

## Journalist files charges against WHO and UN for bioterrorism and intent to commit mass murder

[http://www.naturalnews.com/026503\\_pandemic\\_swine\\_flu\\_bioterrorism.html](http://www.naturalnews.com/026503_pandemic_swine_flu_bioterrorism.html)

BY BARBARA MINTON

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AS THE ANTICIPATED July release date for Baxter's A/H1N1 flu pandemic vaccine approaches, an Austrian investigative journalist is warning the world that the greatest crime in the history of humanity is underway. Jane Burgermeister has recently filed criminal charges with the FBI against the World Health Organization (WHO), the United Nations (UN), and several of the highest ranking government and corporate officials concerning bioterrorism and attempts to commit mass murder. She has also prepared an injunction against forced vaccination which is being filed in America. These actions follow her charges filed in April against Baxter AG and Avir Green Hills Biotechnology of Austria for producing contaminated bird flu vaccine, alleging this was a deliberate act to cause and profit from a pandemic.

### SUMMARY OF CLAIMS AND ALLEGATIONS FILED WITH FBI IN AUSTRIA ON JUNE 10, 2009

In her charges, Burgermeister presents evidence of acts of bioterrorism that is in violation of U.S. law by a group operating within the U.S. under the direction of international bankers who control the Federal Reserve, as well as WHO, UN and NATO. This bioterrorism is for the purpose of carrying out a mass genocide against the U.S. population by use of a genetically engineered flu pandemic virus with the intent of causing death. This group has annexed high government offices in the U.S.

Specifically, evidence is presented that the defendants, Barack Obama, President of the U.S, David Nabarro, UN System

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*"The charges contend that these defendants conspired with each other and others to devise, fund and participate in the final phase of the implementation of a covert international bioweapons program involving the pharmaceutical companies Baxter and Novartis."*  
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Coordinator for Influenza, Margaret Chan, Director-General of WHO, Kathleen Sibelius, Secretary of Department of Health and Human Services, Janet Napolitano, Secretary of Department of Homeland Security, David de Rothschild, banker, David Rockefeller, banker, George Soros, banker, Werner Faymann, Chancellor of Austria, and Alois Stoger, Austrian Health Minister, among others, are part of this international corporate criminal syndicate which has developed, produced, stockpiled and employed biological weapons to eliminate the population of the U.S. and other countries for financial and political gain.

The charges contend that these defendants conspired with each other and others to devise, fund and participate in the final phase of the implementation of a covert international bioweapons program involving the pharmaceutical companies Baxter and Novartis. They did this by bioengineering and then releasing lethal biological agents, specifically the "bird flu" virus and the "swine flu virus" in order to have a pretext to implement a forced mass vaccination program which would be the means of administering a toxic biological agent to cause death and injury to the people of the U.S. This

action is in direct violation of the Biological Weapons Anti-terrorism Act.

Burgermeister's charges include evidence that Baxter AG, Austrian subsidiary of Baxter International, deliberately sent out 72 kilos of live bird flu virus, supplied by the WHO in the winter of 2009 to 16 laboratories in four counties. She claims this evidence offers clear proof that the pharmaceutical companies and international government agencies themselves are actively engaged in producing, developing, manufacturing and distributing biological agents classified as the most deadly bioweapons on earth in order to trigger a pandemic and cause mass death.

In her April charges, she noted that Baxter's lab in Austria, one of the supposedly most secure biosecurity labs in the world, did not adhere to the most basic and essential steps to keep 72 kilos of a pathogen classified as a bioweapon secure and separate from all other substances under stringent biosecurity level regulations, but it allowed it to be mixed with the ordinary human flu virus and sent from its facilities in Orth in the Donau.

In February, when a staff member at BioTest in the Czech Republic tested the material meant for candidate vaccines on ferrets, the ferrets died. This incident was not followed up by any investigation from the WHO, EU, or Austrian health authorities. There was no investigation of the content of the virus material, and there is no data on the genetic sequence of the virus released.

In answer to parliamentary questions on May 20th, the Austrian Health Minister, Alois Stoger, revealed that the incident had been handled not as a biosecurity lapse, as it should have been, but as an offence against the veterinary code. A veterinary doctor was sent to the lab for a brief inspection.

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# Editor's note



Magda Taylor

## DEDICATION

*This edition of The Informed Parent is dedicated to Dr Gerhard Buchwald, who sadly passed away on July 19th 2009, aged 89. Dr Buchwald spent decades devoting his life to seeking justice for countless vaccine victims, and creating awareness amongst the public about the truth of vaccination. He was author of many*

*publications, including: Vaccination – A Business Based On Fear, The Vaccination Nonsense and The Decline of Tuberculosis Despite 'Protective' Vaccination, and travelled to various countries lecturing on his research and first hand experiences.*

*A tragedy within his own family led Dr Buchwald to question his medical training and go on to develop very strong concerns on a procedure he had been taught to highly regard. His son, Hans-Bernhard, born in 1957 began to develop problems after receiving the smallpox vaccination. Hans-Bernhard changed from a healthy, happy boy to a child with very limited abilities. Here follows are some extracts from Dr Buchwald's book 'The Vaccination Nonsense':*

*'Changes took place which at first we did not notice. He became restless, cried without reason, rubbed his head against solid objects and made scratching motions against the left and the right side of his head with his thumbs. His walking progress also stagnated. He would lie on his back in his cot and trample against the horizontal bar at the top. When – a bit later – he managed to get hold of a pot lid or a plate, he would spin it like a top, causing considerable noise.*

*The resulting racket and his restlessness became increasingly unbearable. We were stunned. We had many medical friends at the time, but when we talked to them about our concerns, they just laughed at us. Had we never heard the word 'late-developer'? When we pointed to the difference in the development of our daughters we were told that it was 'basic medical knowledge' that girls learn to speak more quickly and more easily than boys and that in rare cases, boys do not speak until the age of five, We let ourselves be consoled. Then we got the impression that our son's head shape had changed. The part of the head containing the brain seemed too big compared to the facial*

*part. The eyes no longer looked straight ahead, but seemed to deviate – sometimes more, sometimes less – sometimes to the left and sometimes to the right.' Dr Buchwald then goes on to describe how his son's condition was finally diagnosed as encephalitis due to the smallpox vaccination. An application for compensation was submitted, and Dr Buchwald goes on to say: 'To be brief, the authorities tried everything to set the compensation at the lowest level possible. Again and again we had to lodge appeals. We had to bring out complaints to the social court. The correspondence with the authorities now comprises of two hefty files. Now forty-six years later (2004), there is yet another appeal concerning our son's compensation before the court.' Dr Buchwald goes on to say:*

*'When I realised that there was much in the medical literature that did not correspond to the truth, I wrote my first scientific paper, which was completed in about 1960. I left the paper in the drawer of my writing desk for five years. I made changes and toned it down repeatedly and asked myself: 'Can you publish such a paper?' I was after all turning against the university, the place where I had become what I am today and which I regarded with great reverence and gratitude. For every academic, the university is the 'alma mater', the Great Mother to whom we owe everything and of which we believe that everything which comes through her is the absolute truth, and now, with my paper, I wanted to accuse the institution of orthodox medicine of not having told the truth regarding this matter...'*

*My sympathy goes out to Dr Buchwald's wife, Barbara (also a medical doctor) who supported his work in silence, and, in recent times, an excellent nurse until his departure.*

*Dr Buchwald spent numerous seeking justice, it is up to all of us to continue to expose this erroneous and damaging procedure for what it truly is. For there may be a lot less severe brain damage reactions these days, but the enormous amount of subtle brain damage cases are endless. The authorities continue to scratch their heads in wonder as to why so many children and adults have so many learning difficulties, special needs and anti-social behaviour. My personal opinion, based on many years of study, is that vaccination will turn out to be the biggest contributory factor!*

*Magda Taylor, Editor, July 2009.*

*Copies of the 3 books mentioned above are available from The Informed Parent. Details are on the website [www.informedparent.co.uk](http://www.informedparent.co.uk)*

**P.S** *Just wanted to share an amusing comment by Cyril Scott in his 1946 book entitled: Medicine – Rational and Irrational, page 82. He is highlighting how often common sense is rarely employed by health professionals and how doctors have come to believe that scientific methods are infallible and that X-ray photos and the testing of every variety of secretion are the surest methods of discovering the manifold names and causes of disease. He then goes on to give*

*a case study where a particular woman, with a so-called incurable condition was finally helped by homeopathic treatment and a change in diet after various orthodox interventions (at a price) had failed. Cyril Scott states 'All of which shows that personal interrogation may be far superior to the activities of bacteriologists and all the other "ists" who search for what may not be there, like blind men searching in a dark room for a black cat which may not exist.'*

Burgermeister's dossier reveals that the release of the virus was to be an essential step for triggering a pandemic that would allow the WHO to declare a Level 6 Pandemic. She lists the laws and decrees that would allow the UN and WHO to take over the United States in the event of pandemic. In addition, legislation requiring compliance with mandatory vaccinations would be put into force in the U.S. under conditions of pandemic declaration.

She charges that the entire "swine flu" pandemic business is premised on a massive lie that there is no natural virus out there that poses a threat to the population. She presents evidence leading to the belief that the bird flu and swine flu viruses have, in fact, been bioengineered in laboratories using funding supplied by the WHO and other government agencies, among others. This "swine flu" is a hybrid of part swine flu, part human flu and part bird flu, something that can only come from laboratories according to many experts.

WHO's claim that this "swine flu" is spreading and a pandemic must be declared ignores the fundamental causes. The viruses that were released were created and released with the help of WHO, and WHO is overwhelmingly responsible for the pandemic in the first place. In addition, the symptoms of the supposed "swine flu" are indistinguishable from regular flu or from the common cold. The "swine flu" does not cause death anymore often than the regular flu causes death.

Burgermeister notes that the figures for deaths reported for the "swine flu" are inconsistent and there is no clarity as to how the number of "deaths" has been documented.

There is no pandemic potential unless mass vaccinations are carried out to weaponize the flu under the guise of protecting the population. There are reasonable grounds for believing that the mandatory vaccines will be purposely contaminated with diseases that are specifically designed to cause death.

Reference is made to a licensed Novartis bird flu vaccine that killed 21 homeless people in Poland in the summer of 2008 and had as its "primary outcome measure" an "adverse events rate", thereby meeting the U.S. government's own

definition of a bioweapon (a biological agent designed to cause an adverse events rate, i.e death or injury) with a delivery system (injection).

She alleges that the same complex of international pharmaceutical companies and international government agencies that have developed and released pandemic material have positioned themselves to profit from triggering the pandemic with contracts to supply

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vaccines. Media controlled by the group that is engineering the "swine flu" agenda is spreading misinformation to lull the people of the U.S. into taking the dangerous vaccine.

The people of the U.S. will suffer substantial and irreparable harm and injury if they are forced to take this unproven vaccine without their consent in accordance with the Model State Emergency Health Powers Act, National Emergency Act, National Security Presidential Directive/NSPD 51, Homeland Security Presidential Directive/HSPD-20, and the International Partnership on Avian and Pandemic Influenza.

In the U.S. since 2008, Burgermeister charges that those named in her allegations have implemented new and/or accelerated the implementation of laws and regulations designed to strip the citizens of the U.S. of their lawful constitutional rights to refuse an injection. These people have created or allowed provisions to remain in place that make it a criminal act to refuse to take an injection against pandemic viruses. They have imposed other excessive and cruel

penalties such as imprisonment and/or quarantine in FEMA camps while barring the citizens of the U.S. from claiming compensation from injury or death from the forced injections. This is in violation of the laws governing federal corruption and the abuse of office as well as of the Constitution and Bill of Rights. Through these actions, the named defendants have laid the groundwork for mass genocide.

Using the "swine flu" as a pretext, the defendants have preplanned the mass murder of the U.S. population by means of forced vaccination. They have installed an extensive network of FEMA concentration camps and identified mass grave sites, and they have been involved in devising and implementing a scheme to hand power over the U.S. to an international crime syndicate that uses the UN and WHO as a front for illegal racketeering influenced organized crime activities, in violation of the laws that govern treason.

She further charges that the complex of pharmaceutical companies consisting of Baxter, Novartis and Sanofi Aventis are part of a foreign-based dual purpose bioweapons program, financed by this international criminal syndicate and designed to implement mass murder to reduce the world's population by more than 5 billion people in the next ten years. Their plan is to spread terror to justify forcing people to give up their rights, and to force mass quarantine in FEMA camps. The houses, companies and farms and lands of those who are killed will be up for grabs by this syndicate.

By eliminating the population of North America, the international elite gain access to the region's natural resources such as water and undeveloped oil lands. And by eliminating the U.S. and its democratic constitution by subsuming it under a North American Union, the international crime group will have total control over North America.

**HIGHLIGHTS FROM THE COMPLETE DOSSIER**

The complete dossier of the June 10th action is a 69 page document presenting evidence to substantiate all charges. This includes:

- Factual background that delineates time lines and facts that establish

probable cause, UN and WHO definitions and roles, and history and incidents from the April, 2009 "swine flu" outbreak.

- Evidence the "swine flu" vaccines are defined as bioweapons as delineates in government agencies and regulations classifying and restricting vaccines, and the fear of foreign countries that "swine flu" vaccines will be used for biological warfare.
- Scientific evidence the "swine flu" virus is an artificial (genetic) virus.
- Scientific evidence the "swine flu" was bioengineered to resemble the Spanish flu virus of 1918 including quotes from Swine Flu 2009 is Weaponized 1918 Spanish Flu by A. True Ott, Ph.D., N.D., and a Science Magazine report from Dr. Jeffrey Taubenberger et.al.
- The genome sequence of the "swine flu"
- Evidence of the deliberate release of the "swine flu" in Mexico
- Evidence as to the involvement of President Obama that delineates his trip to Mexico which coincided with the recent "swine flu" outbreak and the death of several officials involved in his trip. Contention is made that the President was never tested for "swine flu" because he had been previously vaccinated.
- Evidence as to the role of Baxter and WHO in producing and releasing pandemic virus material in Austria includes a statement from a Baxter official stating the accidentally distributed H5N1 in the Czech Republic was received from a WHO reference center. This includes delineation of evidence and allegations from Burgermeister's charges filed in April in Austria that are currently under investigation.
- Evidence Baxter is an element in a covert bioweapons network
- Evidence Baxter has deliberately contaminated vaccine material.
- Evidence Novartis is using vaccines as bioweapons
- Evidence as to WHO's role in the bioweapons program
- Evidence as to WHO's manipulation of disease data in order to justify declaring a Pandemic Level 6 in order to seize control of the USA.

- Evidence as to the FDA's role in covering up the bioweapons program
- Evidence as to Canada's National Microbiology Lab's role in the bioweapons program.
- Evidence of the involvement of scientists working for the UK's NIBSC, and the CDC in engineering the "swine flu".
- Evidence vaccinations caused the Spanish killer flu of 1918 including belief of Dr. Jerry Tennant that the widespread use of aspirin during the winter that followed the end of World War I could have been a key factor contributing to the earlier pandemic by suppressing the immune system and lowering body temperatures, allowing the flu virus to multiply. Tamiflu and Relenza also lower body temperatures, and therefore can also be expected to contribute to the spread of a pandemic.
- Evidence as to manipulation of the legal framework to allow mass murder with impunity.
- Constitutional issues: the legality vs. illegality of jeopardizing the life, health and public good by mass vaccinations.
- The issue of immunity and compensation as evidence of intent to commit a crime.
- Evidence as to the existence of an international corporate crime syndicate.
- Evidence of the existence of the "Illuminati".
- Evidence as to the depopulation agenda of the Illuminati/Bilderbergs and their involvement in the engineering and release of the artificial "swine flu" virus.
- Evidence that weaponized flu was discussed at the annual Bilderberg meeting in Athens from May 14-17, 2009, as part of their agenda of genocide, including a list of attendees who, according to a statement once made by Pierre Trudeau, view themselves as genetically superior to the rest of humanity.

### **MEDIA IS KEEPING AMERICANS CLUELESS ABOUT THE THREAT THEY ARE UNDER**

Jane Burgermeister is a dual Irish/Austrian who has written for Nature, the British Medical Journal, and American Prospect. She is the

European Correspondent of the Renewable Energy World website. She has written extensively about climate change, biotechnology, and the ecology.

In addition to the charges currently under investigation that she filed against Baxter AG and Avir Green Hills Biotechnology in April, she has filed charges against WHO and Baxter among others concerning a case of exploding "swine flu" vials meant for a research lab on a busy IC train in Switzerland.

In her view, control of the media by the ruling elite has allowed the world crime syndicate to further its agenda unabated while the rest of the people remain in the dark about what is really going on. Her charges are an attempt to get around this media control and bring the truth to light.

Her greatest concern is that "in spite of the fact Baxter has been caught red handed nearly triggering pandemic, they are also moving ahead, together with allied pharma companies, with supplying the vaccine for pandemics." Baxter is hurrying to get this vaccine to market some time in July.

### **WHAT IS FLU?**

It also was never proven that the so called bird flu virus exists in human beings and causes any problems. Russian scientists have found that what the medical or pharmaceutical world now calls a virus is nothing more but left over protein debris that floats in the cell from an overloaded toxic body, caused through a lifestyle and way of eating that does not support health and wellbeing.

Not introduced from the 'outside' but from an out of balance body itself. The so called any kind of flu then is a cleansing action of the body, but of course the pharma industry wants to make mega bucks!

So they scare the population and hope they can bully them into mass vaccinations! What a sick game!

As stated years ago by Margaret Mead, "Never doubt that a small group of thoughtful committed citizens can change the world; indeed it is the only thing that ever has."

# The Truth about the Flu Shot

"By 1853, Parliament began passing laws to make the untested vaccine compulsory throughout the British Empire. Other countries of Europe followed suit. Once the economic implications of compulsory vaccinations were realized, few dared to disagree. Then, as now, the media were controlled by the vaccine manufacturers and the government, who stood to make huge money from the sale of these spurious vaccines."... Tim O'Shea

BY SHERRI TENPENNY.  
EXTRACTS. JUNE 2009.

## 1. WHAT'S IN THE REGULAR FLU SHOT?

- Egg proteins: including avian contaminant viruses
- Gelatin: known to cause allergic reactions and anaphylaxis are usually associated with sensitivity to egg or gelatin.
- Polysorbate 80 (Tween80™): can cause severe allergic reactions, including anaphylaxis.
- Formaldehyde: known carcinogen
- Triton X100: a strong detergent
- Sucrose: table sugar
- Resin: known to cause allergic reactions
- Gentamycin: an antibiotic
- Thimerosal: Mercury is still in multidose vials

## 2. DO FLU SHOTS WORK?

**Not in babies:** In a review of more than 51 studies involving more than 294,000 children it was found there was "no evidence that injecting children 6-24 months of age with a flu shot was any more effective than placebo. In children over 2 yrs, it was only effective 33% of the time in preventing the flu.

*Reference: Vaccines for preventing influenza in healthy children." The Cochrane Database of Systematic Reviews. 2 (2008).*

**Not in children with asthma:** A study 800 children with asthma, where one half were vaccinated and the other half did not receive the influenza vaccine. The two groups were compared with respect to clinic visits, emergency department (ED) visits, and hospitalizations for asthma.

**Conclusion:** This study failed to provide evidence that the influenza vaccine prevents pediatric asthma exacerbations.

*Reference: Christly, C. et al. Arch Dis Child. 2004 Aug;89(8):734- Not in children with asthma (2): "The inactivated flu vaccine, Flumist, does not prevent influenza-related hospitalizations in children, especially the ones with asthma...In fact, children who get the flu vaccine are more at risk for hospitalization than children who do not get the vaccine." Reference: The American Thoracic Society's 105th International Conference, May 15-20, 2009, San Diego.*

**Not in adults:** In a review of 48 reports including >66,000 adults, "Vaccination of healthy adults only reduced risk of influenza by 6% and reduced the number of missed work days by less than one day (0.16) days. It did not change the number of people needing to go to hospital or take time off work." Reference: The Cochrane Database of Systematic Reviews. "Vaccines for preventing influenza in healthy adults" 1 (2006)

**Not in the Elderly:** In a review of 64 studies in 98 flu seasons, For elderly living in nursing homes, flu shots were non-significant for preventing the flu. For elderly living in the community, vaccines were not (significantly) effective against influenza, ILLI or pneumonia.

*Reference: "Vaccines for preventing influenza in the elderly. The Cochrane Database of Systematic Reviews. 3(2006).*

## 3. WHAT ABOUT THE NEW SWINE FLU SHOT?

A new report from a WHO advisory group predicts that global production of vaccine for the novel H1N1 influenza virus could be as much as 4.9 billion doses a year, far higher than previous estimates.

The report says that vaccine makers are expected to produce about 780 million doses of seasonal flu vaccine for the northern hemisphere's 2008-09 flu season for the US 350 million doses will be ready by June 30, 430 million doses will be ready by July 31.

## JUNE 12 ANNOUNCEMENT:

H1N1 vaccine to be made by Novartis. It will be made in PER.C6 cells (human retina cells) and contain MF59, a potentially debilitating adjuvant

Federal health officials will probably recommend that most Americans get three flu shots this fall: one regular flu shot and two doses of any vaccine made against the new swine flu strain.

The "working hypothesis" of the CDC is that most Americans will need two swine flu shots to get full protection, although the elderly (people born before 1957) may be able to get away with just one," said Dr. Anne Schuchat, the agency's director of immunization and respiratory disease.

## 4. IS MANDATORY VACCINATION POSSIBLE?

1946: USPHS was establishment and EO 9708 was signed, listing the communicable diseases that could be corralled using quarantines Between 1946 and 2003: Cholera, diphtheria, TB, typhoid, smallpox, yellow fever, viral hemorrhagic fevers have been added.

April 4, 2003: EO 13295 added SARS to the list.

April 1, 2005: EO 13295 amended to include "Influenza caused by novel or re-emergent influenza viruses that are causing, or have the potential to cause, a pandemic

The power to quarantine was delegated by the President to the Sec of HHS to be determined at his or her discretion.

Sec of HHS was given the power to arrange for the "apprehension and examination of persons reasonably thought to be infected." A cough or a fever could put a person at risk for being quarantined for an extended period of time and without recourse

January 28, 2003: Introduction of Project BioShield during Bush's State of the Union Address. This created a permanent "indefinite funding authority to develop "medical countermeasures"

New authority was given to the NIH to speed R&D of drugs and vaccines and emergency approval was given to "fast tracked" drugs and vaccines if needed without the regular course of safety testing

December 17, 2006: Division E: Public Readiness and Emergency

Preparedness Act was added as an addendum added to the Defense Appropriations Bill HR 2863 at 11:20p on Saturday night, long after House Committee members had signed off on the bill and gone home for the holidays. Section (b)(1) states:

The Sec of HHS can make a determination that a "disease, health condition or threat" constitutes a public health emergency. He or she may then recommend "the manufacture, testing, development, administration, or use of one or more covered counter measures..." A covered countermeasure, defined in Division E, is a "pandemic product, vaccine or drug.

Division E also provides complete liability protection for all drugs, vaccines or biological products deemed

a "covered countermeasure" for an outbreak of any kind. Protection has been given to the drug companies for any product for any public health emergency declared by Sec of HHS.

Pharma is now protected from all accountability, unless criminal intent to harm can be proven by the injured party. Drug companies are protected from lawsuits, even if they know the drug will be harmful.

\* As stated years ago by Margaret Mead, "Never doubt that a small group of thoughtful committed citizens can change the world; indeed it is the only thing that ever has."

*For more information go to [www.SayingNoToVaccines.com](http://www.SayingNoToVaccines.com) or [www.DrTenpenny.com](http://www.DrTenpenny.com) 440-239-1878*

## Childhood epileptic seizures and Cerebral Palsy induced by Hepatitis B vaccines: Case report

Presented at the 2nd International Symposium on Hyperbaric Oxygenation for Cerebral Palsy and the Brain-Injured Child Boca Raton, Florida July 25-28, 2001

**Abstract Purpose:** The causal involvement of adverse hepatitis B vaccines in cerebral palsy and epilepsy, remains controversial. In this study, we report a case report of a 21 month-old white female patient who presented with recurrent seizures and manifested all characteristic features of cerebral palsy as a result of hepatitis B vaccines.

**Methods:** neuroimmunologic techniques, family history, and previous medical records were used to evaluate, correlate and ascertain whether cerebral palsy and epilepsy were a consequence of hepatitis B vaccines adverse effects.

**Results:** Abnormal EEG showed bilateral cerebral hemispheric disturbances with abnormal rhythmic and irregular delta wave activity was present suggesting an underlying cortical rhythms, less evident in the area of involvement. Furthermore, there was 4 Hz, paroxysmal bilaterally synchronous generalized focal theta activity

*In this study, we report a case report of a 21 month-old white female patient who presented with recurrent seizures and manifested all characteristic features of cerebral palsy as a result of hepatitis B vaccines.*

suggesting damage to a non-specific thalmo-cortical region. Also, multiple theta wave discharges were seen independently arising from different regions of the hemispheres suggesting several potentially epileptogenic foci. The immunologic evaluation showed multiple antibody abnormalities including T helper/suppressor ratio and immune complex! s. Certain abnormal antibodies found in epilepsy (IgG, IgA) were present in all the patients. There was an elevation of Mg2+ ions receptor function probably, as a result of autoimmune dysfunction.

**Conclusions:** Since there were no known family history of individuals with developmental problems, mental retardation, or seizure disorders, it then meant that her health condition was related to after birth events. Hence, those abnormalities that are associated with neurological dysfunctions, and characteristics that are found in cerebral palsy and epilepsy, are most likely associated with hepatitis B vaccines adverse effects.

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# MSPs seek answers as cervical cancer vaccine fears grow

BY MARISA DE ANDRADE

29 June 2009

News.scotsman.com

**T**HE SCOTTISH GOVERNMENT has been challenged to explain why it introduced the cervical cancer vaccination programme in a series of questions by MSPs.

Conservative health spokesman Mary Scanlon has submitted four parliamentary questions to Health Minister Shona Robison after meeting with a Scottish representative from the International Coalition of Advocates for the People (ICAP).

Freda Birrell, of ICAP, raised concerns about inadequate research, incorrect data presented to parents, and serious illnesses being reported from girls who have received Cervarix.

Earlier this month, The Scotsman revealed more than 150 girls in Scotland have suffered adverse reactions after receiving the vaccine, introduced last autumn. It is being given to all girls in S2 and to girls in S5 and S6 in a catch-up programme.

The story led a number of MSPs to look into the vaccination programme and ask whether enough research had been carried out before Cervarix was introduced. Mrs Scanlon has taken up ICAP's concerns and has asked the government:

- How old were women involved in the clinical trials of the vaccine?
- What measures were taken to establish whether young women already have HPV – the virus linked to cervical cancer – prior to the administration of the vaccine?
- How long were the clinical trials of the vaccine?

Freda Birrell's MSP, Tory finance spokesman Derek Brownlee, was also at the meeting. He told The Scotsman: "The questions Mary raised cover immediate issues we'd like clarification on. We want to understand the way the government is pushing ahead with the vaccination programme and want more background information on detailed concerns.

"When anyone raises questions, it

would be sensible for the government to be as open as possible and be helpful on why the government decided to introduce the programme."

Ms Robison: "While each (adverse) reaction is thoroughly investigated, it is also very important to put this figure into the appropriate context. According to initial figures, almost 64,000 girls in school – 92 per cent of those eligible – received their first dose of the HPV vaccine last year. If 150 of these girls experienced adverse events, this would amount to 0.2 per cent of those immunised."

The response has angered campaigners and parents who believe their daughters are experiencing serious side-effects after being vaccinated.

They claim many adverse reactions will not have been reported and that potentially serious side-effects are being downplayed.

Ms Birrell said: "Our Health Minister appears to disregard problems which are occurring within the vaccination programme and without attempting to investigate or show genuine concern for the adverse effects being experienced by some of our young people."

Cathy Jamieson, Labour's health spokeswoman, said she was watching the situation with interest. Independent MSP Margo MacDonald said the matter deserved full attention "in terms of a campaign".

Grace Filby, another ICAP advocate, has raised another concern: "There are serious errors in the published factsheet about side-effects. The figures were understated by two decimal places – and some common side-effects such as arthralgia (joint pain) were not even mentioned.

"Why would the Department of Health not wish to inform GPs, the schools or the general public that the risks of side-effects are 10-100 times greater than they originally stated?

"Would the public consider this a fraudulent act – a total deception, incompetence or negligence?"

The factsheet was also used on the official Scottish website, HealthScotland. The Scottish

Government and NHS Health Scotland said no inaccurate information has been distributed.

The Department of Health said 50,000 copies of the document were distributed in May 2008, the printed factsheets had been widely distributed before the revised version was produced, and a recall would have been extremely difficult. No erratum slips were printed or distributed to GPs.

GlaxoSmithKline insisted detailed tests were carried out and any reactions to Cervarix were within the range expected of a mass vaccination programme.

## GIRL, 13, UNABLE TO GO TO SCHOOL SINCE MARCH

THE mother of a teenage girl who has suffered chronic joint pain and fatigue since she had three Cervarix jabs, is offering support to Scottish parents.

Clare Ramagge, from Surrey, had to give up work to become a full-time carer for 13-year-old Rebecca, who can't get up, walk or go to the toilet without help and hasn't been to school since March. She suffers dizziness, chronic fatigue, aching muscles, sight problems and nausea on a daily basis – problems she hadn't experienced until the vaccination.

Three Scottish parents have been in touch since The Scotsman reported on Cervarix's suspected serious side-effects earlier this month. All believe their daughters' conditions are linked to the vaccination.

In one case, a previously active 16-year old suffered extreme lethargy, sore throats, flu-like symptoms, loss of voice, loss of appetite, lack of enthusiasm for any leisure pastime, painful muscles and swollen glands. Her doctor initially said it was a "viral infection", and then fainting episodes began leaving her unconscious for up to 90 minutes. The girl has also had fits.

Another Scottish mother whose daughter has suffered tingling, heaviness and fever, sickness, abdominal pains, dizziness and sight problems, failed to report the side-effects because she didn't know how.

# Legal immunity set for swine flu vaccine makers

BY MIKE STOBBE (AP)

Associated Press, July 17 2009

ATLANTA — The last time the government embarked on a major vaccine campaign against a new swine flu, thousands filed claims contending they suffered side effects from the shots. This time, the government has already taken steps to head that off.

Vaccine makers and federal officials will be immune from lawsuits that result from any new swine flu vaccine, under a document signed by Secretary of Health and Human Services Kathleen Sebelius, government health officials said Friday.

Since the 1980s, the government has protected vaccine makers against lawsuits over the use of childhood vaccines. Instead, a federal court handles claims and decides who will be paid from a special fund.

The document signed by Sebelius last month grants immunity to those making a swine flu vaccine, under the provisions of a 2006 law for public health emergencies. It allows for a compensation fund, if needed.

The government takes such steps to encourage drug companies to make vaccines, and it's worked. Federal officials have contracted with five manufacturers to make a swine flu vaccine. First identified in April, swine flu has so far caused about 263 deaths, according to numbers released by the Centers for Disease Control and Prevention on Friday.

The CDC said more than 40,000 Americans have had confirmed or

probable cases, but those are people who sought health care. It's likely that more than 1 million Americans have been sickened by the flu, many with mild cases.

The virus hits younger people harder than seasonal flu, but so far hasn't been much more deadly than the strains seen every fall and winter. But health officials believe the virus could mutate to a more dangerous form, or at least contribute to a potentially heavier flu season than usual.

"We do expect there to be an increase in influenza this fall," with a bump in cases perhaps beginning earlier than normal, said Dr. Anne Schuchat, director of the CDC's National Center for Immunization and Respiratory Diseases.

On Friday, the Food and Drug Administration approved the regular winter flu vaccine, a final step before shipments to clinics and other vaccination sites could begin.

The last time the government faced a new swine flu virus was in 1976. Cases of swine flu in soldiers at Fort Dix, N.J., including one death, made health officials worried they might be facing a deadly pandemic like the one that killed millions around the world in 1918 and 1919.

Federal officials vaccinated 40 million Americans during a national campaign. A pandemic never materialized, but thousands who got the shots filed injury claims, saying they suffered a paralyzing condition called Guillain-Barre Syndrome or other side effects.

"The government paid out quite a bit of money," said Stephen Sugarman, a law professor who specializes in product

liability at the University of California at Berkeley.

Vaccines aren't as profitable as other drugs for manufacturers, and without protection against lawsuits "they're saying, 'Do we need this?'" Sugarman said.

The move to protect makers of a swine flu didn't go over well with Paul Pennock, a prominent New York plaintiffs attorney on medical liability cases. The government will likely call on millions of Americans to get the vaccinations to prevent the disease from spreading, he noted.

"If you're going to ask people to do this for the common good, then let's make sure for the common good that these people will be taken care of if something goes wrong," Pennock said.

AP Medical Writer Luran Neergaard contributed to this report from Washington.

## FURTHER INFORMATION

*Would you like to find out more from Professor David Salisbury about the Swine Flu vaccine?*

*Would you like to ask just how safe this Swine Flu vaccine is?*

*Would you like to find out if it is safe for a vaccine that, according to The Times, will only have been trialled for five days before being released on the population?*

*If so, please feel free to contact Professor David Salisbury here:  
Email: david.salisbury@db.gsi.gov.uk*



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# The Cedillo Appeal – Justice Delayed

<http://www.ageofautism.com/2009/08/the-cedillo-appeal-justice-delayed.html>

BY KENT HECKENLIVELY, ESQ.

August 17, 2009

## EXTRACTS:

**R**EADING THE DECISION in the Cedillo appeal gives me a greater appreciation of that story. It doesn't seem to matter what's presented, the Special Masters are still going to deny any connection between vaccines and autism.

The Cedillo case depended a great deal of the identification of the measles virus discovered in an intestinal biopsy taken from Michelle Cedillo and analyzed by the Unigenetics Laboratory of Dr. John O'Leary. The court agreed that "the general reputations of Unigenetics and Dr. O'Leary are good." (P. 11) It also agreed that the reliability of the Unigenetics Laboratory was "the single-most critical issue in the case." (P. 10).

In a legal case each side will generally say that the other side's evidence is not reliable. It's to be expected.

On the issue of reliability, it's curious that while the court admits that the general reputation of the lab and Dr. O'Leary are good, they unaccountably failed in this instance. (Author's note - The U.S. government later hired Dr. John O'Leary to set up two labs for the Hornig/Lipkin study on the prevalence of the measles virus in the guts of children with autism. Amazing how one day the government is trying to destroy your reputation and soliciting your help on another.)

The Cedillo experts claimed that the measles virus wasn't replicating in blood cells, only in those areas like the gut and the brain, causing both the digestive and cognitive problems. But doing intestinal biopsies on children with autism is one of the very procedures which got Dr. Andrew Wakefield in such trouble, resulting in claims he was performing unnecessary procedures.

And this is where the independent judgment of the court is supposed to come in. One side says you didn't perform the tests the way you should. That's fair game and deserves to be explored. The other side says, you can't find the measles virus in the red blood cells of affected children, only in the gut which you can biopsy, or the brain,

which short of an autopsy, is exceedingly difficult. You should consider that claim as well.

But that didn't happen in the Cedillo case. The Special Masters accepted one side, and paid no attention to the other. I acknowledge these are confusing issues, but where's the evidence disputing the claim that measles virus is not present in red blood cells, but only affected organs? The Court acted as if these issues weren't even worthy of consideration. And if Dr. O'Leary's lab was so incompetent in detecting the measles virus, why did our own government later hire him to set up two such labs?

A similar narrowness of vision was present in other parts of the decision. The third criterion to be satisfied to obtain recovery is a "proximate temporal relationship between vaccination and injury." The medical records for Michelle Cedillo are actually quite compelling in establishing a short time period between her vaccinations and the development of her problems.

"A May 2, 1997 letter from an Arizona neurologist, Dr. William Masland, deserves particular mention. After examining Michelle Cedillo on May 2, 1997, Dr. Masland noted that Michelle lost her speaking ability after her post-MMR fever episodes. He further stated 'it would appear that there was some neurological harm done at the time of the fevers.' He added, 'whether this was a post-immunization phenomenon or a separate occurrence, would be very difficult to say.' The Special Master concluded that Dr. Masland's letter, at most, speculated as to whether the MMR vaccine was causing Michelle's neurologic abnormality and did not constitute an opinion that the MMR vaccine caused Michelle's autism." (P. 20-21)

This last sentence turns the standard for recovery on its head. It wasn't the role of the neurologist to say the MMR vaccine caused Michelle's autism! He was acting as a physician, an independent observer, noting the timing of various occurrences and his own opinion. Since the linking of vaccines to autism is probably the most contentious issue in medicine today, it seems as if he was being cautious, but thorough. The decision as to whether vaccines are linked to autism rightfully belongs to either a court, or

medical research done pre and post vaccination for children who are normally developing and those with autism.

How can the court claim it was the place of the examining neurologist to assert this was definitely a vaccine injury? That would have been too great a presumption for him to make. He was merely preserving a record, not settling the most controversial issue in medicine. If he had said the MMR shot definitely caused Michelle Cedillo's autism I have little doubt the Special Masters would have thrown out his report as being without proper foundation.

As an attorney I can't overstate the importance of the impartiality of the court in determining the truth of a claim. There's nothing more corrosive to a society than injustices which are allowed to continue. It's little surprise that many protesters who feel themselves to be the victims of injustice carry signs which read, "No justice, no peace!" Injustice tears at the very fabric of society.

I know this will be disputed by some, but the fault in Cedillo wasn't with the evidence, or the way the attorneys presented the case. The fault was with the Special Masters and may lie in a prejudice that even they don't fully appreciate.

Like the neighbor who doesn't want to part with his lawnmower the Special Masters don't want to acknowledge that vaccines may be linked to a condition which in twenty-five years has gone from 1 in 10,000 to 1 in 100. It doesn't matter what we present to them. That lawnmower will still stay in the garage.

If there's any good to be found in the denial of the Cedillo appeal and others it's that there's no longer any need to remain in Vaccine Court. The claims can now move into the civil trial system with more favorable rules of discovery and evidence. I know the attorneys and their families must be both financially and emotionally exhausted but I strongly urge this effort to continue.

I believe a change in neighbors, from the Vaccine Court to the regular civil trial system, can bring us our long-sought justice. It's what the pharmaceutical companies have been dreading for more than 20 years. They created the Vaccine Court to keep us out of civil court. It is now within the power of those representing these cases to make the worst nightmares of the pharmaceutical companies come true.

# More Swine Flu porkies

BY HILARY BUTLER, NEW ZEALAND.

Sunday, June 14, 2009

[http://www.beyondconformity.org.nz/\\_blog/Hilary's\\_Desk/post/More\\_Swine\\_flu\\_porkies/](http://www.beyondconformity.org.nz/_blog/Hilary's_Desk/post/More_Swine_flu_porkies/)

IS THE WHOLE of New Zealand gormless? No, but Dr Darren Hunt's face peers out from a box on page three of the Sunday Star Times today, telling us that the problem with swine flu is that no-one in the community has any immunity to it, therefore it will infect far more people than normal flu, and we can't have 20 - 50% of people sick with swine flu, as well as ordinary flu, can we? "That's why we have to slow it down." Hang on a minute?!!!!

Aren't we told that EVERY year, influenza viruses mutate so rapidly that no-one in the community has any immunity to it so every year the 'fragile' 30% of New Zealand .... the sick, elderly, (...and from this year on, medical workers....) are exhorted to have the flu jab?

Why, when the flu jab "doesn't work" is it always blamed on some mutant virus sneaking in (called a mismatch), which the vaccine crystal ball gazers somehow missed?

Why is Darren Hunt now inferring that the 70% who don't get the ordinary flu vaccine will have community immunity to the new mutant strains, while telling the elderly, sick, or medical workers, that they don't?

How is H1N1 any different from the common garden flu virus, which also mutates every year... apart from the fact that the swine flu is milder?

Did you know that, BECAUSE there is no community immunity to the Swine Flu, everyone will require TWO shots, not one, like the regular mutated flu shot?

On that logic, shouldn't their be two shots of the vaccine for the annual, ordinary, mutated, supposedly more serious, flu we haven't yet got immunity to either?

And here's another thing bugging me. (haha) Who says "Swine Flu" will be in addition to the ordinary flu viruses, and people will get both? Which wizard, in what tower, looked in what crystal ball to get that prediction?

Might it be that swine flu just happened to jump the gun (or should that be the lab?) this time, and is the new, "unexpected" variant?

None of this is being discussed in the media. It seems to me that this might well be THE FUTURE PLAN:

- 1) Save face and credibility.
- 2) Use up Tamiflu before that expiry date in a few months. Mustn't be accused of wasting money. Then we can spend a few more million stocking up again,... if we've not made the flu "resistant" in the meantime... (but that's okay, because Rumsfeld will come up with a fancier more expensive magic bullet...)
- 3) Let everyone think that H1N1 will infect FAR MORE people than the ordinary flu, "coz it's new and so no-one will have immunity."
- 4) Somehow keep selling the ordinary flu vaccines, even though you've just told everyone there is community immunity to that flu.
- 6) Work out some plausible excuse so that people will see the need for both flu

vaccines, after all, we must support the vaccine manufacturers in their time of financial need.

7) Keep out as much swine flu as possible, so that there is a still a chance for that virus to mutate and become a killer virus as predicted by the wizards, crystal ball gazing in ivory towers....

8) Be stupid and use tamiflu on everyone with swine flu, so that the virus becomes both deadly and Tamiflu resistant as well. Then people will scream out for a vaccine, because we've nuked the supposed treatment option. (P.S. Never tell anyone that side effects of Tamiflu look like the flu you're trying to stop. Just tell them that Tamiflu stops it being worse than it would be otherwise...)

9) All this will set up the country nicely for the NEW expensive two prick PANDEMIC H1N1 VACCINE, (after all, you haven't any immunity to this one). Give it to everyone, whether or not they've had the swine flu, because testing everyone is far too expensive, and a logistical nightmare.

10) Follow that by saying that the reason the killer wave never arrived, was because of the new two-shot pandemic vaccine. It's only in a story picture that you can see "the emperor has no clothes".

11) Shhh..... make sure that no-one asks the question why the annual flu little prick, to new strains which we have no immunity to either, only needs one little prick.

Remember, (for the sake of the manufacturers' profits) that it's vital the gullible are conditioned to believe that every year from now, they will die ... unless their life is full of little pricks!

## the vaccination issue

with **Felicity Rock** LCPH MARH DHP  
Registered Homeopath and  
Specialist in Paediatric Homeopathy

Babies currently receive 19 vaccines before the age of 6 months, 32 vaccines by the time they are 5. If you are concerned, confused or have questions about vaccine effectiveness and safety, this is the talk for you. Make an informed choice.

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# WHO study suggests low incidence of Hib in India is due to natural immunity

INDIAN J MED RES 129

February 2009, pp 205-207

## CORRESPONDENCE

SIR, We congratulate the authors of this meticulous study<sup>(1)</sup>.

The authors found the incidence of Hib meningitis only 0.007 per cent and they speculate that the population may have 'natural immunity' to invasive Hib disease.

This paper is published 10 years after the data were obtained. Three years ago an editorial published in the 'Expert Review Pharmacoeconomics Outcomes Research', cited this study as an instance of selective non-publication of research<sup>(2)</sup>. To understand the interest in this paper it is useful to remember the context in which the study was done. Hib disease in Asia is very low – six in 100,000 compared with 109 in 100,000 in the Western Pacific<sup>(3)</sup>.

The thrust of Hib research in Asia is to convince health planners that Hib was a major problem that had gone unrecognized due to poor microbiologic facilities and the technical inability to culture the organism. An Invasive Bacterial Infections Surveillance Group

(IBIS) study performed over 4 years, in six large referral hospitals in India, employed sophisticated culture techniques to isolate the organism.<sup>(4)</sup> This study also revealed a remarkably low incidence of Hib disease.<sup>(4,5)</sup> Not convinced, the World Health Organization (WHO) undertook this large population-based study in Tamil Nadu, assuming that hospital-based study like the IBIS study would miss cases of meningitis that die in the community, before they reach the hospital. The very low incidence in this community based study, is therefore of great interest to epidemiologists and health planners.

Unfortunately, because of this delay in publication, the data could not inform the debate prior to decision of the WHO to recommend Hib vaccine to all infants. We have previously suggested that 'natural immunity' (due to infections with bacteria with cross-reacting antigens) was the reason for the low incidence of invasive Hib disease in India, and the reason why this population does not need vaccination with Hib.<sup>(6)</sup> It is gratifying that this is now borne out in a study

supported by the WHO.

We hope the government and public health planners will take note of this latest evidence against the need for Hib vaccine in India.

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## 30% of nurses 'don't want' flu jab

[www.mirror.co.uk/news/latest/2009/08/18/30-of-nurses-don-t-want-flu-jab-115875-21604250/](http://www.mirror.co.uk/news/latest/2009/08/18/30-of-nurses-don-t-want-flu-jab-115875-21604250/)

18/8/09

**A**POLL HAS FOUND that almost one in three nurses do not want the swine flu jab over fears about its safety and a perception that the flu is mild.

The poll of almost 1,500 readers of the *Nursing Times* found that many would reject the vaccine.

The jab is to be given to people in high-risk groups, such as those with asthma or diabetes, as well as health workers like GPs and nurses.

Some 91% of those who responded to the survey described themselves as frontline nurses. When asked if they would have the vaccine, 30% of those surveyed said no, while 37% said yes and

33% said maybe.

Of those who said they would refuse the jab, 60% said their main reason was concern about the safety of the vaccine.

A further 31% said they did not consider the risks to their health from swine flu to be great enough, while 9% thought they would not be able to take time off work to get immunised.

One nurse said: "I would not be willing to put myself at risk of, as yet, unknown long-term effects to facilitate a short-term solution."

Another who had not made up their mind whether to have the jab, said: "I have had the seasonal flu vaccination three times and on each occasion was very poorly for

several days afterwards. It can give you flu-like symptoms, which in my case were bad enough to put me in my bed."

Professor David Salisbury, the Department of Health's director of immunisation said: "They have a duty to themselves, they are at risk. They have a duty to their patients not to infect their patients and they have a duty to their families."

The survey comes after health chiefs said doctors should watch out for cases of Guillain-Barre syndrome when the vaccine is introduced in October. The syndrome, which affects around 1,500 people a year in the UK, attacks the nervous system and can result in temporary paralysis.

# SWINE FLU – This Doctor Writes

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

## WHAT A HYSTERICAL OVER-REACTION.

I can't even blame the media – the Government and the Department of Health are the ones who are fuelling the whole terror soaked frenzy...

Every year people have little summer colds. This never used to worry anyone. But now, not content with the annual road show of winter-flu-fear-mongering; in recent years we have been treated to similar levels of unreasoned madness through the summer as well: SARS in 2003, bird flu in 2006 (and that hasn't gone away yet...) and this year, just when you might have been looking forward to a relaxing summer with some decent weather, we are bombarded with panic stricken threats and warnings about the 'deadly' swine flu spreading its venomous tentacles towards us from the distant Mexican high lands to exposed, defenceless northern Europe.

After all the hype and agitated closing of schools – which I can only think of as a good thing! – how many people were seriously ill? None. Not then, anyway. We were treated to pictures of smiling children and adolescents with their feet up enjoying their compulsory two weeks absence. Not much terror there. But behind the scenes, the great and remorseless pharmaceutical juggernaut was grinding its inexorable wheels, producing ton upon ton of Oseltamivir – known to you and me as Tamiflu. Press releases said there wasn't enough to go around!! – and the vaccine isn't ready yet!! –all designed to promote panic. Where were the Department of Health press releases telling the public calmly, simply and practically how to treat flu-like symptoms if you got them? - Nowhere.

The immune system is very complex and interactive. It is very sensitive to the effect of emotion. Stress causes firing of the Hypothalamic-Pituitary-Adrenal (HPA) Axis, resulting in the outpouring of adrenaline and



*Dr Jayne L.M. Donegan*

*“But behind the scenes, the great and remorseless pharmaceutical juggernaut was grinding its inexorable wheels, producing ton upon ton of Oseltamivir – known to you and me as Tamiflu.”*

corticosteroids. In the short term these are designed to help us in times of acute danger, but in the long term they result in a weakening of the immune response. So, a person gets a bit of a cough or a cold. Instead of taking not much notice and getting better, they are now gripped with alarm and anxiety that they might have the 'deadly' swine flu. Their immune system, already over-wrought as a result of the media coverage, does a much worse job than it would normally, and the person consequently has a much poorer outcome. Studies have shown that this scenario is played out in the same way in children, whose immune system responds in a similar way to the stress picked up from their parent's anxiety.

Add this to the standard medical advice for treatment of fever: suppress all fever with paracetamol and ibuprofen – even though the National Institute for Clinical Excellence (2007) advises against routine suppression of fever with antipyretics - is it any wonder that severe cases are emerging?

Only two weeks ago I arrived at a GP surgery to hear the GP on the

phone to the distraught mother of a two-year-old. He had already been given the standard cocktail of paracetamol +/- ibuprofen to suppress his temperature +/- antihistamine cough linctus to suppress his cough and had then been prescribed Tamiflu the previous day. He was now suffering from a severe frontal headache and intractable vomiting for almost 24 hours. As I came in the GP was prescribing an emergency supply of cyclizine, an anti-emetic, to stop the vomiting. When a child such as this dies, we say it was caused by the swine flu, when, in fact, it was the treatment. Now that the Government has launched the National Pan Flu Service people will be able to get Tamiflu made available at their local chemist, dramatically increasing access to this dangerous drug that was banned by the Japanese Ministry of Health for use in 10 to 19-year-olds due to the incidence of neuro-psychiatric effects including self harm. The grim reality is that we may all get dosed with it anyway in our drinking water, as it seems that it survives sewage treatment.

## WHAT SHOULD YOU DO IF YOU OR YOUR CHILD GET FLU-LIKE SYMPTOMS?;

- Don't take Tamiflu.
- Don't take paracetamol or ibuprofen
- Open the window
- Go to bed
- Drink plenty of clear fluids, especially hot water with grated ginger, lemon & honey
- No Dairy – milk (including soya), yoghurt or cheese
- Don't eat unless (very) hungry, certainly not to 'keep your strength up'
- If you are hungry eat small amounts of easy to digest starch or fruit
- After 48 hours you will be a lot better

(for more details see next page)

*Alternatively, you could contact the :*

National Pandemic Flu Service  
[http://www.direct.gov.uk/en/Swineflu/DG\\_177814](http://www.direct.gov.uk/en/Swineflu/DG_177814)

If you are in England, you can get antivirals to treat swine flu from a local collection point without seeing your GP.

Check your symptoms online by visiting the new National Pandemic Flu Service website, or by calling 0800 1 513 100 (0800 1 513 200 for Textphone).

If you do have swine flu, you will be given a unique access number and told where your nearest Antiviral Collection Point is.

Your 'flu friend' – a friend or relative who does not have swine flu – can use this number to pick up your antivirals from the local collection point for you. Your flu friend must show their own ID as well as yours.

Acceptable forms of ID include: a utility bill, passport, a credit or debit card, driving licence, NHS card

#### GENERAL MEASURES FOR MANAGING ACUTE ILLNESS

- **Fresh air** – open the window, during mild weather, lie outside if you can. At night, make sure that the window is open even if only a little.
- **No dairy produce** – no milk (including soya) yoghurt, cheese, eggs until well on the mend. Dairy increases mucus, upsets stomachs and may increase fever.
- **Plenty of clear fluids** – for example, water with Rescue Remedy, half diluted apple juice.
- **Ginger** (fresh root grated or chopped, one good pinch), honey (2 tsp) & lemon (1/4 squeezed) in a mug plus boiling water, stir & sip hot, stock. Ginger helps to sweat the fever OUT unlike paracetamol and ibuprofen which reduce fever but push it IN, often making the illness last longer.

If squash, make sure it contains no aspartame or saccharin. No orange juice.

Fluids are best taken frequently, small frequent sips are more useful than occasional large gulps, especially if there is vomiting.

- **No food unless hungry** – this is VERY important.

Do not force yourself to eat if you are not hungry. When any fever is down, and you are hungry have light food – starch, minimal fat chew it well, for

.....  
 "Now that the Government has launched the National Pan Flu Service people will be able to get Tamiflu made available at their local chemist, dramatically increasing access to this dangerous drug that was banned by the Japanese Ministry of Health for use in 10 to 19-year-olds due to the incidence of neuro-psychiatric effects including self harm."  
 .....

example: peeled sliced apple, wholemeal toast scraped with Marmite or honey mashed potato made with cooked potato, boiling water and a pinch of salt, vegetable soup, home made, hot tomato juice with a squeeze of lemon +/- a little Tabasco

- fruit or cooked vegetables all in very small quantities
- **Honey on a teaspoon** is very good for sore throats and stops harmful bacteria from multiplying. (Government Health Warning: not for infants less than 1-year of age)
- **REST** – this is extremely important most adults only get infectious diseases because they are tired and need a rest – if they had a rest first, they probably wouldn't get the infection.
- **Loose clothing** – made of soft, natural fibres.
- **No TV/ computer/ books** – Listening is OK, so radio is OK, no ipods plugged into ears.
- **Room temperature** – between 15°C and 18°C
- **No meat, fish, fatty food or dairy** until two days after better; up to a week if after diarrhoea and vomiting. If dairy or normal diet is introduced and symptoms start again, especially after diarrhoea and vomiting, go back to fasting or light diet until symptom free.

© Dr Jayne LM Donegan 2009 The information herein does not replace the need for medical advice where appropriate

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## A Doctor Writes Boar Flu



AS A DOCTOR, I am often asked, "Have I Got Swine Flu?"

The simple answer is No. You have Bore Flu or *Borus tediosissimun normalis*, to give it the full medical name.

What happens is the patient comes into contact with a newspaper report detailing the symptoms of Swine Flu. At once, the patient becomes a colossal bore telling everyone he's got swine flu when he hasn't.

This may cause intense drowsiness in all those listening to him and in some cases this could prove terminally dull.

If you think you have got Bore Flu, you are advised to stay at home and be quiet - ("Nil by Mouth")

© A. Doctor Norman.

*Private Eye No. 1240 10 July 2009 (used with permission)*  
<http://www.nice.org.uk/nicemedia/pdf/CG47Guidance.pdf> p23

# Protest Against Mandatory Vaccination

BY JOANNA KARPASEA JONES

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

**T**HE JOINT COMMITTEE on Vaccination and Immunisation recently took control of the UK vaccination schedule, giving them power to bring in new vaccines without a government vote and to enforce vaccines. They are currently discussing whether to hire a 'guardian of the state' to sue the parents of unvaccinated children to FORCE them to submit their children for jabs.

At the same time, WHO have MANDATED universal vaccination of entire populations with a new swine flu vaccine that has not been safety tested and will be 'rushed through 5 day checks'. This is human experimentation.

VAN UK will be protesting outside



*Joanna Karpasea-Jones*

the Houses of Parliament. If you are a parent who doesn't vaccinate, if you want to choose what vaccines you have, if you or a loved one are vaccine injured, please join us and show your support. You will need: A banner or poster, some change for VEGGIES Veggie burgers! Babies and children welcome. For more information contact Jo on 0870 444 0894.

## SAY NO TO BULLYING!

In my 13 years as a parent of unvaccinated children I have had to face

repeated bullying, threats, discrimination and continual letters from the GP surgery inviting me for 'immunisation' despite say no over and over again. Other parents who have chosen not to vaccinate frequently tell me similar horror stories.

Recently some parents at the ARNICA group talked about wanting a leaflet to explain to doctors why they don't vaccinate, so I've now written a leaflet:

'No I Don't Vaccinate. Here's Why.'

It has several bullet points listing reasons not to vaccinate and every one is medically sourced, and contains a powerful message to doctors not to bully, threaten or disrespect non-vaccinating parents.

If you're FED UP of being harrassed and people won't take NO for an answer, please send a SAE for a free copy of this leaflet, to:

VAN UK, 27 Turner Avenue, Langley Mill, Nottingham NG16 4GE.

Any donation you give will enable us to do further print runs. This offer is open to parents overseas.

**PROTEST AGAINST  
UNIVERSAL VACCINATION!  
12 NOON, 3rd OCTOBER 2009  
HOUSES OF PARLIAMENT  
WESTMINSTER, LONDON**

## Medical journal urges caution over swine flu vaccine

BY RONAN MCGREEVY

Saturday, August 1, 2009

<http://www.irishtimes.com/newspaper/ireland/2009/0801/1224251858317.html>

**C**OUNTRIES NEED to assess carefully the risks and benefits of the rapid approval of a human swine flu vaccine to avoid the repeat of past problems with mass-vaccination, medical journal The Lancet has said.

The publication said the fast-tracking of vaccines could lead to a repeat of the problems surrounding a 1976 H1N1 vaccination programme in the United States.

Three elderly people died on the day the vaccine was introduced in October 1976, causing panic and the eventual abandonment of the vaccine programme. The Lancet said the vaccine might be licensed without the usual safety and efficacy data

requirements and all monitoring will have to be done after the vaccine has been administered.

It also pointed out that the disease has so far been mild with most patients making a full recovery and therefore there should be strong post-marketing surveillance in place before the rolling out of a vaccine.

The vaccines, which are still being developed, are likely to be available in Ireland by October and everybody will be in a position to get them.

The chief medical officer Dr Tony Holohan said they would not be recommending the vaccine to any group unless the balance of risk is in favour of them being vaccinated. Six of

the seven foreign students staying on the UCD campus who are suspected of having human swine flu have been released from quarantine.

The other student is being assessed by a GP and has been prescribed paracetamol rather than tamiflu which is usually only given to those who have contracted swine flu. Ten students, who are from Italy and Spain, were also monitored by GPs. They have all been cleared while another student who presented yesterday with flu-like symptoms is being assessed. A spokesman for UCD said the university, the biggest in the country, has a comprehensive plan to prepare for the potential threat which will occur when students and staff return to the college in September.

This article appears in the print edition of the Irish Times

# Girl Dies From Diagnosed Mumps After MMR Vaccine

BY REBECCA SMITH

Medical Editor, Daily Telegraph

06 Aug 2009

**F**OUR-YEAR-OLD DIES after being diagnosed with mumps.

Lisa Pollitt, a four-year-old girl from Wythenshawe who had had the MMR vaccine, has died after being diagnosed with mumps, it has emerged.

Lisa Pollitt, aged 4, from Baguley who died suspected of mumps

The youngster had appeared to be recovering but then suddenly took a turn for the worse and doctors at a hospital in Manchester failed in their battle to save her. The exact cause of death has not yet been established, but deaths following mumps are very rare.

If confirmed, Lisa would be the first death in a mumps patient for more than nine years and over 65,000 cases.

Parents shunned the MMR vaccine following research that linked it to bowel disorders and autism and there was a resurgence in mumps, with an epidemic in 2005. Measles cases have also risen and doctors are urging parents to ensure their children have had the full two doses of the vaccine.

It is not clear if Lisa had been given two doses of the MMR vaccine and cases of mumps in people who have been fully vaccinated are rare (*Ed - rare?*)

Parents Patsy and Danny, from Baguley, told of their horror at the death of their 'bright, bubbly and beautiful' daughter.

They described how their GP informed them Lisa had mumps, but the cause of death has not yet been confirmed.

Lisa was rushed to Wythenshawe Hospital where medics managed to revive her, but she died hours later.

Patsy, 24, said: "She was so full of life, bright and bubbly and into everything. She was a real tomboy and loved playing with her brothers and our dog. We can't believe she has gone."

Post-mortem tests have not so far established the cause of death and toxicology tests are now being carried out. The results will not be available for several weeks.

Her parents have been told by doctors that she could have died because of a rare complication of mumps or a separate virus while her system was weakened.

Lisa had been given the MMR vaccine which should protect against mumps but in rare cases people can still catch it.

Patsy said: "She was a healthy young girl and had suffered no serious illnesses. She woke up with a swollen face and the GP said it was mumps.

"She seemed to be OK, she was eating and even had started playing again.

"Then a week later she was a bit groggy and couldn't get to sleep so I stayed downstairs on the sofa with her.

"Suddenly her lips went blue, she was all pale and was still breathing but a few minutes later she stopped.

"It all happened so quickly. It was terrifying.

"In a way it was good that I had her sleeping with me because if not we would never have known what had happened - at least we knew we had got her medical care immediately. Everyone did everything they could to save her."

Lisa had two brothers, Cameron, five,

and Anthony, three, and was due to start at Baguley Hall Primary in September. She was already a pupil at the school's nursery.

Lisa was diagnosed with mumps on July 20. It is incredibly rare to die from the disease, with estimates suggesting one in 10,000 cases.

Patsy said: "It seems so unfair when Lisa had had all her injections that she would get mumps, but the doctors says it happens sometimes and there is a lot of mumps around at the moment.

"We know there are lots of children who haven't been given the injection and I hope that if their parents hear what happened to Lisa they will realise how serious it can be and they will get their children protected and stop it from spreading." *Editor: Sadly, in these situations the bereaved parents are used to promote vaccination due to mis-information from the medical fraternity!*

By May this year doctors had recorded 95 cases of mumps across Greater Manchester, with 31 cases in Manchester, 17 in Tameside, 13 in Trafford and 10 in the Ashton, Wigan and Leigh area.

Mumps is a virus which normally affects glands in the mouth and neck, making them swell up and become painful.

It is passed on through saliva and the incubation period is between two and three weeks.

In 30 per cent of cases there are no symptoms and complications include swelling of the ovaries and testes and, although some believe it can cause sterility, there is no evidence of this.

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## NEW BOOK: The Great White Hoax: The suppressed truth about the pharmaceutical industry

BY ROBERT E CATALANO, 2009.

**R**OBERT CATALANO at age 16 was introduced to the research of the late Dr Henry Lindlahr, who had performed cancer studies at his own cancer clinic in Chicago in the late 1800s. Lindlahr found that drugs and

surgery did more harm than good in the treatment of cancer. His findings were rejected by his colleagues.

In the mid 1950s, Robert Catalano working as a pharmaceutical and drug store manager for Robert's Drug in Oklahoma City, began to see some truth in Lindlahr's findings. After

many years of his own private study and observations Catalano has come to the conclusion that the use of drugs and vaccinations should be completely abolished as a giant fraud and hoax.

This book is the result of many years of close observation; and amounts to a huge assault on the pharmaceutical industry.

ISBN 978-1-4401-3564-4

# Supporting the Parents - Supporting the Doctors?

BY ANNA WATSON

annawatson66@hotmail.co.uk

AT A PARTY RECENTLY, I was asked 'what I did'. After a pause, I talked about my passion for Natural Health. This is always fairly well-received but then comes the thorn - vaccines.

Most folk really battle with this thorn, and this time was no exception. The lump in the dry throat, the wince in one eye and the cooling off of the warm exchange. She paused and then surprisingly said "I hear what you are saying. Parents do need support and information to make health choices for their children, especially if it goes against current advice or culture... but have you thought of the doctors?" She explained, "Some are in a similarly tricky situation and they may need support too. Wedged between their managers - the PCT; the Policy Makers - the Government; the Salespeople - the Pharmaceutical companies and the Hospitals.. all touting for business and 'results'."

This lady was an ex-nurse and now the Dean of the Faculty of Health at a London University. It struck a chord.

I had started Arnica a few years ago. I wanted to meet like-minded parents who had also decided not to vaccinate and who wanted to find out more about naturally supporting the immune system. For years I didn't know a soul. Yet after a few pro-active phone calls to local holistic practitioners and a few meetings at my home, the word spread and I could walk to 10 families! Would this pattern be similar in the medical profession?

Are some doctors under pressure to write prescriptions? Would they like to be able to recommend more complimentary therapies for some of their patients? Would they like to support a family who did not want to vaccinate? Would they be interested in linking symptoms with side effects of medications, or interested in patients who recover without prescriptions?

Opening up dialogue with Doctors and Primary Care Trust managers



Anna Watson

.....  
*"Are some doctors under pressure to write prescriptions? Would they like to be able to recommend more complimentary therapies for some of their patients? Would they like to support a family who did not want to vaccinate?"*  
.....

seemed to be the key.

So last week I attended my local LINK Annual General Meeting. A community group initiative in 150 UK towns, funded by the Department of Health, which would feed back the needs and experiences of the 'user groups' to the 'suppliers'.

Early days but I am feeling confident at the moment. Sitting in a large hall of local people concerned with health, then in smaller focus groups, discussion seemed very open. I put it that many parents wanted more empowerment in their children's health. They felt that the doctors were far too quick to diagnose, often wrongly, and far too quick to prescribe. Antibiotics were a concern. And parents did not feel supported in natural choices, or even to do nothing, but felt incredibly pushed to take medication of some kind. Often the prescription was not used and in effect a waste of money and incorrect medical records.

Isn't it true that otherwise healthy children can recover perfectly well from

fever and disease without chemical intervention? Many parents felt that doctors were not able to consider or support this option and made the parent feel that they were playing with the child's health, occasionally the child's life! The relationship became disrespectful on both sides.

The chief executive of Kingston PCT was very interested in our group, especially when I said that our model had been taken up by 35 towns in the UK. He asked if he would be welcome to a meeting to hear of parent's experiences, concerns and expectations for improvements, took my number and rang it!

I will keep you posted...

Now here's the thorn again. At what point should I discuss vaccines with the health professionals and which words do we use?

Last month I attended the NCT (National Childbirth Trust) conference in Swansea. The focus was home birth, fathers and reaching out to minority groups, which was wonderful. I found myself dreaming one day that vaccines would be discussed on that podium.. anyway, of relevance was a workshop called 'Voices'. An NCT training arm to support the lay person in speaking to the professionals with confidence. ".. to enhance consultancy and partnership, and work towards service improvement for NHS Trusts, PCTs, PCGs, Sure Start projects, service teams, universities and other educational bodies."

It became apparent that attempts to communicate with professionals was a frustrating experience. Specialist workers with the NCT, anti-natal teachers and Breast Feeding Counsellors, were sitting on the committees of MSLCs (Maternity Service Liaison Committees) and spoke of feeling as though their presence was just to tick a box. It seems that the place of the lay person on such committees plays a part regarding the insurance premium. Certainly, maternity units experience a high amount of litigation. So including 'user groups' was cost effective.

Unfortunately the NCT user reps felt marginalised and action was rarely taken.

I am sure that I will experience similar frustrations working within the LINK and I must not become too excited then of our meeting with the the PCT manager. However, I feel that it is worth perservering.

700,000 new babies are born each year in the UK. On average 5% are not vaccinated at all - that is 35,000 totally unvaccinated children each year. 15% will not receive the MMR. Therefore, with nearly 12 million children under 18, more than a million and a half children have not followed the vaccine schedule. Families with vaccination concerns form a large minority in the UK.

There also must be many doctors and nurses and scientists who feel that vaccines are a taboo subject for them in the current climate. There are around

250,000 doctors registered, although they will not all be practising. Even if one in a hundred doctors had vaccination concerns, a rough estimate would suggest that 2,500 doctors are 'zipping up'. Well, 249, 497 if one remembers Dr. Andrew Wakefield, Dr. Jayne Donegan and Dr. Richard Halvorsen...

So, if supporting the parents is key, then so must be the 'support' of the doctors. Please try to discuss your health choices with your GP and if they are disrespectful then keep trying. If this is impossible then find another GP. Involve your GP with your holistic health prevention practises, ask how your GP could support you if you didn't want to take antibiotics and ask, respectfully, for a swab if infection is diagnosed.

Please consider including the GP more and even look into joining your local link group. With talk of

compulsory vaccination this year, even more important for us to be more vocal and united. Vaccination concern seems to be the most taboo subject in our society today but talking will continue to break down these barriers.

The Arnica Network is all about face to face discussion. Parents in 35 towns around the UK meet together to learn more about Natural Health and the Vaccine issues. Grass roots movements can turn the tide of culture and industry, I believe. We must not be complacent.

*Anna Watson*

*Please sign up for the free newsletter or join our Yaboo group, and take a look at the website - there may be a group near to your family. Perhaps you will even consider starting one!*  
[www.arnica.org.uk](http://www.arnica.org.uk)

## Drug companies to reap swine-flu billions; Analysts predict significant boost to sales...

BY ANDREW JACK IN LONDON  
THE FINANCIAL TIMES

Published: July 20 2009 [www.ft.com](http://www.ft.com)

SOME OF THE WORLD'S leading pharmaceutical companies are reaping billions of dollars in extra revenue amid global concern about the spread of swine flu.

Analysts expect to see a boost in sales from GlaxoSmithKline, Roche and Sanofi-Aventis when the companies report first-half earnings lifted by government contracts for flu vaccines and antiviral medicines.

The fresh sales – on top of strong results from Novartis of Switzerland and Baxter of the US, which both also produce vaccines – come as the latest tallies show that more than 740 people have died from the H1N1 virus, and millions have been affected around the world.

GlaxoSmithKline of the UK confirmed it had sold 150m doses of a pandemic flu vaccine – equivalent to

*“It forecast that fresh antiviral sales could boost sales for GSK and Roche by another \$1.8bn in the developed world, and potentially up to \$1.2bn from the developing world. ”*

its normal sales of seasonal flu vaccine – to countries including the UK, the US, France and Belgium, and was gearing up to boost production.

GSK also produces Relenza, an antiviral medicine that reduces the length and severity of the infection, and is preparing to increase manufacturing towards 60m annual doses. The UK placed an order for 10m treatments this year.

One beneficiary of the fears about the pandemic has been Roche of Switzerland, which sells Tamiflu, the leading antiviral drug, and has seen a sharp rise in orders from private

companies as well as governments.

A report last week from JPMorgan, the investment bank, estimated that governments had ordered nearly 600m doses of pandemic vaccine and adjuvant – a chemical that boosts its efficacy – worth \$4.3bn (€3bn, £2.6bn) in sales, and there was potential for 342m more doses worth \$2.6bn.

It forecast that fresh antiviral sales could boost sales for GSK and Roche by another \$1.8bn in the developed world, and potentially up to \$1.2bn from the developing world.

But there were also uncertainties for the pharmaceutical manufacturers. With demand likely to outstrip supply, and initial production suggesting that the yield for the pandemic vaccine is relatively low, they may face difficult choices in determining how much to supply to the countries seeking orders.

They are also under pressure to provide more drugs and vaccines for free, or extremely cheaply, to the developing world.

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# Norman Baker MP on swine flu vaccines

Emails between Andy Thomas, Author and Norman Baker, MP for Lewes, Lib Dem. 3-4/8/09

**D**EAR FRIENDS, I am distributing this email around friends, colleagues and interested parties, as many of us are concerned about the possibility of mandatory swine flu vaccinations being introduced in the UK.

I am lucky enough to have Norman Baker as my MP (for Lewes, Lib Dem), who has tirelessly campaigned for Parliamentary reform and has helped exposed some of the suspicious mysteries surrounding the death of UN weapons inspector David Kelly.

Concerned about the swine flu situation, I emailed Norman to clarify what could and couldn't be done to us without our permission. My email and his helpful reply follow below.

The basics are that the World Health Organisation does NOT have any power to impose a global mandatory vaccination programme (as some sources are saying). The UK government itself could impose one if it chose, but Norman believes that this is unlikely. Even if it were attempted, it would almost certainly be obstructed through the Human Rights Act. However, restrictions on social movement could be introduced for those who remained unvaccinated amidst a major epidemic, although Norman thinks this is still 'very unlikely'.

The good news is that Norman categorically states that he would oppose any attempt to 'make vaccinations compulsory' - so concerned parties have one champion in the UK Parliament, at least, should a worst-case scenario emerge. Read on for the details.

Norman has said he is happy for this information to be distributed as necessary, so please pass it on if you feel it is important.

*Andy Thomas*

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

*Past lectures organized by Changing Times can be downloaded (video and audio) free of charge from the website.*

*Andy Thomas is the author of the new book 'The Truth Agenda', published July 2009, which gives a broad overview and accessible analysis of the global control programme, including relevant discussion on the vaccination debate - online ordering will soon be available (from mid-August 2009) at: [www.vitalsignspublishing.co.uk](http://www.vitalsignspublishing.co.uk)*

## MY EMAIL TO NORMAN BAKER MP (3/8/09):

*(slightly edited to remove personal references)*

Dear Norman, Many of us in the so-called 'alternative' community are becoming increasingly worried about the growing talk of mandatory swine flu vaccines being introduced, should an epidemic take serious hold.

Enforced vaccination is something that many of us would seriously object to, as we already have general concerns about both the safety and the science of immunisation as currently practiced.

I know that you hold many concerns about health and environmental matters - and the freedom to choose - and, in your capacity as my MP, I would be very interested to hear your view on the following:

- 1) Is it true that the World Health Organisation can override sovereign laws and enforce mandatory worldwide vaccination programmes if it so chooses? If so, do you think this is likely to happen?
- 2) If the WHO cannot enforce this, is it still the case that the British government itself can decide to implement a mandatory programme? Would this be likely to happen?
- 3) If a mandatory policy was to be introduced, what would be our rights in law to resist vaccinations for us and our children?

I would be very interested in your comments, as there is currently much fear and paranoia around the swine flu subject in general.

I look forward to hearing from you.

Best wishes,

Andy Thomas

## NORMAN BAKER'S REPLY (4/8/09):

*(Sent to me by post under a House of Commons letterhead - I have accurately retyped the text here, removing only personal references)*

Dear Andy, Thank you for taking the time to contact my office with regards to mandatory vaccinations in light of the Swine Flu pandemic. I had my caseworker speak to the House of Commons specialist, Dr Gavin Colthart, about this and I can now respond to the questions you raised.

Dr Colthart stated explicitly that the World Health Organisation (WHO) has no power to overrule sovereign laws and enforce a mandatory vaccination programme for any country. He added that part of the WHO's success has been the fact that it is merely an advisory body and, while pressure can be exerted in the form of disapproval from other countries, if one country decides not to implement its recommendations, there is nothing to force a country to conform with the views that the WHO holds.

With regards to the government implementing compulsory vaccinations, Dr Colthart stated that this may be possible. However, the Human Rights Act and further protections under the Universal Declaration of Human Rights would probably prevent such a policy being successfully pursued. What is more likely, although still very unlikely, is that the government could, potentially, impose restrictions on the movement of those who refused vaccination, such as preventing them from attending schools or public events.

The Civil Contingencies Act 2004 outlines the government's ability to create emergency powers and "allows for the making of temporary special legislation (emergency regulations) to help deal with the most serious of emergencies". The Act does have far reaching powers. However, they would be subject to Parliamentary approval, and I can assure you that I, for one, would oppose proposals which

aimed to, in all words, make vaccinations compulsory. I suspect that my Lib Dem colleagues would also share this view.

If such a law passed, initially, there would be no rights to resist it as it would be law. However, it would be

my assumption that a case would be brought by an individual fairly swiftly to the courts on the basis of violations of human rights. Whether such a case would succeed is not something I could speculate on, although I would have thought that there would be some

strong public support for the individual and I would think that the case would be fairly strong in regards to a violation of human rights.

I hope that this is helpful.

Yours sincerely

Norman Baker MP

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## Girl's meningitis death probed

PRESS ASSOCIATION

7/8/09

**H**EALTH BOSSES are investigating whether a two-year-old girl who died from suspected meningitis was wrongly diagnosed with swine flu.

The parents of Georgia Keeling from Norwich claim paramedics "diagnosed her before even looking at her" and gave Tamiflu before her condition worsened and she died in hospital.

News of her death comes after it emerged at least one call centre for the Government's National Flu Pandemic Service for England was employing 16-year-olds, sparking concern about the inexperience of staff.

The parents of Georgia, who died at the Norfolk and Norwich University Hospital on Tuesday, said they were

.....  
*"A paramedic who arrived first said it sounded like Georgia had swine flu and so the ambulance would not come out."*  
.....

twice told her symptoms sounded like swine flu before she was finally taken to hospital.

Their local health centre first said Georgia probably had swine flu and advised them to call the swine flu helpline which said she had only one of the symptoms and suggested that they should call NHS Direct.

NHS Direct then advised them to take the little girl to hospital only if her temperature rose above 40 degrees C but, an hour later, Georgia's condition

worsened and her mother called an ambulance.

A paramedic who arrived first said it sounded like Georgia had swine flu and so the ambulance would not come out.

Georgia's mother Tasha Keeling was given Calpol and Tamiflu and told to put Georgia to bed, the girl's father said.

An hour later, her worried mother called for an ambulance again and Georgia was taken to hospital where she died.

A hospital spokesman said the suspected cause of death was meningitis. Sources said the investigation into the little girl's death would look into all aspects of her care - including the possibility that she may have been wrongly diagnosed as having swine flu.

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## The swine flu pandemic sweeping the world might not have happened without a laboratory accident in the 1970s, a new study claims

Daily Telegraph

30 Jun 2009

**S**CIENTISTS BELIEVE that the H1N1 form of influenza "A" might not be circulating among humans had it not been for a leak, possibly somewhere in Asia or the Soviet Union, around 1977.

Forms of H1N1 flu circulated widely in the first half of 20th Century, most notably during the devastating 1918 pandemic which killed about 40 million people.

As immunity developed in humans, it was effectively replaced by other varieties of flu. There were no recorded cases of human to human transfer of H1N1 for 20 years from 1957.

Although there were occasional instances of transfer from pigs to humans during that time, it did not circulate between people again until 1977 when there were outbreaks of H1N1 flu in China, Hong Kong and the USSR, when immunity was lower.

A new study of the historical origins of the current outbreak published in the New England Journal of Medicine, suggests that it may only have re-emerged by accident.

"Careful study of the genetic origin of the virus showed that it was closely related to a 1950 strain but dissimilar to influenza A (H1N1) strains from both 1947 and 1957," the paper by Dr Shanta Zimmer and Donald Burke, of the University of Pittsburgh, says.

"This finding suggested that the 1977 outbreak strain had been preserved since 1950.

"The re-emergence was probably an accidental release from a laboratory source in the setting of waning population immunity to H1 and N1 antigens."

Almost 6,000 people have now been infected with swine flu since the outbreak reached Britain two months ago.

Three people infected with the disease in the UK have died, the latest being a young girl in Birmingham who passed away on Friday.

There were also fears that the virus had taken hold at Wimbledon after four ball boys and girls were sent home with suspected swine flu.

# Girls used as Guinea Pigs in HPV Trials Admits GSK

BY CHRISTINA ENGLAND

American Chronicle.

July 05, 2009

WE HAVE ALWAYS suspected it and now they admit it, GSK are using young girls (as young as 9 in some areas) as human Guinea Pigs in HPV vaccine Cervarix trials. This was only discovered after reading a document that was meant for 'Scientific Background and Informational Purposes only'

Cervarix GlaxoSmithKline's Cervical Cancer Candidate Vaccine Mandate. Media Backgrounder (Scientific background for informational purposes only), makes very disturbing reading as it states exactly what trials are to be carried out, with one particular very interesting line:

"Phase III Trials Phase III studies are underway in 37 countries with more than 39,000 subjects planned."

So this appears to prove that all our children are part of one big experiment to enable the drug companies to line their pockets whilst they sit back and watch what happens to our children.

Whilst trawling the Internet a fellow member of ICAP also came up with this gem of a document which also appears to prove that our children are part of trials.

The document is the Presentation of advisory report Vaccination against cervical cancer from the health Council of the Netherlands to the Minister of Health, Welfare and Sport

This is an official political document. It is called 'Vaccination against Cervical Cancer' and it was accompanied with a letter addressed to the Minister of Health, Welfare and Sport in the Netherlands, from the Health Council. Interestingly the report outlines some very alarming points. The report discusses the differences between the two HPV vaccinations Cervarix and Gardasil.

It States:-

"Both vaccines are designed to provide immunity against HPV-16 and 18: the two types of the virus responsible for about 70 per cent of

cervical cancer cases. Gardasil also provides protection against HPV-6 and 11, which together cause nearly all genital warts. Broader-spectrum vaccines capable of protecting against hrHPVs other than HPV-16 and 18 may become available in due course. The vaccines differ from one another in terms of the adjuvants (vaccine-aiding agents) they utilise. Gardasil uses the well-established adjuvant aluminium hydroxyphosphate sulphate, while Cervarix uses the equally widely employed aluminium hydroxide, but in

.....  
*"So this appears to prove that all our children are part of one big experiment to enable the drug companies to line their pockets whilst they sit back and watch what happens to our children."*  
.....

combination with monophosphoryl lipid A, a chemically modified lipopolysaccharide, that influences the innate immune system. The latter complex is known as ASO4. Cervarix stimulates higher levels of antibody production, but the significance of this phenomenon for its protective effect is not known."

The report states that there is no real knowledge to how long the vaccine lasts or if a booster will be needed or if in fact it does protect against cervical cancer.

## CONCLUSIONS

Vaccination protects against persistent infection and the precursors of cervical cancer.

The initial effect of vaccination is favourable: vaccination leads to the formation of antibodies against the target hrHPVs and thus to protection against infection by those hrHPVs. This in turn brings about a major short-term reduction in the incidence of the precursors of cervical cancer. It is known that the development of such precursors

is a prerequisite for the subsequent development of the cancer. Vaccination against cervical cancer itself. However, whether vaccination does in fact protect against cervical cancer will not be known for many years to come."

Lovely isn't it? Then it states:-

"It is not yet clear whether booster vaccinations will be needed

The duration of the protection afforded by vaccination has yet to be determined. It is known, however, that high antibody levels persist for at least five years and that immunological memory is created. Protection is required, however, for several decades. The possibility that re-vaccination will be needed in order to provide such prolonged protection cannot be excluded at the present time."

It carries on:

"Although the available data provide an incomplete picture of the effectiveness of HPV vaccination, they are sufficient to support the expectation of significant health benefit: vaccination leads to fewer infections and thus to a reduced incidence of the precursors of cervical cancer. We may therefore move on to the next criterion. Thus, this chapter of the report considers whether vaccination might have any adverse effects that offset the attainable health benefit.

Although the trials so far conducted have involved the administration of HPV vaccine to thousands of women (nearly 12,000 have been given Gardasil and more than 16,000 Cervarix), the numbers are small compared with those that would be involved in general vaccination. If vaccination were made available to all twelve-year-old girls in the Netherlands, that would mean treating roughly 100,000 young people a year. Certainty regarding the vaccine's safety and insight into any rare side-effects that it might have are therefore very important."

For me however, the highlight of whole report and letter is in the Executive Summary at the beginning where it states quite clearly:-

"With regard to safety, the third assessment criterion, there is currently

no reason to suppose that the vaccine has any adverse events that might preclude its inclusion in the NIP. Nevertheless, the possibility cannot be excluded that, if it were administered to large numbers of people, relatively uncommon adverse events might come to light in due course. This underlines the importance of careful monitoring following the introduction of this form of vaccination."

I would particularly like to draw your attention to this phrase "relatively uncommon adverse events might come to light in due course" In other words the more they vaccinate the more likely it is that a serious adverse reaction will show up. That is really great news to all parents out there with children about to be vaccinated with Cervarix or Gardasil. Your children are part of a nationwide test but it is OK because if your child gets very bad reaction it will help determine the safety of the vaccine. I am sure that will be a great comfort to mothers of children like Ashleigh Cave who is still in hospital after a Cervarix vaccination. She has now been in hospital for 9 months, is just beginning

*"Your children are part of a nationwide test but it is OK because if your child gets very bad reaction it will help determine the safety of the vaccine. I am sure that will be a great comfort to mothers of children like Ashleigh Cave who is still in hospital after a Cervarix vaccination."*

to be able to put a very small amount of weight on her legs, cannot stand unaided and has recently lost bladder control at 13.

The news gets better for all you parents out there because Suzanne Garland who is the director of Microbiology and Infectious Diseases at the Royal Woman's Hospital in Melbourne has decided she wants to include babies in the HPV vaccine trials. She is on the advisory boards for both rival companies Merck and Glaxo Smith Kline and has proposed to test

cervical cancer vaccines in babies, with a view to adding the vaccine to the infant immunisation program. This is according to The India Times in 2007

Suzanne Garland has a special interest in the management of herpes in the pregnant woman and the neonate. She is an advisor to World Health Organisation in the area of sexually transmitted infection diagnosis and the prophylactic HPV vaccine Obs-Gyne Exhibition & Congress Speakers Tackle Cervical Cancer Vaccine Issues And Encourage Advocacy

So she has no real conflicts of interest there then does she? Not only is she on both boards of advisers for Merck and GSK but she is an advisor to WHO! It appears that no matter who advises Governments on vaccinations whether it is WHO or the JCVI, the members have strong links and alliances to the pharmaceutical companies who manufacture the vaccines, therefore, how can the general public trust the people who tell us the vaccines are safe? As we have seen we are all just human Guinea Pigs to them, of course they are safe!

## MEDICAL VOICES VACCINE INFORMATION CENTER

**MEDICAL VOICES VACCINE INFORMATION CENTER** brings awareness of vaccine issues to the forefront via medical doctors. Newly under development as of July 2009, the site will quickly become a massive library of articles, videos and presentations by doctors speaking out on the dangers of vaccines. The aim is to be an educational site for doctors who are beginning to question and become aware of the problems caused by vaccines and, additionally, a go-to resource for the public at large.

**VISION STATEMENT:** MEDICAL VOICES VACCINE INFORMATION CENTER will become the most comprehensive educational center on the internet for physicians seeking the truth about vaccines. This will change healthcare as we know it.

**MISSION STATEMENT:** MEDICAL VOICES VACCINE INFORMATION CENTER will provide educational tools through media including articles, videos, podcasts and webinars to everyone seeking the truth about vaccines. Are you aware that an organization called Medical Voices Vaccine Information Center has been recently formed? Please consider helping spread the word about an absolutely historic set of webinars hosted by medical doctors. Most of the presenters are medical doctors as well! The link to provide people is: [www.medicalvoices.org/en/events.html](http://www.medicalvoices.org/en/events.html)

**A MULTI-LANGUAGE WEBSITE:** If you're able to assist us with providing a multi-language website, to make the information accessible for a wider spectrum of interested parties, we would like to hear from you!

**NETWORKING WITH DOCTORS INTERNATIONALLY:** Regardless of the location, if you are a medical professional or you know of any who may wish to participate with information or presentations, please contact us here at Medical Voices.

Also, we would hugely appreciate any media; video, articles, books done by medical doctors (whether in the original language or translated) that speak on the real issues regarding vaccines.

**SPREAD THE WORD:** We welcome any help, however small, to spread the word on this highly contentious issue! We thank you in advance.



**WEBSITE LAUNCH:** Due to all the coverage on Swine Flu in recent months we have launched this new website immediately. The MEDICAL VOICES VACCINE INFORMATION CENTER is still in its infancy, but we aim to bring to you a vast amount of information and webinars very shortly!

Please contact Nick Haas at: [nickhaas@medicalvoices.org](mailto:nickhaas@medicalvoices.org)

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

# Polio surge in Nigeria after vaccine virus mutates

[http://news.yahoo.com/s/ap/20090814/ap\\_on\\_re\\_af/af\\_med\\_polio\\_nigeria](http://news.yahoo.com/s/ap/20090814/ap_on_re_af/af_med_polio_nigeria)

BY MARIA CHENG,  
Associated Press Medical  
Writer, 14/08/2009

LONDON - Polio, the dreaded paralyzing disease stamped out in the industrialized world, is spreading in Nigeria. And health officials say in some cases, it's caused by the vaccine used to fight it.

In July, the World Health Organization issued a warning that this vaccine-spread virus might extend beyond Africa. So far, 124 Nigerian children have been paralyzed this year - about twice those afflicted in 2008.

The polio problem is just the latest challenge to global health authorities trying to convince wary citizens that vaccines can save them from dreaded disease. For years, myths have abounded about vaccines - that they were the Western world's plan to sterilize Africans or give them AIDS. The sad polio reality fuels misguided fears and underscores the challenges authorities face using a flawed vaccine.

Nigeria and most other poor nations use an oral polio vaccine because it's cheaper, easier, and protects entire communities.

But it is made from a live polio virus - albeit weakened - which carries a small risk of causing polio for every million or so doses given. In even rarer instances, the virus in the vaccine can mutate into a deadlier version that ignites new outbreaks.

The vaccine used in the United States and other Western nations is given in shots, which use a killed virus that cannot cause polio.

So when WHO officials discovered a polio outbreak in Nigeria was sparked by the polio vaccine itself, they assumed it would be easier to stop than a natural "wild" virus.

## THEY WERE WRONG.

In 2007, health experts reported that amid Nigeria's ongoing outbreak of wild polio viruses, 69 children had also been paralyzed in a new outbreak

caused by the mutation of a vaccine's virus.

Back then, WHO said the vaccine-linked outbreak would be swiftly overcome - yet two years later, cases continue to mount. They have since identified polio cases linked to the vaccine dating back as far as 2005.

It is a worrying development for officials who hope to end polio epidemics in India and Africa by the end of this year, after missing several

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*"This year, the number of polio cases caused by the vaccine has doubled: 124 children have so far been paralyzed, compared to 62 in 2008, out of about 42 million children vaccinated. For every case of paralysis, there are hundreds of other children who don't develop symptoms, but pass on the disease."*  
.....

earlier deadlines. "It's very disturbing," said Dr. Bruce Aylward, who heads the polio department at the World Health Organization.

This year, the number of polio cases caused by the vaccine has doubled: 124 children have so far been paralyzed, compared to 62 in 2008, out of about 42 million children vaccinated. For every case of paralysis, there are hundreds of other children who don't develop symptoms, but pass on the disease.

When Nigerian leaders suspended polio vaccination in 2003, believing the vaccine would sterilize their children and infect them with HIV, Nigeria exported polio to nearly two dozen countries worldwide, making it as far away as Indonesia.

Nigeria resumed vaccinations in 2004 after tests showed the vaccine was not contaminated with estrogen,

anti-fertility agents or HIV.

Experts have long believed epidemics unleashed by a vaccine's mutated virus wouldn't last since the vaccine only contains a weakened virus strain - but that assumption is coming under pressure.

Some experts now say that once viruses from vaccines start circulating they can become just as dangerous as wild viruses.

"The only difference is that this virus was originally in a vaccine vial," said Olen Kew, a virologist at the U.S. Centers for Disease Control and Prevention.

The oral polio vaccine used in Nigeria and elsewhere contains a mild version of the live virus. Children who have been vaccinated pass the virus into the water supply through urine or feces. Other children who then play in or drink that water pick up the vaccine's virus, which gives them some protection against polio.

But in rare instances, as the virus passes through unimmunized children, it can mutate into a strain dangerous enough to ignite new outbreaks, particularly if immunization rates in the rest of the population are low.

Kew said genetic analysis proves mutated viruses from the vaccine have caused at least seven separate outbreaks in Nigeria.

Though Nigeria's coverage rates have improved, up to 15 percent of children in the north still haven't been vaccinated against polio. To eradicate the disease, officials need to reach about 95 percent of the population.

Nigeria's vaccine-linked outbreak underlines the need to stop using the oral polio vaccine as soon as possible, since it can create the very epidemics it was designed to stop, experts say.

WHO is researching other vaccines that might work better, but none is on the horizon.

Until a better vaccine is ready, WHO and U.S. CDC officials say the oral vaccine is the best available tool to eradicate polio and that when inoculation rates are nearly 100 percent it works fine.

"Nigeria is almost a case study in what happens when you don't follow the recommendations," Kew said.

Since WHO and partners began their attempt to rid the world of polio in 1988, officials have slashed the disease's incidence by more than 99 percent.

But numerous deadlines have been missed and the number of cases has been at a virtual standstill since 2000. Critics have also wondered whether it is time to give up, and donors may be sick of continuing to fund a program with no clear endgame.

"Eradication is a gamble," said Scott Barrett, an economist at Columbia University who has studied polio policies. "It's all or nothing ... and there is a very real risk this whole

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"Eradication is a gamble,"  
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.....

thing may fall apart."

Aside from Nigeria, polio persists in a handful of other countries, including Afghanistan, Pakistan, India, Chad, Angola and Sudan.

Aylward agreed the Nigeria situation was another unwelcome

hurdle, but was confident eradication was possible. "We still have a shot," he said.

"We're throwing everything at it including the kitchen sink."

*Editor: So all that the head of the polio department at the World Health Organisation can come up with is that they will throw everything at it?? Sounds like they have absolutely no idea what they are doing – and these people are supposed to be overseeing the health of the world!?!?? However, regarding the kitchen sink comment – if they made sure that the world population had kitchen sinks with clean water passing through the taps then they would help towards 'eradicating' many diseases.*

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## German health expert's swine flu warning: Does virus vaccine increase the risk of cancer?

www.bild.de  
07.08.2009

**T**HE SWINE FLU VACCINE has been hit by new cancer fears after a German health expert gave a shock warning about its safety.

Dr. Wolfgang Wodarg is a politician and a specialist in lungs, hygiene and environmental medicine. He is the chairman of the health committee in the German parliament and European Council.

He has grave reservations about the firm Novartis who are developing the vaccine and testing it in Germany. The vaccination is injected "with a very hot

needle", Wodarg said.

The nutrient solution for the vaccine consists of cancerous cells from animals and "we do not know if there could be an allergic reaction".

But more importantly, some people fear that the risk of cancer could be increased by injecting the cells.

The vaccine - as Johannes Löwer, president of the Paul Ehrlich Institute, has pointed out - can also cause worse side effects than the actual swine flu virus.

Wodarg also described people's fear of the pandemic as an "orchestration": "It is great business for the pharmaceutical industry," he told the 'Neuen Presse'.

Swine flu is not very different from normal flu. "On the contrary if you look at the number of cases it is nothing compared to a normal flu outbreak," he added.

The chairman of the health committee in the European Council has urged for a careful and calm reaction to the virus.

Up until now, the producers of the vaccine did not know how many orders they would have by the autumn, but the German Government is now a guaranteed customer.

Even the pharmaceutical companies are trying to exploit the fear of the swine flu pandemic.

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## Needle-free, inhalant powder Measles Vaccine could save thousands of lives

<http://www.sciencedaily.com:80/releases/2009/08/090816170913.htm>

SCIENCEDAILY (AUG. 18, 2009)

**T**HE FIRST DRY POWDER inhalable vaccine for measles is moving toward clinical trials next year in India, where the disease still sickens

millions of infants and children and kills almost 200,000 annually, according to a report presented at the 238th National Meeting of the

American Chemical Society (ACS).

If the inhaler passes final safety and effectiveness tests, the Serum Institute of India Ltd. expects a demand growing to 400 million doses of measles vaccine a year, according to Sievers.

The study has been conducted with a grant from the Foundation for the National Institutes of Health as part of the Grand Challenges in Global Health Initiative of the Bill and Melinda Gates Foundation.

# "Tamiflu turned my children into hallucinating, sobbing wrecks"

<http://www.dailymail.co.uk/health/article-1206215/Tamiflu-turned-children-hallucinating-sobbing-wrecks.html>

BY RICHARD PRICE

13th August 2009

**T**HIS WEEK, it was with no small measure of satisfaction that I watched Andy Burnham, our implausibly youthful Health Secretary, squirm on the GMTV sofa.

Andrew Castle, it must be said, is no Jeremy Paxman. So when Mr Burnham agreed to take part in the show to discuss the alleged merits of Tamiflu (how it sticks in my craw even to write those words) he was doubtless looking forward to putting across the Government's point of view in the gentlest of surroundings.

What ensued was an ambush, as the visibly irate presenter revealed that his daughter Georgina had collapsed and nearly died after taking the supposedly harmless drug.

Mr Burnham, for his part, bumbled some platitudes about Tamiflu being 'our main line of defence' against swine flu, and how it was a 'different phase of the illness' when Georgina was prescribed the drug.

Oh really? Perhaps Mr Burnham would have liked to come round to my house and explain the merits of Tamiflu to my three-year-old daughter as she sobbed and retched in my arms night after night.

While he was at it, perhaps he could take the time to scrub our sitting room floor, once James, our exhausted 15-month-old boy, had vomited so many times that his tiny stomach could heave up nothing but bright orange phlegm.

This is to say nothing of the raging fevers, nightmares and hallucinations which plagued both our children until we decided they could take no more.

The effects of swine flu? Not a bit of it. My wife and I are utterly convinced that all these symptoms were, quite simply, the vicious side effects of Tamiflu.

Full disclosure: my wife, Jennie, was instrumental in making sure Mr

Burnham appeared in public to discuss the issue. The previous night, she had appeared in the lead item on ITV's News At Ten to exhort all parents that they should think long and hard before giving Tamiflu to their children.

Having witnessed the damage wreaked by the drug at close quarters, we would never make the same mistake again.

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*"He knew what was making him ill - the Tamiflu - and he fought tooth and nail to resist taking the drug."*

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It is difficult to explain the gutwrenching feeling of seeing your children suffer, when their pain is a result of your decision. And yet, like any responsible parents, all we wanted was to protect them.

In following the Government's advice, we thought we were taking the cautious route. How wrong we were.

## LOOKING BACK, IT STARTED OUT IN INNOCUOUS FASHION

When James's and Jessica's noses started running during a family day out in the Cotswolds late last month, we initially thought nothing of it. But when both started coughing and developed high temperatures, we rang NHS Direct to seek their advice.

Two hours later, after a flurry of phone calls starting with NHS Direct, both our children had been prescribed Tamiflu.

It was not certain that they had swine flu, but the on-call GP was pretty certain they had and it was better to be safe than sorry.

Under no circumstances were we to take the children to the surgery, so instead we were asked to dispatch a 'flu friend' to the nearest open pharmacy to collect the drugs.

At that stage - and I remember this vividly, having played it over in my mind dozens of times - both our children were reasonably well.

Jessica, in particular, seemed to regard the pills as sweets and was positively bouncing off the walls with excitement.

Needless suffering or necessary protection? Tamiflu is being handed out to thousands of children

Once the first dose had been administered, however, all that quickly changed.

James's temperature, which up to that point had been kept at normal levels with Calpol, rocketed. His appetite disappeared and when his raging thirst finally persuaded him to drink some milk, he vomited so spectacularly that we are still struggling to clear up the stains several weeks later.

For the next day he barely moved, except to be sick every time he had so much as a sip of water. We had never seen him so ill, and because he was unable to keep anything in his stomach, there was no way of controlling his temperature with paracetamol.

His fever was reaching dangerous levels and we were becoming seriously worried about dehydration. Thankfully - though we did not see it this way at the time - James is nothing if not a character.

He knew what was making him ill - the Tamiflu - and he fought tooth and nail to resist taking the drug.

Producing the packet of pills was the only thing that could rouse him from listless torpor.

In the end, we gave up. Almost immediately, his symptoms cleared up and he was back to being our happy little boy.

Jessica, however, has always been of a gentler disposition. Perhaps it is a simple matter of gender, but she is delightfully eager to please, and even after the pills started to kick in it did

not take too much wheedling for her to take them.

Indeed, for a few hours all seemed well. Until we were woken in the early hours of the morning by the sound of Jessica screaming, between deep, heaving dry retches: 'I don't like the pills, Daddy! Please don't make me have the pills!'

She was hallucinating, sobbing and more upset than I have ever seen her. Eventually she rocked herself to sleep in my arms, only to wake up an hour later and repeat the process.

In the morning, exhausted, my wife sought advice from our GP.

James had made his own decision, but we were encouraged to carry on

with Jessica's course.

Pills were smothered in chocolate sauce, but she was no longer to be so easily fooled.

In the end, it took the promise of a trip to the toy shop and a river of tears before she, with typical sweetness, obliged and swallowed them.

That night, however, the screams and violent retching returned. By now she was begging, pleading not to be given any more pills. We cracked. Enough was enough. The Tamiflu went in the dustbin.

So what happened when we defied government advice and eschewed Tamiflu in favour of Calpol and cuddles? Within 24 hours both of our

children were completely recovered, save for those runny noses.

Yet the sobering fact is that today alone, the NHS will hand out Tamiflu to thousands of vulnerable little children who will go through needless suffering as a result of scaremongering about an illness which is no more dangerous than seasonal flu.

Of course, there is always the chance that your child will not suffer side effects, and the drug could reduce the length of the illness by a day - though even the Government now admits Tamiflu does virtually nothing to relieve symptoms.

Take it from us: it really, truly, is not worth it.

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## Leading GP: "I'm not sure I'll give my own child flu vaccination"

BY PAUL GILBRIDE

Daily Express. Tuesday July 28, 2009

**D**R ANDREW BUIST hasn't decided whether he will have the swine flu vaccination.

Dr Andrew Buist, deputy chairman of the BMA's Scottish General Practitioners Committee, has yet to decide whether he will have the jab or allow his child to have it.

He said he will probably be immunised, but until the vaccine is licensed and he has been reassured on its safety, he is holding back on a decision.

The expected date of arrival of the vaccine has already slipped from early next month to mid-September, which could dash the Scottish Government's target to have 50 per cent of the population vaccinated by Christmas.

So far, 30 people in Britain – four in Scotland – have died from the virus.

But plans to fast-track the swine flu vaccine across Britain before large-scale testing are arousing concerns among experts.

The UK is to start using the vaccines within weeks as soon as it is given the green light by the European Medicines Agency.

Health officials north and south of the Border won't know if the new vaccine causes any rare side-effects until millions of people get jabs – but feel the benefit of saving lives is worth the gamble.

The World Health Organisation's flu chief has already warned about the safety issues of untested vaccines.

Yesterday the GP, based in Blairgowrie, Perthshire, said: "I would want to be reassured it had got its licence and preliminary safety approval had been given and, once that had happened, I'd probably take it because undoubtedly, as

a frontline healthcare worker, I would be exposed to the virus."

But he said he would not want to make a decision at this stage and, like every parent, would have to consider the benefits of the vaccine, once licensed, before deciding on the vaccination of his child.

He added: "My child's mother and I will consider the evidence of safety when the vaccination becomes available and will make a decision based on that information."

The Scottish Government's target is to immunise half the population before the end of the year and each person will require two doses of the vaccine, delivered between two and four weeks apart.

A Scottish Government spokeswoman said: "We are preparing rigorously to ensure that the NHS is ready whenever the H1N1 vaccine arrives, but this does not necessarily mean that vaccination will commence immediately.

"No vaccine will be used without scientific and medical advice indicating it is safe to do so."

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## A medical concern from the past

**T**HE "PERMANENT MORBID CONDITION of the blood" produced by the increased use of vaccines and serums may have added its quota, but of this it would be almost impossible to persuade the

orthodox doctor, even though so eminent a man as Dr Alexis Carrel wrote that "the suppression of diphtheria, smallpox, typhoid fever, etc, are paid for by the long sufferings and the lingering deaths caused by

chronic affections, and especially by cancer, diabetes and heart disease."

*Taken from: Medicine – Rational and Irrational by Cyril Scott (1946), Page 129*

# Book News

I VERY RECENTLY came across details of a book entitled: 'Cancer Is Not A Disease, It's A Survival Mechanism' By Andreas Moritz.

I was very fascinated by the detailed summary of the theories presented in this book as back in 2005, after attending a two-day conference on cancer, I had had a few radical thoughts on the subject myself. I did email my thoughts on to a few people, including one of the speakers, Lothar at the cancer conference.

Here follows, some of the comments I sent:

21 Oct. 2005

Dear Lothar

*I attended the conference over the weekend and it triggered off a lot of thoughts on the issue. First I would like to say that I have not read anything on cancer and I have not known anyone close to my family who developed cancer. However I have spent the last 14 years researching the 'vaccination' issue and very soon into my study I realised that the 'germ theory' of Pasteur was false and yet sadly much of medicine is based on this false belief. I do hope you will read my thoughts on the subject, and I would really appreciate your comments as what I have to say may have already been written on, or maybe I am wrong in my thinking.*

*During your presentation you highlighted that the tumour fed on the acidic environment of the person, which triggered me into thinking - that's just like the bacteria feeding on the toxins we produce. Then I started to transpose all that I know regarding the germ theory on to the cancer theory and it came to my realisation that the tumour was created by the intelligence of the body to clean up the internal environment of the person in a desperate attempt to preserve life.*

*Someone that day referred to cancer as the 'body savagely going wrong' and my thought was 'no it's the body savagely going right.*

*That cancer is the body's final wake-up call to the person. That they must change their internal environment dramatically to rebalance the ph level. In the mean time the tumor cells produced would get into action and eat up as much as the acidic state as possible.*

*Without a tumor I can only guess that the*

*person would die sooner as nothing would have been able to eat the high levels of acidic stuff within that very toxic person?*

*In other words your tumor could save your life, it gives you a chance to do something different.*

*So many of us could have had very small tumors without our knowledge, which did their job and then disappeared?*

*Presumably, the body only produces the required number of cancer cells to deal with the particular level of toxicity. And also is sometimes localised when the toxic problem is in a particular area/organ?*

.....  
**"That cancer is the body's final wake-up call to the person.**

**That they must change their internal environment dramatically to rebalance the ph level. In the mean time the tumor cells produced would get into action and eat up as much as the acidic state as possible."**  
.....

*So if a tumor is diagnosed, removed and then the patient is pumped with chemo, it is hardly surprising that if that person then goes back to their previous living habits, plus with the additional toxic load of chemo, and still the fear that the cancer will return, then the body will create new cancer cells to once again try and clean up the system of the person.*

*Hamer's 'conflict' theory makes sense - it is obvious that a sudden major shock is going to send that person's body chemistry into turmoil and so the body has to mount a strong reaction ie sudden onset tumor. Other people who were slowly making their systems highly toxic over many years of bad living habits, suppressive medications etc will not necessarily have had any obvious 'conflict' - rather it was just a slow progression to creating such a toxic state.*

*However if the person diagnosed with a tumor, at that point, realises that the body is trying to help them survive, and starts to radically change their living habits (including all that was talked about at the conference) then once the internal environment*

*has returned to normality the tumor will have nothing to feed on and will then wither away and disappear? This is called remission?*

*I looked in my medical dictionary when I got home on Sunday for the description of cancer, and it read:*

*Cancer - It arises from the abnormal and uncontrolled division of cells that then invade and destroy the surrounding tissues.*

*Perhaps it should read something like: It is occurs as a result of the body's intelligence which creates special cells to attend to digesting toxic tissue.*

*Orthodox medicine always wants to use terminology which creates fear eg fighting the ..., the invasion of..., protect from..., the battle with..., deadly ..., it is hardly surprising that so many people live in this constant fear - they believe what they are told!!*

*Yours sincerely  
Magda Taylor*

Just over a year later, in January 2007, I had further ideas on this subject as a result of watching two videos on cancer by Edward Griffin, one entitled 'A World Without Cancer'. So I wrote to Mr Griffin as regards to two particular ideas that occurred to me as a result of viewing his presentation. This is what I said:

*'Firstly you stated that cancer cells had a protein coating that had a negative electrostatic charge and that due to the various components of the immune system also having a negative charge that the cancer cells were what you described as well protected from the immune system attacking it, as like charges repel. My thought was could this mean possibly that the cancer cells are part of the immune system?? That's why they are the same, ie they are produced and are part of the immune system? If the cancer cells were all wiped out immediately without any other living habit changes then the build up of acidic matter would continue and go at a faster rate if nothing is eating it up?*

*The other main point that also added to this idea was that the enzyme needed to unlock the cyanide and benzeldahyde from the amygdalin (e.g. found in apricot kernels, apple pips, and used in alternative cancer treatments) was only found in cancer cells ie the cancer cells were assisting the destruction of themselves. Again this sounds to me like the cancer cells are helping the situation. In other*

*words once the person starts to change their living habits and eat more naturally, consuming good sources of vitamins and minerals, then the cancer cells then use this as an opportunity to release the special unlocking enzymes to enable the destruction of themselves resulting in the body to returning to homeostatis?'*

Since then I had not really considered these ideas any further, so I was pleased to read that others had obviously been involved in doing a great deal of research along similar lines. Over the last few years I have also become much more aware of the phenomenal effect our own thoughts have on our well-being. So whilst a healthy diet and healthy living habits play an important role in maintaining health, I have come to recognise the powerful effect our mind/perception has on our health, also.

When studying vaccination it is highly likely that you will start to look and question the meaning of health and

disease. From a holistic viewpoint acute disease is seen as an elimination process, to free the body from toxic build-up. Chronic disease occurs when the acute has been suppressed and there have been no changes in the individuals living habits. Degenerative disease is when the chronic situation has been suppressed and still the living habits have not been addressed. However, this could still mean that the body is trying to contain the problem of dis-ease to give the individual a further, and probably final chance, to do things differently in life.

I have ordered a copy of the above title by Dr Moritz, so I can not write a personal review, however, here are a few extracts from the summary published in the Cygnus Review, Issue 7, 2009.

The author presents a radically new understanding of cancer: it is a survival mechanism, physical symptoms reflecting your body's final attempt to deal with life-threatening cell congestion and toxins. He believes that removal of

these root causes and trusting in the body's wisdom to heal itself can help to bring complete healing of your body, mind and emotions. This book also considers the problems associated with conventional cancer treatments, what actually causes cancer, and how you can remove the obstacles that prevent your body from healing itself.

Cancer is not an attempt on your life, to the contrary, cancer is trying to save it. Like every other disease, cancer is but a toxicity crisis. It marks the body's final attempt to rid itself of septic poisons and acidic compounds that have accumulated because the body was not able to properly remove metabolic waste, toxins, and decomposing cells.

Cancer always manifests as the result of an already toxic state in the body. It is never the cause of a disease, but rather a reaction to a far-advanced, unhealthy physical condition.

*Cygnus Books – [www.cygnus-books.co.uk](http://www.cygnus-books.co.uk)*

## Holistic Canine Healthcare

### Online lecture series from Catherine O'Driscoll

Expand your knowledge of canine healthcare. You'll learn: ● How to keep your pets healthy ● Conventional treatments to avoid ● Alternative, effective, natural treatments for a number of common conditions

**Catherine O'Driscoll** is a highly respected pioneer of natural canine health. She is the author of two seminal best-selling books, *What Vets Don't Tell You About Vaccines*, and *Shock to the System* – as well as *In Search of the Truth About Dogs*, voted best DVD of 2008 by the Dog Writers' Association of America.

Catherine is the founder of Canine Health Concern, which spearheads research and education by and for dog lovers to promote positive canine health. She has played an instrumental role in promoting health-enhancing food for dogs worldwide, and is a world expert in canine vaccination issues. She is a certified EFT practitioner and teacher, a healer, an animal communicator, and a regular contributor to the dog press.

In this lecture series, Catherine shares vital information about what we are doing to make our dogs ill, and how we can raise healthy dogs. If you love your dog and want the best for him or her, you may not want to miss this opportunity. It's a chance to hear Catherine without even leaving home.

When a conventional vet wants to learn more about treating skin problems, he will go on a course to be taught how much steroid to give. This is the end of conventional veterinary training

as far as dermatitis goes. Many pet owners know more about treating their pets' skin conditions than vets. Conventional veterinary and human medicine is very much about treating the symptoms of underlying health issues. Very rarely is it about resolving the health issue itself.

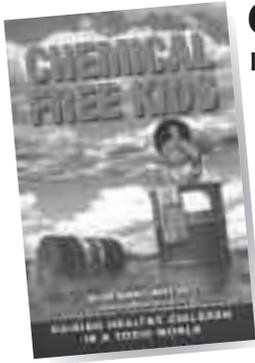
Dermatitis in dogs can be caused by: Inhalant allergies, Food allergies, Vaccine damage, Yeast overgrowth, Antibiotics, Parasites. Steroids can of course help to alleviate skin problems caused by any of the above. But they can't remove the underlying cause. What steroids can do, however, is create severe adverse reactions and make the dog even sicker.

The Natural Canine Healthcare online lecture series is helping to build a society in which those who love and care for their dogs are empowered to keep their friends healthy - so they don't need steroids in the first place. Should health problems arise, you'll be aware of many natural products and healing techniques to help your pet regain his health – without the side-effects of modern drugs.

***This is a good news lecture series!***

The next lecture series broadcast begins on 10th September 2009: for further details see below:

**<http://myweb.tiscali.co.uk/k9health/wwwchc/Catherine/OnlineLectures.htm>**



## CHEMICAL FREE KIDS

Raising healthy children in a toxic world

by Dr Sarah Lantz PhD

This book is one of the few resources for parents in the world that addresses the issue of chemicals and their impact on human health, and specifically that of children and young people. **What are the toxic chemicals? • How do they get into the body? • What health and behavioural problems do they cause? • Why are children particularly exposed and susceptible to chemicals? • What can we**

**as parents and care-givers do about it?**

*Dr Sarah Lantz is a writer, researcher and mother. She has a background in public health, mental health, sociology and women's studies, and specialises in the area of child and youth health and wellbeing. She was awarded her PhD from the University of Melbourne, Australian Youth Research Centre in 2003. Dr Lantz passionately believes in conscious, compassionate parenting and is committed to organic living and developing a sustainable, natural environment for future generations.*

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## 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 (Talks start 7.30pm):**

Monday OCTOBER 12: Part One • Monday NOVEMBER 2: Part Two  
Wednesday FEBRUARY 10: 2010: Part One • Monday MARCH 1: Part Two  
Monday JUNE 7 2010: Part One • Wednesday JUNE 16: Part Two

Please contact Karel on: **01273 277309**  
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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.

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