopkeepers are concerned for their safety as these over-sized, unemployed adults, mostly

men, bang on doors and nearly break windows, searching for food and shelter. Overwhelmed social workers do their best to keep these strong, frightened souls under control but with little success...

This science fiction story may become a reality show in a few short years. But this won't be happening only in the UK. Autism rates across the globe are exploding. While the World Health Organization does not maintain global statistics on the prevalence of autism, reports from individual countries indicate the alarming scope of the problem.

Numerous studies have placed the rate of autism in India at approximately 1 in 500, or nearly 1.7 million autistic persons.<sup>[5]</sup> A report by China Central Television reported at least 1.8 million people (including 400,000 children) have autism in China, a number growing by nearly 20 percent per year.<sup>[6]</sup> Both of these countries have three times the population of the US but we have nearly as many children with autism, nearly 1.5 million.<sup>[7]</sup> Perhaps Dr. Wakefield could see the future as he tried to stop the triple-vaccine jab from ruining the future of not only his country, but the entire world.

The recent decision on February 13, 2009 by the Special Court of Federal Claims, referred to as the "Vaccine Court," perpetuates the travesty and once again defends the MMR as though it were Holy Water in a syringe. The ruling stated that claims connecting the MMR vaccine and autism were "speculative and unpersuasive." More than 1,500 news outlets proclaimed that the MMR did not cause autism. And while the paid mouthpiece of the vaccine industry, Dr Paul Offit of the Children's Hospital of Philadelphia chirped, "It's a great day for science, it's a great day for America's children when the court rules in favour of science," hundreds of children are regressing daily in front of their parent's eyes after a vaccine. How dare our government - and a doctor who took an oath to do no harm -- call them liars?

Several years ago, Dr. Wakefield and I

were speakers at an autism conference in Dallas. On Saturday evening, Andy delivered the keynote speech at a dinner that doubled as a fund raiser for the sponsoring organization. I remember his words, and his stately British accent, as clearly today as the night he spoke them.

He told of his journey from a conventionally trained medical doctor into the world of autism.

Parents implored him to examine their children who had developed autistic tendencies and severe bowel disorders soon after receiving the MMR vaccine. Was there a connection? Colonoscopies were performed and the tissue samples from the each of the children surprisingly contained vaccine-strain measles virus. In 1998, he was the lead author in a paper published in *The Lancet* which concluded, "We did not prove an association between measles, mumps and rubella vaccine and the syndrome described...Further investigations are needed to examine this syndrome and its possible relation to this vaccine."<sup>81</sup>

The personal and professional attacks began shortly after his case report was published. It was impossible to predict that this single, observational paper would lead to years of vile phlegm being spewed at him for the mere suggestion of an association between a vaccine and autism. He concluded his story with a reflection that, had he foreseen the onslaught that was to follow, perhaps he would have treated the children without fanfare and without publishing his findings.

Undeterred by the verbal and legal assaults, his research continued. He told of a time when he hand-delivered well-designed studies to a top Merck executive, imploring him to examine the data that strongly suggested an association between the measles virus and autism. In a follow up conversation with this very senior executive, Dr. Wakefield asked, "Did you bother to read any of those studies I gave you?" The Merck executive flatly replied, "We don't have to."

We don't have to? Does that mean Merck makes the rules about the MMR? Does that mean Merck can deny the research of Dr. Wakefield, and subsequently, many others who have seen a correlation between the MMR and

autism? One thing is certain: The good doctor poked a stick in the eye of an unfriendly giant named Merck. The giant joined forces with his powerful buddies in the Public Health Department and British National Health Service.

Together, they have worked every angle to ensure that Dr. Wakefield's reputation would be destroyed and any connection between the MMR vaccine and autism would be negated. Perhaps it is not a coincidence that the renewed attacks on Dr Wakefield began within days of the Vaccine Court's proclamation that there is no connection between the MMR and autism.

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*"No matter how difficult the road, no matter how serious the consequences. We must fight for these children... because if we put down the flag and surrender when the going gets a little bit tough, who else will do it? Who will dare pick up the torch and carry it forward if we quit? There will be no one...not one. And the next generation of children... and the next... will be forever lost."*  
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At the close of his speech, Dr. Wakefield directly addressed the conference speakers and the activist parents in the room. He chose his words carefully and delivered them with laser focus. He asserted that those who work tirelessly to expose the truth about vaccines are the last hope for seriously ill, vaccine-injured children. "We must continue," he said, "no matter how difficult the road, no matter how serious the consequences. We must fight for these children...because if we put down the flag and surrender when the going gets a little bit tough, who else will do it? Who will dare pick up the torch and carry it forward if we quit? There will be no one...not one. And the next generation of children...and the next...will be forever lost."

The profoundness of his words hung in the air; there was no movement for a very long time. Each person knew, unequivocally, he had spoken truth

directly into the heart. Our resolve was strengthened and united. The future of humanity hangs in the balance. One by one, hands slowly came together. The applause crescendoed to a roaring, well-deserved standing ovation.

That was November, 2003. The dogged determination of many who work tirelessly to expose the damage being done by vaccines is making a difference. The world is waking up because the health problems of our children are no longer anomalies. Parents are questioning the once-size-fits-all vaccination policies dictated by the minions of pharma. They are refusing to inject their precious babies with more than 100 vaccine antigens and measureable amounts of carcinogenic chemicals as a pre-requisite for school.

Moms and dads are standing firm, resisting the pressure from White Coats to vaccinate. They have done their homework and they are not frightened by the so-called "vaccine-preventable diseases."

They are finding caregivers who support their decisions, leaving behind the pediatrician whose primary purpose is to give shots on a schedule decided by medical bureaucrats. Parents are embracing the fact that children can be healthy with plenty of sleep, ample exercise, clean hands, fresh water, good quality food and vitamins.

Whistleblowers and brave hearts are more often executed than honoured for their courage. By refusing to recant his scientific findings to save his license to practice medicine, Dr. Wakefield is facing the tyranny of medical power. Barbara Loe-Fisher, co-founder of the National Vaccine Information Center, described it this way: "The spectacle this British Medical Inquisition is creating for the world to see will have repercussions far beyond the martyrs it will make. People are not stupid and they will not soon forget that medical doctors inside and outside of the British government so feared one man's scientific discovery about vaccination that they felt they had no choice but to destroy him and anyone who stands with him."

Keep up the good work, Andy. Keep going. Your bravery and tenacity is an inspiration for all of us to continue to

warn others of the real culprit behind the global autism epidemic. Thanks to your steadfast determination, parents are wiser and children are healthier. And the fight must go on. To thousands around the world, you are a hero.

And as for the Vaccine Court ruling, this is not the end. In fact, the battle is just heating up. After all, if the government can't tell us the cause of autism, they certainly cannot tell us what doesn't cause it either.

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## Another Autism mystery: The rise in cases

### Awareness and detection have grown over the years, but is that the whole story? It's an issue made timely by insurance debate.

BY MARSHALL ALLEN

Fri, Feb 20, 2009 (2 a.m.)

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

**A**UTISM AND ITS RELATED disorders are confounding parents, health advocates and scientists. And now, state legislators want insurance companies to step in and help.

The disorders are difficult to identify in children because there is no biological test to confirm their presence. Thus, "autism spectrum disorders" emerge as an ominous specter during early childhood years. An autistic child may respond to the sound of a refrigerator, but not his mother's voice. He may stare off into space, but never make eye contact with his sister. His senses may be hypersensitive, to the degree that he throws tantrums around bright lights or loud noises.

Identifying the disorders is complicated by the fact that they share characteristics — often causing an impairment in socialization — but don't share the level of severity. A child with Asperger syndrome may look and sound normal but be unable to recognize social cues, while a severely autistic child may be totally unable to speak.

In hindsight, the signs are clear. But in the course of discovering the problems they are muddled. It can take years before parents realize a child has an autism-related developmental disorder, though experts say it can be

reliably diagnosed by age 3.

Once the disorder is diagnosed, early intervention is essential to ensure a child's development isn't stunted.

Usually this takes the form of occupational and speech therapy that may cost parents tens of thousands of dollars a year out of pocket.

Democrats in the Nevada Assembly introduced a bill this week that would require insurance companies to cover the cost of therapy. Similar legislation has passed in other states. Insurance companies complain that providing autism coverage would increase premiums, which may prompt some employers to stop providing insurance. Autism spectrum disorders have received increased national attention as their diagnosis has increased. When autism was first described, in 1943, it was assumed that it was a low-incidence disorder, and initial studies in the 1960s suggested the disorders affected perhaps five in 10,000 children, said Catherine Rice, director of the Center for Disease Control and Prevention's national center for birth defects and developmental disabilities.

In the early years, however, only severely impaired children were placed in the autism spectrum. As researchers have learned more about the diseases, they have broadened the definition of what qualifies as an autism spectrum disorder — and today studies suggest about one in 150 children have some type of autism spectrum disorder.

So are there more autistic children, or is the broadening definition causing more children to be classified as autistic?

It's impossible to say for sure, Rice said. Awareness of autism is increasing, which leads to more effective identification, but it's also possible that it's increasing. Even with the more inclusive definition, the number of autistic children seems to be on the rise, Rice said.

It's not known what causes autism. Researchers say environmental factors could contribute to the onset of the disorders. Studies have linked autism to air pollutants, pesticides, pet medications and even drugs used in the birthing process, such as Pitocin, Rice said.

"It could be anything from the exposures in our physical surroundings — chemicals around us in homes, clothes, products, medications we take and food we eat," Rice said.

Rice said the recognition that environmental factors play a role in causing autism shows that there is common ground in the debate about whether vaccines play a role in the disorders.

"The debate has been more polarizing than it is in reality," Rice said. "Hopefully there is common ground in recognizing that autism is more complex. It's not going to be solely explained by biology or genetics or a single environmental cause."

# Fluoride – some facts you may not know

HELEN JARVIS

28th January 2009

**O**UR GOVERNMENT proposes that many more areas of the UK will have fluoridated water in the near future. The reason given is that this will help prevent decay in children in deprived areas who don't brush their teeth or eat properly. About 10% of the UK is currently fluoridated. These areas, such as Birmingham and Tyneside (and incidentally also Southern Ireland) now have almost half of children and teenagers with some degree of dental fluorosis, manifest, at its worst, as a disfiguring and irreversible deformity in the enamel of teeth.

We are told that tooth decay has decreased in Birmingham since fluoridation, but dental services, and money spent on them there have increased considerably. Recently Bill Osmunson in the USA has shown that money spent correlates with levels of decay but the extent of fluoridation has no effect at all.

Ninety-eight per cent of the rest of Europe has rejected fluoridation as unethical, uneconomic, ineffective, and some have made it illegal; they do not have worse teeth than we do. To medicate the whole population, without being able to allow for individual circumstances, or to control the dose, is outrageous, and against all medical ethics.

There are many sources of fluoride an individual may be exposed to such as

beverages, toothpaste, dental products, medicines, and industrial air-pollution.

It is generally agreed that the effect of fluoride on teeth is mainly topical, not systemic.

.....  
*"The fluoride in one tube  
of toothpaste is enough  
to kill a small child."*  
.....

Fluoridated drinking water may delay caries to some extent, but nearly all caries occurs today in occluded sites and fissures that are unaffected by it. 95% of our water is not ingested but will end up polluting farm land and the aquatic environment.

The fluoride used in fluoridation is not the same as the calcium fluoride which occurs naturally in water. It is poisonous industrial waste, usually hexafluorosilicic acid. America has had relatively frequent crises with spillages of fluoride in transit, and they have enough sense to label toothpaste with an emergency poison number which we do not. The fluoride in one tube of toothpaste is enough to kill a small child. The American Dental Association has warned its members not to recommend the use of fluoridated water to mix baby milk formula. The mixture would contain 200 times more fluoride than breast milk. Fluoride is suspected of causing many developmental and health problems in babies, including avoidable deaths.

As problems emerge, some American communities are giving up fluoridation

which they formerly embraced so enthusiastically. One study (Bassin 2006) showed that boys who drank fluoridated water in childhood had a seven times greater risk of osteosarcoma (a bone cancer) during their teens. This piece of research was allegedly suppressed for 2 years by a professor who happens to be closely associated with Colgate.

Fluoride is known to cause infertility, abnormal bone formation; depression of thyroid function; and neurotoxicity; and is associated with decreased IQ in children. It is cumulative, building up in the skeleton over years. Additionally, there are numerous recorded incidents of both humans and animals suffering general malaise such as joint pains, headaches, chronic fatigue, gastric disorders etc, which stopped when fluoride was removed.

The government glibly suggests that those who object to fluoride in their water can use a water filter. This is far from easy. Ordinary water filters removing chlorine, lead, etc, do not remove fluoride. Reverse osmosis may work but is expensive and wastes water. Distillation could be a solution but is extravagant of energy.

*Our polluted environment already causes so many health problems; not only does it seem insane to add to it, but it is appalling to take away our freedom of choice and to deny us the use of an optimally wholesome water supply which is a vital part of our ability to keep ourselves healthy.*

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## Help Prevent Mass Medication

**U**RGENT! Our government is determined to fluoridate the UK water supply with fluorosilicic acid – an industrial waste product. Mass medication is against human rights and medical ethics. Adding fluoride to the water supply has been rejected by almost all European countries. The entire food chain will be polluted with fluoride (which contains heavy metals). Many studies around the world have

connected fluoride with cancer and other serious conditions. The American Dental Association has warned that baby milk formula should not be mixed with fluoridated water. Fluoride – unethical, uneconomic, ineffective (and some have made it illegal).

*For more information, go to*  
[www.npwa.org.uk](http://www.npwa.org.uk), [www.fluoridealert.org](http://www.fluoridealert.org),  
[www.ukcaf.org](http://www.ukcaf.org).

### WHAT CAN YOU DO?

- CONTACT your local town, borough and county councillors.
- CHECK out local primary care trust and strategic health authority meetings and minutes of meetings on the internet.
- WRITE to local councillors, MPs and prospective candidates expressing your opposition to mass medication.
- JOIN or form a local opposition group (some listed on NPWA website)
- INFORM your water company chairman

# Spain Withdraws Gardasil After Illnesses

## DR. MERCOLA'S COMMENTS:

SINCE ITS LAUNCH IN 2006, 40 million doses of the Gardasil vaccine have been distributed worldwide, amidst a rash of side effects and complaints. At least Spanish health authorities were quick to act this time, when two girls became seriously ill just hours after receiving the shot.

In response, close to 76,000 doses of Gardasil were withdrawn from the market, all of them part of batch NH52670. Unfortunately, this is not a move to pull the vaccine from the market entirely; only use of shots from this particular batch has been suspended.

I don't know what more health officials from all over the world could be waiting for to let them know how potentially dangerous this vaccine actually is.

Over 10,000 adverse reactions, including 29 deaths, have been reported to the Vaccine Adverse Event Reporting System (VAERS) in relation to Gardasil -- and that is just from the United States.

Although Merck, which manufactures Gardasil, has reported a 16 percent decline in quarterly sales of the vaccine, and said it expects sales this year to be lower than expected, a massive campaign is still underway urging young girls to get vaccinated and become "one less" victim to cervical cancer.

This is going on in many parts of the world, including in Sweden, which recently announced all primary school girls will be able to be vaccinated with Gardasil for free starting in 2010.

Merck has also been pushing for an expansion of uses for Gardasil. In the U.S., the vaccine can also be promoted to prevent two rare vaginal and vulvar cancers, and Merck just recently filed for FDA approval to use Gardasil for boys!

## WHAT TYPES OF RISKS DOES GARDASIL POSE?

Side effects including paralysis and death have been reported in relation to

Gardasil, among many, many others. Yet, on October 21, 2008 the Centers for Disease Control (CDC) in association with the FDA released a report alleging that the vast majority, or even ALL, of the 10,000+ adverse reactions reported are not related to the vaccine. Therefore, they say, Gardasil is safe.

How did they come to this conclusion? Only the investigators know, and the information is not being made public so independent researchers can make their own decisions.

*"Even the National Cancer Institute says: "It is important to note, however, that the great majority of high-risk HPV infections go away on their own and do not cause cancer."*

Well, the National Vaccine Information Center (NVIC), which was co-founded by Barbara Loe Fisher, one of the top vaccine experts in the world, is now calling for the CDC and FDA to publicly release the study design, data, and names of principal investigators involved.

To not properly evaluate the risks of Gardasil, they say, is "a callous disregard for human life." As Fisher said:

"Parents of young girls and women cut down in their prime, some of them paralyzed or dead within hours or days of getting Gardasil vaccine, deserve better answers than a whitewashing of this vaccine's very serious side effects."

On NVIC's Web site, you can read several stories of women and girls who have been seriously injured, and in some cases died, shortly after receiving this vaccine, including:

- CHRISTINA TARSELL, a 21-year-old college student majoring in studio arts at Bard College, who died suddenly and without explanation shortly after receiving the third Gardasil shot in June 2008.

- GABRIELLE, a 15-year-old former gymnast and cheerleader who can no

longer attend school and is suffering from severe headaches, heart problems and seizures since getting the vaccine. She has been diagnosed with Inflammation of the Central Nervous System as a result of a Gardasil vaccine reaction, and her condition continues to deteriorate.

- MEGAN, a 20-year-old college student who died suddenly, without explanation, about one month after receiving her third Gardasil shot. No cause of death was found.

- ASHLEY, a 16-year-old who became chronically ill after receiving Gardasil, and now suffers regular life-threatening episodes of seizure-like activity, difficulty breathing, back spasms, paralysis, dehydration, memory loss and tremors.

Sadly, Merck only studied the Gardasil vaccine in fewer than 1,200 girls under 16 prior to it being released to the market, and most of the serious side effects that occurred during the pre-licensure clinical trials were merely called a "coincidence."

It is beyond me how that explanation can hold water, considering all the bad press coming out about this vaccine. NVIC has been following the risks of Gardasil closely, and just released a new analysis comparing the vaccine to another for meningitis (Menactra). They found, compared to Menactra, Gardasil was associated with:

- AT LEAST TWICE as many emergency room visit reports (5,021)
- FOUR TIMES as many death reports (29)
- SEVEN TIMES as many disabled reports (261)
- THREE TO SIX times more fainting reports

Further, there have been a dizzying array of reactions reported among girls who received Gardasil alone, without any other vaccines, such as:

- 34 Reports of Thrombosis
- 27 Reports of Lupus
- 23 Reports of Blood Clots
- 16 Reports of Stroke
- 11 Reports of Vasculitis
- 544 Reports of Seizures

On top of this, in the VAERS database there are 467 "rechallenge" reports, which involve cases where there was a worsening of symptoms after a repeated vaccination, and nearly 60 percent of them are for Gardasil!

### WHAT MAKES THE GARDASIL VACCINE EVEN MORE OF A RIP-OFF?

It's intended to prevent a virus (human papilloma virus, or HPV) your body can clear up on its own, and does so more than 90 percent of the time!

At least 50 percent of sexually active men and women acquire genital HPV infection at some point in their lives, according to the National Prevention Information Network (NPIN). Most

often, the infection causes no symptoms at all, and is easily cleared up by your immune system. In some cases the infection can result in genital warts, and much less often, cervical and other genital cancers.

Even the National Cancer Institute says: "It is important to note, however, that the great majority of high-risk HPV infections go away on their own and do not cause cancer."

So while Merck would like you to hear that 6 million women contract HPV annually, they do not tell you most of those cases are harmless. Cervical cancer actually claims less than 3,900 women a year, most of which are due to not getting regular Pap smears.

You should also know that Gardasil

does not protect against all types of HPV, and you can still get cervical cancer even if you've been vaccinated. As the CDC states:

"About 30% of cervical cancers will not be prevented by the vaccine."

What this all boils down to is that Gardasil is largely ineffective, potentially very dangerous and a major waste of money.

*If you are a parent considering the Gardasil vaccine for your daughter, you would likely be far better off teaching her how to keep her immune system strong and healthy and discussing the realities of sexually transmitted diseases and how to avoid them than having her injected with this worthless vaccine.*

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## Spain Withdraws HPV Vaccine Gardasil after Two Hospitalizations

February 10, 2009

<http://chetday.com/spaingardasil.htm>

**M**ADRID (AFP) – Spanish health authorities have withdrawn tens of thousands of doses of a vaccine against cervical cancer after two teenagers who received the shots were hospitalised, regional authorities said on Tuesday.

A batch of nearly 76,000 doses of the human papillomavirus vaccine (HPV) was withdrawn from market, a government statement said, after two girls in the eastern Valencia region fell seriously ill hours after receiving them.

"One of the girls got out of intensive care this weekend and the other is still there. Both are in stable condition," a Valencia health department

spokeswoman told AFP. The two girls were vaccinated last week as part of a vast government vaccination programme targeting adolescents.

The vaccine prevents the most common types of HPV, a common virus spread through sexual contact that can cause cervical cancer.

Some 500,000 cases of cervical cancer are discovered each year, according to United Nations estimates, many in developing countries. If left untreated, invasive cervical cancer is almost always fatal.

Spanish health authorities said in a statement the batch of the Gardasil brand of vaccines was distributed country-wide, with some earmarked for regional vaccination programs and the rest sold at pharmacies.

**UPDATE: 18 FEBRUARY 2009**

*Gardasil now back in Spanish pediatrician's arsenals:*

*<http://www.reuters.com/>*

*MADRID, Feb 16 (Reuters) - The Spanish region of Valencia has resumed cervical cancer vaccinations using Merck & Co's (MRK.N) Gardasil, a spokeswoman for Valencia's health authority said on Monday.*

*Use of the vaccine was halted last Monday when two girls fell ill after receiving injections from the same batch of the drug.*

*"The batch which the sick girls received is still suspended and being investigated, but injections from other batches of Gardasil resumed today," the spokeswoman said.*

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## Sri Lankan student dies after vaccination

COLOMBO, (XINHUA)

[www.chinaview.cn](http://www.chinaview.cn)

20/3/09

**A** 12-YEAR-OLD female student of a leading school in the Southern Province of Sri Lanka died on Friday morning after some 27 students were hospitalized following vaccination against Rubella on Thursday.

Students of St. Thomas' Girls School in Matara, about 160 km south of the capital Colombo were admitted immediately after they were given Rubella vaccine.

H. B. Wanninayake, a Health Ministry official in Colombo said one of the girls died Friday morning.

Health officials in Matara had given vaccine to about 300 students after which some students had fallen ill and were

admitted to the hospital. The hospitalized students were given artificial respiration while their blood samples were taken to Medical Research Institute for tests. Palitha Maheepala of the Health Ministry said further investigations would be conducted by the Health officials about the incident following a directive by Health Minister Nimal Siripala de Silva.

# HPV VACCINE - Taking leave of our senses?

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

**W**HAT IS REALLY SURPRISING me at the moment, is the number of parents of small babies who are asking me about the HPV or 'Cervical Cancer' vaccine.

At a lecture I gave recently, the number one topic at question time was the HPV vaccine.

I am amazed that a vaccine that has so little relevance to infants and children is generating such curiosity in their parents.

Having spent a considerable amount of time over the last 15 years researching into the diseases against which we vaccinate babies and children and their vaccines, and having investigated some of the diseases of the last two centuries – diphtheria, paralytic polio, tetanus, tuberculosis – and the reasons for their decline in incidence and possibly virulence; by the time we get to some of the latest vaccines that have been tacked onto childhood schedule here and abroad, I begin to start suffering from 'antigen overload' myself, never mind the babies!

I can understand the large degree of anxiety that surrounds the 'major league' diseases and their vaccines, but by the time we get on to the pneumococcal, chicken pox and 'flu vaccine, I begin to wonder when it is that people will begin to ask themselves how they can be so terrified about diseases that they have mostly never even heard of, for example, pneumococcus, never knew that children got, for example, 'flu, or would be taken by their parents deliberately to try to catch, for example, chicken pox, and in my day, measles, mumps and rubella! How is it that parents themselves have managed not only to reach adulthood but to reproduce successfully, without being vaccinated with any of these vaccines, that they now feel terrified that their children won't manage to do the same?

I also never cease to be amazed by the medical profession: will there ever be a



*Dr Jayne L.M. Donegan*

*“How is it that parents themselves have managed not only to reach adulthood but to reproduce successfully, without being vaccinated with any of these vaccines, that they now feel terrified that their children won't manage to do the same?”*

time when they say, “Enough! This is ridiculous!” instead of meekly implementing whatever new vaccination program the Department of Health imposes upon them like a flock of sheep ('herd' immunity?), having left their cognitive faculties at home.

Then the Human Papilloma Virus (HPV) Vaccine is introduced and I wonder if anyone has any sense of proportion left at all.

**WHAT DO I THINK OF THE HPV VACCINE? WELL, IT ALWAYS HELPS TO HAVE SOME 'FACTS' SO HERE THEY ARE:**

- HPV is a small DNA virus
- IT ONLY infects humans
- INFECTION with HPV cause warts, verrucas, flat warts, papillomas on the vocal cords, genital warts and is associated with cervical cancer
- THERE ARE more than 100 types so far identified
- 30-40 OF THESE infect the genital area of men and women
- DEATHS from cervical cancer have been decreasing in a linear fashion in the UK since the 1970s thanks to the

cervical screening programme, even though the incidence of genital warts has been going up over the same period in both men and women

- CERVICAL CANCER is a sexually transmitted disease – if you don't have sex, ever, you won't get it.
- THE COMMONEST types of HPV associated with cervical cancer are: 16, 18 (comprising about 70%), 45, 31, 33, 35, 39, 45, 51, 52, 58, 59, 66
- THE COMMONEST types associated with genital warts are 6 and 11 (comprising about 90% of cases)
- AT LEAST HALF of all sexually active women acquire genital HPV in their lives
- APPROXIMATELY 70% of new infections clear within one year, 91% within 2 years, most clearance is in the first 6 months
- THE ONES THAT DON'T CLEAR are the most important predictors of cervical epithelial changes (which can be detected with the cervical screening programme and treated)
- RISK FACTORS associated for HPV in WOMEN: Early age at first sexual intercourse, multiple partners, partner having multiple partners, smoking, use of hormonal contraceptives, inconsistent condom use, immune factors (not specified)
- RISK FACTORS associated for HPV in MEN: many of same factors and lack of circumcision, immune factors (not specified)
- AMIDST ALL THESE FACTS it should be noted that: There are no culture methods for HPV: detection of viral DNA is used to measure infection so transmission studies are difficult.
- There is no routine testing of HPV infection so there is limited prevalence or incidence data.
- There is no reporting of HPV infection or HPV associated conditions so there limited surveillance data to assess the impact of interventions.
- HPV infection or HPV associated conditions are not always associated with antibody detection so there is no reliable marker of current infection

## HPV VACCINES CURRENTLY AVAILABLE:

Gardasil (USA) contains antigens for four of HPV: 6, 11, 16, 18. Short term studies (less than 4 years) in 16-26 year olds looked at presence of HPV virus to indicate efficacy. Trials in 10-15 year olds, also short term only looked at the persistence of vaccine antibodies to the vaccine to indicate 'protection'.

Specific studies on adverse effects were for 30 days post injection.

Cervarix (UK) contains antigens for two types of HPV:16, 18. Studies in 15-25 year olds looked at presence of HPV virus to indicate efficacy. Trials in 10-14 year olds again, used presence of vaccine antibodies as a measure of 'protection'. As the manufacturer put it, "On the basis of these immunogenicity data, the efficacy of Cervarix is inferred" this is not the same as the vaccine actually making you immune.

It is interesting that infection with the virus itself often results in no antibody formation but injection with the vaccine results in high levels, especially in the under 15 year olds.

## ARE THESE VACCINES WORTH HAVING?

Points to consider:

- THE VIRUS in all its types is very common, most sexually active women are exposed to it at some time in their life, and most men; most people clear the infection. There are two types of HPV particularly associated with cervical carcinoma; 16 and 18, but many more women infected with these types don't get cervical cancer, and many of the women with cervical cancer are infected with other types that are not in the vaccine.
- VACCINATION with a few 'types' of an organism can produce a selection pressure for previously non harmful types to 'fill the gap'. This has certainly happened with Hib vaccination.
- THERE ARE OTHER FACTORS than HPV infection associated with cervical cancer – as detailed above. You could try to avoid early age at first sexual intercourse, which is a good idea from an emotional point of view anyway, and smoking. You could use condoms and make sure you have regular cervical screening. 'Immune

factors' are mentioned but not specified. Boost your immune system by a good diet, fresh air and an optimistic outlook.

- HPV VACCINATION, like any other vaccination, exposes the recipient to a different virus to what they would meet naturally along with other compounds (aluminium), in a different dose at a different age, via a different route – bypassing all the body's natural barriers and non specific protective immune mechanisms – in a formulation specifically designed to provoke a large antibody response. All of these factors can cause problems in the long and short term.

.....  
*"It is interesting that infection with the virus itself often results in no antibody formation but injection with the vaccine results in high levels, especially in the under 15 year olds."*  
.....

- AS USUAL, there is no idea of the prevalence of the disease before the vaccine was introduced (as with mumps and rubella) so there is no reliable way of knowing what impact it is making.
- AS USUAL ALSO, there are no long term follow up studies. The transition from infection to cervical cancer, if it occurs at all, is typically decades. Who knows what changes this vaccine, made with 'virus-like particles produced in yeast cells', will produce in the human body in the future, in terms of susceptibility to oncogenesis (tumour formation)and, most particularly, what effect it will have on fertility.
- IN A BRILLIANT PIECE of marketing strategy the recent high level publicity about the illness and death of Jade Goody (RIP), which has brought cervical cancer right to the forefront of the public consciousness, has been at exactly the same time that the Government has been launching its HPV mass vaccination campaign? No-one used to be anxious about HPV, now lots of people are: another nail in the coffin of the immune system.  
I would never consider having myself or my daughters vaccinated with this vaccine - and nor would they.

We would prefer to take our chances with the good old wild virus in all of its forms any day.

© Dr Jayne LM Donegan 2009  
MBBS DRCOG DCH DFFPRHC  
MRCGP MFHom  
April 2009

## REFERENCES AND USEFUL RESOURCES

*(please do look them up, they are very informative):*

*Powerpoint presentations by Margaret Stanley of the Department of Pathology in Cambridge*

[www.immunisation.nhs.uk/files/HPV\\_diseases\\_epidemiology.pdf](http://www.immunisation.nhs.uk/files/HPV_diseases_epidemiology.pdf)

*Centres for Disease Control USA Fact Sheet 2004*

[www.cdc.gov/std/HPV/hpv.pdf](http://www.cdc.gov/std/HPV/hpv.pdf)

*and Eileen Dunne MD MPH, Division of STD prevention CDC (Feb 2006)*

[www.advisorybodies.doh.gov.uk/JCVI/foi-HPVsubgrouppapers0707-ACIPepidemiology.pdf](http://www.advisorybodies.doh.gov.uk/JCVI/foi-HPVsubgrouppapers0707-ACIPepidemiology.pdf)

[www.advisorybodies.doh.gov.uk/JCVI/foi-HPVsubgrouppapers0707-ACIPepidemiology.pdf](http://www.advisorybodies.doh.gov.uk/JCVI/foi-HPVsubgrouppapers0707-ACIPepidemiology.pdf)

*Product information Sheets for: Gardasil (Sanofi Pasteur MSD Limited)*

<http://emc.medicines.org.uk/medicine/19016/SPC/GARDASIL/>

Cervarix (GlaxoSmithKline UK)

<http://emc.medicines.org.uk/medicine/20204/SPC/Cervarix/>

*Cancer Research UK Cervical Cancer*

<http://info.cancerresearchuk.org/cancerstats/types/cervix/mortality/>

*To book a telephone or in person consultation to discuss health or vaccination issues, or if you would be interested in hosting a lecture or workshop in your area, please call:*

*Tel/Fax: 0044 (0)20 8632 1634*

*(and leave a clear message)*

*or email:*

*[jaynelmdonegan@yaboo.com](mailto:jaynelmdonegan@yaboo.com)*

# Vaccines with aborted foetal tissue will kill more than just the baby. How the FDA is knowingly injecting people with Cancer

BY JOANNA KARPASEA JONES

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

I WAS RECENTLY CONTACTED by a doctor who had only just discovered that certain vaccines contain human foetal tissue, after she had accidentally stumbled across an article on the Catholic Medical Association's website. She was horrified, and wrote: *'I am a doctor, but have to admit I only recently came across the fact that some vaccines are made using foetal cell lines. My daughter is due her first vaccines next week. When I explained to my GP and asked which vaccine they would be using so I can check it is OK first, she was also surprised. She has been in practise for a long time and like me, had never heard anything about the use of foetal cell lines in vaccines. We looked it up in the BNF, but this does not give any information on cell lines and so I was very grateful to come across your comprehensive and clear web-site.*

*I find that many health care workers only pay lip service to informed consent and really mean 'you couldn't possibly understand properly, otherwise you would follow the guidelines and do what I'm telling you to do'.*

I find that if you don't fall into line at best they treat you as eccentric and at worst, dangerous. I have come across this bullying mentality even though I am a doctor working within the profession.'

It is a common misconception even by people who don't vaccinate, that the foetal tissue used in vaccines was from the 1960's and no new tissue has been used, but this is actually incorrect. As this doctor found out, new cell lines are being developed all the time, and the latest one, named PER.C6, was formulated in 1995, using the retina's of two unborn babies and is being used in flu and rabies vaccines, as well as experimental malaria vaccines, HIV vaccines and the new TB vaccine that they are trying to create because the old one didn't work.

When I shared this information with a non-vaccinating friend, she asked how I knew the PER.C6 cell line was from



Joanna Karpasea-Jones

babies? Could it be from donated retinas from people on the organ donor register? So I directed her to the FDA website and their meeting minutes for the Vaccines And Related Biological Products Advisory Committee (VRBPAC), held on May 16th, 2001, where it states on page 77, that:

*'The PER.C6 cell line was made by Ron Beut and Frits Fallaux in 1995 from embryonic retina cultures that were made from fetal tissue.'* ([www.fda.gov/ohrms/dockets/ac/01/transcripts/3750t1\\_01.pdf](http://www.fda.gov/ohrms/dockets/ac/01/transcripts/3750t1_01.pdf)).

While I was surfing the FDA website, reading very interesting letters from pharmacist's, decrying the use of foetal tissue in vaccines, I came across some more meeting minutes of the VRBPAC, regarding flu vaccine made with the PER.C6 cell line, and how culturing the virus on foetal tissue actually causes cancer to develop. What's more, they were still going to inject this cancer-causing agent into people, but because it was the first time that they would inject a live virus vaccine into a person when they knew it could cause cancer, they would have to discuss it with the committee – hence the meeting.

I've been researching vaccines for 14 years and I know about SV40, a simian virus that contaminated the polio vaccine. I know that sometimes cancer can develop as a consequence of vaccination, but I assumed all these cases were accidental. To read an FDA document in which officials openly

discuss injecting cancer-causing vaccines, shocked me to the core. Just who are these people who profess to be in charge of our health?

## FOETAL CELL LINE FLU VACCINES CAUSE TUMOURS IN MICE, BUT THAT DOESN'T MATTER, YOU CAN STILL GET YOUR FLU SHOT

'The new cell line was the PER.C6 cell line, which was established in the Netherlands from fetal retinoblasts. It was found that PER.C6 cells were weakly tumorigenic, forming tumors at 107 cells per nude mouse, a level similar to that found with 293 cells.

Because the use of PER.C6 cells for vaccine manufacture would be the first time a live viral vaccine produced in a tumorigenic cell substrate would be permitted by CBER to be used in humans, OVRB brought this topic to the Committee for their consideration.

While adventitious agents and residual cell-substrate DNA are potential concerns with all novel cell substrates, there may be a heightened concern when the cell substrate is tumorigenic or derived from a tumor. The potential risk of adventitious agent contamination (including TSE contamination, since PER.C6 cells are neural derived), residual cell-substrate DNA, and whole cells were discussed.'

After discussing their tumourigenic vaccines, they attempted to make it seem morally acceptable to inject people with cancer, by coming up with theories that 'mitigate concern about these cells' and how to reduce the risk of vaccine recipients getting cancer from the shot:

'The Committee also discussed the importance of minimizing steps toward oncogenesis in vaccine recipients (such as initiating events), even when oncogenesis was not a direct outcome of vaccine components. The main safety concerns with the use of tumorigenic cells are the potential presence of adventitious agents, particularly of unrecognized oncogenic viruses, and the amount and the form of the residual DNA present per vaccine dose.

Dr. Andrew Lewis then stated: 'For over 40 years, there was a proscription on the use of tumorigenic cells for vaccine production due to concerns that products manufactured in these types of cells could transfer cancer to a vaccine recipient. Whether or not these concerns are scientifically justified cannot yet be determined. Nevertheless, there is a recognized perception that the use of neoplastic cell substrates for vaccine manufacture poses risks for vaccine safety, and these risks are enhanced the more tumorigenic the production cells are.'

They are fully aware that vaccine cells cause cancer, and the risks to the recipient are greater if the amount of cancer cells are greater in tests – yet they still think it's okay to inject into the public, while

saying they are 'safe and effective'?

I would have thought ensuring vaccine safety would mean removing any agent capable of causing tumours, but no. The FDA's idea of improving vaccine safety is to leave the agent in there and simply extend the testing period.

'OVR is currently recommending testing of multiple doses of cells (107, 105, 103, and 101) in adult nude mice, extending the observation period of the test animals up to 4 to 5 months, and identifying the species of the cells forming the tumors.'

Their conclusions? 'We think it's perfectly okay to inject people with highly cancerous vaccines.'

'The introduction of highly tumorigenic cells to influenza vaccine

manufacture could yield significant benefits. Although there is a perception that highly tumorigenic cells may carry greater risks than less tumorigenic cells, we are proposing that such risks can be mitigated by careful testing of the cells.'

(Background Summary for the November 16, 2005, VRBPAC Meeting: Use of MDCK Cells for Manufacture of Inactivated Influenza Vaccines).

After reading this document I concluded that the FDA, in my opinion, appears to be a criminal organisation that knowingly risks people's lives. How many people would choose to get the new flu vaccine if they knew that not only was it made with aborted tissue, but that it could also kill them? I know I would not be queuing up to get my shot!

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## Research Scientists Battle Dangerous Acidic Vaccines

Feb 18 2009

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

**D**R. SHIV CHOPRA, as a vaccine and drug regulator for Health Canada for nearly forty years, evaluated every red-hot topic in public health. He tried, sometimes successfully, to protect the public from ineffective and harmful vaccines, genetically modified foods, pesticides, carcinogenic antibiotics and hormones used in food-producing animals, and agricultural practices that promote Mad Cow Acid Dis-ease.

Unsurprisingly, he was fired from Health Canada in 2004 for "insubordination" in other words, refusing to bow to corporate and government pressure to give a pass to unsafe substances. Dr. Chopra has now written a book, *Corrupt to the Core*, about his decades of struggle to have the law recognized as being above political policy.

Chopra observes that despite vaccinations, some childhood dis-eases are appearing with increasing frequency in the very populations that have been vaccinated for several generations. He finds it alarming that "the list of vaccines being administered to young children has been enlarged to include many more viral and bacterial infections with little or no scientific rationale."

The U.S. Center for Disease Control

continues to argue that 36,000 people die annually of the flu, even though available statistics show that the true number is less than 100. Meanwhile, current research has shown that merely increasing vitamin D levels reduces the incidence of the flu by more than 70 percent.

Vaccination programs whose scientific basis is so flawed as to border on the absurd include Tamiflu, which has been discontinued in Japan because of so many deaths from sudden serious psychiatric disorders, and Gardasil, which during the first year of its use has resulted in more than 3,500 adverse events, more than any vaccine in history. Gardasil contains a whopping 675 micrograms of toxic aluminium, and one of the scientists who developed it, Diane M. Harper, warned that the vaccine had never been tested on young girls before it was released for widespread use by them.

Perhaps the worst is MMR, which supposedly provides immunity against measles, mumps, and rubella. More than 4,900 U.S. families have filed lawsuits after their children became autistic within days of getting this shot.

A second area of concern in Dr. Chopra's career was bacterial antibiotic resistance, which is wholly avoidable and caused solely by use of antibiotics in food-producing animals and the reckless over-prescribing habits of doctors. There are currently entire

classes of antibiotics that should not even be on the market; Dr. Chopra fought vigorously and unsuccessfully to keep Baytril and Revelor-H off the market. They were finally banned more than a decade after his warnings because of the undeniable harm they cause. According to Dr. Robert O. Young, a research scientist at the pH Miracle Living Center, "taking a vaccine or an antibiotic of any kind will only prove that you can poison yourself and then hopefully live through the experience. There is no such thing as a safe or effective vaccine. All vaccines and antibiotic are highly acidic and have the potential to make one very sick and very tired. True immunity can only be found by maintaining the alkaline design of the body fluids with an alkaline lifestyle and diet.

This is the best way to protect oneself from an over-acidification of the blood and tissues due to an inverted way of living, eating and thinking that leads to ALL sickness and dis-ease." To learn more about the dangerous acidic effects of vaccines and antibiotics read, "Sick and Tired" and "A Second Thought About Vaccines" by Dr. Robert and Shelley Young.

[www.phmiracleliving.com/books.htm](http://www.phmiracleliving.com/books.htm)

Sources:

*Vitality Magazine April 2008*

*Sick and Tired*

*A Second Thought About Vaccines and the HIV/AIDS Hypothesis*

# IF THE 'JUST SAY NO' CAMPAIGN IS NOT WORKING WITH YOUR FRIENDS THEN TRY THE 'IF YOU MUST - DO IT SAFELY'

BY ANNA WATSON

annawatson66@hotmail.co.uk

**B**EING AWARE OF THE RISKS of any medical procedure or medication is critical in decision making, planning and implementing. One size does not fit all and each individual case should be considered as such, and I believe that parents and doctors should be far more vigilant when it comes to vaccine safety. However, in the world of mass vaccines, such individual 'luxury' is not politically afforded. Nothing it seems, even safety procedures and studies, can be allowed to slow down the wheel of vaccine 'success'.

Former Director of the Public Health Lab Service, Sir Graham S. Wilson MD, who wrote *The Hazards of Mass Immunization* in 1967, states "Vaccination is far too often employed... to avoid the tedious, troublesome and sometimes expensive process of improving personal and environmental hygiene. An allergic history... current treatments... and general state of health and nutrition - should all be taken into consideration before a person is inoculated... but this is not possible under the conditions of mass immunization"

In the aim of eradication of measles, for example, the means of 'Do no harm' is over- ridden and the Mass Vaccination Policy is implemented at the expense of perhaps longer term health aims. Has the health of the unvaccinated ever been compared to the vaccinated? No. Yet the risk of a healthy child dying from Measles is zero.

From the years of 1998 – 2007, the risk of any unimmunized child dying from ACUTE measles was as follows: immunodeficient children = one per 14,182 cases of measles; healthy normal children = 0 out of 28,364. [www.whale.to/v/measles\\_deaths.html](http://www.whale.to/v/measles_deaths.html)

When recently "thousands of patients contracted fatal infections from contaminated blood because



Anna Watson

*"In the aim of eradication of measles, for example, the means of 'Do no harm' is over- ridden and the Mass Vaccination Policy is implemented at the expense of perhaps longer term health aims."*

commercial interests took priority... and official bodies delayed... and 2,000 people died", can we expect the same commercial / political conflicts with vaccine safety?

[www.dailymail.co.uk/news/article-1152740/Call-damages-relatives-2-000-victims-NHS-infected-blood-scandal.html](http://www.dailymail.co.uk/news/article-1152740/Call-damages-relatives-2-000-victims-NHS-infected-blood-scandal.html)

Martin Walker explains, "The new corporate science lobby groups, of which ex-Revolutionary Communist Party member Dr. Michael Fitzpatrick is so closely involved, (like Sense in Science) all have one basic strategy: The objective of gaining control of public forums and a total anathema to disputation. Corporate science is embedded in the State and any who question science policy, including scientists themselves, are considered subversive". (*Extract from Brave New World of Zero Risk, chapter on Micheal Fitzpatrick, reprinted on The One Click site*).

Micheal Fitzpatrick, GP, whose son

is severely Autistic, believes in the vaccine program. His political view is that the common man cannot question science and if science is in the interest of the masses then one should accept any side effects and adverse reactions which may result ... "individual choice cannot be reconciled with a mass childhood immunisation programme." [www.timesonline.co.uk/tol/comment/columnists/guest\\_contributors/article2364350.ece](http://www.timesonline.co.uk/tol/comment/columnists/guest_contributors/article2364350.ece)

However, as a doctor, Mr Fitzpatrick must be aware of risk management. It is the duty of all health care professionals to assume their own responsibility, as far as is possible, and not just to adhere to the bare minimum required by the Government.

"An essential feature of Risk Management, within clinical governance, is that individual practitioners assume responsibility for their part in reducing and eliminating risk.

The overall aim is to improve the quality of care, by identifying and reducing risks that might result in damage to a patient or health care professional, or result in complaints and litigation." (*Audit and risk management in community child health, Archives of Disease in Childhood 2002;87:87-90*) <http://adc.bmj.com/cgi/content/extract/87/2/87>

If the Department of Health will not entertain proper long term safety studies into vaccines and the doctors will not assume some responsibility of vaccine risks (hey they rarely even offer the insert), then parents should do their own homework. And if after your journey you still want to vaccinate, then at least try to reduce the risks associated...

What follows here is a 'work in progress' which starts to address areas where risks involved with vaccinating may be reduced and, at the same time, makes the choice to vaccinate a more informed one.

## REDUCING THE RISKS OF ADVERSE REACTIONS IN VACCINES

### 'CURRENT' MEDICALLY APPROVED ADVICE

#### 1. DO NOT GIVE ANY VACCINE IF YOU ARE

##### IMMUNOCOMPROMISED.

Severely immunocompromised persons should not be given vaccines especially live vaccines. This includes persons with a variety of conditions, including congenital immunodeficiency, AIDS, leukaemia, lymphoma, generalized malignancy, or those undergoing immunosuppressive therapy or taking large doses of steroids. (New England Journal of Medicine published in 1984 showed that tetanus booster injections result in the same derangement of T4 and T8 cells as seen in AIDS patients, [www.whale.to/a/tetanus.html](http://www.whale.to/a/tetanus.html))

#### 2. DO NOT GIVE ANY VACCINE IF SEVERE BREATHING PROBLEMS WERE PREVIOUSLY EXPERIENCED.

Be aware that reactions to vaccinations increase and that reactions can run in families, especially among boys.

Boosters are given because each vaccine has variable efficacy e.g. 60-95% but you may wish to weigh up the odds if your child has already experienced a severe reaction.

#### 3. DELAY VACCINATION UNTIL THE RECIPIENT IS WELL.

Advice used to be that vaccinations should not be given on top of a cold, now advice is only delay if the child has a fever. However, use your intuition. If you feel that your child is coming down with a virus or infection, has been recently exposed to say chicken pox, or is taking antibiotics, consider delaying vaccination.

#### 4. DO NOT GIVE THE MMR IF YOUR CHILD HAS A SEVERE GELATIN ALLERGY.

#### 5. CHECK ALL VACCINE INSERTS FOR OTHER CONTRAINDICATIONS

E.g. Anyone who experiences a severe allergic reaction (e.g. hives, swelling of the mouth or throat, difficulty

breathing) following the first dose of MMR should not receive a second dose. Anyone knowing they are allergic to an MMR component (gelatin, neomycin) should not receive this vaccine. Women known to be pregnant should not receive the MMR vaccine, and pregnancy should be avoided for four weeks following vaccination with MMR. This is because the vaccine contains live rubella virus. In 1992 10 terminations were all caused by vaccination (although this is less than terminations caused by wild Rubella before vaccines).

.....  
*"Vitamin A has been shown to reduce death in measles sufferers by 50% so will support the body in its dealing with the measles vaccine."*  
.....

#### 6. CONSIDER CAREFULLY IF YOUR CHILD HAS PREVIOUSLY EXPERIENCED A FIT.

Until the 1980s it was medically recommended not to vaccinate if the child had previously experienced a febrile convulsion, usually after the whooping cough vaccine. Then immunoglobulin was administered at the same time as vaccination to certain children, while some European countries gave anti-convulsants, and finally valium was recommended (which had not been tested on children!). Today nothing is recommended but again consider your own child's situation.

There is a relative risk of seizure on the day of the DTP and 8-14 days after the MMR and Hib, Vaccine safety research in Pediatrics <http://pediatrics.aappublications.org/cgi/content/abstract/99/6/765>

### NATUROPATHIC SUPPORT

#### 1. GIVE VITAMIN A BEFORE THE MEASLES VACCINE (MMR).

Vitamin A has been shown to reduce death in measles sufferers by 50% so will support the body in its dealing with the measles vaccine.

Consider high doses (5,000 IU or

more) the day before, on the day and the day after vaccination. The WHO is now giving out Vitamin A pills along with the vaccine.

Seek advise before using any supplements especially in babies.

#### 2. GIVE INCREASED VITAMIN C BEFORE AND AFTER ALL VACCINES

Vitamin C is known to help eliminate heavy metals and boost immunity.

Consider high doses (3,000-5,000 mg per day) well before, the day of and well after. Seek advise before using any supplements especially in babies.

#### 3. CONSIDER DETOX PROGRAMS AFTER VACCINATION

These include homeopathy (before and after each vaccination), supplements, especially vitamin C, probiotics, etc.

It can take up to a year to detox the system but it is worth the investment (Autistic children are usually highly toxic - See ([www.treatingautism.com](http://www.treatingautism.com))).

Seek advise for using any supplements especially in babies.

#### 4. RECONSIDER THE ROUTINE USE OF CALPOL OR SIMILAR BEFORE OR AFTER VACCINATION.

A rise in body temperature is the immune system's healthy response to any attack. Suppressing this reaction will impair its' ability to deal with the load imposed upon it by the vaccine. Links have been made with the use of calpol etc after the MMR and autism because the body needs to raise a high temperature to deal with measles. Complications can arise if temperature is brought down too early in cases of measles. See 'Dealing with Fever Naturally' under the Health section of the Arnica site.

#### 5. AVOID ANTIBIOTIC USE WHERE POSSIBLE.

Delay vaccines, especially the MMR, within several months of antibiotics. The strength of the gut is compromised and the gut is 70-80% of the immune system. Autistic children often have Gut and Bowel disorders. Antibiotics during pregnancy & breast feeding can also compromise the child's immune system.

Try not to use antibiotics, as there are links with increased asthma in the

vaccinated and also with the overuse of antibiotics in children. Asthma kills 1,300 people a year in the UK and rates have doubled in the last 40 years. This is far higher than the mortality rates as a result of contracting contagious diseases before the vaccines! In the years leading up to the vaccination program between 30-50 people died of measles, for example. Nearly 200 children under 14 years now die of Asthma. Asthma UK puts this condition down to lack of childhood infections! For most children, as they recover from illness, their immune system is strengthened.

The UK, US, New Zealand, Cuba and Australia lead the world with Asthma (Vaccinated populations).

Professor Martyn Partridge, National Asthma Campaign, says that 'the goal would be to find a suitable vaccine to provide the beneficial effects of such early life infection'!!!

<http://news.bbc.co.uk/1/low/health/3174158.stm>

6. USE PROBIOTICS TO STRENGTHEN THE GUT, IN CAPSULE FORM RATHER THAN FROM A DRINKING YOGHURT PRODUCT WHICH USUALLY CONTAINS SUGAR AND OTHER ADDITIVES.

7. CONSIDER GIVING LONG TERM VIT B6 AS "One of the components of the MMR is Neomycin. This is an antibacterial drug that is used to suppress gastrointestinal bacteria before surgery to avoid infection. ...This antibiotic interferes with the absorption of Vitamin B6 (2). An error in the uptake of Vitamin B6 can cause a rare form of epilepsy and children become mentally retarded (3). Vitamin B6 is the major vitamin for processing amino acids, which are the building blocks of all proteins and a few hormones. There are studies around which support the theory of treating autistic children with Vitamin B6." *Carol A Teasdale*  
[www.whale.to/vaccine/mmr49.html](http://www.whale.to/vaccine/mmr49.html)

### PRACTICAL STEPS

#### 1. KEEP YOUR VACCINATION RECORDS UP TO DATE.

Vaccine damage has occurred in cases where children had been given additional vaccines by mistake. It is CRUCIAL to have a record of the batch/lot no/expiry date because if your child has a severe reaction you will not be able to proceed effectively with a claim of litigation without this vital piece of information.

A report by the National Patient

Safety Agency (NPSA), ...in 2007. A detailed study was made of 138 of these cases, picked at random. Eight caused children 'moderate harm'. In 36 per cent of cases a child was given the wrong vaccination. And, as the reporting of incidents by medical professionals is voluntary, the true number could be much higher. In 23 per cent of incidents there were errors in documenting the vaccine.  
[www.dailymail.co.uk/home/search.html?s=y&authornamef=Beezy+Marsh](http://www.dailymail.co.uk/home/search.html?s=y&authornamef=Beezy+Marsh)

#### 2. CHECK THE LOT EXPIRY DATES.

Problems can arise if a vaccine is out of date. "Health scare after Surbiton vaccine jabs stored at the wrong temperature for five years".  
[www.yourlocalguardian.co.uk/news/local/kingstonnews/4089761](http://www.yourlocalguardian.co.uk/news/local/kingstonnews/4089761). Health scare after vaccine jabs stored at the wrong temperature for five years.

3. CONSIDER THAT VACCINES ARE RECALLED but the procedure may take a while. Vaccine recall is fairly low although as with all pharmaceuticals, products will sometimes be poor quality. The last reported one in 2007 when Merck recalled a million contaminated doses of

## Arnica – UK Parents' Support Network

*Dear Friends and Colleagues*

Many parents are scorned and ridiculed for questioning the vaccination programme or labelled as 'cranks' for considering alternatives to boost natural immunity. The current climate I believe stifles debate and discourages parents from asking questions from health professionals.

My husband and I faced the difficult decisions around vaccination 7 years ago. Having decided not to vaccinate our son we felt isolated and 'different' from everyone else in our social circle, and unable to discuss the issues openly. We would have loved to have met up with like-minded parents.

Arnica is a national network of support groups for parents, led by parents.

Our aim is to meet regularly so that open discussion can take place about vaccination issues and natural health alternatives.

We aim to support parents in their choices and to share

ideas and information about keeping the immune system healthy.

Arnica is non-profit making, and we need help to spread the word and let parents know that this fantastic resource is available in their community. If you are an osteopath, homeopath, naturopath, independent midwife or anyone who has contact with parents who have an interest in natural immunity, then please point them towards the website to find their local group. [www.arnica.org.uk](http://www.arnica.org.uk).

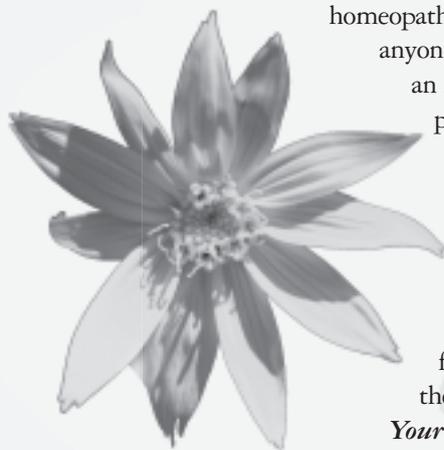
If you practise from a clinic or know of somewhere you could display an Arnica poster or give out Arnica flyers then please contact me. If you are close to the Brighton & Hove area and would like to find out when the next group meeting is then either phone or email me.

*Your help is really appreciated.*

*Carmel O'Dell SDSHom RSHom*

*Arnica Group Leader Brighton & Hove*

Email: [carmel.conway@sky.com](mailto:carmel.conway@sky.com) Phone: 01273 278235



Hib and Hep B, 8 months after distribution, and before that the UK recalls Polio vaccine over 'Mad Cow' fears due to the fact that they contained banned cattle products, feared to be contaminated with BSE.

#### 4. CONSIDER USING SINGLE VACCINES.

This requires careful research. The Health Protection Agency argues that this leaves children un-protected against some diseases and that is why single vaccines are not licensed anymore.

However, this route does give more flexibility for parents who want to choose a different vaccine program for their child. Dr Halvorsen offers open consultations and aluminium free vaccines. [www.babyjabs.co.uk](http://www.babyjabs.co.uk)

If using single vaccines for the MMR it has been suggested that up to 1 year be left between live vaccines. Currently, though the mumps single vaccine is not available. (Japan opted for single vaccines but saw the rate of autism rise! However, 3 jabs were often given within a month, sometimes on the same day.)

#### 5. CONSIDER THE 'MERITS' OF EACH VACCINE SEPARATELY.

For example does an eight week old baby need tetanus? Will the chicken pox and flu vaccines really be necessary? What about Hep B when France found links to Multiple Sclerosis and removed it from their compulsory schedule?

[www.rolandsimion.org/spip.php?article14](http://www.rolandsimion.org/spip.php?article14)

What about the BCG when the US does not routinely use it after they found it to be ineffective?

#### 6. WAIT UNTIL YOUR CHILD IS OLDER.

At least wait until your baby is an average weight of an 8 week old, or is at least 8 weeks after the due date if premature.

Perhaps wait until 3 months...The schedule changed from 3 months due to Whooping cough being seen in younger children, yet this vaccine is only around 50% effective and in fact is seen mostly in the vaccinated. The Health Protection Agency report that in 85.9per cent of the cases they saw, the

children had been vaccinated. (Although some say that the vaccine helps reduce the severity) [www.timesonline.co.uk/tol/news/uk/article684270.ece](http://www.timesonline.co.uk/tol/news/uk/article684270.ece)

...There will probably be another booster recommended for adolescents says Dr Anthony Harnden, a GP in Whetley, Oxfordshire and a member of the Joint Committee on Vaccination and Immunisation, (with no conflict of interests declared).

Better still, wait until 6 months. Maternal antibodies will have passed via the placenta and through milk of a breast feeding mother and will offer some protection for about the first 6 months of life, and for that reason the dosage is far higher for young children. The last generation began vaccination at 3 months and left longer intervals between vaccines.

In Japan, during the changing of the vaccination program to start at 2 years old, they enjoyed the lowest child mortality in the world. Two years old is considered a milestone in development of the immune system. (Six years is when the immune and brain is more fully developed although the brain is still developing until 21.)

However, when Japan came into line with other countries and vaccinated at 2 months child mortality rose and cot death was seen.

In Denmark they vaccinate babies with DTP at 3, 5 and 9 months and they give children far less vaccines compared to the US, and have considerably lower rates of Autism and Asthma. However, even in Denmark the rates for autism are increasing.

#### YOU CAN CHOOSE WHEN YOUR CHILD IS VACCINATED

#### 7. ASK THAT THE NURSE USE A SWAB FIRST

Reduce the risk of bacterial infections from the injection and resulting antibiotics.

#### 8. MONITOR YOUR CHILD CLOSELY AFTER VACCINATIONS

Even consider sleeping with them or using an alarm. Fits are known to occur in a minority of children, often 10 days after the MMR for example.

Breathing during the night takes a dip a few days after and a few weeks after the DTP jab. Research confirms that apnoea after the 5-in-1 jab in very pre-term babies. Sally Clarke's two son's died days and hours, respectively, after their jabs but this was never included as evidence!

#### 9. IF CONSTANT FEVER LASTS MORE THAN A FEW DAYS OR IF YOU CHILD FITS THEN SEE YOUR DOCTOR

Fits, for example, occur in one in 700 after the MMR vaccination. They need to be monitored and the child can be helped if caught early.

Calpol, etc does not reduce the risk of febrile convulsions confirm NICE. Convulsions linked to illness do not appear to cause any lasting neurological problems although fits in otherwise well children are of concern.

#### 10. BE AWARE OF ALLERGY ISSUES.

Be aware of the peanut and albumen (egg) content if your family suffers severe allergies. Research shows that if such an allergy has already presented, administration of the vaccine will not trigger a reaction. (Children with allergies used to be vaccinated in hospital.) However, we are not aware of any research which compares the prevalence of such allergies amongst non-vaccinated children!

Research shows that by delaying the jab by only two months could halve the likelihood of a child developing asthma by the age of seven.

[www.telegraph.co.uk/health/3233550/Delaying-baby-vaccine-could-cut-asthma.html](http://www.telegraph.co.uk/health/3233550/Delaying-baby-vaccine-could-cut-asthma.html)

The proteins in the vaccine may be responsible for some allergies.

#### 11. BE AWARE THAT VACCINATED CHILDREN CONTRACT THESE DISEASES ALSO.

For example, cases of persistent cough are often Whooping Cough (sometimes mis diagnosed as Bronchiolitis) often seen in the vaccinated (see above.)

Measles also appears in the vaccinated populations but will present in a slightly different way (e.g. a rash first appearing on the stomach rather than on the head.) This illustrates that

all parents must be vigilant in recognizing disease. Statistics will not always reveal patterns of disease due to mis-diagnosis and political manipulation. The Meningitis Foundation, for example, didn't have figures on the the vaccine status of those contracting meningitis!

12. IF YOUR CHILD DOESN'T REACH DEVELOPMENTAL milestones, e.g. speech, consider delaying vaccines until you know more.

#### HEALTH DISCLAIMER

*Every care has been taken when writing this article to ensure the accuracy of the material provided. However the authors cannot accept responsibility for any damage or harm caused by any advice or information given in this article. The decision is yours. If you have any doubts about vaccinations, you should consult a medically qualified practitioner.*

#### 13. ASK TO READ THE VACCINE INSERT FIRST

The insert will often reveal more than you will be told by your GP e.g did you know that a side effect of the live rubella vaccine (and indeed rubella) is juvenile arthritis? And most medications for Rheumatoid Arthritis are too toxic for pregnancy ...

And the very last word goes to the Bearded Collie Club forum. An interesting discussion on anecdotal vaccine damage in dogs... lumps removed at site of injection, change in behaviour, allergies, blindness, upset tummies, hypothyroid, etc [www.beardedcollies.org.uk/forum/viewtopic.php?t=67](http://www.beardedcollies.org.uk/forum/viewtopic.php?t=67)

*Anna Watson started Arnica Parents - A Natural Immunity Support Network 2 years ago and there are now nearly 30 groups in the UK and a lively Yahoo group. Please check if there is a group in your area or contact Anna if you would like to find out more about starting a new group.*

[www.arnica.org.uk](http://www.arnica.org.uk)

## MUMPS JAB FEARS

[www.thesun.co.uk](http://www.thesun.co.uk)  
20 February 2009

**U**P TO 25,000 British children could be at risk from mumps because the world's only single vaccine maker has halted production indefinitely.

Many parents opt for single Mumpsvac jabs over fears of autism links to the MMR triple injection. But US giant Merck has stopped making it. Clinics suspect the firm is under pressure to restrict it because the Government wants kids to have the MMR jab. Merck has a lucrative deal with the NHS for MMR. *Editor: 25,000 children at risk from mumps? Yes, mumps - the acute benign childhood illness that was not even notifiable until 1988 when the MMR was introduced! In fact, in the British National Formulary, Edition 10, 1985, it stated that: 'Since mumps and the complications are very rarely serious there is little indication for the routine use of mumps vaccine.' However, when the MMR was launched, suddenly mumps became a serious threat! Interesting that 15 children who had received two doses of MMR (see page 5) still developed it anyway!!*

## Autism Rates Rocket - 1 in 38 British Boys - Cambridge Study

FROM: CHILDHEALTHSAFETY  
[www.childhealthsafety@ntlworld.com](mailto:www.childhealthsafety@ntlworld.com)

**I**T IS 1 IN 38 BOYS NOT 1 IN 48 This is nearly one boy in every class in a boy's school. You must ask your political representative why s/he is not demanding the Department of Health "cuts the crap"? If you do not, you will only have yourself to blame. And you must keep on writing.

It cannot take modern medicine and science 11 years since 1998 and The Lancet paper to not find the cause unless they have not been looking - and they have not:-

- The only things that can be causing this over the last 20 years are the vaccinations and there is published research to support that as well as countless testimony of parents all telling the same story of what happened to their child

- We know this cannot be genetic - genetic epidemics are impossible and research shows it is environmental - which includes vaccines

- It cannot be "greater awareness" or "better diagnosis" - we just did not see these kids 20 years ago regardless of what the Baron Cohen's of this world say [and you never know what he currently says because it changes with his underwear audience]

- We do know the push for vaccinations is commercially driven - as drug companies change their business model to vaccines from the failing one of patented blockbuster drugs - the drugs "pipelines" are drying up

- We do know some drug companies are crooked and some others have, like GSK, been implicated in criminal activity and other civil illegal activity

- We do know the DoH is giving out false figures on the risks of measles and

other disease to scare and disease monger parents into thinking they must have their children vaccinated

#### WRITE TO YOUR POLITICIANS - DO IT NOW!

Ask your MP to ask for proper clinical studies comparing vaccinated to unvaccinated children and that these are by independent unbiased objective researchers. Ask that the UK's Secretary of State explain why the British Government allows officials of the UK's Department of Health to cause the human rights of children to be violated.

*To email your MP, all you need to know is your MP's name. MP's email addresses are in the form:-  
[surname.initial@parliament.uk](mailto:surname.initial@parliament.uk)  
To find out who your MP is go to:  
[www.writetothem.com/](http://www.writetothem.com/)*

# NHS blunders are behind a spate of 'vaccine overloads'

BY BEEZY MARSH AND  
JO MACFARLANE

21st February 2009

The Daily Mail

**C**HILDREN are being given the wrong vaccinations and repeat doses of jabs they have already had due to mix-ups at GPs' surgeries.

Nearly 1,000 safety incidents involving child immunisations were reported in a single year.

Of those studied in detail, more than a third involved babies and children given a different vaccine to the one they were supposed to have.

Other blunders included delays to children having important vaccinations, infants given drugs that were out of date and allergic reactions.

It is said all of the incidents could have been avoided if doctors or nurses had checked medical records or drug details thoroughly.

Last night campaigners said these mistakes were the 'tip of the iceberg' and expressed fears of a 'vaccine overload' from Britain's growing childhood immunisation schedule.

A report by the National Patient Safety Agency (NPSA), the watchdog which monitors NHS errors, looked at 949 incidents involving jabs reported in 2007. A detailed study was made of 138 of these cases, picked at random. Eight caused children 'moderate harm'.

In 36 per cent of cases a child was given the wrong vaccination. If the sample is representative, it means that hundreds are given the wrong immunisation every year. And, as the reporting of incidents by medical



*Suing: Pat and Bill Merchant with their daughter Jodie*

*"Children are sometimes given MMR when they go to get their pre-school booster for diphtheria, tetanus and whooping cough, even if parents have explicitly said they do not want them to have it."*

professionals is voluntary, the true number could be much higher.

In 23 per cent of incidents there were errors in documenting the vaccine, while there were delays in 17 per cent of cases. Other problems included incorrect storage of the jabs or out-of-date vaccines having to be thrown away.

GP Dr Richard Halvorsen, of the Babyjabs clinic in Central London, said: 'These cases are probably the tip of the iceberg. It's worrying when children are getting the wrong vaccines at the wrong times but it's an inevitable consequence

of the vaccination schedule, which is one of the most complex in the world.

'Of course things are going to go wrong – it's a recipe for mistakes.'

Children receive 32 immunisations before they reach four. And the Government is now discussing whether also to give chickenpox and flu jabs. The most controversial vaccine is combined measles, mumps and rubella (MMR).

Jackie Fletcher, of campaign group Justice, Action, Basic Support (JABS), said: 'Children are sometimes given MMR when they go to get their pre-school booster for diphtheria, tetanus and whooping cough, even if parents have explicitly said they do not want them to have it. To think mistakes occur time and time again is horrendous.'

Previously healthy Jodie Marchant, who is now 17, was left severely brain-damaged and with a gut disorder after being given seven vaccines in a single jab at 14 months. Her parents, Bill and Pat, from Southampton, had requested that she was given only MMR.

A claim for damages failed because there was not enough research into the vaccines. The Marchants are now suing their GP practice. Mr Marchant, 68, said: 'To think so many other children suffer vaccine mix-ups is appalling.'

The NPSA said new packaging guidelines for jabs would 'eradicate' errors.

*The Department of Health said: 'Staff are trained to administer vaccines safely, follow the childhood immunisation schedule and to record it all.'*

## Voting Himself Rich: CDC Vaccine Adviser made \$29 million or more after using role to create market

BRIEF EXTRACT.

BY DAN OLMSTED & MARK BLAXILL

16 February 2009

www.ageofautism.com

**D**R. Paul Offit of the Children's Hospital of Philadelphia (CHOP) took home a fortune of at least \$29

million as part of a \$182 million sale by CHOP of its worldwide royalty interest in the Merck Rotateq vaccine to Royalty Pharma in April of last year, according to an investigation by Age of Autism. Based on an analysis of current CHOP administrative policies, the amount of income distributed to Offit

could be as high as \$46 million.

There is nothing improper about receiving compensation for a patented innovation; but the extraordinary valuation placed on CHOP's patents raise concerns over Offit's use of his former position on the CDC's Advisory Committee on Immunization Practices to help create the market for rotavirus vaccine -- to effectively vote himself rich...

# SCIENCE OF VACCINE DAMAGE

BY CATHERINE O'DRISCOLL

[www.dogsadversereactions.com/science-VaccineDamage.html](http://www.dogsadversereactions.com/science-VaccineDamage.html)

A TEAM AT PURDUE University School of Veterinary Medicine conducted several studies (1,2) to determine if vaccines can cause changes in the immune system of dogs that might lead to life-threatening immune-mediated diseases. They obviously conducted this research because concern already existed. It was sponsored by the Haywood Foundation which itself was looking for evidence that such changes in the human immune system might also be vaccine induced. It found the evidence.

The vaccinated, but not the non-vaccinated, dogs in the Purdue studies developed autoantibodies to many of their own biochemicals, including fibronectin, laminin, DNA, albumin, cytochrome C, cardiolipin and collagen.

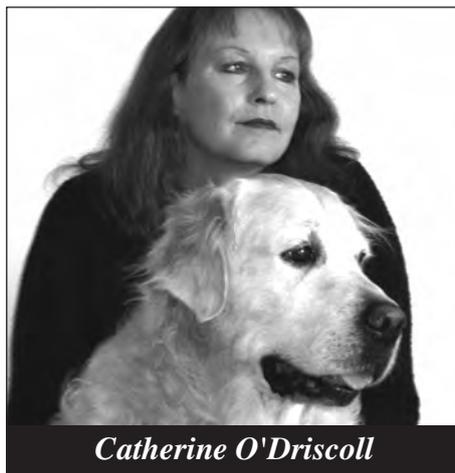
This means that the vaccinated dogs "but not the non-vaccinated dogs" were attacking their own fibronectin, which is involved in tissue repair, cell multiplication and growth, and differentiation between tissues and organs in a living organism.

The vaccinated Purdue dogs also developed autoantibodies to laminin, which is involved in many cellular activities including the adhesion, spreading, differentiation, proliferation and movement of cells.

Vaccines thus appear to be capable of removing the natural intelligence of cells.

Autoantibodies to cardiolipin are frequently found in patients with the serious disease systemic lupus erythematosus and also in individuals with other autoimmune diseases. The presence of elevated anti-cardiolipin antibodies is significantly associated with clots within the heart or blood vessels, in poor blood clotting, haemorrhage, bleeding into the skin, foetal loss and neurological conditions.

The Purdue studies also found that vaccinated dogs were developing autoantibodies to their own collagen.



*Catherine O'Driscoll*

.....  
*"Perhaps most worryingly, the Purdue studies found that the vaccinated dogs had developed autoantibodies to their own DNA. Did the alarm bells sound? Did the scientific community call a halt to the vaccination program? No."*  
.....

About one quarter of all the protein in the body is collagen. Collagen provides structure to our bodies, protecting and supporting the softer tissues and connecting them with the skeleton. It is no wonder that Canine Health Concern's 1997 study of 4,000 dogs showed a high number of dogs developing mobility problems shortly after they were vaccinated (noted in my 1997 book, *What Vets Don't Tell You About Vaccines*).

Perhaps most worryingly, the Purdue studies found that the vaccinated dogs had developed autoantibodies to their own DNA. Did the alarm bells sound? Did the scientific community call a halt to the vaccination program? No. Instead, they stuck their fingers in the air, saying more research is needed to ascertain whether vaccines can cause genetic damage. Meanwhile, the study dogs were found good homes, but no long-term follow-up has been conducted. At around the same time, the American Veterinary Medical

Association (AVMA) Vaccine-Associated Feline Sarcoma Task Force initiated several studies to find out why 160,000 cats each year in the USA develop terminal cancer at their vaccine injection sites.<sup>(3)</sup> The fact that cats can get vaccine-induced cancer has been acknowledged by veterinary bodies around the world, and even the British Government acknowledged it through its Working Group charged with the task of looking into canine and feline vaccines<sup>(4)</sup> following pressure from Canine Health Concern. What do you imagine was the advice of the AVMA Task Force, veterinary bodies and governments? "Carry on vaccinating until we find out why vaccines are killing cats, and which cats are most likely to die."

In America, in an attempt to mitigate the problem, they're vaccinating cats in the tail or leg so they can amputate when cancer appears. Great advice if it's not your cat amongst the hundreds of thousands on the "oops" list.

But other species are okay - right? Wrong. In August 2003, the *Journal of Veterinary Medicine* carried an Italian study which showed that dogs also develop vaccine-induced cancers at their injection sites.<sup>(5)</sup>

We already know that vaccine-site cancer is a possible sequel to human vaccines, too, since the Salk polio vaccine was said to carry a monkey retrovirus (from cultivating the vaccine on monkey organs) that produces inheritable cancer. The monkey retrovirus SV40 keeps turning up in human cancer sites.

It is also widely acknowledged that vaccines can cause a fast-acting, usually fatal, disease called autoimmune haemolytic anaemia (AIHA).

Without treatment, and frequently with treatment, individuals can die in agony within a matter of days. Merck, itself a multinational vaccine manufacturer, states in *The Merck Manual of Diagnosis and Therapy* that autoimmune haemolytic anaemia may be caused by modified live-virus vaccines, as do Tizard's Veterinary

Immunology (4th edition) and the Journal of Veterinary Internal Medicine.<sup>(6)</sup> The British Government's Working Group, despite being staffed by vaccine-industry consultants who say they are independent, also acknowledged this fact. However, no one warns the pet owners before their animals are subjected to an unnecessary booster, and very few owners are told why after their pets die of AIHA.

## A WIDE RANGE OF VACCINE-INDUCED DISEASES

We also found some worrying correlations between vaccine events and the onset of arthritis in our 1997 survey. Our concerns were compounded by research in the human field.

The New England Journal of Medicine, for example, reported that it is possible to isolate the rubella virus from affected joints in children vaccinated against rubella. It also told of the isolation of viruses from the peripheral blood of women with prolonged arthritis following vaccination.<sup>(7)</sup>

Then, in 2000, CHC's findings were confirmed by research which showed that polyarthritis and other diseases like amyloidosis, which affects organs in dogs, were linked to the combined vaccine given to dogs.<sup>(8)</sup>

There is a huge body of research, despite the paucity of funding from the vaccine industry, to confirm that vaccines can cause a wide range of brain and central nervous system damage. Merck itself states in its Manual that vaccines (i.e., its own products) can cause encephalitis: brain inflammation/damage. In some cases, encephalitis involves lesions in the brain and throughout the central nervous system. Merck states that "examples are the encephalitides following measles, chickenpox, rubella, smallpox vaccination, vaccinia, and many other less well defined viral infections".

When the dog owners who took part in the CHC survey reported that their dogs developed short attention spans, 73.1% of the dogs did so within three months of a vaccine event. The same percentage of dogs was diagnosed with epilepsy within three months of a shot (but usually within days). We also

found that 72.5% of dogs that were considered by their owners to be nervous and of a worrying disposition, first exhibited these traits within the three-month post-vaccination period.

I would like to add for the sake of Oliver, my friend who suffered from paralysed rear legs and death shortly after a vaccine shot, that "paresis" is listed in Merck's Manual as a symptom of encephalitis.

This is defined as muscular weakness of a neural (brain) origin which involves partial or incomplete paralysis, resulting from lesions at any level of the descending pathway from the brain. Hind limb paralysis is one of the potential consequences. Encephalitis, incidentally, is a disease that can manifest across the scale from mild to severe and can also cause sudden death.

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*"In America, in an attempt to mitigate the problem, they're vaccinating cats in the tail or leg so they can amputate when cancer appears"*

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Organ failure must also be suspected when it occurs shortly after a vaccine event. Dr Larry Glickman, who spearheaded the Purdue research into post-vaccination biochemical changes in dogs, wrote in a letter to Cavalier Spaniel breeder Bet Hargreaves: "Our ongoing studies of dogs show that following routine vaccination, there is a significant rise in the level of antibodies dogs produce against their own tissues. Some of these antibodies have been shown to target the thyroid gland, connective tissue such as that found in the valves of the heart, red blood cells, DNA, etc.

I do believe that the heart conditions in Cavalier King Charles Spaniels could be the end result of repeated immunisations by vaccines containing tissue culture contaminants that cause a progressive immune response directed at connective tissue in the heart valves. The clinical manifestations would be more pronounced in dogs that have a genetic predisposition the findings should be generally applicable to all

dogs regardless of their breed."

I must mention here that Dr Glickman believes that vaccines are a necessary evil, but that safer vaccines need to be developed.

Meanwhile, please join the queue to place your dog, cat, horse and child on the Russian roulette wheel because a scientist says you should.

## VACCINES STIMULATE AN INFLAMMATORY RESPONSE

The word "allergy" is synonymous with "sensitivity" and "inflammation". It should, by rights, also be synonymous with the word "vaccination". This is what vaccines do: they sensitise (render allergic) an individual in the process of forcing them to develop antibodies to fight a disease threat. In other words, as is acknowledged and accepted, as part of the vaccine process the body will respond with inflammation. This may be apparently temporary or it may be longstanding.

Holistic doctors and veterinarians have known this for at least 100 years.

They talk about a wide range of inflammatory or "-itis" diseases which arise shortly after a vaccine event.

Vaccines, in fact, plunge many individuals into an allergic state. Again, this is a disorder that ranges from mild all the way through to the suddenly fatal.

Anaphylactic shock is the culmination: it's where an individual has a massive allergic reaction to a vaccine and will die within minutes if adrenaline or its equivalent is not administered.

There are some individuals who are genetically not well placed to withstand the vaccine challenge. These are the people (and animals too) who have inherited faulty B and T cell function. B and T cells are components within the immune system which identify foreign invaders and destroy them, and hold the invader in memory so that they cannot cause future harm. However, where inflammatory responses are concerned, the immune system overreacts and causes unwanted effects such as allergies and other inflammatory conditions.

Merck warns in its Manual that patients with, or from families with, >

B and/or T cell immunodeficiencies should not receive live-virus vaccines due to the risk of severe or fatal infection. Elsewhere, it lists features of B and T cell immunodeficiencies as food allergies, inhalant allergies, eczema, dermatitis, neurological deterioration and heart disease. To translate, people with these conditions can die if they receive live-virus vaccines. Their immune systems are simply not competent enough to guarantee a healthy reaction to the viral assault from modified live-virus vaccines.

Modified live-virus (MLV) vaccines replicate in the patient until an immune response is provoked. If a defence isn't stimulated, then the vaccine continues to replicate until it gives the patient the very disease it was intending to prevent.

Alternatively, a deranged immune response will lead to inflammatory conditions such as arthritis, pancreatitis, colitis, encephalitis and any number of autoimmune diseases such as cancer and leukaemia, where the body attacks its own cells.

A new theory, stumbled upon by Open University student Gary Smith, explains what holistic practitioners have been saying for a very long time. Here is what a few of the holistic vets have said in relation to their patients:

Dr Jean Dodds: "Many veterinarians trace the present problems with allergic and immunologic diseases to the introduction of MLV vaccines..." (9)

Christina Chambreau, DVM: "Routine vaccinations are probably the worst thing that we do for our animals. They cause all types of illnesses, but not directly to where we would relate them definitely to be caused by the vaccine." (10)

Martin Goldstein, DVM: "I think that vaccines...are leading killers of dogs and cats in America today."

Dr Charles E. Loops, DVM: "Homoeopathic veterinarians and other holistic practitioners have maintained for some time that vaccinations do more harm than they provide benefits." (12)  
Mike Kohn, DVM:

"In response to this violation, there have been increased autoimmune diseases (allergies being one

component), epilepsy, neoplasia, as well as behavioural problems in small animals." (13)

## A THEORY ON INFLAMMATION

Gary Smith explains what observant healthcare practitioners have been saying for a very long time, but perhaps they've not understood why their observations led them to say it. His theory, incidentally, is causing a huge stir within the inner scientific sanctum. Some believe that his theory could lead to a cure for many diseases including cancer. For me, it explains why the vaccine process is inherently questionable.

.....  
*"Martin Goldstein, DVM:  
"I think that vaccines... are  
leading killers of dogs and  
cats in America today."*  
.....

Gary was learning about inflammation as part of his studies when he struck upon a theory so extraordinary that it could have implications for the treatment of almost every inflammatory disease, including Alzheimer's, Parkinson's, rheumatoid arthritis and even HIV and AIDS. Gary's theory questions the received wisdom that when a person gets ill, the inflammation that occurs around the infected area helps it to heal. He claims that, in reality, inflammation prevents the body from recognising a foreign substance and therefore serves as a hiding place for invaders.

The inflammation occurs when at-risk cells produce receptors called All (known as angiotensin II type I receptors). He says that while At1 has a balancing receptor, At2, which is supposed to switch off the inflammation, in most diseases this does not happen.

"Cancer has been described as the wound that never heals," he says. "All successful cancers are surrounded by inflammation. Commonly this is thought to be the body's reaction to try to fight the cancer, but this is not the case.

"The inflammation is not the body trying to fight the infection. It is

actually the virus or bacteria deliberately causing inflammation in order to hide from the immune system." (14)

If Gary is right, then the inflammatory process so commonly stimulated by vaccines is not, as hitherto assumed, a necessarily acceptable sign. Instead, it could be a sign that the viral or bacterial component, or the adjuvant (which, containing foreign protein, is seen as an invader by the immune system), in the vaccine is winning by stealth.

If Gary is correct in believing that the inflammatory response is not protective but a sign that invasion is taking place under cover of darkness, vaccines are certainly not the friends we thought they were.

They are undercover assassins working on behalf of the enemy, and vets and medical doctors are unwittingly acting as collaborators. Worse, we animal guardians and parents are actually paying doctors and vets to unwittingly betray our loved ones.

Potentially, vaccines are the stealth bomb of the medical world. They are used to catapult invaders inside the castle walls where they can wreak havoc, with none of us any the wiser. So, rather than experiencing frank viral diseases such as the 'flu, measles, mumps and rubella (and, in the case of dogs, parvovirus and distemper), we are allowing the viruses to win anyway - but with cancer, leukaemia and other inflammatory or autoimmune (self-attacking) diseases taking their place.

## THE FINAL INSULT

All 27 veterinary schools in North America have changed their protocols for vaccinating dogs and cats along the following lines; (15) however, vets in practice are reluctant to listen to these changed protocols and official veterinary bodies in the UK and other countries are ignoring the following facts.

Dogs' and cats' immune systems mature fully at six months. If modified live-virus vaccine is given after six months of age, it produces immunity, which is good for the life of the pet. If another MLV vaccine is given a year later, the antibodies from

the first vaccine neutralise the antigens of the second vaccine and there is little or no effect. The titre is not "boosted", nor are more memory cells induced.

Not only are annual boosters unnecessary, but they subject the pet to potential risks such as allergic reactions and immune-mediated haemolytic anaemia.

In plain language, veterinary schools in America, plus the American Veterinary Medical Association, have looked at studies to show how long vaccines last and they have concluded and announced that annual vaccination is unnecessary.<sup>(16-19)</sup>

Further, they have acknowledged that vaccines are not without harm.

Dr Ron Schultz, head of pathobiology at Wisconsin University and a leading light in this field, has been saying this politely to his veterinary colleagues since the 1980s. I've been saying it for the past 12 years. But change is so long in coming and, in the meantime, hundreds of thousands of animals are dying every year - unnecessarily.

The good news is that thousands of animal lovers (but not enough) have heard what we've been saying. Canine Health Concern members around the world use real food as Nature's supreme disease preventative, eschewing processed pet food, and minimise the vaccine risk. Some of us, myself included, have chosen not to vaccinate our pets at all. Our reward is healthy and long-lived dogs.

It has taken but one paragraph to tell you the good and simple news.

The gratitude I feel each day, when I embrace my healthy dogs, stretches from the centre of the Earth to the Universe and beyond.

#### ABOUT THE AUTHOR:

Catherine O'Driscoll runs Canine Health Concern which campaigns and also delivers an educational program, the Foundation in Canine Healthcare. She is author of *Shock to the System* (2005), the best-selling book *What Vets Don't Tell You About Vaccines* (1997, 1998), and *Who Killed the Darling Buds of May?* (1997; reviewed in NEXUS 4/04). She lives in Scotland with her partner, Rob Ellis, and three Golden Retrievers, named Edward, Daniel and Gwinnie, and she lectures on canine health around the world. *For more information, contact Catherine O'Driscoll at Canine Health Concern, PO Box 7533, Perth PH2 1AD, Scotland, UK email catherine@carsegray.co.uk website: www.canine-health-concern.org.uk*

*Shock to the System is available in the UK from CHC, and worldwide from Dogwise at <http://www.dogwise.com>*

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## MOST CLINICAL TRIALS DONE ABROAD

### BRIEF EXTRACT

#### THE WALL STREET JOURNAL

FEBRUARY 18, 2009

<http://online.wsj.com/>

**M**OST TESTING for the U.S. drug industry's late-stage human trials

is now done at sites outside the country, where results often can be obtained cheaper and faster, according to a study.

The study found that 13,521 of 24,206 sites being used in November 2007 for studies sponsored by the 20 largest U.S. drug makers were international, and that

the number of countries conducting testing has doubled over the past 10 years. The study was published in Wednesday's *New England Journal of Medicine*. The findings add to concerns about the ethical treatment of participants and the integrity of the research data.

# Gardasil Death & Brain Damage: A National Tragedy

BY BARBARA LOE FISHER

February 2009.

THE TRAGIC STORY of Gardasil vaccine is one that is playing out real time in the homes of trusting parents, who thought they were doing the right thing to try to make their daughters "one less," and in the 21st century cyberspace forum of public opinion as well as on television. On Feb. 6, CBS-TV Evening News released NVIC's new report on Gardasil vaccine risks.

Today, NVIC launched a petition and issued a national press release calling on President Barack Obama, his Administration and Congress to investigate the fast track licensure and universal use recommendation of Gardasil in 2006 and the dismissal of more than 10,000 reports of Gardasil-related reactions, injuries and deaths to the Vaccine Adverse Events Reporting System (VAERS) as a "coincidence" by federal health officials.

NVIC's latest Gardasil risk report comparing the number and severity of adverse events reported to the federal Vaccine Adverse Events Reporting System (VAERS) through November 30, 2008, reveals that death and serious health problems such as stroke, blood clots, cardiac arrest, seizures, fainting, lupus and rechallenge cases are reported three to 30 times more frequently after Gardasil vaccination than after meningococcal (Menactra) vaccination. If the deaths and serious injuries being reported after Gardasil were only a "coincidence," there would be little or no difference between the frequency and severity of vaccine-related adverse events between two vaccines if the vaccines were equally reactive and the number of doses were roughly the same.

Gardasil and Menactra vaccines were licensed within a year of each other and recommended by the CDC for universal use in 11-12 year olds. Although Menactra is given to boys and girls and has already been mandated in many states for high school and college entry, Gardasil is only given to girls and is not yet mandated. Menactra is given as one-dose series and, by February 25, 2008, the CDC reported that about 15.5 million

doses of Menactra had been distributed in the U.S. Gardasil is given in a three dose series and the CDC reported that, by July 2008, about 16 million doses had been distributed in the U.S.

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*"No, it doesn't take a doctor, health official or "medical organization" to do the math. What it takes is caring about every life - whether that life represents a baby, toddler, child, teenager, young adult, adult or senior citizen - because every life is important and nobody deserves to be written off by a drug company or government agency as an expendable casualty of public health policy."*

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This means that about 15 million doses of Menactra were given to about 15 million boys and/or girls and about 16 million doses of Gardasil - if every girl got three doses - were given to about five million girls. It is individuals - not doses of vaccine - who collapse, convulse, become paralyzed, have heart attacks, develop lupus and other chronic health problems after being vaccinated. The fact that death and serious health problems are reported 3 to 30 times more frequently after Gardasil than after Menactra is highly significant and it is irresponsible for federal health officials and Merck to blow it off as unimportant.

What is sad is that the average junior high or high school student could do this VAERS analysis and come to the same conclusion. It does not take an M.D., Ph.D. or math genius to figure it out. In the hours before the CBS News report was broadcast, the best answer that Merck could come up with to address the differences between adverse events associated with Gardasil and Menactra was this: "It's important to remember that the proven benefit of GARDASIL is that it helps prevent cervical cancer caused by the two virus types responsible for most cases of cervical cancer. Nothing is more

important to Merck than the safety of our products and we carefully monitor the safety of GARDASIL on a routine basis. Experts at the FDA and CDC also continue to review data and, as recently as four months ago, said "GARDASIL continues to be safe and effective, and its benefits continue to outweigh its risks." NVIC is not a medical organization and has a long history of raising concerns about vaccines that are in direct conflict with the opinion of leading medical experts. We encourage consumers to get reliable information about the safety of vaccines from [www.cdc.gov](http://www.cdc.gov)."

No, it doesn't take a doctor, health official or "medical organization" to do the math. What it takes is caring about every life - whether that life represents a baby, toddler, child, teenager, young adult, adult or senior citizen - because every life is important and nobody deserves to be written off by a drug company or government agency as an expendable casualty of public health policy.

Gabrielle, the 15 year old gymnast, honor roll student and cheerleader from Wichita, Kansas, who talks about how her health has been destroyed by Gardasil vaccine in the CBS report and in the NVIC video press release, spends most of her time at home or at doctors' offices now. A few weeks ago, her school voted her Homecoming Princess. On Saturday, she tried to go to the Homecoming dance. As she was getting dressed, she collapsed with seizures and severe abdominal pain. The medication she has been taking to try to control the seizures she developed after Gardasil vaccination caused her to develop kidney stones. She was rushed to the emergency room and hospitalized.

In the past 27 years, the stories of death and brain damage that have been reported to the National Vaccine Information Center have never changed. Whether the vaccine victims are 15 months old or 15 years old, the stories are the same: a trusting parent took a bright, healthy child to a doctor for a routine vaccination and the child was never the same again.

Gardasil vaccine was inappropriately fast tracked and licensed by the FDA and recommended by the CDC with too little attention paid to the reports of brain and

immune system dysfunction that developed after vaccination in pre-licensure clinical trials. That same cavalier attitude toward Gardasil-related deaths and serious health problems, which have been experienced by many girls and young women after licensure, is inexcusable.

Americans are losing trust in pharmaceutical companies making drugs and vaccines and in federal health agencies, whose responsibility is to ensure that drugs and vaccines licensed for public use are safe, effective and necessary. If those responsible for protecting our health are not going to step up to the plate and do their jobs, then it is up to the people to do it.

At [www.NVIC.org](http://www.NVIC.org) you can sign the Investigate Gardasil Vaccine Risks Now! petition, read NVIC's new report on Gardasil risks, and check out our new website that makes it easier to navigate

and find information to prevent vaccine injuries and deaths.

In 2009, I have a sense of déjà vu, as the story of Gardasil vaccine plays out real time. There are striking parallels between how those operating the mass vaccination system reacted in the 1980's to persistent reports that DPT vaccine was harming more children than originally assumed and the way they are reacting now to persistent reports that Gardasil is more reactive than it was originally assumed. Assumption of safety is no substitute for proof of safety. And turning away from human suffering in order to protect the status quo is not the way to run a government that needs the trust and support of the people.

In the 18th century, Queen Marie Antoinette looked down at a starving people pleading for bread to stay alive and said "Let them eat cake." It is time for everyone in government, industry and

medicine to take a different approach to persistent reports of vaccine injuries and deaths or risk metaphorically suffering the same fate that ended the monarchy in France. In the 21st century, today's peasants don't have pitchforks - they have laptops, desktops, smartphones and the internet.

National Vaccine Information Center NVIC E-News is a free service of the non-profit National Vaccine Information Center and is supported through donations. NVIC is funded through the financial support of its members and does not receive any government subsidies.

*Barbara Loe Fisher,  
President and Co-founder.*

*Learn more about vaccines, diseases and how to protect your informed consent*

*rights [www.nvic.org](http://www.nvic.org)*

*email: [news@nvic.org](mailto:news@nvic.org)*

*phone: 703-938-dpt3*

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## Girl hospitalized after a tetanus vaccination

[www.thejakartapost.com/news/2009/02/21/girl-hospitalized-after-a-tetanus-vaccination.html](http://www.thejakartapost.com/news/2009/02/21/girl-hospitalized-after-a-tetanus-vaccination.html)

Sat, 21/02/2009

**D**EPOK: A second grader at Islamic elementary school in Depok, Siadiah, 7, was hospitalized after receiving a tetanus vaccination at her school.

"Her condition is worrying. She drools constantly and the skin from neck to thigh looks black," said Ariest Merdeka

Sirait, an officer of National Commission for Children Protection, as quoted by Antara, after she visited the girl Friday.

Siadiah's neighbour, Rina Novita, said Siadiah was vaccinated on Feb. 14 at school. The program was organized by the school and the Tugu community health center.

The following day, she got a fever. Her parents bought her over-the-counter medication at nearby kiosk but her temperature did not go down. The

parents took her to Tugu health center, which referred her to Medika Hospital on Wednesday.

Hardiono, the head of Depok Health Agency, said Siadiah's skin reddened and then blackened.

He said the symptoms looked like Steven Johnson Syndrome, or severe allergic reaction.

He said his agency could not confirm whether the symptoms were due to the vaccine or not. JP

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## Courses and Workshops for Spring 2009

**Presented by Homeopath Dawn Waterhouse**

The venue: Abberton and Langenhoe Village Hall

Using Homeopathy to Treat Childhood Ailments..... Sunday 26th April ....10.30am to 3.30pm

Sweets Treats and Healthy Eats ..... Sunday 10th May ....10.00am to 12.30pm

If you want to learn about looking after your families health - here and now is the best time to start.

Dawn Waterhouse FCCA LCH RMANM RSHom Homeopathy, Hair Testing, Diet and Nutrition, Parent and Child care, Vaccination Support, Allergy care, Raw Food.

Tel: 01206 735 780 email: [dawn\\_waterhouse@homeopathy-soh.org](mailto:dawn_waterhouse@homeopathy-soh.org) web site: [www.homeopathcolchester.co.uk](http://www.homeopathcolchester.co.uk)

## Comparing Natural Immunity with vaccines

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

### TOPICS COVERED INCLUDE:

- SHORT & LONG TERM EFFECTS OF CHILDHOOD & TRAVEL VACCINES
- EVIDENCE FROM ORTHODOX & COMPLEMENTARY SOURCES
- INFORMATION THAT THE AUTHORITIES DON'T TELL YOU
- MAKING SENSE OF STATISTICS ● CHILDHOOD ILLNESSES
- DEALING WITH FEAR ● AVOIDING FUTURE PROBLEMS
- INCREASING HEALTH NOW

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

### BRIGHTON, EAST SUSSEX:

10 June 2009 (PART 1) ● 1 July 2009 (PART 2)

Talks start at 7.30pm

For details of bookings and further dates contact Karel on: 01273 277309

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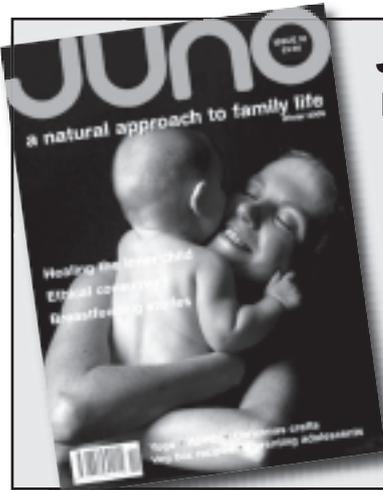
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## AIMS & OBJECTIVES OF THE *informed* PARENT GROUP

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.

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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)