

## Naked intimidation: The Wakefield inquisition is only the tip of the autism censorship iceberg

BY MARK F. BLAXILL

<http://www.ageofautism.com/2010/01/naked-intimidation-the-wakefield-inquisition-is-only-the-tip-of-the-autism-censorship-iceberg.html>

January 29, 2010

THERE ARE NO WORDS to describe the findings of the General Medical Council (GMC). All I can say is that none of us should be surprised. The stakes had escalated far too high for the British medical establishment to countenance any other outcome. In the face of this parody of real justice, the only thing for the autism community to do now is stand by Andy Wakefield. Like him, we must not be intimidated; which is why I am proud to call Andy my friend. He is all of our friends.

We must also not forget two other fine men, John Walker-Smith and Simon Murch, men who have devoted their professional lives to healing the guts of sick children, and whose public reputations stand in tatters before the world, assaulted by the public health propaganda machine, victims of a modern day show trial. The GMC proceeding is a frightening and thoroughly modern form of tyranny. It makes you shudder to think what Stalin or McCarthy might have accomplished if their public relations had been more skillful and better organized.

The extremity of the GMC's verdict all three men guilty on all counts—lays bare any pretense that the British medical establishment cares one whit about the welfare of its patients. Let's put in perspective the actions at issue here. No children were harmed and no parent or guardian has complained about the care these three men provided. In fact, the procedures involved were routine, the resulting treatments standard and the careful attention to gastrointestinal illness in

autistic children has recently been endorsed by a consensus statement published in the journal *Pediatrics* (no friend of the autism community). Considered in this light, the GMC hearing process stands exposed for what it is. It was not about medical standards. It was not about evidence. It was not even civilized. It was, rather, a naked exercise in intimidation, a fateful moment of moral decision in which the medical industrial complex exposed its

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ruthless, repressive essence. They are a frightening bunch and their conduct here raises issues well beyond autism.

There are others who can and will speak to the particulars of the case: the accusations, the evidence, and the integrity of the witnesses for the prosecution. But it's important to remember that this trial has never really been about the three doctors. If it were, it would never have consumed so many millions of dollars and thousands of hours over more than two years. The real goal of this proceeding, what I have called The Wakefield Inquisition is to send a clear message to anyone clinician or scientist who dares step out of line like Wakefield did. And as parents and citizens, we all need to understand one thing: that message has been received loud and clear.

Over the last ten years I've had the privilege to interact with a wide range of scientists in several different fields. Many of them are wonderful people and first-class professionals. And in the course of those interactions I have observed common patterns. A few, like Jon Poling and Mark and David Geier, who have worked openly on behalf of our children, have suffered harsh public recriminations. But for every public example there are countless more private examples of intimidation, coercion and censorship. It's like an iceberg; the vast majority of the scientific censorship occurring in autism takes place below the waterline, invisible to the broader public.

"That's baseless conspiracy-mongering", some might counter, contending that any anecdote I might dig up is simply the normal process of scientific quality control. "Welcome to the real world", I respond, because this is something entirely new and disturbing. The deep and profound censorship occurring around autism science reaches depths that few casual observers can imagine.

### I HAVE PROOF

Over the last ten years I have collected a number of private examples some via conversation others via email of individual scientists who have felt the cold hand of censorship when dealing with autism. They comprise a modest sample (my interactions are necessarily episodic) of what I believe to be a pervasive pattern of suppression. But it's an extensive sample nevertheless and in all instances the good-citizen

# Editor's note



Magda Taylor

SPRING IS ONCE AGAIN IN THE AIR and it is always uplifting when we experience the increase in daylight hours. I hope you will find this first issue for 2010 interesting and informative, and as usual please keep your feedback and suggestions coming in for future newsletters.

Due to the fairly recent GMC decision as regards to

Dr Andrew Wakefield's 'Fitness to Practice' hearing I have included a few articles covering some aspects of this case. I have also included on the noticeboard of The Informed Parent website a link to an interview with Dr Wakefield entitled 'In His Own Words', which I would highly recommend. It is appalling how much distortion of the truth occurs amongst professional bodies and individuals resulting in unjust conclusions, and I am sure this particular case will rear its head again before not too long.

Trevor Gunn, homeopath and author of 'Comparing Natural Immunity with Vaccination', has collaborated with others to create a new website: [www.vaccinesideeffects.co.uk](http://www.vaccinesideeffects.co.uk) which is due to be launched very soon. The site will feature lots of information - some downloadable, and products such as DVDs. Also, details of Trevor's NEW vaccine book will be featured. There is also preparation for a further website which will have its

main focus on positive steps to take in natural health options. The Informed Parent will be hopefully getting involved with these new sites and I will keep you notified via my website or a future newsletter.

For those of you who have been subscribing for a while, you will be aware of my particular interest in the self-healing abilities of the body and basic naturopathic philosophy. I recently came across a very fascinating book, which belonged to my partner's mother, entitled: 'How To Live One Hundred Years' by Luigi Cornaro. It was published in 1951, however the writings date back to the fifteenth and sixteenth century when the author, Italian nobleman, Luigi Cornaro wrote about various aspects of health and longevity and actually achieved them despite having a sickly constitution as a boy.. Cornaro not only observed that daily habits of moderation and restraint helped make life more livable by eliminating illness, aches and pains, but that they induced a more philosophic attitude towards the problems that beset a long life.

I intend to feature some extracts from his writings in a future newsletter as his common sense and simple philosophy is still very useful and applicable even five hundred years later.

Finally just a reminder that I now have copies of the booklet 'Health The Only Immunity' by Ian Sinclair - a very useful starting point for those of you who are embarking on a more natural lifestyle.

**Magda Taylor, Editor, April 2010.**

➤ from p01 scientist on the other side of the interaction has been troubled by it. In order to give some visibility to this mass of bad behavior lying below the waterline, I have decided to share a few of these examples here (I've observed many more than just this selection). In all cases, I have thoroughly disguised the identities (including name, age, gender, specialty and affiliation) and materially altered the words in order not to violate confidences and to protect the careers of the scientists involved. But every single one of them is real.

## BELOW THE SURFACE: SCIENTIFIC INSTITUTIONS BEHAVING BADLY

Not every inquisition takes place in public. One researcher who has investigated the environmental causes of autism was brought up before a

university panel on charges of misconduct. This charge was raised for blatantly political reasons by someone hostile to the environmental model of autism causation. The defense against the charges consumed months of this researcher's time and has had career threatening implications. Here is an excerpt from that researcher's discussion of this private proceeding.

Have been sidetracked/consumed with preparing my defense for the research misconduct proceedings instigated by X, but am looking forward to the opportunity to clear my name at least in this academic sphere. Unfortunately, the process has been less than transparent so that it is completely unclear as to how the charges came about (in acting to exclude X as a complainant, and thus the origin of these charges, the university failed to

appreciate that a new committee not privy to what was provided might falsely assume that the original committee saw a problem), why I am being charged now, or even what specifically I am being charged with...but the noise from one individual has been clanging very hard looking for support for me to be fired.

Sanctions against non-compliant researchers need not reach the extreme outcome of a research misconduct action. Instead of overt punishment for past action, future career opportunities can be the vehicle for intimidation, and researchers who have published on a controversial autism issues can find themselves newly unwelcome in the grant review process. Since the National Institutes of Health (NIH) hold a virtual monopoly ("a sole or predominant buyer" in a particular

market) on scientific research in the United State, NIH grant reviews are one prominent place where researchers can be effectively intimidated. One scientist, who authored a sensitive, previous publication, when asked to join in the effort to draft a review paper, demurred with the following explanation.

I have had two rejections of NIH grants in the last two weeks. This is most remarkable, in that the grants were not deemed good enough to even be scored. In my X years on the faculty, I have never had an unscored grant. Moreover, in one grant it is clear that there is a personal vendetta ongoing. This is not totally surprising but nonetheless disturbing. I am not ready to throw my career away, and I don't look at how Andy Wakefield has handled such problems as a good model for me. It is vital that the science of this problem get out, and this is where I want to focus my attention. Therefore, I have decided that I do not want my name on [this new review publication], for I don't need more persecution right now, and as good as the paper is (and I think it is extraordinary), it is not going to be a definitive scientific publication. I am enclosing a section I wrote-some of this is already included-feel free to use any of it.

If an intrepid researcher goes so far as to submit a paper for publication, that's where the more overt forms of censorship can enter in, all in the guise of "peer review." Admittedly, rejection at the point of peer review is a common part of science, but the autism problem is especially radioactive and is a place where I have seen the unmistakable cold hand of censorship take many forms: some unwelcome research can be headed off at the pass, with journal editors making clear that papers on certain autism topics are unwelcome and won't even be sent out for review; or unwelcome papers can be sent to anonymous reviewers the editor knows to be hostile to the topic of environmental influences; in other cases, papers are rejected even in relatively progressive journals' peer review process for reasons that have little to do with scientific merit. Given the nature of peer review, there is little effective recourse if one or two selected reviewers make

critical comments that are simply wrong or biased. Here's how one researcher described a recent rejection.

My paper was rejected today from the [Journal]. While some of the reviewers' comments could have been addressed in a revision, most of them revealed the reviewers obvious bias and purposeful efforts to suppress this paper. Having gone over the comments, most of them are simply gibberish.

Another form of intimidation can come more directly from colleagues, in the social network of "mainstream autism researchers." If a respected researcher takes the risk of making honest public comments about the possible role of environmental factors in autism, they can find themselves receiving "career advice" from their "friends" to keep their mouths shut. Here's an example of one such communication.

I am concerned that you may be perceived as a strong supporter of the environmental influence on the developmental of autism .... I am afraid this attribution to you will tarnish your reputation and your credibility in the mainstream autism research community...This is the second time that what you had to say came back to me and astonished me (what you said was perceived as supporting the influence of toxins as causes of autism), even though I consider it likely that what you actually said was probably distorted. I hope you will accept this missive as the result of my concern for you as investigator and clinician... as your friend I truly feel impelled to give you the perspective of an outsider who fears that such statements are going to harm you.

Even when a paper from a brave and principled researcher succeeds in ushering useful research through the hurdles of peer review, the uniquely treacherous terrain in autism can (and almost always does) affect the drafting process, editing choices and the interpretation placed on evidence that might be viewed in multiple ways. In numerous cases I have observed (without any inside connection) that published evidence has been interpreted so as to downplay environmental factors. In a number of cases where I have been able

to hear the inside story from researchers on what took place in the editing process, it's clear how widespread biases and peer pressure can censor the interpretation of more open-minded members of a research team. Here's one example from a researcher who was asked about how evidence that clearly could have been interpreted to implicate environmental factors was downplayed.

On the other hand, some of the 'downplay' of environmental factors probably reflected differences in emphasis between the lead author and myself, and even more, the pressures of the reviewers (which influenced the lead author), who thought the paper showed that environment played a negligible role. Like my [topic X] paper of last year, this paper went through innumerable reviews.

## THE COLLAPSE OF CIVIL DISCOURSE IN A CLOSED SOCIETY

As we organize ourselves as an autism community to call attention to the injustice done by the GMC decision, we must make clear that Andy Wakefield is not alone. He, Simon Murch and John Walker-Smith are simply the most prominent and visible victims of an increasingly ruthless and doctrinaire campaign by the medical industrial complex to suppress a long overdue revolution in autism science. Autism can no longer be explained through the orthodox lens (as a rare, brain-centered, inherited psychiatric disorder), but those who would attempt to offer alternative explanations (how rising rates might reflect environmental influences that provoke whole body developmental injury in vulnerable children) are facing a rising tide of intimidation and censorship. The GMC verdict, that honest scientists like Andy Wakefield have "failed in their duty", makes a mockery of the value of civil debate in an open society.

The medical industrial complex is closing ranks. It's time for responsible citizens--health consumers and principled scientists alike--to raise their voices in opposition.

*Mark Blaxill is Editor-At-Large for Age of Autism.*

# Drug firms 'drove swine flu pandemic warning to recoup £billions spent on research'

27th January 2010

www.dailymail.co.uk

**D**RUG COMPANIES manipulated the World Health Organisation into downgrading its definition of a pandemic so they could cash in on a swine flu outbreak, it is claimed.

An inquiry heard yesterday that the WHO allegedly softened its criteria for declaring a H1N1 flu pandemic last spring - just weeks before announcing there was a worldwide outbreak.

Critics said the decision was driven by pharmaceutical companies desperate to recoup the billions of pounds they had invested in researching and developing pandemic vaccines after the bird flu scares in 2006 and 2007.

As a result, millions of people have been vaccinated against a mild illness, and money that could have been used to prevent and treat major killers such as heart disease has been squandered.

The claims, which emerged during the first of several Council of Europe hearings into the handling of the swine flu pandemic, were strongly rejected by the WHO.

Following the organisation's declaration of a pandemic, the Department of Health warned of 65,000 deaths, set up a special advice line and website, and suspended normal rules so anti-flu drugs could be given without prescription.

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*"Dr Wodarg, an expert on the spread of disease, said that the change in definition made it possible for a worldwide pandemic to be declared and for the pharmaceutical companies to cash in."*  
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But with just 250 or so deaths in Britain and 14,000 worldwide, the WHO is being asked to account for its actions. The Government is now trying to off-load millions of jabs it ordered at the height of the scare. Sources say it is even considering giving some doses away for free. Wolfgang Wodarg, former head of health at the Council of Europe, the Strasbourg-based 'senate' responsible for the European Court of Human Rights, said vaccine contracts were put in place in 2007, when it was feared the more lethal bird flu virus would mutate into human form.

Drug companies, which spent up to £2.5 billion developing a vaccine, then pushed their interests within the WHO, leading to the definition of a pandemic being softened and an outbreak declared.

He told the hearing: 'It was stated in panic-stricken terms that this was a flu that could threaten humanity and a great number of humans could fall ill. 'This is why billions of dollars of medications were bought. Dr Wodarg, an expert on the spread of disease, said that the change in definition made it possible for a worldwide pandemic to be declared and for the pharmaceutical companies to cash in.

Also giving evidence, Professor Ulrich Keil, a WHO adviser on heart disease, said the decision had led to a 'gigantic misallocation' of health budgets.

'We know the great killers are hypertension, smoking, high cholesterol, high body mass index, physical inactivity and low fruit and vegetable intake,' he said.

'In spite of all these facts, governments instead wasted huge amounts of money by investing in pandemic scenarios whose evidence base is weak.'

But Dr Kieji Fukuda, the WHO's top flu expert, rejected the allegations. 'We do not wait until (these global virus outbreaks) have developed and we see that lots of people are dying,' he said.

'What we try to do is take preventive actions. Our purpose is to try to provide guidance, to reduce harm.'

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## A 16-year-old girl with bilateral visual loss and left hemiparesis following an immunization against human papilloma virus

Journal of Child Neurology, Vol. 25, No. 3, 321-327 (2010)

### ABSTRACT

We report the course of a 16-year-old girl who presented near complete visual loss associated with chiasmal neuritis and a biopsy proven tumefactive demyelinating lesion on magnetic resonance imaging (MRI) in association with a recent immunization against human papilloma virus.

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# Government scraps swine flu vaccination campaign for under fives

BY IAN QUINN

PULSE, 22/2/10

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

THE DEPARTMENT OF HEALTH has revealed it is to scrap plans for healthy children under five to continue to be vaccinated against swine flu, just three months after urging GPs to vaccinate more than three million youngsters against the outbreak.

In a major U-Turn, the Chief Medical Officer, Sir Liam Donaldson, revealed the programme of vaccinating healthy children would wrap up at the end of next month, although GPs have been told to continue to try to vaccinate children until then.

Extending the vaccination campaign to children has proved a disappointment, with just 17% of children in England having had the vaccine according to the latest uptake figures. GP leaders blamed protracted negotiations with the Government, which refused to provide concessions on GP workload via a national deal, for the lack of uptake in a campaign which ended up being launched as a hugely patchwork and bitter set of local

arrangements between PCTs and GPs.

The move to scrap child vaccination against swine flu will also be seen as vindication by many GPs, with the majority of respondents to a Pulse poll in December claiming that it was a waste of NHS resources. A spokesperson for the Department of Health said: 'The programme was extended to young healthy children because more people in this age group were hospitalised.'

'We want to ensure that the NHS has the opportunity to complete this programme of work so that all children in this age group can have the vaccine if their parents and carers wish.'

'Following advice from JCVI, and given the low levels of swine flu virus circulating, the risk from the virus is lower for young children than the clinical risk groups so we will not be extending that part of the programme beyond the end of March.'

It means GPs have an impossible task of vaccinating more than 2.5 million children in just over a month, with only 518,000 doses having been given to healthy children to date.

Dr Dean Marshall, a GPC negotiator on swine flu, said: 'I believe the take up

of the vaccine among children would have been much greater had we not wasted several weeks in negotiations with the Government which meant the campaign did not get under way until after Christmas, by which time fears over the illness had lessened.'

The Government also revealed that just 32% of all target groups had been vaccinated in England, which confirms Pulse's predictions that the vast majority of GPs will fail to receive reduced thresholds in this year's patient survey, after the GPC's national deal based on vaccination of at risk groups aged between 5-65. Sir Liam revealed overall figures for vaccination take up were far worse in England than other parts of the UK and elsewhere in Europe, adding: 'We continue to receive anecdotal accounts of people not being aware of their need and entitlement for vaccination or believing that vaccination clinics are unavailable. It would be really helpful if you [GPs] were able to check whether awareness and access to the vaccine is high in your practice. That way we can ensure that this important protection is widely in place.'

## the vaccination issue

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Registered Homeopath and  
Specialist in Paediatric Homeopathy

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# Wakefield moving into new leadership role in autism community, leaving Thoughtful House

BY DAN OLMSTED

Age Of Autism, 21/2/10

**D**R. ANDREW WAKEFIELD announced today his intention to move on to a new phase of leadership in the autism community as he also prepares a more aggressive defense of his scientific accomplishments in the wake of a ruling from the U.K.'s General Medical Council (GMC). That ruling, which charged Wakefield and two pediatric gastroenterologists with misconduct, was followed shortly by the retraction of a 1998 case series report by Wakefield and his colleagues from London's Royal Free Hospital in *The Lancet*. "There has been an extraordinary outpouring of support from the autism community in response to the events of the last two weeks", Wakefield told *Age of Autism* in an exclusive interview. "The most exciting part of it has been the opening up of an entirely new sort of opportunity that will allow me to continue my work on behalf of autism families." Wakefield said he would provide more specifics on the nature of that opportunity soon. "In addition, I will now speak publicly to refute the findings that have been made against me. I know my necessary silence on these issues has troubled many parents in both the U.K. and the U.S. But I'm ready now

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to get back on the front foot and publicly contest the false accusations that have been made against me, my colleagues, and indirectly *The Lancet* children. It's been long overdue."

Wakefield, previously the Executive Director of Thoughtful House, had been a senior scientist in charge of an ambitious primate research program on vaccine safety. The first paper from this project was published online on October 2, 2009 by *Neurotoxicology* who then decided unexpectedly on February 12 not to proceed with publication in the print edition (like *The Lancet*, the journal *Neurotoxicology* is owned by Elsevier, a division of Reed

Elsevier PLC). Many autism advocates have expressed the concern that the attack on Wakefield has been part of a broader campaign for the suppression of science, including the primate project. Earlier this week, Jane Johnson of Thoughtful House released the following statement. "We fully support [Dr. Wakefield's] decision to leave Thoughtful House in order to make sure that the controversy surrounding the recent findings of the General Medical Council does not interfere with the important work that our dedicated team of clinicians and researchers is doing on behalf of children with autism and their families."

Wakefield expressed optimism that by working with the support of a larger set of autism organizations he would be able to focus attention back on the exploding population of affected children and their families, "which is where it belongs", he emphasized. "I have always followed the principle that good medicine, and ultimately good science, begins and ends with the patient. We need to remember that the purpose of medical science is not to serve the medical industry but rather the interests of the patients the industry serves."

*Dan Olmsted is Editor of Age Of Autism [www.ageofautism.com](http://www.ageofautism.com)*

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## Vaccines and autoimmune diseases of the adult

4/2/2010

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

**ABSTRACT:** Infectious agents contribute to the environmental factors involved in the development of autoimmune diseases possibly through molecular mimicry mechanisms. Hence, it is feasible that vaccinations may also contribute to the mosaic of autoimmunity. Evidence for the

association of vaccinations and the development of these diseases is presented in this review. Infrequently reported post-vaccination autoimmune diseases include systemic lupus erythematosus, rheumatoid arthritis, inflammatory myopathies, multiple sclerosis, Guillain-Barré syndrome, and vasculitis. In addition, we will discuss macrophagic myofasciitis, aluminum containing vaccines, and the recent

evidence for autoimmunity following human papilloma virus vaccine.

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# GMC Wakefield verdict - why did the Lancet take so long?

The above headline is from an article published in the BMJ by Trisha Greenhalgh, Professor of Primary Health Care, University College London BMJ 2010;340: c644 2/2/10. The opening text for Ms Greenhalgh's article states:

**The retraction of the infamous MMR paper may be overdue, but it is a good thing for science. On 28 February 1998 the Lancet published a study with the inauspicious title "Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children."**<sup>1</sup> The paper has been much criticised, and the Lancet finally retracted it this week. But why did it all take so long?

Reproduced here are two examples of responses made in the 'Rapid Response' section of the online journal with regards to Prof. Greenhalgh's article.

## HOW UNFORTUNATE

**BMJ Rapid Response – 2/3/10  
F. Edward Yazbak MD, FAAP,  
Pediatrician Falmouth,  
Massachusetts 02540**

The question is really not "What took the Lancet so long?" The question is: "Why did the GMC take so long and spend all this money and effort without interviewing all available parents and grandparents of the children who supposedly were tortured and traumatized at the GI unit at the Royal Free Hospital?"

Take me for example. I am the grandfather of one of those children. I am a pediatrician, a former assistant clinical director of a teaching hospital and a former director of pediatrics in a community hospital. I know and understand "Quality of Care" inside out: I taught it to residents and required it from staff.

I certainly can state without hesitation that we were always treated with utmost courtesy and that our boy received outstanding care at the Royal Free. Thanks to Professor Murch, who was his doctor, the awful GI difficulties subsided gradually and never recurred.

Sometimes Professor Walker Smith would see him in coverage and help us immensely. Both gentlemen were at all times caring, kind, courteous and as everyone knows most knowledgeable.

I also met Dr. Wakefield at the time and was thoroughly impressed with his on-going research and his prior achievements. I have yet to find a single valid reason for his persecution.

Our family was simply jubilant when our big boy was accepted in the "study" and we can attest that all his testing was justified, fully and clearly explained and expertly carried out. He was never hurt or injured in any way. In fact he looked forward to his trips to Hampstead.

If after all this time we were asked to summarize in one word our Royal Free experience that word would be "SPECTACULAR".

Now if I had to describe in one word my perception of the GMC hearings, that word would have to be "OUTRAGEOUS".

What is happening to Professor Walker-Smith, Professor Simon Murch and Dr. Andrew Wakefield, three dedicated and wonderful physicians is unjust, unfair and unforgivable. Competing interests: Grandfather of a child with regressive autism

AND

## JUDGEMENT ON WHAT'S GOOD FOR SCIENCE

**BMJ Rapid Responses – 8/2/10  
Mark Struthers, GP and prison  
doctor, Bedfordshire  
mark.struthers@which.net**

In 2003, Richard Horton, editor of the Lancet, wrote these words about the 1998 Wakefield et al paper,

"The MMR vaccine paper was published not because peer review indicated that the findings were true - peer review can never prove truth, only indicate acceptability to a few experts, as was indeed the case with Wakefield's findings - but because the issue raised was so important for public health and so in need of urgent verification that not to publish with appropriate caveats would, in my view, have been an

outrageous act of censorship." [1]

And even Ben Goldacre, in 2005, said that he thought "the paper always was and still remains a perfectly good small case series report." [2]

And yet in 2010, Trisha Greenhalgh, professor of primary health care at UCL, believes that the recent retraction of the peer reviewed paper, published in 1998, "can only be a good thing for science."

Why? Professor Greenhalgh doesn't provide a credible explanation.

However, it is more than obvious that what has happened to Andrew Wakefield will have taught scientists that it's safer not to rock the boat. Many doctors will be scared to speak for fear that what happened to Andrew Wakefield could happen to them. Can this state of affairs really be good for science? Andrew Wakefield doesn't think so, and I, for one, would strongly agree with him. [3] Over to you, Professor Greenhalgh.

[1] Richard Horton glorifies Wakefield, with "no regrets" over discredited MMR paper. Richard Horton, Second Opinion, Granta Books, 2003 <http://briandeer.com/mmr/horton-wakefield.htm>

[2] Ben Goldacre. Don't dumb me down. We laughed, we cried, we learned about statistics ... The Guardian, 8 September 2005. <http://www.guardian.co.uk/science/2005/sep/08/badscience.research>

[3] Sally Beck. Judgement day for MMR rebel: an investigation that has blighted doctor's life for 12 years finally approaches conclusion. Daily Mail, 23 January 2010.

<http://www.dailymail.co.uk/news/article-1245518/Judgement-day-MMR-rebel-investigation-blighted-doctors-life-12-years-finally-approaches-conclusion.html>

Competing interests: None declared.

*If you wish to read the complete text of the article published in the British Medical Journal in February 2010 by Prof. Greenhalgh then go to the following link: [http://www.bmj.com/cgi/content/full/340/feb02\\_4/c644p.greenhalgh@pcps.ucl.ac.uk](http://www.bmj.com/cgi/content/full/340/feb02_4/c644p.greenhalgh@pcps.ucl.ac.uk)*

# EU meeting held on monitoring the adverse effects of medical drugs and vaccines

ANNA WATSON

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I attended a hearing on Pharmacovigilance this January, where experts from Europe presented worrying trends on ADRs (Adverse Drug Reactions) to MEPs at the European Parliament. It was chaired by Linda Mc Avan (UK, S&D) and Michele Rivasi (France, Greens).

It was reported that there is an increase of licenses awarded for new pharmaceutical products yet many of them may not even be as good as existing products on the market. Perhaps they are cheaper? Perhaps they give the consumer more 'choice'?! The resulting death rates from ADRs are also increasing and adverse drug reaction is the 5th leading cause of death in Europe at the moment. The problem was described as an "epidemic of adverse drug reactions" by Prof. Joan-Ramon Laporte, Catalan Institute of Pharmacology (ICF), Spain.

Later his use of the term 'epidemic' was challenged but he quite rightly justified it. An epidemic is 0.01% of the population and adverse drug reactions were certainly affecting that many. (My local surgery has just sent around letters to parents 'encouraging' them to vaccinate their children and warns of an epidemic of mumps and expectation of one of measles... I will certainly challenge that claim.)

Examples given were HRT and breast cancer. Prof. Andrew Herxeimer, Cochrane Collaboration UK, told us that 55,000 cases of breast cancer had been caused by HRT just in the UK. Considering the recent Old Bailey case against a Herbalist who gave a patient a toxic substance that caused kidney failure, and the call for legislation for Herbalists, I find it amazing that HRT is still being prescribed. That the MHRA still consider such 'risks and benefits' of a therapeutic drug is questionable.

The case against VIOXX was most shocking. This anti-inflammatory has

caused 100,000 + deaths world wide due to stroke! It was later found that Merck withheld relevant information from the original trials. Should Merck still be operating? I have since heard the apt term HPV 'Help Pay Vioxx' used.

Drug products will go through several stages of 'safety trials' but they will be tested on generally healthy persons, on a shorter period of time than may be used, and without other medications taken concurrently. It is only when a drug is used by tens of thousands of patients, sometimes taking other medications, and over time, that full ADRs can be monitored. However, many countries in Europe do not even allow patients to report side effects directly, without it being approved by their GP...

I was amazed that GPs do not have training to help them recognize an ADR. Therefore, patients reporting their symptoms to a GP may find that a higher or lower dose is given of a drug that is actually causing a problem for them. Even if a Yellow Card, or equivalent in Europe, is completed where do you think it gets sent once filled in (if it does indeed get sent admitted an MEP who was a GP)? Well, it may go to a regional reporting centre, or it may go directly to the pharmaceutical company. In any event, 80% of the funding for the safety committees comes from the pharmaceutical companies! There are only half a dozen full time safety experts working on vaccines in the whole of Europe by the way.

A strong, transparent and proactive pharmacovigilance system is vital to ensure consumer safety in relation to use of medicines, suggested Ilaria Passarani. 'BEUC', the European Consumers' Organization has represented the views of 42 national consumer organizations since 1962 and lobbies for the interests of European consumers to be placed at the heart of EU policy making. BEUC calls for independent bodies understandably.



Anna Watson

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*"The resulting death rates from ADRs are also increasing and adverse drug reaction is the 5th leading cause of death in Europe at the moment.."*

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Hopefully, new legislation will be approved which will promote patient reporting throughout Europe.

Over a 30 year period 108 drugs have been withdrawn using the current system. It was argued that when patient reporting is working properly, a drug can be withdrawn more quickly and therefore lives can be saved. However, the delegation was warned that as we were sitting, MEPs elsewhere would be lobbied by pharma reps, calling for MEPs to vote against such patient reporting systems as they would be costly and difficult to operate!

I travelled with Helen Kimball-Brooke of the EFVV (European Forum Vaccine Vigilance) and our question was:

"(We) represent a group called the European Forum for Vaccine Vigilance which over a six-year period, conducted a survey, mainly through direct patient reporting, of the adverse effects of vaccination in six European countries. The sample numbered approximately 1000. Very few of these events had been officially reported to the health authorities. In fact, the concerns of these patients, many of them with very serious conditions, were dismissed as unrelated to vaccination, the link even ridiculed.

Vaccines are not subjected to safety trials such as the gold standard randomised double-blind placebo procedure where the placebo is benign. Furthermore, the reporting of side effects by the medical profession is restricted by the acceptance of vaccines as “established medicines” which are assumed to be safe. As such, a medical professional is only required to report SERIOUS side effects which occur within a maximum of a few weeks, despite the fact that vaccines may present long-term biological and genetic risk. We therefore feel that vaccines must be treated differently and that a separate, independent body must be set up to deal solely with vaccination. We would like to know your thoughts on this European study

and this proposal.”

The panel admitted that they were not aware that vaccines were not safety tested in the ‘gold standard’ way and they said that they would look into it. They couldn’t see that a separate body was necessary for vaccines and in hindsight we agreed, if vaccines were be treated like other drugs that would be an improvement!

It was such a supportive environment for me personally, sitting next to a rep from Johnsons & Johnsons but listening to the problems of products. Patient reporting was considered, not a nuisance, but an integral part of drug safety that will save lives. The user groups were being applauded here. I have more hope in Europe’s network of consumer

groups and European Legislation than in our own country’s commitment to patient reporting, and returned home with some optimism that vaccine adverse reaction reporting will one day be welcomed and the data be considered properly.

#### FURTHER INFORMATION

*Please join Arnica, the UK Natural Health Network for parents and practitioners. Be supported in your health choices and let your voice be heard. We are celebrating 50 groups – see if there is one near to you!*

*Anna Watson  
www.arnica.org.uk*

## Vitamin D better than vaccines at preventing flu report claims

BY OLIVER GILLIE, THE TIMES

March 15, 2010

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

The risk of children suffering from flu can be halved if they take vitamin D, doctors in Japan have found. The finding has implications for flu epidemics since vitamin D, which is naturally produced by the human body when exposed to direct sunlight, has no significant side effects, costs little and can be several times more effective than anti-viral drugs or vaccine. Only one in ten children, aged six to 15 years, taking the sunshine vitamin in a clinical trial came down with flu compared with one in five given a dummy tablet.

Mitsuyoshi Urashima, the Japanese doctor who led the trial, told The Times that vitamin D was more effective than vaccines in preventing flu.

Vitamin D was found to be even more effective when the comparison left out children who were already given extra vitamin D by their parents, outside the trial. Taking the sunshine vitamin was then shown to reduce the risk of flu to a third of what it would otherwise be.

Altogether 354 children took part in the trial, which took place during the winter of 2008-09, before the swine flu epidemic. Vitamin D was found to

protect against influenza A, which caused last year’s epidemic, but not against the less common influenza B.

The trial, which was double blind, randomised, and fully controlled scientifically, was conducted by doctors and scientists from Jikei University School of Medicine in Tokyo, Japan.

The children were given a daily dose of 1200 IUs (international units) of vitamin D over a period of three months. In the first month children in the group taking the vitamin became ill just as often as those taking the dummy tablet. But by the second month, when the vitamin level in the children’s blood was higher, the advantage of the vitamin was clear.

The Japanese scientists, writing in the American Journal of Clinical Nutrition, say that the anti-viral drugs zanamivir and oseltamivir reduce risk of flu infection by 8 per cent in children who have been exposed to infection, compared with a 50 per cent or greater reduction with vitamin D.

Anti-virals are also too expensive, and possibly too toxic, to be given to the population as a whole whereas vitamin D has additional benefits. The sunshine vitamin not only prevents bone fractures but is also believed to reduce risks of cancer, heart disease,

diabetes and other illness, including various bacterial as well as viral infections.

The Japanese finding supports a theory that low blood levels of the sunshine vitamin occurring in winter explain why flu epidemics generally peak between December and March.

Vitamin D activates the innate immune system, enabling the body to produce several proteins such as defensin and cathelicidin which trigger cell activity and disable viruses.

Dr Urashima said: “Vitamin D and vaccine work by quite different mechanisms. Vitamin D enhances innate immunity while vaccine enhances acquired immunity. So we do not have to select only one way of prevention, rather we should do both ways, I think.”

Dr John Oxford, professor of virology at Queen Mary School of Medicine, London, said: “This is a timely study. It will be noticed by scientists. It fits in with the seasonal pattern of flu. There is an increasing background of solid science that makes the vitamin D story credible. But this study needs to be replicated. If it is confirmed we might think of giving vitamin D at the same time as we vaccinate.”

# Is the Gardasil vaccine an experiment on your children?

BY MARY TOCCO

13/2/2010

NewsWithViews.com

SINCE THE INTRODUCTION of the Gardasil vaccine, there has been a growing concern about safety and efficacy. As our vaccine producers come up with more vaccines, we must continue to fight this theory as dangerous and unnecessary. What is a theory about the cause of cancer, having never been proven, are the grounds for this vaccine. Once a vaccine to prevent HPV infection is raised as a weapon to prevent cervical cancer, then it's pretty clear that the medical establishment has gone all the way in accepting a theory without proof. I believe all vaccines are based on theory, not fact.

To say that a virus is the main cause of cervical cancer is no more than a hypothesis. We all know that there are many environmental influences that cause one to have cancer. We are giving "False Hope" to parents when we state this vaccine will reduce the chances of their children getting cervical cancer. Another concern, like all the other vaccines recommended, there are no long-term safety or efficacy studies done on this vaccine and the short-term studies are of great concern.

The vaccine contains aluminum adjuvants which can enter the brain (heavy metal toxicity) and can cause inflammation at the injection site leading to chronic joint and muscle pain. The placebo used in the studies contained aluminum. About 60 percent

*"The vaccine contains aluminum adjuvants which can enter the brain (heavy metal toxicity) and can cause inflammation at the injection site leading to chronic joint and muscle pain."*

of those who got Gardasil or the aluminum placebo had systematic adverse events including headache, fever, nausea, dizziness, vomiting, diarrhea or myalgia. The Gardasil recipients had more serious adverse events such as headache, gastroenteritis, appendicitis, pelvic inflammatory disease, asthma, bronchospasm and arthritis.

The vaccine has not been studied in conjunction with the administering of other vaccines like the Hepatitis B vaccine. For some reason, the risk of drug interaction is completely ignored when it comes to the vaccinations. Never before in the history of humanity have we injected so many toxins directly into the human body! It is very risky to mandate three doses of this vaccine for all pre-teen girls when we do not know the long-term effects.

Judicial Watch, a U.S. government watchdog, became concerned while noting large donations to key politicians originating from Merck. We have a huge problem with conflict of interest surrounding all vaccines. A freedom of information request from the group Judicial Watch in May of this year discovered that during the period

from June 8, 2006 - when the vaccines received approval from the U.S. Food and Drug Administration (FDA) to May 2007 there were 1,637 reports of adverse reactions to the HPV vaccine reported to the FDA. By 2009, they found 22 Deaths Relating to HPV. Vaccine Event Reports obtained from FDA detail over 8,000 adverse reactions to Gardasil. The numbers continue to go up!

Tom Fitton, the President of Judicial Watch, stated the following, "The FDA adverse event reports on the HPV vaccine read like a catalog of horrors." Any state or local government now beset by Merck's lobbying campaigns to mandate this HPV vaccine for young girls ought to take a look at these adverse health reports. It looks as if an unproven vaccine with dangerous side effects is being pushed as a miracle drug." A recent study, published in the New England Journal of Medicine, also questioned the general effectiveness of Gardasil.

In my opinion, the focus of cancer as with all health problems should be in prevention without toxic injections. I believe that cancers are the result of immune system breakdown, toxicity, nervous system interference and nutritional deficits. We must work daily to improve health in a "pro-active" manner that will assist the body in cleansing, healing and function. The answer does not lie in a shot! The vaccine is experimental and carries much risk. Rest assured my daughters will not get it!

## Doctors refuse to take H1N1 vaccine

NOZIA SAYYED, DNA

www.dnaindia.com

13/2/2010

MUMBAI: ABOUT 80% of the state medical fraternity is unwilling to be vaccinated against swine flu. Of the total 34,000 doctors, nurses and other paramedical staff in the state working to treat swine flu patients, only 5,300 have showed willingness to take

the swine flu vaccination. "The others are reluctant to be vaccinated with the imported H1N1 flu vaccination," said Dr DS Dakhure, the state director for health services.

He told DNA that last week, a list of the people working as paramedics at the isolation wards, including government and private hospitals and clinics across the state, was sent to the Union health ministry.

Explaining the reason behind their reluctance, Dr Dakhure said, "There are rumours that the imported vaccine can have serious side effects such as paralysis or urticaria (dermatological ailment). We are unsure how Indians will respond to this vaccine [manufactured by a French firm]. The union health ministry has ordered 1.5 million doses only for the high-risk category (health care workers)."

# Doctors face vaccine check as part of regular medical MoT

BY SAM LISTER, HEALTH EDITOR

2/3/10 [www.timesonline.co.uk](http://www.timesonline.co.uk)

Doctors on the NHS front line who refuse vaccinations against common infections risk losing their right to practise under a new appraisal system.

Annual assessments being introduced next year to maintain standards of medical competency will include whether doctors are immunised against common serious communicable diseases. This would include infections such as tuberculosis, hepatitis B and rubella but also could include seasonal flu.

Although current medical best practice guidance recommends jabs for flu where available, many frontline health workers, including GPs and consultants, ignore the advice. In the 2008-09 winter flu season, fewer than one in seven frontline NHS staff had a flu jab.

Under the new scheme for medical regulation — the biggest overhaul of the sector in 150 years — doctors will undergo annual appraisals of their skills and knowledge. Licences to practise as a doctor will then be issued by the General Medical Council (GMC) every five years, based on the appraisals.

Improving the level of vaccinations among medical staff has proved a constant challenge for health authorities, with fewer than 20 per cent of frontline NHS workers bothering with flu vaccines. Sir Liam Donaldson, the Chief Medical Officer, has called repeatedly for improvement. In the core standards released yesterday by the GMC, setting out assessments that have been compiled by each medical specialty, all doctors in contact with patients must “be immunised against common serious communicable diseases where vaccines are available”. Evidence of vaccinations — or adequate reasons for not being immunised — would be required to

comply with the appraisal. The requirement is set out as part of the revalidation system, which was put out to a three-month consultation yesterday. The medical profession, patients and other groups are to be asked to give their views about how proposals are introduced to revalidate an estimated 218,000 doctors in the UK.

The system, a world first, is designed to identify doctors who repeatedly make poor clinical decisions, and will use

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*“A poll of more than 1,000 consultants and GPs carried out for The Times last May found that one in six said that the idea of a revalidation system was causing them to consider a change in career”*

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evidence from patient questionnaires and feedback from colleagues. The medical colleges, which represent different clinical specialties, are also required to develop tests to check that doctors are keeping abreast of advances. Doctors who fall short of required standards risk being removed from the medical register.

Doctors currently undergo no formal assessment of competence and performance between entering practice as a GP or consultant and retiring. An airline pilot would be assessed about 100 times over a similar period. The GMC said that the scheme will not be introduced as a “big bang”, but will be phased in over five years from 2011, with pilot schemes already under way.

Niall Dickson, the chief executive of the GMC, said: “This represents the biggest change in medical regulations for 150 years. “What we are attempting to do is to move away from a register which is based on a history of

qualifications towards a contemporary record, or a near-contemporary record of performance.

“This is ambitious, in the sense that there is not another nation in the world which has attempted to do this, so we are going to be trail-blazers.” The scheme has been drawn up after a series of medical scandals including the Harold Shipman affair.

Earlier this year Andy Burnham, the Health Secretary, questioned how doctors, once qualified, could not have their performance formally checked “from the point of entering practice to the day they retire”.

A poll of more than 1,000 consultants and GPs carried out for The Times last May found that one in six said that the idea of a revalidation system was causing them to consider a change in career. Mr Dickson said many doctors were already undergoing annual appraisals, and would not be overly concerned about the introduction of revalidation. But he said the GMC would need to provide assurance to those doctors who were concerned that the scheme might be bureaucratic and time-consuming.

The GMC said that the guidance put out for consultation, and to be subject to the new regulatory system, would not amount to new rules over immunisation. It added that a refusal to have a jab against flu, which is responsible for thousands of death annually, particularly among the elderly, would not be sufficient to be struck off. The consultation, which closes in early June, is intended to inform how such appraisals will be enforced.

“We’re confident that the vast majority of hospital doctors and general practitioners follow our guidance and seek immunisation against serious communicable disease in order to protect their patients,” a spokesman said.

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*“Man may, by taking thought of his diet and habits, change his disposition and better his temper”* Luigi Cornaro

# Doctors vaccinate for profit

BY CHRISTINA ENGLAND

www.vactruth.com

Extracts. 25/1/2010

**Y**EARS AGO CHILDREN were sent up chimneys or sold as servants to earn their parents extra money. Now they are being vaccinated by doctors, to boost their takings. Doctors, Governments and Pharma see our children as their property and are making thousands of pounds/dollars/euros out of them right under our noses. This, they call 'Health Care', I call it the legalization of child labour.

For years now we have been told that vaccines are good for us, that vaccines eradicate illness and that vaccines will save us from killer diseases. What we are not told is that the doctors and Governments telling us this are often linked to the drug companies who are manufacturing the vaccines that they promote and many are making thousands of pounds/dollars profit from vaccinating our children.

Let us begin at the bottom and start with the GP. In the UK every time a vaccine is given to us by our trusted GP they are paid. The British Medical Journal published an article GPs make deals with local NHS to vaccinate children against swine flu explaining how that every single child who is vaccinated with the H1N1 in the UK will earn the GP £5.25.

In Ireland the GP's are paid five times this amount, for the seasonal flu shot. The article in the Irish Times – 'Irish GP's paid five times UK rate for flu vaccine' report that in Ireland a GP will earn a staggering €38.95 per vaccine, making vaccines a very lucrative business indeed.

As far back as 2002, GP's were so keen to get their hands on this extra money that they were striking off their lists the children who had not had the MMR because if they (the GP's) did not meet the Government target rate of 90% immunization, they would not earn their £2865 vaccination bonus (Daily Telegraph's – Children without MMR jab struck off GP's list, Nov 2002).

In another article 'The campaign for Gardasil Flawed' it is reported that Merck actually seeks out and trains doctors to lecture for them on Gardasil, paying them \$4,500 each time they lecture on the Gardasil vaccine. Doctors are making thousands of dollars doing this.

This is nothing new and is not just attributed to vaccines. Doctors have been doing this for years.

In the article 'Ex-Drug Sales Rep Tells All' – ABC News, one drugs representative spills the beans and tells a Congressional committee what really goes on. Speaking about Eli Lilly he told the committee: "To sell their

.....  
*"To sell their drugs,  
pharmaceutical companies  
hire former cheerleaders and  
ex-models to wine and dine  
doctors, exaggerate the drug's  
benefits and underplay their  
side-effects."*  
.....

drugs, pharmaceutical companies hire former cheerleaders and ex-models to wine and dine doctors, exaggerate the drug's benefits and underplay their side-effects" Shahram Ahari, who spent two years selling Prozac and Zypraxa for Eli Lilly, told a Senate Aging Committee chaired by Sen. Herb Kohl, D-Wisc., that his job involved "rewarding physicians with gifts and attention for their allegiance to your product and company despite what may be ethically appropriate."

Ahari claimed that drug companies like hiring former cheerleaders and ex-models, as well as former athletes and members of the military, many of whom have no background in science to wine and dine the doctors explaining the wonderful benefits of the drug they are employed to sell.

Higher up you find that leading figures in the medical profession, who advise Governments on vaccine policies, have strong links and alliances with the drug companies helping them peddle

their wares.

The article 'Children Risk Untested Flu Vaccines in Hyped Pandemic' – Child Health Safety, shows some very interesting links with the key figures who advise our Governments and drug companies.

Dr Salisbury the Medical Director for the Department of Health and a key figure in the JCVI who advises the UK Government on vaccine policies is shown to be linked by association with drug companies.

"Dr Salisbury is also linked by association to drug companies. Dr Salisbury as the Medical Secretary for the Department of Health is also a member of the Joint Committee on Vaccination and Immunisation. The JCVI has the task of approving UK vaccines. Many JCVI members have declared interests in a variety of drug companies when discussing the flu pandemic ["JCVI meeting on 13th February 2008]. These financial ties include vaccine manufacturers Merck, GlaxoSmithKline, Sanofi Pasteur and Novartis. The JCVI is reportedly involved in attempts to hide evidence that the MMR vaccine can cause brain inflammation and permanent brain damage. ["Vaccine E-Newsletter March 20, 2009 Vaccine Bullies & Fighting Back by Barbara Loe Fisher"]"

Another Government figure found to be linked to drugs companies is Kathleen Sebelius, the US Health and Human Services Secretary. She has been found to have strong links to Glaxo Smith Kline. In early 2009 Kathleen Sebelius told The Associated Press that she was urging school superintendents around the USA to spend the summer preparing for the possibility that schoolchildren could be first in line for swine flu vaccine in the fall, if the USA Government decided to go ahead with mass vaccinations:-

"If you think about vaccinating kids, schools are the logical place," She said. ["Kids May Get Swine Flu Shot First Luran Neergaard June 16th 2009] However, she did promise careful surveillance. Sebelius has strong alliances to drug companies.

["GlaxoSmithKline website] announced her appointment stating that she could work with them to save 'World Health' and get out of the 'Healthcare mess', if they (GSK) gave the Government the 'right attention'."

So can we trust the doctors and the Governments to keep our children safe? Sadly it seems that many are not really putting the safety of their patients before their ever increasing pay packets. Their loyalty is to the drug companies and not their patients, so what is the truth about the vaccinations used today?

Fortunately for us, we have a strong and growing army of 'real doctors', who are less interested in the 'nice little earners' and more interested in keeping the public informed and safe. They have a very different view of what vaccines are doing to our health and our immune systems.

Dr Viera Scheibner PhD, Principle Research Scientist (Rtd) and now prominent public campaigner, is so sure of her facts she sent a letter (Feb 1999) to the Medical Observer, an Australian medical newspaper. This letter by Dr Viera Scheibner, was sent to and published in the Medical Observer, an Australian medical newspaper, in February 1999. She challenged Simon Chapman who wrote an article challenging the anti-vaccination movement in Australia to 'TAKE HIS OWN MEDICINE' She began by saying "On February 19, 1999, the Medical Observer published an article by Simon Chapman, in which he issued a challenge to the anti-vaccination movement in Australia. My response to his provocative article is as follows:

If vaccines are such a blessing I challenge Simon Chapman to appear on television and allow himself to be injected with all baby vaccines, adjusted to his body weight by a doctor of my choice and in my presence.

The vaccines to be administered to Simon are as follows:

- DTaP: 3 doses within 4 months
- Hib (any conjugates): 3 doses within 4 months
- OPV or IPV: 3 doses within 4 months
- Hep B: 3 doses within 1 month of each other.

The time of the first dose represents month 0.

There isn't a better way to demonstrate to us that vaccines are safe and effective than by Simon taking his own medicine."

Seems fair enough to me but as expected her letter was never answered. Dr Scheibner has always had very strong views on vaccination and has been quoted making the following statements:- "Vaccination procedures are a highly politically motivated non-science, whose practitioners are only interested in injecting multitudes of vaccines without much interest or care

.....  
*"I have a little person in my office who had 10 rounds of antibiotics and 17 vaccines by 20 months of age. Yes, now autistic. That should be assault with deadly weapons and the doctor should be in jail. Instead, the parents were kicked out of their pediatrician's practice for refusing more vaccines and wanting to get their child well."*  
.....

as to their effects. Data collection on reactions to vaccines is only paid lip service, and the obvious ineffectiveness of vaccines to prevent diseases is glossed over. The fact that natural infectious diseases have beneficial effect on the maturation and development of the immune system is ignored or deliberately suppressed. Consequently, parents of small children and any potential recipients of vaccines and any orthodox medications should be wary of any member of the medical establishment (which is little more than a highly politicised business system) extolling the non-existent virtues of vaccination."—Viera Scheibner

"I did not find it difficult to conclude that there is no evidence whatsoever that vaccines of any kind are effective in preventing the infectious diseases they are supposed to prevent. Further, adverse effects are amply

documented and are far more significant to public health than any adverse effects of infectious diseases. Immunizations not only did not prevent any infectious diseases, they caused more suffering and more deaths than has any other human activity in the entire history of medical intervention. It will be decades before the mopping-up after the disasters caused by childhood vaccination will be completed."—Dr. Viera Scheibner, PhD

She is not the only doctor to hold such strong views. Dr Harold Buttram M.D holds similar views. He has said:-

"Safety studies on vaccinations are limited to short time periods only: several days to several weeks. There are NO (NONE) long term (months or years) safety studies on any vaccination or immunization. For this reason, there are valid grounds for suspecting that many delayed-type vaccine reactions may be taking place unrecognized." "As reported in a letter to the New England Journal of Medicine in 1984, tests of T-lymphocyte subpopulations were done on 11 healthy adults before-and-after routine tetanus booster immunizations. Tests showed a significant though temporary drop in T-helper lymphocytes (a class of white blood cells which helps govern the immune system) in all of the subjects. Special concern rests in the fact that in 4 of the subjects the T-helper cells fell to levels found in active AIDS patients. (2) If this was the result of a single vaccine in healthy adults, it is sobering to think of the consequences of the multiple vaccines (twenty-one at last count) routinely given to infants with their immature systems during the first six months of life. However, we can only speculate as to the consequences, as this test has never been repeated." (Dr Buttram MD.)

The list of doctors and professionals stating that vaccines are dangerous is growing. Dr Sherri Tenpenny says in a short article Defending the Right to Poison:-

"I have a little person in my office who had 10 rounds of antibiotics and 17 vaccines by 20 months of age. Yes, now autistic. That should be assault with deadly weapons and the doctor should be in jail. Instead, the parents were kicked out of their pediatrician's

practice for refusing more vaccines and wanting to get their child well. With these annoying, non-compliant parents out of the way, that doctor can continue to do what vaccinators do: Inject toxic substances into children, ruining their health and the lives of the child's family members".

Dr Mayer Eisenstein, Homefirst Medical Services, treats thousands of never-vaccinated children. The Homefirst Medical Services director has said on many occasions that he is not aware of any cases of autism in unvaccinated children. Dr Eisenstein said that the Homefirst Medical Services has taken care of about 30,000 to 35,000 unvaccinated children over the years and he does not remember a single case of autism in children who never received vaccines.

For over 30 years Dr. Eisenstein has been fighting the good fight against vaccinations and struggling to legitimize alternative therapies. In recent years the evidence about the fantastic healing properties of Vitamin D has captured his attention along with that of other meaningful supplements which promote better health naturally. On his live radio show, he dispenses his wisdom and knowledge while his ever more popular Webinars continue to bring on great guests to tackle the most controversial health issues of the day

Recently in a disgusted interview he said-

"Now They Want to Inject Our

Children with 2 Doses of H1N1 Vaccine!!! Not My Children!! ...How pathetic! Tested on 474 children, and they want to give it to millions of children! Since the public overwhelmingly is rejecting this ineffective and dangerous vaccine the government needed to come up with a plan so as not to be accused of pork spending for a "pork vaccine". Now I know what the Obama administration is planning to do with the millions of unused Swine Flu vaccines that they purchased. They will give 2 doses to our children and if that does not work they will give 3 doses. Just Say No!"—Mayer Eisenstein MD, JD, MPH

Dr Mark Geier is another real doctor who is more interested in the welfare of children and the right to information than lining his own pocket. He has been fighting against mercury in vaccinations for years. For his beliefs the Governments and Big Pharma have trashed his reputation and even taken him to court but like many other professionals speaking on these issues, he battles on, speaking recently at a <http://video.filestube.com/video,de70f8689a6c83f803ea.html> Mercury Free Vaccine Rally out side the CDC building in front of hundreds of parents with autistic children. He believes that it is the Mercury in the vaccines that causes Autism and has advocated for many years to rid all vaccinations of Mercury.

The real doctors are the ones who turn their back on dirty dealings and who remember their Hippocratic Oath. This is an old oath historically taken by doctors swearing to ethically practice medicine. It is widely believed to have been written by Hippocrates the father of western medicine, in Ionic Greek (late 5th century BC), or by one of his students, and is usually included in the Hippocratic Corpus. The phrase "first do no harm" said in Latin as *Primum non nocere* is often, incorrectly, attributed to the oath.

Although mostly of historical and traditional value, the oath is considered a rite of passage for practitioners of medicine in some countries, although nowadays the modernized version of the text varies among the countries. The Hippocratic Oath (*orkos*) is one of the most widely known of Greek medical texts. It requires a new physician to swear upon a number of healing gods that he will uphold a number of professional ethical standards. The Oath says nothing about having links to drugs companies and lining ones pockets at the possible expense of the patient and it says nothing about injecting patients with doses of lethal cocktails of poisons and hoping for the best.

The real doctors are the ones that are not afraid to stand up and fight for the rights of their patient. The real doctors 'first do no harm' and do not put money before the safety of our children.

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## Evolving notions of childhood chronic illness

Neal Halfon, MD, MPH; Paul W.

Newacheck, DrPH

JAMA. 2010;303(7):665-666

REPRODUCED HERE are only the first 150 words of the above titled JAMA article. This is due to the fact that there is a fee for the complete text. However, it is clear that the main concern is that chronic disease in children is on the rise, meaning that children are less healthy these days. As those of you who study or have knowledge of the basic naturopathic philosophy know, if you suppress an

acute this will lead to chronic illness.

The first 150 words read:

'In this issue of JAMA, Van Cleave and colleagues<sup>1</sup> present an analysis of 3 cohorts of children spanning 1988 to 2006 included in the National Longitudinal Survey of Youth (NLSY). The authors report that the prevalence of several categories of chronic illness in childhood is increasing and that these conditions arise, continue, or resolve in a highly dynamic fashion. Both findings have important implications and raise a number of significant questions.

The more than doubling in

prevalence of chronic conditions reported by the authors is consistent with an increasing body of evidence documenting a historic shift in the epidemiology of child health—from acute to chronic illnesses—that began at least 50 years ago.<sup>2-4</sup> (*Editor: Isn't that about the time vaccination programmes were put in place?*) Indeed, while mortality rates, hospitalizations for common acute conditions and injuries, and school absence days due to illness were declining, the prevalence of chronic conditions severe enough to cause.'

# £115m annual flu jab cost 'may be a waste of money'

BY JENNY HOPE

17th February 2010

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

**T**HE ANNUAL £115MILLION cost of giving flu jabs to the elderly may be a complete waste of money, a major review said yesterday.

- The injections fail to prevent deaths or provide the expected health benefits, according to researchers.
- They analysed data from 75 studies to determine whether vaccination of older people works.
- The flu jab does not provide the expected health benefits to the elderly, new research shows.
- The researchers - whose findings are published today in The Cochrane Library - could identify only one 'gold standard' clinical trial where the results revealed if having a jab prevented an attack of the flu or mitigated complications.
- The remainder looked at outcomes such as producing antibodies to flu viruses in the blood.

Lead researcher Dr Tom Jefferson of the Cochrane Collaboration in Rome, Italy, said limited reliable evidence suggested flu vaccination has only 'modest' effectiveness.

He said: 'Our estimates are consistently below those usually quoted by economists and in decision making.'

'But until we have all available evidence, it is hard to reach any clear conclusions about the effectiveness of

.....  
*"The flu jab's co-inventor, biochemist Graeme Laver, told the Daily Mail in 2007 that the jab did not guarantee protection."*  
.....

influenza vaccines in older people.

'As the evidence is so scarce at the moment, we should be looking at other strategies to complement vaccinations. 'Some of these are very simple things like personal hygiene, and adequate food and water. 'Meanwhile, we need to undertake a high- quality, publicly funded trial that runs over several seasons to try to resolve some of the uncertainties we are currently facing.'

The Cochrane Library is a publication of The Cochrane Collaboration, an international organisation that evaluates healthcare research using protocols that identify relevant trial data which is pooled together and analysed. Everyone aged 65 and over and younger people with certain health conditions are eligible for a free jab on the NHS, costing £115million.

Controversy has grown over the benefits of vaccinating those over 65, with at least two major studies in the past two years claiming they have been 'greatly exaggerated', and there are no figures to back up claims that lives are being saved.

In a similar study in 2008, Dr Jefferson said there was little evidence to show the flu jab had any impact on the length of hospital stays, time off work and death rates in healthy adults.

In the most recent study, co-authored by Dr Jefferson, he looked at four trials on the efficacy of flu vaccines in healthcare staff who work with the elderly.

Researchers found the results were 'inconclusive', with each trial being of inadequate quality and reaching implausible conclusions so it was impossible to ascertain whether vaccinating workers cut deaths and prevented symptoms in people over 60.

Professor David Salisbury, director of immunisation for the Department of Health, said: 'This review does not provide any new evidence.'

'We know that influenza vaccines, like other vaccines, are less effective in the elderly. This was taken into account before the recommendations for routine flu vaccination for the over-65s.'

The flu jab's co-inventor, biochemist Graeme Laver, told the Daily Mail in 2007 that the jab did not guarantee protection.

Dr Laver, who died in 2008, said: 'I have never been very impressed with its efficacy.'

'It is better than nothing and I wouldn't want to advise people not to take it, but you can't rely on it doing any good.'

---

## £45 shops 'bribe' for cervical cancer jab for teenage girls

BY MAIL ON SUNDAY REPORTER

<http://www.dailymail.co.uk/news/article-1250905/45-shops-bribe-cervical-cancer-jab.html>

14th February 2010

**T**EENAGE GIRLS are being rewarded with shopping vouchers for having the cervical cancer jab.

Girls aged 16 to 18 are being given £45 of vouchers if they complete an inoculation course against the HPV

virus, the sexually transmitted infection that causes 70 per cent of cervical tumours.

A national campaign to vaccinate girls aged 12 to 18 has been criticised over fears it may encourage promiscuity and raise pregnancy rates, and uptake has been low among girls aged 16 to 18.

Now, the £22,500 pilot scheme gives young women Love2shop vouchers if they have three injections. No parental consent is needed.

Bosses at NHS Birmingham East and

North, which is carrying out the pilot, said it has 'real benefits for health'. The project could be rolled out across the country. But campaigners claim the scheme amounts to bribery.

Norman Wells, director of Family And Youth Concern, said the project was 'a serious misuse of taxpayers' money'.

One mother, who did not want to be named, said she was 'appalled' when her daughter, 17, was offered the 'unethical' vouchers.

# Mercury in vaccines – is it safe?

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

**E**THYL MERCURY in thiomersal (thimerosal, USA spelling) has been used as a preservative in vaccines for over eighty years. Has there been any official acknowledgement that this might be a health risk? The previously available Adult Single Dose Diphtheria Vaccine, whose product licence was held by the UK Secretary of State for Health, asks in its 1999 Patient Information Leaflet:

“Do you think you may be allergic to any of the ingredients of the vaccine ...in particular thiomersal which can cause kidney damage?” (Dept of Health, 2000)

This question was removed from later versions of the leaflet - but not the thiomersal from the vaccine.

In the same year, the American Academy of Pediatrics and the US Public Health Service issued a warning to physicians and pharmaceutical manufacturers alerting them to the unquantified risk of neurodevelopmental effects posed by exposure to thimerosal in vaccines. They formally requested that vaccine manufacturers made a clear commitment to eliminate or reduce, “the mercury content of their vaccines as expeditiously as possible (AAP, 1999). They did not go so far as to acknowledge that such a universally administered product could definitely cause harm as this would have had severe legal and political ramifications.

Participants at a United States Centres for Disease Control Scientific Review of Vaccine Safety Datalink Information, were more forthright. The review had been set up to assess the safety of mercury in vaccines. Dr Bill Weil, describing himself as a, “...pediatrician representing the Committee on Environmental Health of the Academy,” when questioned about the evidence regarding the possibility of a causal link between mercury exposure



*Dr Jayne L.M. Donegan*

.....  
*“After more than eighty years of injecting babies, children and adults with ethylmercury/ thiomersal containing vaccines, isn't this a little late?”*  
.....

in vaccines and developmental disorders said,

“The number of dose related relationships are linear and statistically significant. You can play with this all you want. They are linear. They are statistically significant. ....”

“The increased incidence of neurobehavioural problems in children in the past few decades is probably real. It may be a group of pediatricians (overdiagnosing), it may not be. I work in the school system where my effort is entirely in special education and I have to say that the number of kids getting help in special education is growing nationally and state by state at a rate we have not seen before. So there is some kind of increase. We can argue about what it is due to.”(Simpsonwood, 2000)

A 2001 Dutch review of thiomersal in Vaccines stated: “The very low thiomersal concentrations in pharmacological and biological products are relatively non toxic, but not in utero and during the first 6 months of life. The developing brain of the fetus is most susceptible to thiomersal and, therefore, women of childbearing age, in particular, should not receive thiomersal containing products. Definitive data of doses at which developmental effects occur are not available. Moreover, revelation of

subtle effects of toxicity need long term observation of children.

The prevalence of thiomersal hypersensitivity in mostly selected populations varies from 1-18%. There is a predominance in young adults aged between 20 and 30 years. The ethyl mercury radical of thiomersal appears to be a prominent sensitiser.

In the Netherlands, unlike many other countries, the exposure to thiomersal from pharmaceutical sources has already been reduced.

Replacement of thiomersal in all products should have a high priority in all countries.” (van't Veen, 2001) But these concerns were not new; health warnings relating to the mercury content of vaccines had been sounded by Russian scientists almost twenty years prior: studies by Kravchenko and colleagues published in 1982 and 1983 found,

“Components of B pertussis and thimerosal solutions have been found to produce the most profound cytotoxic (cell poisoning) effect on cells. The comparison of the results of the titration of adsorbed DPT vaccine in cell cultures with clinical manifestations has shown correlation between a greater degree of cell damage in vitro and severe local reaction. Therefore, in the process of the quality control of preparations cell cultures provide more sensitive tests than laboratory animals. Which is confirmed by our data obtained in revealing the toxic properties of adsorbed DPT vaccine and its components.” (Kravchenko, 1982)

“The methods of the quality control of medical biological preparations, including tests on animals, do not ensure the complete absence of toxicity in a final product. The use of the method of "subcultures with the introduced preparation" makes it possible to determine the toxicity of both specific and nonspecific components of vaccines and sera from the number of dead and damaged cells. The toxic action of preparations kills and damages the cells at the site of injection, thus inducing the formation of autoantigens whose effect on the body cannot be predicted. Thus thimerosal, commonly used as

preservative, has been found not only to render its primary toxic effect, but (is) also capable of changing the properties of cells. This fact suggests that the use of thimerosal for the preservation of medical biological preparations, especially those intended for children, is inadmissible.” (Kravchenko,1983) Even as far back as 1948 there were known to be problems with thiomersal. A review of the bacteriostatic (bacterial growth halting) and bactericidal (bacteria killing) actions of mercurial compounds (including thiomersal) by Dr Harry Norton and colleagues at the University of Pennsylvania School of Medicine, observed,

“The comparative in vitro studies of mercurochrome, metaphen and methiolate (thiomersal) on embryonic tissue cells and bacterial cells by Salle & Lazarus (ref) cannot be ignored. These investigators found that metaphen, merthiolate (thiomersal) and mercurochrome were 12, 35 and 262 times respectively more toxic for embryonic tissue cells than for Staphylococcus aureus. Nye (ref) and Welch (ref) also found the same three mercurial compounds more toxic for leukocytes (white blood cells) than for bacterial cells.” (Morton, 1938)

They conclude: “Reports in the literature indicate that these three organomercurial compounds are more toxic for embryonic tissue cells and leucocytes than for bacterial cells.” In May 2002 pregnant women, babies and children under the age of 16 years were advised to stop eating shark, marlin and swordfish as a precautionary measure because of the high levels of mercury that have been found in these fish. The risk was said to be highest in babies in utero as mercury can damage the developing nervous system. In children possible effects on the developing nervous system were described as:

- Impaired mental skills, such as attention and memory, and
- Physical incoordination in childhood.

The letter from the Deputy Chief Medical Officer, Dr Sheila Adams, explained that mercury in surface water was being changed by bacteria into the more toxic form of methyl mercury

.....  
*“In May 2002 pregnant women, babies and children under the age of 16 years were advised to stop eating shark, marlin and swordfish as a precautionary measure because of the high levels of mercury that have been found in these fish. The risk was said to be highest in babies in utero as mercury can damage the developing nervous system.”*  
.....

which was then absorbed by fish. (Dept of Health, 2002).

Ethyl mercury was injected into UK babies in many of the routine childhood vaccines until as late as 2004. Could this be one of the reasons for the marked prevalence of dyslexia among children today?

Concerns about using such a toxic ingredient in vaccines were dismissed for years but after the official US data raised the possibility of a link with developmental delay in 1999, the USA moved to a thiomersal free vaccine schedule.

By 2001, European drug regulatory bodies were also calling for its removal (Pulse, 2001) leading to steps eventually being taken to remove it from vaccines in the UK, but only after all the old stocks had been used up.

UK parents continued to be reassured that the mercury content of the vaccines being administered to their infants and children was safe even after September 2004, when the '5-in-1', '4-in-1', and '3-in-1' mercury free vaccines finally replaced those containing thiomersal in the UK childhood vaccination program. However, in 2009, after a five year break, the Government made the controversial decision to recommend that babies, children and pregnant women should receive the mercury containing version of the swine 'flu vaccine Pandemrix®, rather than the essentially mercury free, Celpavan®, citing new studies said to show that mercury containing vaccines are safe.

One of the reasons for the large disparity between the ultra cautious

advice regarding methylmercury, and the confident stance regarding the safety of ethylmercury is that ethylmercury is said to be safer as it is rapidly broken down in the body (though to an inorganic form which is known to cause kidney damage) and is therefore thought not to accumulate. A review in 2006 by Thomas W. Clarkson of the University of Rochester School of Medicine, USA and & Laszlo Magos of the Toxicological Unit of the Medical Research Council UK, while concluding that ethylmercury offers a lesser public health risk than methylmercury, and that this risk is outweighed by the benefits of vaccination, nevertheless state:

“The methyl- and ethylmercury compounds have similar chemical properties and are often referred to as the "short-chain alkyl mercurials." The primary target is the central nervous system. The ethyl compounds differ from their methyl relatives in that they are converted more rapidly to inorganic mercury in the body and produce kidney damage, whereas methylmercury appears to exclusively damage the central nervous system, at least in primates. (p624)”

“Toxic Effects:the toxic effects of ethylmercury compounds were first revealed in animal experiments in the 1870s in Germany (Hunter, 1969). Prior to its therapeutic application in the treatment of syphilis, diethylmercury was given to animals.

The toxic sequelae and pathology indicated that the central nervous system was the target. Incoordination of movement was a common finding. In fact, these early animal findings would be confirmed almost a century later in human outbreaks of poisoning. An outbreak of ethylmercury poisoning that took place in rural Iraq in the 1950s gave more details on the toxic effects (Jalili and Abbasi, 1961). In this outbreak, homemade bread had been prepared from seed wheat treated with an ethylmercury fungicide, ethylmercury p-toluene sulfanilamide.

The neurological signs and symptoms are similar if not identical with those already discussed for methylmercury. In addition, there was clinical evidence of kidney damage that

included albuminuria and the nephrotic syndrome. It is possible that some of the fatalities in this outbreak were the sequelae of kidney failure (p647).”(ibid)

Common to all the research is the paucity of available data regarding ethylmercury – the form that is injected into, infants, children, pregnant women and other adults, compared to the extensive material available for methylmercury that is generally only eaten as a contaminant. Clarkson & Magos again:

“Disposition in the Body: much less information is available on the disposition of ethyl as compared to methylmercury (p645).”(ibid)

The National Institute of Allergy & Infectious Diseases, USA website, while reassuringly telling parents that ethylmercury is different than methylmercury and therefore safe, goes on to say: “The National Institute of Allergy and Infectious Diseases (NIAID) funds thimerosal research that focuses on better understanding what happens to thimerosal once it is introduced into the body and how this compares to current knowledge of methyl mercury pathways.

.....  
*“Common to all the research is the paucity of available data regarding ethylmercury – the form that is injected into, infants, children, pregnant women and other adults, compared to the extensive material available for methylmercury that is generally only eaten as a contaminant.”*  
 .....

Several research studies have determined that the safe exposure guidelines for mercury, based on methyl mercury exposure, are not appropriate guidelines for thimerosal. Future research will help to establish guidelines for maximal levels for short-term exposure to ethyl mercury.” After more than eighty years of injecting babies, children and adults with ethylmercury/ thiomersal containing vaccines, isn't this a little late?

**FURTHER INFORMATION**

*More detailed information about vaccination: the diseases against which we vaccinate and the vaccines used, may be obtained in Dr Donegan's report: 'Vaccinatable Diseases & Their Vaccines' at: <http://www.jayne-donegan.co.uk/LinkClick.aspx?fileticket=d%2ffky%2f1vwv4%3d&tabid=826>*

*To book a telephone or in person consultation to discuss health or vaccination issues, or if you would be interested in hosting a lecture or workshop in your area, please call: T/F 0044 (0)20 8632 1634 leaving your details clearly or email: [jaynelmdonegan@yahoo.com](mailto:jaynelmdonegan@yahoo.com) Dr Jayne LM Donegan MBBS DRCOG DCH DFFP MRCGP MFHom London NW4 1SH, UK [www.jayne-donegan.co.uk/](http://www.jayne-donegan.co.uk/)*

**Health - the only immunity** by Keki Sidhwa, Magda Taylor & Dr Patrick Quanten

**The Association of Classical Homœopaths** are excited to offer a very thought-provoking seminar from three very dynamic speakers, Keki Sidhwa, Magda Taylor and Dr. Patrick Quanten, who are all leading speakers on the topic of health.

**Keki Sidhwa**, British Natural Hygiene physician, teacher, scientist, philosopher, visionary and poet.

**Magda Taylor**, a founder member of “The Informed Parent”, has been involved in the subject of Vaccination and health since 1991. She has been running “The Informed Parent” single handed since 1995 and over the years has continued her research, attends various lectures on how to gain health, the effect of the mind on the body and vaccination.

**Patrick Quanten** ran a GP practice for 18 years but resigned from orthodox medicine in 2002 as he became more and more disillusioned with the profession. He studied alternative health care extensively, qualifying in various therapies. Patrick has started to spend more of his time writing and teaching about health, and a wide variety of subjects from scientific discoveries to spiritual issues. He certainly will get you thinking!

FOR THE SEMINAR, THE FOLLOWING TOPICS WILL BE COVERED:

- The natural responses of the body
- Decline in disease
- Germ theory
- Antibody theory
- Immune Response
- A general overview of health in relation to vaccination.

**This seminar will be beneficial not only for health practitioners but also anyone who would like to learn more about the issue of health and disease.**

**VENUE: St Lukes Centre, Bath. Saturday, May 22nd 2010, 10am to 5pm**

For further information contact: Paul Hudson 01179584092 [paul.hudson@theleaffoundation.org](mailto:paul.hudson@theleaffoundation.org) Jamie Taylor on: 01225 310245 / 07886421315.

Association of Classical Homœopaths:  
 Seminar: 'Health - the only immunity'.  
 Dates: Saturday, May 22nd, 2010, Time: 10am – 5.00pm  
 Cost: £50.00. £40.00 for members of ACHom

**PAYMENT:** The fee includes the cost of refreshments and a light vegetarian lunch. Cheques payable to: Association of Classical Homœopaths. Please return the booking form below with your payment to: Paul Hudson, 20 Brentry Road, Fishpond, Bristol, BS16 2AA. Your payment reserves you a place in the seminar. The reservations are on a first-come, first-served basis and can only be definite with the payment. No refunds. CPD certificates will be provided. There is free Parking. For directions and any further information log on to: [http://www.stlukebath.org.uk/find\\_stlukes.html](http://www.stlukebath.org.uk/find_stlukes.html).

( PLEASE PHOTOCOPY THIS ADVERT IF NOT WANT TO CUT PAGE )

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# The dangers of vaccinating premature babies

BY JOANNA KARPESEA JONES

THE SUBJECT OF vaccinating premature babies has special interest to me because I was born three months premature after the drugs my mother was given had failed to stop her labour.

My mother had been a nurse before having children and was staunchly pro-vaccine. She never read a book on the subject and had elected to vaccinate me during the 1970's DPT and brain damage scare, when only 30% of parents chose to have their children vaccinated with this vaccine. I was diagnosed with cerebral palsy at 18 months of age. It may have occurred anyway. Given my prematurity, there is no way of knowing. Later I was diagnosed with two rare neurological disorders, one of which developed directly after my BCG injection. I was also hospitalised some time after my pre-school boosters, with a meningitis-like illness. Knowing these facts led me to believe that my vaccinations as a baby may have contributed to my disability.

I am thankful I was not vaccinated until I was nearly seven months old, because I believe I would have died if I had been submitted to the vaccine schedule our children endure today. I did not receive hib vaccine, meningitis C, prevnar, mumps, rubella, flu or HPV vaccines. What I did have, devastated my health.

So I find it frustrating when many parents who choose not to vaccinate their children, still believe that immune-compromised or premature infants should be vaccinated.

Medical argument says that pre-term babies don't have a proper immune system and that is why they should be vaccinated and at the same age as healthy, full term infants. This argument is negligent in the extreme.

## POOR IMMUNE SYSTEM, MORE SIDE-EFFECTS

It is precisely because a pre-term baby has poor immune function that he is likely to suffer serious and even life threatening



Joanna Karpesea-Jones

*“Medical argument says that pre-term babies don't have a proper immune system and that is why they should be vaccinated and at the same age as healthy, full term infants. This argument is negligent in the extreme.”*

reactions to vaccination.

Injecting formaldehyde, aluminium, phenols, mercury traces and manufactured bacteria and viruses into a child whose immune system is already struggling to cope can never be a good idea. This is why babies used to be vaccinated at a later age. I haven't managed to find out what the schedule was for the 1970's, but the schedule for healthy, term babies in 1985 was: 3 months old: One DPT and one oral polio vaccine 5 months old: One DPT and one oral polio vaccine 11 months old: One DPT and one oral polio vaccine A measles vaccine would be given in the second year of life, followed by DT and oral polio vaccines at 3 to 5 years.

Premature infants were vaccinated at the time when they should have been three months old, so an infant born two months premature would be vaccinated for the first time at five months of age. (BNF no. 10, 1985).

Now vaccine agenda has come above patient health with many tiny babies being injected while they are still fighting for life in the neonatal intensive care unit.

## PRE-TERM INFANTS ARE CONTRAINDICATED

The 1985 version of the British National Formulary states under the pertussis

section on page 385, that 'Vaccination should not be carried out in children with a history of cerebral irritation or damage in the neonatal period'. This would account for a large majority of pre-term infants. Medical evidence today shows that pre-term infants are still more likely to suffer serious consequences from being vaccinated, than their full term counterparts.

## BREATHING PROBLEMS AFTER VACCINATION

A concerned nurse, writing to the Heart to Heart column of US News, said "I can speak from personal experience about the effects of vaccines and the lack of reporting of adverse reactions. I have been a NICU nurse for over 10 years and have on numerous occasions I have seen infants who are ready to be discharged, code within a few hours after the vaccine is administered.

Also, it is well accepted in the NICU that infants tend to have apnea and bradycardia after vaccine administration. The question is why? On another note, the reporting of adverse reactions is so sparse that any journal that touts the safety of a vaccine based on adverse reactions that are reported is already dealing with a faulty data set.

Basically, this hospital and another NICU that I worked at DO NOT report any adverse or suspected adverse reactions." I have recommended parents who inquire about the safety of vaccines to do their own research on the subject and have also mentioned that I have chosen not to vaccinate my children.

Also, the theory about vaccines ramping up the immune system might very well explain the huge increase in asthma, allergic skin disorders, Crohn's and IBS, and other immune mediated illness." (US News, 14th April 2009).

Her observations about pre-term infants stopping breathing after vaccination is backed up by scientific research. Doctors in Winchester reported four cases where premature babies stopped breathing and had to be resuscitated, with one requiring mechanical ventilation. They estimated that 8% of babies born at less than 30 weeks gestation would stop breathing after vaccination. (Slack M, Shapira DE, Severe apnoeas following immunisation in premature infants, Arch. >

Dis Child Fetal Neonatal Ed, 1999;81: F67-F68).

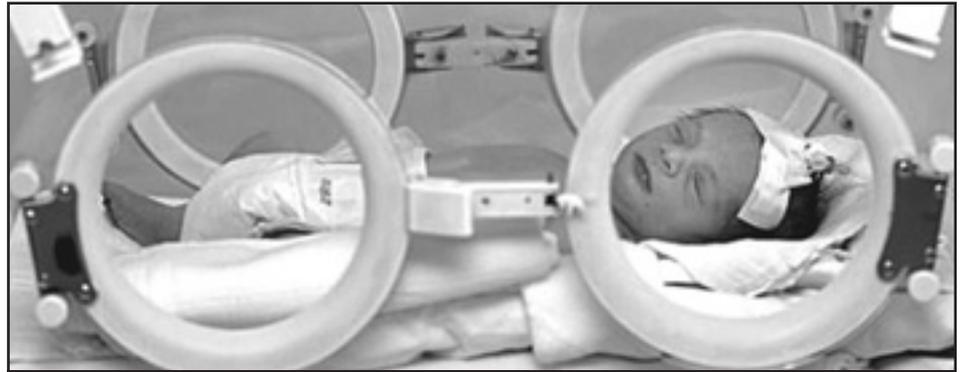
Another study at Royal Gwent Hospital found that adverse reactions to vaccines were 'relatively common' in premature babies.

'The aims of this study were to study the frequency, severity and types of adverse reactions following DPT/Hib (diphtheria and tetanus toxoids and pertussis/Haemophilus influenzae type B conjugate) immunization in very preterm infants and to identify possible risk factors. Case notes of 45 preterm babies vaccinated in the neonatal intensive care unit between January 1993 and December 1998 were studied retrospectively. Babies with major events were significantly younger, had a lower postmenstrual age and weighed less at the time of vaccination compared with babies without major events. Age at vaccination of 70 days or less was significantly associated with increased risk of cardiorespiratory events.'

The study authors suggested doing further studies to see if delaying vaccination was advisable. It seems we have gone backwards in our medical understanding, as doctors always used to delay vaccination for premature babies!

More recently, the FDA in America added a warning to the data sheet of the DTaP vaccine, *Infanrix*, stating that pre-term infants might stop breathing after vaccination:

'We have approved your request to supplement your biologics license application for Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine Adsorbed, *Infanrix*®, to revise the Package Insert to add a warning



Study shows adverse reactions to vaccines were 'relatively common' in premature babies

regarding apnea in premature infants' (<http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm201688.htm>).

The new 13 type prevnar vaccination which has just been approved, also caused some babies to stop breathing:

'In the Phase III studies, which involved more than 7,000 infants and young children, the vaccine had common side effects. However, somewhat disturbing was the temporary pause of breathing following vaccination that has been observed in some infants born prematurely.' (Daily Finance, 24th February 2010).

### SEPSIS AFTER VACCINATION IN PREMATURE INFANTS.

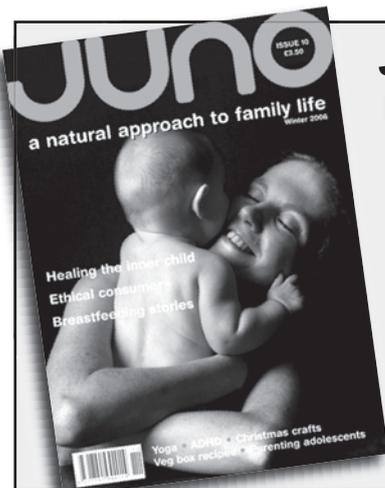
A study at Queen Elizabeth Hospital in Woolwich, found that vaccinated premature babies had a greater risk of sepsis.

'Studies consistently suggest that many premature infants have elevated C reactive protein levels following immunisation. This occurred more often when multiple vaccinations are administered concurrently (as is the practice in the UK)

rather than singularly. CRP rises to peak at approximately 32 hours after immunisation and may be of the order of 40 mg/L, and often higher, often without corresponding clinical signs. Although none of the studies fully represent current immunisation practice in the United Kingdom (DTaP/IPV/Hib as *Prenar*; PCV as *Prenar* for the 2 month immunisation), however the vaccines may be similar enough to extrapolate these results. Following immunisation some infants had significant clinical events suggestive of a sepsis illness and were started on intravenous antibiotics.

Immunisation, particularly the concurrent administration of multiple vaccines, can cause significantly elevated CRP levels in premature infants. This information may help clinicians rationalise the use of antibiotics in such infants.'

Instead of not vaccinating, or delaying vaccination, their solution to this problem is to pump the child full of antibiotics! (Does primary immunisation cause C-Reactive Protein to rise in premature infants? Simon Paget, Pediatric Registrar, Queen Elizabeth Hospital).



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## HIGHER RISK OF AUTISM

Vaccinated premature infants also have a much higher risk of autism than full term infants, probably because they are vaccinated at 8 weeks of age rather than their adjusted age. A report in the Daily Mail said that as many as one in four premature children are autistic!

Of 91 premature children studied, 23 were diagnosed with autism. Those affected had the lowest gestational age and birth weights. Scientists theorized that it was because their brains had not finished forming yet. This is probably true, as a developing brain is much more vulnerable to the effects of toxins and chemicals, particularly when combined with the vaccine ingredient polysorbate 80, which can help them penetrate the brain barrier (Daily Mail, 7th April 2008).

## VACCINES DON'T WORK

Apart from the heightened risk of side-effects, neurological damage and

developmental disability in vaccinated premies, the premature baby's immune system is so under-developed that it usually cannot form adequate antibodies in response to the vaccines. For instance, a study in Pediatrics found that hib vaccine may not protect premature infants from hib disease:

'Prematurity may be a risk factor for Haemophilus influenzae type b vaccine failure. Postprimary seroprotection rates were lower in preterm than in term infants. A progressive reduction in immune response to the Haemophilus influenzae type b antigen was observed with decreasing length of gestation and decreasing birth weight.' (PEDIATRICS Vol. 119 No. 1 January 2007, pp. e179-e185).

Another Pediatrics paper said that Hepatitis B vaccination of premature newborns should be delayed because they did not get adequate protection from vaccination:

'Of all infants who did not achieve

protective levels of antibody after three doses of vaccine, 96% (26/27) weighed <1700 g at birth. The seroprotection response rate after three doses of vaccine increased with birth weight; infants weighing 1500 g at birth (groups 1 and 2) had lower rates of response (52% and 68%, respectively) than did infants weighing >1500 g at birth (group 3; 84% response rate)' – (PEDIATRICS Vol. 103 No. 2 February 1999, p. e14). Am I bitter that I was vaccinated when premature? Sometimes yes, when I'm sitting there in pain with a condition so rare, even doctors haven't heard of it. But I'm not angry with my mother. She was of a generation that accepted the doctor's word without question. Being vaccine damaged made me who I am today, it led to me rejecting vaccines for my own children, forming my charity and meeting all sorts of interesting people. It made me think deeper than I would have done, had I not been damaged, so I don't think badly of her for vaccinating me.

# The Vaccination Decision - it's not easy is it?

*2010 will bring this workshop to it's third year!*

**The workshop will run on Sunday 17th October 2010, from 10.00am - 12.30pm**

The 2009 workshop brought parents and "parents to be" from all over the country together to open mindedly explore vaccination and the options available. The session ended with us gathering at our local public house for drinks and a meal (the meal is by separate arrangement). The feedback has been fantastic and there are still more requests for this workshop to be run again.

**The Venue is Abberton & Langenhoe Village Hall, Edward Marke Drive, Abberton, CO5 7LP.**

To book or find out further details please register your interest by email:

**dawn\_waterhouse@homeopathy-soh.org** or telephone **01206 735 780**

Your investment in this workshop is £35 per couple. Which includes light refreshments and notes to take home with you. Well worth it if you are anxious about what other people will say - This workshop will help you appreciate other angles of the decision making process.

To book or find out further details please phone Dawn on: **01206 735 780**

**E-mail: enquiries@dawnwaterhouse.co.uk**

# Delhi HC admits plea against Govt's vaccination drive

JOE C MATHEW, NEW DELHI

www.business-standard.com

12/2/2010

THE DELHI HIGH COURT has admitted a public interest petition filed by a group of medical experts led by a former health secretary against the central government's plans to introduce "irrational vaccines" into the national immunisation programme without proper epidemiological studies.

In an application for interim directive filed last week, retired health secretary K B Saxena and others sought a stay on the official move to introduce "Hepatitis B, Pneumococcal, Hib and pentavalent vaccines in the universal immunisation programme" until requisite studies were carried out by an independent body without conflict of interest.

An expert committee headed by Indian Council of Medical Research chief V M Katoch has recently been set up to examine the recommendation of the health ministry's National Technical

*"Vaccines which are of questionable utility, expensive and also carry possible side-effects are sought to be introduced at the cost of public exchequer at the behest of WHO (World Health Organization) and vaccine manufacturers"*

Advisory Group on Immunisation (NTAGI) to introduce "pentavalent" or five-in-one vaccines under the government's immunisation drive.

The first meeting of the Katoch committee is slated to take place next week.

The petitioners have complained that "vaccines which are of questionable utility, expensive and also carry possible side-effects are sought to be introduced at the cost of public exchequer at the behest of WHO (World Health Organization) and vaccine manufacturers".

According to petitioners, evidence from several countries does not favour the introduction of pentavalent vaccines in the country. "Pentavalent vaccine was introduced in Bhutan but withdrawn after eight deaths in October 2009. Earlier, it was withdrawn from Sri Lanka after 25 serious adverse reactions and five deaths... Given the grave real risks from this new vaccine, it is humbly prayed that introduction of Pentavalent be stayed till a thorough evaluation is complete which includes evaluation of data of strain replacement from Canada, diabetes in Finland and deaths in Bhutan", the petition stated.

The petitioners have also sought judicial intervention for the formulation of a "rule-based rational vaccine policy".

They say the policy should prescribe mandatory analysis and epidemiological studies which need to be carried out before a vaccine is sought to be introduced into the public health system and will do so in a transparent manner and allow for public and scientific scrutiny.

## Tuberculosis vaccine trial stopped due to deaths cluster

PUBLISHED 15 MARCH 2010,

DOI:10.1136/BMJ.C671

CITE THIS AS: BMJ 2010;340:C671

**R**ESearch: Effect of revaccination with BCG in early childhood on mortality: randomised trial in Guinea-Bissau

A E Roth et al.

### OBJECTIVE

To determine whether BCG revaccination at 19 months of age reduces overall child mortality.

Design Randomised trial, with follow-up to age 5.

### SETTING

A health project in Bissau, Guinea-Bissau, which maintains a health and demographic surveillance system in an urban area with 90 000 inhabitants.

### PARTICIPANTS

2871 children aged 19 months to 5 years with low or no reactivity to tuberculin and who were not severely sick on the day of enrolment.

Intervention BCG vaccination or no vaccination (control).

### RESULTS

77 children died during follow-up. Compared with controls, the BCG revaccinated children had a hazard ratio of 1.20 (95% confidence interval 0.77 to 1.89). Two hundred and fifty children were admitted to hospital for the first time between enrolment and the end of the study, with an incidence rate ratio for BCG revaccinated children versus controls of 1.04 (0.81 to 1.33). The trial was stopped prematurely because of a cluster of deaths in the BCG arm of the study. This increase in mortality occurred at a

time when many children had received missing vaccinations or vitamin A or iron supplementation; the hazard ratio for BCG revaccinated children compared with controls was 2.69 (1.05 to 6.88) in the period after these campaigns. Throughout the trial, the effect of BCG revaccination on mortality was significantly different ( $P=0.006$ ) in children who had received diphtheria-tetanus-pertussis (DTP) booster vaccination before enrolment (hazard ratio 0.36, 0.13 to 0.99) and children who had not received the booster before enrolment (1.78, 1.04 to 3.04).

### CONCLUSIONS

There was no overall beneficial effect of being revaccinated with BCG. The effect of BCG revaccination on mortality might depend on other health interventions.

# France to pay 16% for cancelled H1N1 doses-paper

REPORTING BY CAROLINE JACOBS; EDITING BY KAREN FOSTER

<http://www.reuters.com/article/idUSLDE62MOT520100323>

PARIS, March 23 (Reuters) - The French government will pay three swine flu vaccine makers 48 million euros (\$65 million) for 358 million worth of H1N1 doses it cancelled, French newspaper Le Figaro reported on Tuesday.

## HEALTHCARE

The health ministry has concluded negotiations with Novartis (NOVN.VX) and notified GlaxoSmithKline (GSK) (GSK.L) and Sanofi Pasteur to each reimburse them 16 percent of the value of the order for 50 million doses, Le Figaro said, a deal that will hit GSK hardest.

A spokeswoman for the French health ministry had no comment on the un sourced article but said the matter would be discussed this afternoon in the French Senate, followed by a news

conference at 1730 GMT.

Based on a 16 percent reimbursement fee, GSK would be paid 36 million euros rather than 224 million. Novartis has agreed it will get 10.5 million euros out of 65 million it was supposed to receive, Le Figaro said.

Sanofi Pasteur, the vaccine division of Sanofi-Aventis (SASY.PA), is still in negotiations about the reimbursement, which would amount to 2 million euros instead of 12.5 million initially.

Sanofi Pasteur had proposed cancelling 9 million doses but the government later decided to drop another 2 million from the 28 million it had ordered from the company, a Sanofi Pasteur spokesman said.

"For now nothing has been finalised, but we are advancing," the spokesman said.

"We have not received any new proposal."

Three months ago the French government began talks with the vaccine makers about reimbursement for cancelling 50 million of 94 million H1N1 doses it had ordered.

When placing the order, the government followed the World Health Organisation's (WHO) recommendation for two shots per person to prevent swine flu but in November the European Medicines Agency said one single dose would be sufficient.

The WHO declared swine flu a pandemic last June, sparking a race to develop new vaccines to fill demand from governments. However, many people have not taken the vaccine as the outbreak has turned out to be fairly mild. (\$1 = .7401 Euro)

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**Dr Patrick Quanten MD**

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## Nursing Children Supportively Through Acute Illness

by Dr Jayne LM Donegan

MBBS DRCOG DCH DFFP MRCP MFHom

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# The Quanten Theory

## HOW WE HEAL

### by Patrick Quanten MD

Within the traditional medical model, healing means, quite simply, treating a disease until the disease is cured. Cured means successfully treated with drugs and/or surgery until the symptoms disappear.

The holistic model of health has introduced the study of the relationship among the mind, the body and the spirit. Recognising the influence of the emotional, psychological and spiritual factors is redefining the nature of the healing process. Studies in this area strongly indicate that the healing process must be expanded to include giving much-needed attention to the inner life of the human being.

The holistic model of treatment has brought to light the need to help a person heal the stresses of his/her life as an integral part of healing the body. In order to do this, a person must be willing and able to look at all of the pieces of his/her life, including emotional injuries (both given and received), unfulfilled emotional needs, disappointments in relationships, broken promises, unfulfilled ambitions, disappointments in oneself, and other patterns of unfinished business that form a person's inner grief.

In accepting the necessity of doing this quality of inner work, you are acknowledging the need to change or transform the areas of your life that are not conducive to regaining your health. As you do this, you alter the relationship you have with your disease. Rather than considering disease as a "condition" that has spontaneously manifested in the midst of your life, you are able to think of it as a "messenger". The transformational process, then, becomes the experience of understanding the particular messages that the experience of illness brings into your life and the challenge to act on those messages in ways that are productive to your health.

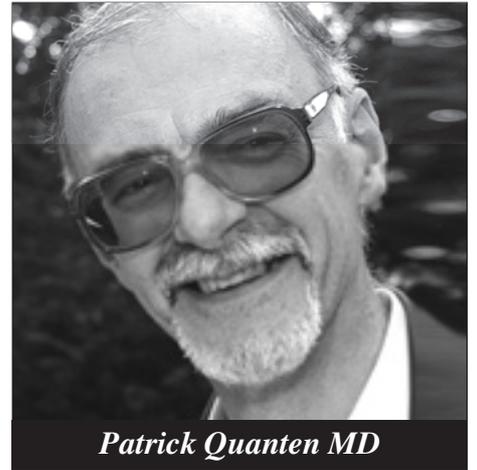
Disease is unconscious change (or choice by default) manifesting in a person's body because the individual either 1) lacks the courage to look clearly at what is not working in his/her life, 2) does not believe that stress affects the body, or 3) lacks the skills of introspection and self-examination that allow the analysis, and thus the dissolution, of stress to take place through positive channels.

We are used to the idea of disease as a punishment or a failure, but disease can be seen as a gift also. It gives us an opportunity to evaluate our lives, and what has brought us to this particular point, a point of pain and suffering. It hands us a good reason for wanting to change, whatever it is we are doing, in order to change where our life is going. It may even give us the courage and strength required to look in depth at what is not working in our life.

Instead of judging the events in our lives as good, bad, right or wrong, we must recognise that of itself nothing is good or bad, right or wrong, and everything has the potential to help us get back on the universe's schedule. This does not mean that we have to like what happens, simply that we must remain open to the uses, even of adversity. A disease may serve as a redirection, a reset button.

All of this strongly suggests that healing is a very personal matter. Nobody can do it for you. It is all down to the individual to do some personal work. Help, however, can be obtained. If you want to learn to heal, you must begin by working on yourself. Use the following basic concepts and assumptions.

1. The human body is not a machine. Our medical model keeps insisting that the body functions like a machine. The truth, however, is that we cannot learn healing methods if we remain within the narrow framework of these



*Patrick Quanten MD*

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*"We are used to the idea of disease as a punishment or a failure, but disease can be seen as a gift also. It gives us an opportunity to evaluate our lives, and what has brought us to this particular point, a point of pain and suffering."*

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mechanistic views. A holistic view of life considers the cosmos a constantly changing dynamic whole, where everything is interlinked and interdependent. It is the interlink and the interdependence between the fundamental cosmic energies, which is the basis of healing. A disease is not simply a malfunctioning of a body part; it is an expression of all of the influences on life, over a period of time.

2. We humans are capable of enhancing our sensuality. We can enhance the use of our senses with conscious effort. This does not mean we learn only to enjoy more with our senses; it means that we widen the experience of our senses to develop an extraordinary sensibility. To enhance sensuality, we must savour all in life, not just the sweet and the nice. This widens our mental capabilities through experience and gives us a keen sense of observation in relation to the body. More highly tuned senses will provide us with the capacity to detect ailments at a more rudimentary stage. We may even get a "sense of what is to come"!

3. Each part of the human body is equally important. All parts of the body are holy and sacred, and hence worthy

of respect. You must make sure that each part of your body is well nourished. For that, you should make sure that all the energy channels are open. This essentially means that we should be using all parts of the body and give them the attention they deserve. With the enhanced sensitivity, and with the help of some yogic practices, one is able to detect imbalances and can take steps to re-establish the lost harmony.

4. The inner energy and power is not only to be used to heal, but we must also learn to maintain a state of health. We have to learn to make an armour of this energy around ourselves to protect ourselves from external attack. We must also learn to protect ourselves from disturbing qualities of mind, such as greed, jealousy, anger and hatred, as they are the cause of many serious diseases.

All this may sound very complicated and difficult at this stage. Indeed, to evoke your inner power, you need to make tremendous effort in the beginning. The time and effort required to achieve this goal will also vary from person to person. Relatively quiet people, who are not restless and are able to concentrate easily, will need less time than those who are agile, talkative and nervous.

To put this in simple words, if you want to learn how to heal, first you have to develop your intuitive capacity.

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*“However, in humans, the capacity to establish harmony within ourselves (and with nature) has been lost due to our conditioning and life circumstances. Free animals in their natural environment are healthier than we are, they cure/heal themselves without doctors and hospitals.*

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Guided by this intuitive capacity, you will have to diagnose the root cause of your ailment and then enhance the process of healing by consolation, encouragement, and by providing extra energy to the ailing part. Actually, all living beings have a natural gift of finding their troubles and acting accordingly, so that they are rapidly healed and do not suffer. This gift springs out of the innate desire of all living beings to remain alive and to save themselves from death and suffering. However, in humans, the capacity to establish harmony within ourselves (and with nature) has been lost due to our conditioning and life circumstances. Free animals in their natural environment are healthier than we are, they cure/heal themselves without doctors and hospitals. They know how to keep an equilibrium between food and activities. Similarly, they have an intuitive power to be selective in their

nutrition for curing themselves. They use their inner energy to heal themselves.

People who have healing capacities to use for themselves and for healing others are just like you and me. Basically you have the same capability, but this energy lies dormant in you. Awakening this energy is possible; it needs a strong sense of goal, perseverance and discipline.

The premise that we create our own realities as individual parts of an interconnective force field of life represents a higher order of reasoning that is capable of producing solutions to the challenges of our world. That all systems are interdependent is a perception that is now filtering into our world through every possible channel: health, science, ecology, economics, world government, as well as international movements on behalf of saving the planet from nuclear and ecological disasters.

This forms the very basis on which personal transformation will take place; and vice versa, it is because of personal transformations that the wider perspective is penetrating the whole of our world.

Personal transformation and world transformation go hand in hand. Your personal change will change you personally, and will change the world forever.

October 2003

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## A subscriber recently wrote:

*Dear Magda*

*I just wanted to thank you for running such an essential information service. I signed up to Informed Parent a few weeks ago and used the newsletters and the website to do some extensive research. As a result we decided against vaccinating our daughter when she was 8 weeks old last week.*

*We sent our GP a letter with reasons why we were reluctant to get our daughter vaccinated in advance of the 8 week check (including many of*

*the points you make on the website) but emphasised we were happy to discuss matters. I took a day off work for the 8 week check appointment, armed myself to the teeth with facts and figures, and prepared to do battle with the GP and health visitor.*

*In the end, our GP quickly conceded I seemed to know more than she did (!) and was unable to offer any further information beyond that provided by the usual NHS websites. I almost seemed to get agreement when I stated I believed that the vaccines were given*

*together for convenience rather than safety, that the diseases they were supposed to protect against were largely diseases of poverty, hunger and bad hygiene and that the death rates had been falling well before the vaccines were introduced.*

*Many thanks again for providing the focus and information which allowed us to make a properly informed decision.*

*With best regards  
A.P.*

# Baby in Britain is overdosed with BCG vaccine and is now being treated for TB

CHRISTINA ENGLAND

March 11, 2010 [www.americanchronicle.com](http://www.americanchronicle.com)

**A** CATALOGUE OF HORROR stories in our newspapers may leave many parents feeling anxious as to whether those vaccinating our children are really fit to do so, especially after one baby became ill after being overdosed with ten times the amount of tuberculosis vaccine.

The baby who is currently being treated in Sheffield children's hospital in England UK, with antibiotics used to treat tuberculosis is now said to be out of danger.

Dr David Elliman consultant in community child health at Great Ormond Street Hospital told the Telegraph that "It is not possible to catch TB from the BCG vaccine."

I find this very difficult to believe considering the fact that this newborn is now being treated with drugs for TB. The law firm Irwin Mitchell is calling for an investigation as to why a newborn baby has been left receiving treatment for a potentially serious illness, after it was discovered that it was a junior doctor who prescribed and administered ten times the required dose of a BCG vaccine.

Medical error involving vaccines is not uncommon. Also reported this week is another shocking account of children in Pakistan receiving a batch of out of date vaccines. It transpired that a quantity of expired vaccines for measles was given to children in one area of Pakistan leaving 33 children with adverse reactions. The Daily Times for Pakistan say that the health department staff administered the expired vaccine to the children during the anti-measles campaign and at least 33 children experienced serious reactions such as fainting, diarrhoea and skin diseases.

In January of this year staff at one school went to the school nurse fully expecting to receive the shot for swine flu and instead they received a vaccine of insulin. While the staff seem to have suffered no long-term damage from

mistakenly receiving the insulin injections, investigations are ongoing to determine what caused the medical error. It appears that the school nurse was responsible and she has been temporarily suspended until a full investigation has been carried out. Read fully story in ABC News report online.

These are by no means isolated incidents as last year the Daily Mail discovered that nearly 1,000 safety incidents were reported of children either getting the wrong vaccine or being overdosed with a vaccine they had already received.

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

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

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

So can we really trust those administering the vaccines that are given to our children? Clearly not, as error after error is being reported worldwide.

Jeff Audfderheide from VacTruth.com a website dedicated to vaccine adverse reactions and educating the public said:- "Intelligent people need to draw the line somewhere and an incident involving a newborn is a great place to start. What happened to this

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*"What the public is also not aware that vaccines administered to infants are at the same level as those administered for adults. An infant's neurological and immune system are not fully developed at birth."*

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new born should tip parents off to ask more questions of their pediatrician. Dr. Paul Offit, who wields enormous influence with pediatricians, believes that children can safely receive 10,000 vaccines. Yet, here we have another child losing their immune tolerance by receiving too much vaccine for his little body to handle."

Jeff is right as these vaccines are full of preservatives and adjuvants which include heavy metals.

A tiny babies body is not equipped to cope with these toxins and this is worrying many professionals. One such professional is Leslie Carol Botha who is a journalist and Health Activist and editor of the Womans Health website Holy Hormones Honey she is currently advocating to green our vaccines. She is appalled by what she feels is the overdose of toxins given to very young and premature babies. She says:-

"In the United States - heavy metals used as adjuvants in each individual vaccine meet EPA standards and guidelines. What the public is not aware of - and physicians should be is that when more than one vaccine is administered at the same time, those guidelines are exceeded at dangerous levels. What the public is also not aware of is that vaccines administered to infants are at the same level as those administered for adults. An infant's neurological and immune system are not fully developed at birth.

Furthermore, and most disturbing is that guidelines for vaccination for premature infants are the same as guidelines for full term babies. In other words if a baby is born 4 weeks

early, he/she will still be administered vaccinations on the same schedule as a full term infant. A premature infant's neurological and immune system is even less developed and less able to handle the influx of toxins to the system - than a "normal" infant. This alone predisposes the "preemie" to additional medical/neurological problems.

One other factor that is not taken into consideration is the fact that our environment has become laden with toxic heavy metals. Many of these toxins are passed from mother to infant in utero. So at birth, an infant has already been contaminated with toxins - as noted with the high rise in autism across the world. Introducing more chemical toxins into an infant's already stressed body is a recipe for disaster.

The vaccination industry has not changed it's guidelines for developing vaccine in over 70 years. Basically, the same processes are used - even though our environment and nutritional sources have changed - and their quality declined. It is time that the industry - develop "safe vaccines" - vaccines without adjuvants that can

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*"One other factor that is not taken into consideration is the fact that our environment has become laden with toxic heavy metals. Many of these toxins are passed from mother to infant in utero. So at birth, an infant has already been contaminated with toxins - as noted with the high rise in autism across the world."*

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cause neurological damage. The technology is there - and it is being used by the pharmaceutical companies to "test" vaccines. It is now time to apply this "green vaccine technology" to the public. It is in our best interest - and protects the health and safety of our newborns."

She has stressed to me personally in an interview that doctors promote healthy eating, they promote better lifestyles and yet they are prepared to inject highly toxic substances such as mercury and aluminium into the bloodstreams of newborn infants.

## A BCG VACCINE CONTAINS THE FOLLOWING INGREDIENTS

BCG Type of vaccine: Single live BCG vaccine  
Manufacturer: Statens Serum Institut  
Protects against: Tuberculosis (TB)  
Active ingredients:

- 100,000-800.000 live units of Mycobacterium bovis BCG,
- Danish strain 1331 per vaccine
- Mercury content: Nil
- Aluminium content: Nil

Other ingredients:

- Sodium glutamate
- Magnesium sulphate heptahydrate
- Dipotassium monohydrate
- Citric acid monohydrate
- L-asparagine monohydrate
- Ferric ammonium citrate
- Glycerol

Looking at these ingredients contained in just one childhood vaccine, it is frightening to imagine what an overdose could do to a tiny body and yet this is what is happening in our hospitals, GP surgeries and clinics today. It is easy to see why Leslie and professionals like her are saying that we are poisoning our children with no possible way of knowing what the outcome will be.

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## Eleven children allegedly given expired vaccines

BY AHMAD AL-KINANI AND IBRAHIM AL-METHAMI

Saudi Gazette 4/4/10

**Q**UNFUDAH – Officials here are to hold an emergency meeting after it emerged that three primary health centers in Tabuk allegedly injected 11 children with expired measles and hepatitis vaccines.

Sources said that Dr. Abdul Fatah Bin Ibrahim Sindi, Director of the

Directorate of Health Affairs in Tabuk, has called for an urgent meeting with officials in charge of the centers.

The Stores Control Administration discovered the incident during an inspection of five health centers in Beni Zaid, Therban, Kayyad, Al-

Sho'ab and Al-Maqass. The inspection team found 200 doses of outdated vaccines at these centers.

At the Al-Sho'ab center the team found 114 doses of expired vaccines. It found 14 liquid measles vaccine and 40 expired doses of measles vaccine at the Therban health center; and eight doses of hepatitis vaccine unfit for human consumption at the Kayyad health center. – Okaz/SG

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## Truth About Gardasil

**A** meeting was held Friday, March 12, 2010 between the FDA and a group of spokeswomen for the victims of the HPV vaccines Gardasil and Cervarix.

The women who prepared the data on behalf of the parents whose

daughters have died or were injured by the HPV vaccines were Karen Maynor; mother of the late Megan Hild, New Mexico; Rosemary Mathis: mother of Lauren, adversely injured; co-founder of [www.truthaboutgardasil.org](http://www.truthaboutgardasil.org/) ,

North Carolina; Freda Birrell; political activist, Scotland/UK; Leslie Carol Botha; women's health educator and broadcast journalist, Colorado; Cynthia Janak: research analyst, Illinois; and Janny Stokvis: research analyst, Netherlands.

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## Comparing Natural Immunity with vaccines

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

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  - **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 JUNE 7 2010: Part One • Wednesday JUNE 16: Part Two

Please contact Karel on: **01273 277309**  
for further details / bookings

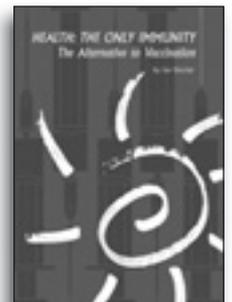
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## AIMS & OBJECTIVES OF THE *informed* PARENT GROUP

1. To promote awareness & understanding about vaccination in order to preserve the freedom of an informed choice
2. To offer support to parents regardless of their decisions
3. To inform parents of the alternatives to vaccinations.
4. To accumulate historical & current information about vaccination & to make it available to members & interested parties.
5. To arrange & facilitate local talks, discussions and seminars on vaccination, childhood illnesses & the promotion of health.
6. To establish a nationwide support network and register (subject to members permission).
7. To publish a newsletter for members.
8. To obtain, collect and receive money and funds by way of contributions, donations, subscriptions, legacies, grants or any other lawful methods; to accept and receive any gift of property and to devote the income, assets or property of the group in or towards fulfilment of the objectives of the group.

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

The views expressed in this newsletter are not necessarily those of The Informed Parent Co. Ltd.  
We are simply bringing these various viewpoints to your attention. We neither recommend nor advise against vaccination. This organisation is non-profit making.

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