

THE MARVELLOUS HEALTH OF UNVACCINATED CHILDREN

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<http://www.imcv.info/vaccination/articles/the-marvellous-health-of-unvaccinated-children.html>

June 25, 2010

ONCE UPON A TIME, in April 2009 to be exact, I was invited to give a speech at a conference on vaccination. I was to talk after two of the best speakers France has to offer on the subject had their turn, journalist Sylvie Simon and biologist Michel Georget. At hearing them speak in the past, it was absolutely clear to me that the best option is to stay as far away from vaccines as possible. I just did not know what to do instead to best assure staying alive and well. As a paediatrician and homeopath qualified to speak on the subject, I decided to set up a conference called The Marvellous Health of Unvaccinated Children along with my friends, Sylvie and Michel. This work would later evolve into a book that analyses various life choices often made by families that do not vaccinate, including home birth, breastfeeding, simple therapies, good food (often vegetarian), a tranquil living environment and trust in the capacity of the body to heal itself.

In my life as a paediatrician, I had spent lots of time in dialogue with the parents who often needed to voice their fears about both disease and vaccines. We worked out together the best route for their children. Some chose not to vaccinate at all. Others held onto fear of disease, especially tetanus. In those cases, we postponed vaccination as much as possible and used a homeopathic protection and "cleansing" called nosode.

I worked in Switzerland where there is no real legal obligation to vaccinate, only great social pressure. In France, just a few kilometres from my office, there were four compulsory vaccinations at the time (BCG was fortunately removed in 2007, and three remain: Di Te Pol).

Some of the basis of my ability to speak on the marvellous health of unvaccinated children comes from my personal experience as a medical doctor, having collected years of feedback.

"My child began coughing immediately after the vaccination." "He has had constant ear aches since he was vaccinated." "My 16 years old daughter is completely unvaccinated. She is almost never sick. If she does get sick, it's two days at the most." "The neighbour's kids followed normal vaccination guidelines. They are constantly sick and on antibiotics."

"In the eastern part of Berlin before the fall of the wall, we saw less allergies than in the west. This population was poorer, nearer nature and less vaccinated."

That was not enough upon which to write a book; however. As it would turn out, I found these observations were paralleled over and over again all over the world. Follow me around the planet.

EUROPE

In England, Michel Odent, MD showed in two studies that children having received no Pertussis vaccine had 5-6 times less asthma than those who were vaccinated for it. The first study was on 450 babies from La Leche League; the second one on 125 children in a Steiner school. ⁽¹⁾

Throughout Europe, a group of mostly paediatricians studied 14,893 children in Steiner schools in Austria, Germany, Holland, Sweden and Switzerland and found that children living in "anthroposophist culture"

(where vaccination is largely shunned) were in better health than the controls. ⁽²⁾

In Germany, one of the European Steiner schools study researchers wrote, "In the eastern part of Berlin before the fall of the wall, we saw less allergies than in the west. This population was poorer, nearer nature and less vaccinated." Too much hygiene is not always good. As UK researcher and originator of the "hygiene hypothesis" David Strachan might say, "give us this day our daily germs".

In Spain, Xavier Uriarte, MD and J. Manuel Marín, MD published a study in 1999 on 314 children they followed between 1975 to 2000. ⁽³⁾ This group of children is characterized by a majority of homebirth or natural births, prolonged breastfeeding, no vaccinations, holistic health education and no allopathic medicine. There were no serious diseases, few hospitalisations (mostly for traumas), and 3.3% asthma compared to the 20% in the general population. And of course, a lot of money was spared!

USA

The rate of autism in the U.S. is now an unthinkable 1 in 100. Those who are unvaccinated boast numbers that run in shocking contrast to the nation's statistics. As this article is directed to the American people, I will not go on at length here. Most of you know the work of your very own journalist Dan Olmsted showing the incredible absence of autism in the unvaccinated Amish communities of Pennsylvania and Ohio.

Further impressive is Chicago-based Homefirst Medical Clinic run by a group of doctors including medical director Mayer Eisenstein, MD, JD, MPH. They have no known autism and super-scarce allergies in their children, many of whom were home deliveries, and most of whom have had no vaccinations. In

Editor's note



Magda Taylor

WELCOME TO THE SUMMER EDITION of the newsletter, and what a summer we are having here in the UK!

As mentioned in my previous editorial I have included an article on the Italian nobleman, Luigi Cornaro and his writings from the sixteenth century. Health and longevity was his focus and he achieved it very well considering that he did not really

start until his late Thirties!

Another Australian vaccine-information organisation has recently become known to me called VAIS – Vaccination Answers Informed Sources. Their website can be viewed at: www.vaccinationawareness.com.au.

Jane Leonforte, of VAIS, recently made contact with me, and kindly sent a copy of a DVD they have produced entitled 'A Parent's Dilemma – Discussing Vaccination Myths'. Rather than present a documentary-style DVD, this hour long programme consists of typical enacted scenarios Australian

parents who question this issue find themselves in, whether it be involving health professionals or well-meaning family and friends. Details of this DVD can be found on their website should you be interested. VAIS are also launching "VACCINATION DAMAGE AWARENESS WEEK" (VDA) – August 16th to 22nd. This week is in honour of all those children, parents and families affected by vaccine damage or death. So if you would like to know more or get involved in some way check out their website for further details.

Finally I would like to ask for your help. In recent years The Informed Parent has felt the impact of the internet, and also the general financial climate, and is only just staying afloat. TIP needs more subscribers to continue its work to simply cover the basic running costs and produce more booklets etc. So if you can spread the word and let others know of the newsletter and what TIP aims and objectives are, then it will be very much appreciated. As always I welcome any feedback and also please keep sending in articles that you feel will be of interest to other subscribers.

Enjoy the rest of the summer!

Magda Taylor, Editor, July 2010.

➤ from p01 1985, I translated to French U.S. paediatrician Robert Mendelsohn, MD's How to Raise a Healthy Child in Spite of Your Doctor. Now I find concrete result in the marvellous health of kids whose doctors are his pupils! I like these synchronicities in my life.

AUSTRALIA

In 1942, Leslie Owen Bailey, founder of the Natural Health Society of Australia, accepted guardianship of 85 children whose mothers were unable to care for them. Among these 85 children, no vaccinations were ever given, no drugs were ever taken or used, and no operations were ever performed. The only malady that occurred was when 34 of the children developed chicken pox. They were immediately put to bed and given only pure water or fresh fruit juice. They all recovered quickly without after-effects. Investigations revealed that these children whilst at school had been swapping their healthy lunches for unhealthy conventional foods, so this outbreak was not altogether surprising.

Many of these children inherited poor health due to a history of illness and malnourishment in their mothers. Despite

this, and the fact that they were never breastfed nor could enjoy the normal bonding of mother to child, they were able to grow into sturdy, self-reliant children.

NEW ZEALAND

Two studies done in New Zealand in 1992 and 1995 show that the unvaccinated children clearly have less allergies, less otitis (ear aches), less tonsillitis, less running noses, less epilepsies and less ADHD. (4)

JAPAN

An interesting period in Japan was 1975-1980, when a decision was made to begin the first vaccinations at two years of age instead of at two months. The reason was that more and more was discovered linking vaccines and cot-death (SIDS). A study was published in Pediatrics showing that from 1970 to January 1975, there were 57 cases of serious vaccine reactions, including 37 deaths. From February 1975 to August 1981 there were eight cases of serious vaccine reactions, including three deaths. Unfortunately for kids and their parents, the Japanese vaccination plan is now "normalized" again. The study shows well that the

immune system is stronger at two years than at two months. How well would these kids have done had they not been vaccinated at all?

We find the same observation in a Journal of Allergy and Clinical Immunology study. Of 11,531 children studied at age seven, here are the results: vaccinated at two months, 13.8% are asthmatic, vaccinated between two and four months, 10.3%, vaccinated after four months, 5.9%. Again, how well would these kids have done had they not been vaccinated at all?

THE LESSON LEARNED ON VACCINATION

As a concerned, compassionate and considerate paediatrician, I can only arrive at one conclusion. Unvaccinated children have by far the best chance of enjoying marvellous health. Any vaccination at all works to cripple the chances of this end. www.imcv.info/undefined/ www.imcv.info

Sources

- 1) www.birthworks.org/primalhealth
- 2) Allergic diseases and atopic sensitization in children related to farming and antroposopic lifestyle - Persifal study. Allergy 2006, 61 (4) : 414-421.
- 3) www.vacunacionlibre.org
- 4) www.ias.org.nz

How to live to one hundred

BY MAGDA TAYLOR

July 2010

IN 1550, LUIGI CORNARO, at the age of 83, wrote his first treatise 'A Sober & Temperate Life'. You may well be asking 'who is this man' and 'what relevance does it have to do with you and your family's health?' Well, it is always refreshing and also empowering to gain positive information that will enhance ones knowledge on living a long and healthy life. Then it is just a matter of putting our findings into action (which is usually the most difficult part) to observe whether there are any advantages to adopting these philosophies.

I mentioned in the last issue of the newsletter that I had come across a small book entitled 'How To Live To One Hundred' by Luigi Cornaro, which was first published in 1951 and is basically a translation of Cornaro's writings on health and longevity written around 450 years ago.

Here I am just giving you a brief overview of this man and a few examples of Cornaro's writings and some of his main messages on health. You might be able to find second-hand copies of the above mentioned book, and no doubt there will be texts by him on the internet if you wish to read further.

Luigi Cornaro was born in 1467 into a noble Italian family. He apparently had been born with a frail constitution and up until his late thirties had led a lifestyle of eating and drinking liberally which was typical of his class at that time. By his late thirties however, he was broken in health and spirit and had little prospect of getting passed 40 years of age. He was told by his physicians that he had only one option to overcome his afflictions, and that was to reform his lifestyle habits.

This made such an impression on Luigi that he passionately adopted a new set of living habits and within a year or so his physical and mental health had been restored. Luigi's initial interest was not to achieve longevity, his change to a simple way of life was to

simply to overcome his sufferings which medicines had clearly failed to eradicate. His aches, pains and fevers which no other treatment could cure had, by adopting a simple lifestyle became just a memory.

One of Cornaro's main teachings was moderation, especially as one gets older and requires less food. He kept his intake small and reaped the benefits of feeling full of vitality. On occasions when his well-meaning family and friends had encouraged him to increase his food intake out of fear that he was not eating enough, Luigi found himself declining in health and so reverted back

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.....

to his simplistic lifestyle. By trial and error he was able to satisfy himself of the importance of being disciplined with his limited intake of food which resulted in him living with a much greater zest than he had ever known before.

Luigi talks about the making of good and bad habits and states:

'Let a wicked man, who was once virtuous, keep company with a virtuous man, and he will again become virtuous; and this alteration can be attributed to nothing but the force of habit, which is, indeed, very great.'

One particularly bad habit of Cornaro's times and one that still occurs, especially in the so-called developed countries, was, and is, intemperance. This is what Luigi had to say on this matter:

'Though all are agreed that intemperance is the offspring of gluttony, and sober living of abstemiousness, the former, nevertheless, is considered as a virtue and a mark of distinction, and the latter as dishonourable and the badge of

avarice. Such mistaken notions are entirely owing to the power of custom, established by our senses and irregular appetites; these have blinded and besotted men to such a degree that, leaving the paths of virtue, they have followed those of vice, which lead them before their time to an old age, burdened with strange and mortal infirmities, so as to render them quite decrepit before forty, contrary to the effects of sobriety, which, before it was banished by this destructive intemperance, used to keep man sound and hearty to the age of eighty and upwards.'

Luigi continues on this theme and states:

'Nothing more is requisite for this purpose than to live up to the simplicity dictated by nature, which teaches us to be content with little, to pursue the medium of holy abstemiousness and diving reason, and to accustom ourselves to eat no more than is absolutely necessary to support life, considering that what exceeds this is disease and death, and merely gives the palate a satisfaction which, though but momentary, brings on the body a long and lasting train of disagreeable sensations and diseases, and at length destroys it along with the soul. How many friends of mine – men of the finest understanding and most amiable dispositions – have I seen carried off by this plague in the flower of their youth?'

THE TWO RULES FOR MAINTAINING HEALTH AND PROLONGING LIFE

Luigi dismissed the saying 'whatever pleases the palate must agree with the stomach and nourish the body'. He found this not to be the case and started to just eat and drink only things that actually agreed with him and also rise from the table with a disposition to eat and drink still more. He took to a moderate and regular life, and in less than a year rid himself of all the disorders, even those deemed incurable and became exceedingly healthy. So his two main rules were quality, in the sense of foods and drinks that agree with you, and quantity, in otherwords eating and drinking with moderation. ➤

In his writings Cornaro comments on how a healthy body creates a healthy mind and results in the ability to withstand the burden of negative emotions if they should arise.

He states:

'I have likewise done all that lay in my power to avoid those evils which we do not find so easy to remove; these are melancholy, hatred, and other violent passions, which appear to have the greatest influence over our bodies. However, I have not been able to guard so well against either one or the other kind of those disorders as not to suffer myself now and then to be hurried away by many, not to say all, of them; but I have reaped the benefit of knowing by experience that these passions have, in the main, no great influence over bodies governed by the two foregoing rules of eating and drinking, and therefore can do them but very little harm; so that it may with great truth be affirmed that whoever observes these two capital rules is liable to very little inconvenience from any other excesses.'

PROPER LIVING HABITS THE BEST WAY OF HELPING NATURE TO HEAL INJURIES

At the age of 70 Luigi was involved in an accident whereby the coach he was travelling in was upset at high speed and the horses continued a considerable way before they could be stopped. Luigi received many shocks, bruises and a terribly battered body, and dislocated leg and arm. His physician concluded that Luigi was likely to die within 3 days. All that was offered was to bleed or purge him, however Luigi knew that the sober life he had led for many years past had so well united, harmonised and disposed his humours that he would

"Eating just enough to satisfy your need is the science of health."

have a high level of health to self-heal. He refused the treatments, only allowing his leg and arm to be set and some oils to be rubbed in – and recovered with out using any other kind of remedy.

These principles are now being proven by modern science. We now know that reducing the caloric intake of animals extend their life, and there is enough to show that humans on a low calorie/high nutrient diet live longer and healthier than average. What the stomach cannot digest, even when the food is organic, raw and even freshly picked, ferments and poisons the body. Eating just enough to satisfy your need is the science of health.

NO MAN CAN BE A PERFECT PHYSICIAN TO ANYONE BUT HIMSELF

Luigi formed the view, from his many years of living with moderation, that the best physician for anyone is ones self. He states:

'That man may, by repeated trials, acquire a perfect knowledge of his own constitution and the most hidden qualities of his body, and what wine and food agree with his stomach. Now it is so far from being an easy matter to know these things perfectly of another that we cannot without much trouble discover them in ourselves, since a great deal of time and repeated trials are requisite for that purpose.'

Luigi continues by illustrating his point with his first hand experiences.

He says:

'Who could believe that old wine, wine that has passed its first year, should disagree with my stomach, and new wine agree with it, and that pepper, which is looked upon as a warm spice, should not have a warm effect upon me, insomuch that I find myself more warmed and comforted by cinnamon? Where is the physician that could have informed me of these two latent qualities, since I myself, even by a long course of observation, could scarce discover them?'

At 95 years of age Luigi was in excellent health in body and mind, and in his writings he states: 'Moreover, all my faculties are as good as ever, and in the highest perfection: my understanding clearer and brighter than ever, my judgement sound, my memory tenacious, my spirits good, and my voice, the first thing which is apt to fail others, grown strong and sonorous that I cannot help chanting out loud my prayers morning and night, instead of whispering and muttering them to myself as was formerly my custom.'

Even his advanced years he continued to write and study, and enjoyed conversing with men of 'bright parts and superior understanding' to gain further knowledge.

There appears to be differing information on the internet as to the age Cornaro passed away, ranging from 98 to 102, however he certainly reached a good age and more importantly maintained good physical and mental well being to the end.

His writings have certainly given me food for thought, and I hope it has whet your appetite too, but only in moderation.

Congratulations to Anna – just got married 16th July 2010!

Wishing you both continued happiness and good health and may all your dreams come true!

Anna will be writing again for this newsletter later on in the year. The Arnica group is a UK National Health Network for parents and practitioners offering you support in your health choices.

So if you want to know more about Anna's Arnica group, please visit www.arnica.org.uk



Anna Watson

The HIV/ AIDS story is being rewritten

<http://www.houseofnumbers.com/site/>

Go to the site and a short video will come up to introduce the film. In House of Numbers: Anatomy of an

Epidemic, an AIDS film like no other, the HIV/AIDS story is being rewritten. This is the first film to present the uncensored POVs of virtually all the major players; in their own settings, in

their own words. It rocks the foundation upon which all conventional wisdom regarding HIV/AIDS is based. House of Numbers could well be the opening volley in a battle to bring sanity and clarity to an epidemic gone awry.

Two experts resign from WHO swine flu review panel

ASSOCIATED PRESS
23/6/10

GENEVA - The World Health Organization said Tuesday that two members of an expert panel reviewing the global body's response to the swine flu outbreak have resigned over concerns about perceived conflict of interest. John MacKenzie and Tony Evans stepped down because their close association with the UN health organization during the outbreak could be seen as conflicting

with the panel's ability to remain independent, WHO said. "Both have been closely engaged in deliberations at WHO which our committee is charged to review," said panel chairman Harvey Fineberg. "They each concluded it would be better to avoid the position as reviewer of their own earlier actions." Mackenzie, a professor of tropical infectious diseases at Curtin University in Australia, and Evans, medical chief of the Montreal-based International Civil Aviation Organization, were on the emergency

committee that advised WHO's Director-General Margaret Chan before she declared swine flu a pandemic. WHO convened the panel in April to conduct a "credible and independent review" of how it and national authorities handled the outbreak. Concerns were raised at the time that several panel members were trusted WHO advisers and government employees who could end up whitewashing any failures. The review panel will present a final report next year.

Serum concentrations of antibodies against vaccine toxoids in children exposed perinatally to immunotoxicants

HEILMANN C, BUDTZ-JOERGENSEN E, NIELSEN F, HEINZOW B, WEIHE P, GRANDJEAN P. COPENHAGEN UNIVERSITY HOSPITAL. ENVIRONMENTAL HEALTH PERSPECTIVE. 20/06/10

ABSTRACT

Background: Polychlorinated biphenyls (PCBs) may cause immunotoxic effects, but the detailed dose-response relationship and possible vulnerable time windows of exposure are uncertain. This study applied serum concentrations of specific antibodies against childhood vaccines as sentinels of immunotoxicity.

Objectives: The main objective was to assess the possible dependence of antibody concentrations against diphtheria and tetanus toxoids in children in regard to prenatal and postnatal PCB exposures.

Methods: From a cohort of 656 singleton births formed in the Faroe

Islands during 1999-2001, children were invited for examination with assessment of serum antibody concentrations at ages 5 years - before and after a booster vaccination - and at 7 years. Total PCB concentrations were determined in serum from ages 5 and 7 years, and data were also available on PCB concentrations in maternal pregnancy serum, maternal milk, and, for a subgroup, the child's serum at age 18 months.

Results: A total of 587 children participated in the examinations at ages 5 and/or 7 years. At age 5 years, before the booster vaccination, the anti-diphtheria antibody concentration was inversely associated with PCB concentrations in milk and 18-month

serum. Results obtained two years later showed an inverse association of concentrations of antibodies against both toxoids with PCB concentrations at age 18 months; the strongest associations suggested a decrease in the antibody concentration by about 20% for each doubling in PCB exposure. At age 5 years, the odds of an anti-diphtheria antibody concentrations below a clinically protective level of 0.1 IU/L increased by about 30% for a doubling in PCB in milk and 18-month serum.

Conclusions: Developmental PCB exposure is associated with immunotoxic effects on serum concentrations of specific antibodies against diphtheria and tetanus vaccinations. The immune system development during the first years of life appears to be particularly vulnerable to this exposure.

Janine Roberts receives Tremente Prize for groundbreaking research into the side effects of vaccines

R IOM, FRANCE. The European Forum for Vaccine Vigilance (EFVV) proudly announces that British investigative journalist Janine Roberts is the 2010 recipient of the Tremente Prize for groundbreaking research into the side effects of vaccines. Ms. Roberts is the author of 'Fear of the Invisible', a book exposing the enormous toxicity of vaccines and their manufacturing process. The ceremony will take place in Gerona, Spain on October 8, 2010, at the close of a week of vaccine-related informational and cultural events. For further details see <http://www.efvv.eu> or <http://www.matiza.org/victimias>.

The Tremente Prize includes a €2000 cash award. The award commemorates the short lives of Marco and Andrea Tremante, Italian children who both died after receiving the polio vaccine.

Artwork by Hepatitis B vaccine victims, presently on tour throughout Europe, will be on display. Journalists, practitioners and members of the public are welcome. Donations of any size to pay for the event will be greatly appreciated. (Please contact Françoise Joët: francoise.joet@sfr.fr)

EFVV works to preserve human health and rights, as well as to question the justification for vaccinations given

their known lack of benefit and extensive adverse events. Formed in 2000, EFVV grew from collaboration in 1998 between Liga Para la Libertad de Vacunación (Spain) and Association Liberté Information Santé (France), inspired by Grup Medic de Reflexión Sobre les Vacunes (Catalunia). EFVV meets yearly and has done work on vaccine-induced illness that has been presented to the European Parliament. Today, EFVV is comprised of parties from France, Spain, Great Britain, the Netherlands, Belgium, Germany, Italy, Luxemburg, Switzerland, Slovenia and Finland.

DOCUMENTARY FILM ON VACCINE DAMAGE

July 2010

I HAVE LEARNED from a European contact that a talented French filmmaker, Isild Le Besco, is planning to make a documentary on vaccine victims. She even has her own production company (Sanghso Productions). The documentary will be intended for television and ALL vaccinations will be covered along with the long list of their serious and/or incapacitating, sometimes - tragically - even lethal effects. Victims may be adults or children. For children, the parents may of course testify in their stead. It is important to mention that Isild will also be interviewing doctors who have disturbing truths to reveal on this subject. This is a documentary which will give full rein to testimonies; victims will be allowed the time and space to tell their stories and to make the necessary impact, an opportunity rarely, even never offered to them before!

The person who notified me of this film has been contacted over the years by literally HUNDREDS of individuals telling her of the adverse effects they have experienced from vaccines.....

MS, Lupus, Neuritis, Ankylosing Spondylitis, Thyroiditis, Polyarthrits,

Rheumatoid Arthritis, Crohn's Disease, Fibromyalgia, Chronic Fatigue Syndrome, Macrophage Myofascitis, Bullous Pemphigoid, Chronic Asthma, Autism, Diabetes, even the death of babies and children....

As she says, the fact that so many people have made contact means in fact that:

- 1) Vaccine injury occurs much more often than we are told.
- 2) Vaccine victims are left completely to their own devices and deliberately isolated because the medical profession finds them annoying: doctors are neither trained in this phenomenon nor receptive to claims against a process which they themselves advise. Victims therefore turn towards the only "door" which remains open for them: the internet.

This film is extraordinarily good news, for vaccine victims, for those aware of what vaccines can and can't do and for all those we love and want to protect from the clouds of disinformation which envelop vaccine risk. Ms. Le Besco would like to hear from people living the adverse effects of vaccines and her film crew is prepared to travel for interviews. Those who would prefer to remain anonymous, out of fear or dire necessity (job security or

other reason), will undoubtedly be allowed to speak with their faces covered or obscured.

The shoot is scheduled to begin this month, i.e. July, and should last around four months. The film crew will be available to travel to meet with and interview victims and health workers in Belgium, France, Italy, Switzerland, Canada, UK, etc. Each person interviewed will be allowed around half an hour to tell his or her story.

If you or someone you know would like to take part in this worthy project, please let me know (helen.homeopath@gmail.com). This is a rare opportunity to speak up and inform an unprecedented number of people of the misfortune lived by so many and at the same time to give real MEANING to the tragedy of vaccination, because WHAT IS THE POINT of so much suffering, discouragement and desperation if it is not to spread the word as far and as wide as possible and in so doing, prevent others from having to experience similar hardship?

I hope to hear from many who would like to take part.

*Best wishes,
Helen*

AGP opposes cervical cancer vaccination drive

THE TIMES OF INDIA

Jun 27 2010

GUWAHATI: A major immunisation drive against cervical cancer in Assam has run into rough weather with the main opposition Asom Gana Parishad (AGP) questioning the validity of the vaccine and also whether the campaign was approved by health experts.

Assam health minister Himanta Biswa Sarma earlier this week announced the government's decision to vaccinate 100,000 girl students against cervical cancer at a whopping cost of Rs.600 million.

The minister claimed Assam is the

first Indian state to launch the free vaccination drive against cervical cancer.

"We think the campaign is being done in haste. We need to know if any expert health committee has cleared or recommended the project being introduced," senior AGP leader Bijon Mahajan told reporters.

"Moreover, since a large amount of public money is involved, we need to know if at all the vaccine will yield effective results," he added.

Health experts, however, rejected the AGP's apprehensions.

"Definitely the vaccine will serve the purpose. Let us not speculate or doubt the campaign as it was approved by the

Food and Drug Administration, a body that promotes and protects public health through the regulation and supervision of vaccines, medical devices, and bio-pharmaceuticals," Amal Katakya, Director of the B. Barooah Cancer Institute in Guwahati, said.

According to figures by the National Cancer Registry, Assam has the highest number of cervical cancer cases in the country. "The need of the hour is to create awareness and not to set in fear and panic among people. Only after the experimental stage is over, any vaccine or medicines are marketed and so there is no need for concern," Panchanan Das, a leading obstetrician, said.

Mum feared child would die after jab

WWW.TIMES.CO.NZ

Monday, 24 May 2010

APARENT feared her child could have died when he suffered convulsions after receiving a flu jab. Carolyn Flack had her one-year-old son vaccinated to protect him from influenza – but she never anticipated he would react in the way he did. Within six hours of being vaccinated, little Heath started burning up and looking distressed, a scary and traumatic experience for any parent and not something expected after a routine trip to the doctor.

The febrile convulsion Heath suffered can occur in young children when their body temperatures start to increase rapidly. Ms Flack was unaware this is a side effect of the vaccination and will ask more questions before giving her children influenza vaccines in the future. "I'm pro-vaccine and coming from the UK you just don't question it," she told the Times. "I think there's more of an anti-vaccine culture here. "With swine flu there was a lot of publicity in Europe about under-fives being quite vulnerable. "There was nothing in the information that Heath might have a reaction like this." Ms Flack took her two pre-school children Lara and Heath to a medical clinic for their annual flu jabs back on March 19. They received Fluvax manufactured by CSL, which has been

tested on children of the same age, according to a report in a Ministry of Health data sheet, which was published in November 2009.

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"Within six hours of being vaccinated, little Heath started burning up and looking distressed, a scary and traumatic experience for any parent and not something expected after a routine trip to the doctor."
.....

"It was the combined swine flu and other strains of flu they have been recommending for under-fives," says Ms Flack.

"Heath was fine until it came to his bath time." But he stood up in the bath and looked a bit unusual. Ms Flack told her partner something wasn't right and she took him out of the bath because she was concerned. "He collapsed and had a burning fever. He had a febrile convulsion." The convulsion did not last long but he was "very spaced out" and the episode frightened Ms Flack. Her children have never reacted so intensely to other vaccines. "I took his temperature and it was 38.9 [degrees Celsius] and he was limp, so I rushed him to Botany East Care," says Ms Flack. "I thought I had killed him." Although Ms Flack had given Heath

paracetamol, which is recommended to reduce fever, the toddler's temperature continued to rise. During his ambulance trip to the paediatric emergency care department at Middlemore Hospital, Ms Flack thinks Heath's temperature rose to 39.8 degrees Celsius. At Middlemore, Heath vomited, then improved and was discharged.

The young lad's medical record shows the primary diagnosis as febrile convulsion and the secondary diagnosis as flu immunisation. Heath is developmentally normal and usually well, and is now happy and healthy. Since the incident he has had his 15-month vaccinations without any reaction. Ms Flack contacted the Centre for Adverse Reactions Monitoring (CARM) and was concerned to discover Heath's reaction to the flu vaccine had not been reported.

CARM director Dr Michael Tatley says there is no mandatory requirement in New Zealand to report adverse events to a national centre, which is a similar practice throughout the world.

"The prevailing practice is that anyone can report an event to us," says Dr Tatley. "It's a voluntary system and it's up to whoever believes it's important enough to report the event to us. "We get a diversity of events from mild things to fairly significant events." Data is reported to the Ministry of Health, which decides what action will be taken.

QUACK

SUZANNE HUMPHRIES, MD

July 5, 2010 imcv.info

MAINSTREAM MEDICINE has hit a new low in its war against physicians who have become alternative healers. The battle has been going on for decades, but lately, in bully-like fashion, pharma's minions are ramping up the vilification. They're now discrediting any healing method not based in their version of accepted science - excuse me, I meant their religion of pharmaceutical belief which has been misnamed as "science".

They demand explanation and evidence when we reject their drugs, yet they never serve up true evidence or proof that drugs do more good than harm. They insist with religious fervor that vaccines are safe, effective and keep people healthy. They preach as gospel that antibiotics are better or safer than homeopathy, herbs, colloidal silver, vitamin D and natural support for non-life threatening infections, despite the fact that antibiotic adverse effects are common and well documented.

Serious effects such as anaphylaxis (inflammatory shock), kidney failure, liver failure, Stevens-Johnson syndrome (a life threatening condition where the epidermis separates from the dermis), Clostridium difficile colitis (commonly referred to as C-diff), and the creation of drug resistant super-bacteria are but a few examples. And now, they've recruited some very bright (but not necessarily wise) minds to attack alternative practitioners.

Their latest weapon is name calling - most notably, labeling them "quacks". "Quack", as per the Random House dictionary: **no.01:** A fraudulent or ignorant pretender to medical skill; **no.02:** A person who pretends, professionally or publicly, to skill, knowledge, or qualifications he or she does not possess; a charlatan. But from its current usage, I'd say they've added a new definition: **no.03:** A physician or medical healer who does not profit from creating and maintaining disease, but rather respects the natural tendency of the body to heal itself; one who helps the body



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"This word "quack" has been turned into a weapon, unleashed on those who notice the scores of patients spiraling to their death at the hands of FDA-approved, CDC-sanctioned medical interventions of big pharma and their affiliated institutions."
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eliminate whatever toxins are causing illness, be they environmental, emotional or pharmaceutical; one who uses primarily non-toxic, non-surgical means for routine care, and uses pharmaceutical and surgical medicine as a last resort.

WHO GETS ON THE LIST?

Physicians who see that the popular medical-pharmaceutical construct endangers its recipients with marginally tested drugs of questionable efficacy, but with well documented adverse effects, are labeled as quacks. A physician who recognizes the significant conflicts of interest, and resultant corruption in the circle of influence that comprises the nation's government/public health officials, lobbyists for the pharmaceutical industry, and in many instances his or her own colleagues is considered a quack.

As a matter of fact, it seems a quack is apparently anyone in the healthcare

industry who does not believe in and support the unharnessed proliferation of the pharmaceutical industry, with its virtually unlimited profits from its worldwide distribution of toxic medications and vaccines. When a physician has the ethical fortitude to reject these massive operations and label them as destructive, s/he will be considered a quack. And most definitely, any physician who no longer wishes to be a mercenary for the pharma-backed junta that has taken over medical schools and medical institutions will be tagged "quack".

I noticed, when Googling the names of some of our most prominent alternative healers, they all earn the title of "quack". This new, disparaging label seems to have appeared at a time when there was a growing tension in the world about the necessity, efficacy and safety of vaccines and pharmaceutical drugs.

Most physicians who believe that the current childhood vaccination program is not safe or is unnecessary are automatically thrown onto the list, regardless of their accomplishments, backgrounds, or well-established reputations prior to uttering an opinion that vaccines may be dangerous. Some of my favourite "quacks" as defined by **no.03:**

- **Sherri Tenpenny, DO:** published author, scholar on a long list of topics, especially the problems caused by vaccines.
- **Russell Blaylock, MD:** neurosurgeon and outspoken advocate of health freedom.
- **Andrew Wakefield, MB:** published author, formerly respected surgeon until he stepped on the toes of big pharma with a groundbreaking monkey study involving the Hepatitis B vaccine, a study that never got published. That research would have ultimately exposed the ravages of the entire childhood vaccine program.
- **Mayer Eisenstein, MD, JD, MPH:** published author, attorney, and outspoken natural health advocate, who happens to have more than 20,000 non-autistic, unvaccinated children in his group medical practice.

● **Garry Gordon, MD, DO, MD(H):** innovator, heavy metal detoxification expert, and living example of vibrant ageing.

● **Joseph Mercola, DO:** outspoken natural health advocate who uncovers and exposes corruption and inaccuracies in conventional medicine through his widely viewed website.

● **Lawrence Palevsky, MD, FACP:** conventionally trained, board certified pediatrician, who has publicly expressed disagreement with conventional drugs and vaccines and offers a holistic pediatric option.

Why do I support these physicians and why am I qualified to lash out at pharma, "science-based medicine" bloggers, "Quackwatch"? I am a Medical Doctor with a bachelor's degree in physics, certifications in Internal Medicine and Nephrology. I have no malpractice suits on my record and I have always been well regarded by my colleagues.

However, the respect I have enjoyed for more than 15 years as a physician may well start to crack, as a result of speaking openly about my view on vaccines, which, when administered without fully informed consent, are a violation of patient trust and a threat to their health.

EXPANDING LIST OF QUACKS

The growing crowd of physician-quacks comes armed with determination. Once they realize what vaccines have done – and continue to do - to their patients, and that no one involved is accountable or responsible, they are compelled to take a deeper look. However, they are vulnerable to the whims of an industry backed by billions of dollars and supported by a mesmerized, deceived medical culture.

Doctors are under the spell of a media that censors the truth and limits access to any information that contradicts the vaccination paradigm. They take risks when they speak out; they do this to support a trusting, under-informed and vulnerable humanity. Their rewards come in the form of the many thanks from the millions of parents and patients who are grateful that there are physicians who

support their personal beliefs and acknowledge their often tragic observations. The truth is dark and complicated, and not readily visible to the physician who starts to question convention because he can no longer live with the apparent contradictions. If he dares to question the problems of the vaccination program, he must then critically examine the entire system, one that turns a blind eye to the deterioration of health after someone receives a vaccine.

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"The day will come when doctors will freely combine their scientific medical education with time-tested alternative treatments to build a new paradigm. "
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Doctors should be asking questions such as, What are the underlying causes of our national epidemic of chronic illnesses that fill our sick care institutions? What are the incestuous, revolving-door relationships between government/ public health, pharma and the insurance companies, and why is this a problem? Why have so many infants and children developed so many formerly unheard of illnesses in their age group? Why is the link to vaccination uniformly dismissed as non-causal? Sadly enough, few physicians question the current paradigm. Few want to risk being labeled as "quacks". It is much simpler and safer to remain comfortably within the status quo, no matter how sordid it has become.

As this avaricious machine tramples on life, there are people being cured of cancer, healed of supposed chronic degenerative diseases, discarding their unnecessary medications and making themselves well by exiting the System that gave them few options and offered little hope. Doctors providing "alternative" methods of healing are scoffed at, challenged by their state medical boards, belittled by their colleagues. And they are called quacks.

This word "quack" has been turned into a weapon, unleashed on those who notice the scores of patients spiraling to their death at the hands of FDA-approved, CDC-sanctioned medical

interventions of big pharma and their affiliated institutions. The self proclaimed authorities of "science-based-medicine," the paid pharma bloggers, "Quack Watchers" and many others who proselytize the message of drug companies and attempt to discredit the time-tested healing methods used by alternative practitioners, are destined to fail.

I take comfort in the fact that the masses are becoming increasingly disgruntled with the results of their conventional medical options. The public trust and confidence in what pharma and conventional medical doctors have to offer is, thankfully, dying.

The day will come when doctors will freely combine their scientific medical education with time-tested alternative treatments to build a new paradigm. The future of medicine will utilize the healing arts passed down through generations and adopted from other cultures, tools that are nearly defunct from disuse and systematic attack. Physicians will make a living by maintaining health rather than from treating disease and creating new sickness.

The physicians listed on my personal "quack list" will be heroes and known for taking huge risks to change the course of healthcare in this country and beyond. These physician "quacks" already have thousands of patients who can attest to the fact that their doctor's unconventional medical innovations, combined with their conventional medical knowledge, enriched and healed their lives, without prescription drugs and they remained healthy without vaccines.

Those who have attempted to warp our reputations by calling us "quacks" will not succeed. The primal wisdom of the masses is more powerful than all the propaganda promoted by the misnamed "science-based medicine" and "quack watchers." The pillars that support the sick-care industry are cracking and its architects are getting desperate. In due time, the Yellow Pages will be abundant in so-called quacks. Quack watchers really should watch carefully. The revolution has begun.

*International Medical Council on Vaccination
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MORE THAN A PINPRICK

THE RISK TO INDIA'S NEWBORNS A SLY FUDGING OF FACTS IS PUSHING INDIA INTO BUYING VACCINES BACKED BY THE WHO THAT MAY HAVE KILLED CHILDREN IN OTHER COUNTRIES

BY VIJAY SIMHA. FROM TEHELKA MAGAZINE, VOL 7, ISSUE 24, DATED JUNE 19, 2010

http://www.tehelka.com/story_main45.asp?filename=Ne190610coverstory.asp

BABIES, THEY say, are a nice way to start people. They are also, it would appear, a nice way to start profit. If the babies are Indian, there's added allure to the profit because there are so many of them every year.

In the days to come, as the denouement of a series of extraordinary events, the Indian government is expected to make a fresh decision on the number of vaccines Indian infants are to be given soon after birth.

Much rests on the decision for Indian families and, oddly, the World Health Organisation (WHO), which has made a bizarre push for new vaccines it wants Indian newborns to be given in the country's public health programme.

A decision one way could risk the lives of the country's babies, because there are doubts on the quality of vaccines the WHO is pitching for; it could push the government into financial commitments it is in no position to meet; it could empty the pockets of people who seek private medical help, and put the nation's health sector more firmly under the control of agencies outside India.

A decision the other way could force units formerly run by the Indian government to resume full work and make homegrown vaccines; and thrust more expenses on a feeble state wallet, which will need to fund more R&D. This vaccine soup has been stirred by the WHO, which is in the midst of several controversies of late for creating medical scares and then backing drugs to fight them. In the first week of June, the WHO admitted it had failed to disclose conflict of interest for scientists who advised it on the H1N1 influenza pandemic.

The response came after a British media report said the WHO had announced a fake pandemic to boost sales for pharmaceutical companies that manufacture antiviral drugs and the H1N1 vaccine. Now, there appear to be

"This is being seen by Indian experts as an attempt to market vaccines manufactured by big pharmaceutical companies like GlaxoSmithKline Pharmaceuticals Limited, by creating a fake scare of hepatitis B and Hib in India."

the makings of a similar controversy over what may be taking the shape of an Indian vaccine scam.

THE VACCINES

India does not have a well-defined vaccine policy. It has a National Immunisation Programme, under which it conducts an Expanded Programme of Immunisation (EPI). Twenty-five million children are born every year in India.

That is a vast vaccine market, far bigger than many countries put together. Only about 53 percent of the children born in India are vaccinated. This means about 11 million children in India, almost wholly from poor families in the hinterlands, still need to be vaccinated every year.

WHAT THEY SAY - The deaths in Bhutan, and Sri Lanka were not related to the pentavalent vaccine

Also, only about 40 percent of the children are born in medical institutions. Here, there is a process laid down for vaccination. A whopping 60 percent of annual Indian births, or 15 million, are in homes or anywhere else. Most of them, in the villages and backwaters of India, are not likely to get vaccinated.

Eighty-five percent of all vaccination in India is done by the government. The private sector accounts for the other 15 percent. India's EPI covers six primary vaccines: BCG, Bacillus Calmette-Guérin, a vaccine for tuberculosis; DPT, also called the trivalent vaccine, for diphtheria, pertussis (whooping cough)

and tetanus; DT, a diphtheria and tetanus vaccine given to children with adverse reactions to pertussis or where there is a family history of seizures or brain disease; TT, tetanus vaccine normally given as DPT or also separately; measles; and polio.

WHAT IT MAY IMPLY - The new probe parameters are designed to hide the probable adverse effects of vaccines

For millions of parents, this is a moment of absolute helplessness. They have created a life and will take no chances with its protection. They will do anything for the newborn. They are like fodder.

Those who can afford the private clinics end up paying far more than they should. The private clinics run their own vaccination programme that may differ from the national immunisation policy. For instance, many clinics offer hepatitis B and Hib (Haemophilus influenzae Type B) shots though they are not part of the national programme. This package can cost between Rs 1,500 and Rs 4,000. Doctors in the know say the profit margin is huge.

The pharma companies send the pentavalent vaccine to the doctors at, say, Rs 1,000. The MRP might show, say, Rs 525, or even Rs 2,200 depending on the manufacturer. The doctor adds consultation fee, nurse costs, syringe costs and so on. Those who go to government centres get the shots free. But, for both the rich and the poor, life revolves for a while around the vaccine shots. A child gets BCG and polio shots at birth. This is followed by DPT shots in the sixth, tenth and fourteenth weeks. Measles vaccination is done between nine months and 15 months. Then, there are DPT and polio doses at 18 months and four-and-a-half years. This is the routine a parent and child go through.

The WHO is entering this landscape and is pushing for an expansion of the



trivalent DPT vaccine into a pentavalent vaccine by including two other diseases, hepatitis B and Hib, based on motives and theories that are being questioned. Switching to pentavalent would force India to shut its public sector units and depend entirely on the pricing whims of the private sector.

THE COST

The WHO push for a pentavalent vaccine in India's public health policy is based on two arguments: that Hib and hepatitis B exist in India to an extent enough for public vaccination, and that the pentavalent vaccine works in other countries, notably Asian nations like Sri Lanka and Bhutan, in the same geographic zone as India.

This is being seen by Indian experts as an attempt to market vaccines manufactured by big pharmaceutical companies like GlaxoSmithKline Pharmaceuticals Limited, by creating a fake scare of hepatitis B and Hib in India. There is a huge cost factor to this.

The WHO is seeking an amendment in our public health policy on immunisation. This means the government will have to pay for the pentavalent vaccine when it has no money.

WHAT THEY SAY - The Hib vaccine is part of national immunisation programmes in over 140 countries

This is a perpetual expense as children are born all the time. Currently, the Indian government procures the trivalent vaccine at around Rs 15 from Indian firms. The WHO-backed pentavalent vaccine will cost Rs 525 at UNICEF-negotiated prices. Then, there will be additional costs for handling and delivering, which makes the pentavalent vaccine 35 times costlier than the trivalent vaccine. That is Rs 735 crore in cost of vaccine alone in perpetuity every year, and increasing due to inflation.

"The use of pentavalent vaccine should be stopped immediately due to some side effects. All adverse events following immunisation (AEFI) must be reported and investigated."

Appallingly, there is no concern for the 11 million or so Indian children who are not vaccinated because they are too poor to afford private care, and because the government has not yet established systems to reach them.

So, while a massive number of children are already suffering, the push for a pentavalent vaccine only increases costs of existing vaccines.

WHAT IT MAY IMPLY - India is being peer-pressured into spending on unnecessary and possibly fatal vaccines

"Why should we go for something that is 35 times costlier when we are unable to even administer the existing vaccines?"

There is much greater burden in India of diphtheria, tetanus and pertussis (whooping cough) compared to hepatitis B and Hib. Cases of diphtheria are rising in India and we haven't yet got a grip on child mortality.

Why then are we even considering the pentavalent vaccine?" says Dr Sanjeev Singh, an advisor to several hospitals in Delhi and who has worked in preventive and social medicine. Singh says India's trivalent vaccine is failing because of several reasons that need urgent attention. "Vaccines need to be maintained at a specific temperature. They go from a pharma company to the government of India, which then sends them to state governments. From here, the vaccines are sent to district centres and from

there to primary health centres and anganwadi workers who carry them to homes.

We do not have a cold chain system that can keep the vaccines at the temperature they need. So the vaccines fail. This is a top priority area. Then, we don't have enough doctors, nurses and other workers. Those we have are not trained well. This is a disaster that needs immediate investment of money and skills," says Singh. Somebody needs to make the pentavalent vaccine on a scale that India needs, should the WHO convince the Union government to go for it.

The Indian firms that make the trivalent vaccines have only recently reopened under pressure from a group of concerned experts after they were shut by the first government of the United Progressive Alliance (UPA). Now, the WHO wants hepatitis B and Hib vaccines added, which these Indian firms have no expertise at making. This is where the friends of the WHO, organisations and companies based largely in the US, come in. It is most likely that the pentavalent vaccine will then come from agencies and companies outside India. This is worrisome.

THE DEATHS

The economic burden of a pentavalent vaccine is a bother, but less so when seen in the light of what happened in Sri Lanka and Bhutan, where the WHO got the governments to use a pentavalent vaccine.

In Bhutan, the government stopped the use of the pentavalent vaccine just two months after it was introduced. In late October 2009, the Bhutan health ministry sent an urgent circular to various centres and clinics saying: "The use of pentavalent vaccine should be stopped immediately due to some side effects. All adverse events following immunisation (AEFI) must be reported and investigated."

The ban is still effective on pentavalent vaccine in Bhutan and the system has gone back to the trivalent vaccine that they used before the WHO plugged for the pentavalent vaccine. It was the first time a vaccine was halted in Bhutan after the country launched its EPI in 1979.

Bhutan got over 30,000 pentavalent vaccines from GAVI, the Global Alliance for Vaccine Initiative. GAVI was formed in 2000 and includes governments, corporate giants, donor institutions, the Bill & Melinda Gates Foundation, vaccine manufacturers, research and technical institutes, civil society organisations, the WHO, the UNICEF, and the World Bank.

WHAT THEY SAY - We, the Global Alliance for Vaccine Initiative, will pay Rs 145 of the Rs 525 cost of the vaccine

A Delhi-based drugmaker, Panacea Biotech, was one of the pentavalent vaccine suppliers to Bhutan. Its stock, sold as EasyFive, was taken off the shelves after

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"In 2007, TEHELKA reported that a new polio vaccine was introduced without informing the public and the the AFP rate in Uttar Pradesh rose from 3,789 in 2004 to 10,055 in 2005, when six doses of oral polio vaccine were given, and to 11,538 in 2006 when a further nine doses were administered"
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four children who were given it died. Panacea had won a \$222 million contract to supply the pentavalent vaccine to UNICEF up to 2012.

The deaths in Bhutan forced the Drug Controller General of India (DCGI), the country's drug chief, to ask paediatricians to prescribe EasyFive with caution and report adverse effects, if any. After their Bhutan probe, the WHO said it found no link between EasyFive and the deaths in Bhutan. Till very recently, WHO officials

have been telling Bhutan that the deaths were due to encephalitis. The issue hasn't been sorted out yet.

WHAT IT MAY IMPLY - India will have to pay Rs 380 anyway. And when the subsidy ends in 5 years, it'll pay Rs 525

Something similar happened in Sri Lanka in 2008 when the WHO convinced the government to introduce pentavalent vaccine. Introduced in Sri Lanka in January 2008, it was stopped by April. Five children had died after they were given the vaccine and at least 20 others developed serious complications. When a vaccine goes wrong, the WHO has an Adverse Events Following Immunisation (AEFI) Causality Assessment. This is the crucial document that explains the link between a vaccine and adverse events after it is administered.

The WHO AEFI assessment has six categories: very likely or certain (that the deaths happened because of the vaccine), probable, possible, unlikely, unrelated,

Polio paralysis

THE TROUBLE WITH THE POLIO VACCINE MORE CASES ARE BEING REPORTED FROM BIHAR AND UTTAR PRADESH DESPITE INCREASED DOSES BY VIJAY SIMHA

From Tehelka Magazine, Vol 7, Issue 24,
Dated June 19, 2010

IT'S NOT JUST the proposed pentavalent vaccine that is causing problems. India's Pulse Polio Immunisation programme is apparently not showing the results it was expected to.

The worst states for polio in India, Uttar Pradesh and Bihar are now reporting more cases of Acute Flaccid Paralysis (AFP), even from last year, even though the doses have been increased. The AFP rate is the number of persons paralysed per 100,000 population. Ordinarily, it is expected to be one or two per 100,000. But, the official figures of the National Polio Surveillance Project (NPSP), a joint effort of the union government and the WHO, show that the number of AFP cases by the first week of June 2009 were 4,280 in Bihar.

This year, the figure has gone up to 5,190, which is a 21.26 percent increase.

In Uttar Pradesh, the AFP cases have gone up from 5,286 in June 2009 to 6,824 in June this year. This represents a 22.54 percent increase. Almost all cases of AFP are seen as polio. "When we refer to AFP, we take it polio although not all AFP cases are caused by the polio virus. But a majority would be," says Dr Sanjeev Singh, an advisor to many hospitals in Delhi. Singh says he can barely recall two cases of non-polio AFP over several years of work.

THERE IS A 20 PERCENT INCREASE IN THE CASES OF AFP FROM LAST YEAR, BUT THE GOVERNMENT SAYS VERY FEW ARE CONFIRMED AS POLIO.

However, the NPSP says only six of the 5,190 AFP cases from Bihar are confirmed polio cases so far this year. It also says it has discarded 4,266 cases as not polio and that 918 cases are pending. Likewise, in Uttar Pradesh the NPSP is confirming only 10 cases of AFP as polio so far adding it has discarded 5,362 cases as not polio and 1,450 cases are pending. Another reason given for the increase in

polio cases even after a massive Pulse Polio Immunisation programme is that there is better surveillance now, people are more aware, and they are therefore reporting more cases now. If that were so, there is all the possibility of far more polio cases being discovered. This, in turn, raises doubts over the efficacy of the polio vaccine.

In 2007, TEHELKA reported that a new polio vaccine was introduced without informing the public and the AFP rate in Uttar Pradesh rose from 3,789 in 2004 to 10,055 in 2005, when six doses of oral polio vaccine were given, and to 11,538 in 2006 when a further nine doses were administered. In 2006, the AFP rate in Uttar Pradesh was 16.87 per 100,000. Today, it is 22. In Bihar it is 32. So, is the repeated vaccination in these states, which are receiving more doses, responsible?

AFP is no mild disease. About half the cases are permanently paralysed, says an analysis in the journal Indian Pediatrics. It appears that the polio vaccine is another example of the government ceding to international agencies, who are pushing for more doses.

and unclassifiable. In simple terms, 'very likely or certain' means an adverse event must follow the vaccine within reasonable time, there must be no other explanation like a concurrent drug or chemical or disease, and, the adverse event must be proved definitely using a re-challenge, meaning the process of vaccination is repeated again.

In cases of deaths like in Sri Lanka and Bhutan, a re-challenge is impossible. So, it becomes easier to blame the death on other factors. 'Probable or likely' means an adverse event must follow the vaccine within reasonable time, there must be no other explanation for the event like a concurrent drug, chemical or disease, and re-challenge information is not required.

A 'possible' situation is where an event must follow the vaccine within reasonable time, and may also be explained by a concurrent drug, chemical or disease.

'Unlikely' is where there is the time after a vaccine is given may make an event improbable, and another drug, chemical, or disease provides plausible explanation.

'Unrelated' is where the time between an event and a vaccine administration makes the link incompatible, and where another drug, chemical or disease explains the event. 'Unclassifiable' is where too little is known.

FIVE CHILDREN DIED IN SRI LANKA IN 2008, AND EIGHT IN BHUTAN IN 2009 AFTER THE PENTAVALENT VACCINE WAS ADMINISTERED.

In Sri Lanka, the WHO sent an expert panel to investigate the deaths. This panel classified the link between the deaths and the pentavalent vaccine under four heads: very likely or certain, unlikely, unrelated and unclassifiable. They removed the two important categories, probable and possible. This changes everything. In the case of deaths you can never re-challenge the situation because the child is dead. So, you cannot establish the vaccine-death link again. This means they are classified as 'probable' or 'possible', which is good enough to stop a vaccine and take another look.

Now, with the removal of these two categories, all deaths become unlikely (due to a vaccine) because that is the next classification available. The WHO panel thus reported that three deaths in Sri



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"So the altered probe parameters are what the Indian government will judge future vaccine issues by. In case of deaths then, a link between a vaccine and the adverse event may never be established in India because there is no such clause anymore."

Lanka were unlikely to have been caused by the pentavalent vaccine, one was unrelated and one was unclassifiable.

Of relevance to India is what the government did in the Delhi High Court on a Public Interest Litigation on how irrational vaccines are being introduced in India. On April 3, the government told the court that there was nothing wrong with the WHO-backed pentavalent vaccine and attached the WHO panel's Sri Lanka report as evidence. So the altered probe parameters are what the Indian government will judge future vaccine issues by. In case of deaths then, a link between a vaccine and the adverse event may never be established in India because there is no such clause anymore.

On this rests the direction in which India's vaccination policy may be headed. When asked why the parameters were altered, WHO Group Leader for Global Vaccine Safety, Patrick Zuber, told TEHELKA: "WHO provides a guideline for a six-point classification of the potential causal association between an AEFI and vaccination but it is important to note that this classification is not intended to be used on its own. Case classification is the result of a full evaluation of all clinical and

epidemiological data available.

WHO's proposed system is not the only one available as a number of regulatory and safety expert groups use other scales for the assessment and classification of cases with regard to the potential causal link between AEFI and vaccines. Benefiting from the experience of its members in the field of causality assessment, the panel proposed to simplify the categories of causality in the current assessment based on all these factors and provided its definitions in the report.

In this particular instance, of the 13 cases reviewed (deaths and non-death complications), four were classified as unlikely related to the vaccine and five were considered unrelated. Four could not be classified because of insufficient information. Clearly, none would have been considered as probable or possible associations. More importantly, this investigation did not yield any new evidence suggesting that an unusual safety problem could have occurred in relationship with the use of pentavalent vaccine.

Since then, Sri Lanka has resumed use of the product with no new safety signal to our knowledge." Now, no other cause of death has been established in the Sri Lanka cases. So, listing them as unrelated is not justified. In the earlier WHO classification, they would have been listed as likely to have been related to the vaccine and that would have led to a fresh review. Now, none of that is possible and this in turn makes it easier for the WHO to push vaccines into India.

THE FUDGE

To make a pitch for the pentavalent vaccine in India, the WHO needed to establish the prevalence of hepatitis B and Hib to the extent needed for public immunisation. It was bafflingly done. In 2000, an article appeared in a journal called Health Economics, written by Mark Miller from Atlanta, USA. The article said 250,000 people die in India every year of liver cancer caused by hepatitis B. This figure was astonishingly arrived at by using data from Taiwan on India. The article said one in four carriers of hepatitis B dies of liver cancer in Taiwan. However, the strain of the hepatitis B virus in Taiwan is different from that in India.

Also, data from the Indian Council of Medical Research (ICMR) suggests the strain of hepatitis B in India causes liver cancer in only one out of 100 carriers of hepatitis B. This means the death rate in India of liver cancer due to hepatitis B is 10,000 a year. This is a minor percentage of the nearly 25 million deaths in India every year, of many reasons. It is too low to warrant public hepatitis B immunisation and may have led the WHO into exaggerating the figure 25 times.

A paediatrician from Delhi's St. Stephens Hospital, Jacob Puliyeel, challenged Miller's theory. Miller couldn't prove what he wrote and finally said the model on which he based his findings was lost. Strangely, the WHO reasoning for a hepatitis B vaccine in India is similar to that in Miller's article. "He was using a fake model," Puliyeel said. The WHO argument for a Hib vaccine is based on a 2006 UNICEF report, Pneumonia: The forgotten killer of children, which said 14 out of every 1,000 children in India under the age of five die of pneumonia. However, an ICMR study in 2005 showed the death rate was just 0.26 per thousand in India. The ICMR study was done in three

"..there is something seriously amiss about the argument for a pentavalent vaccine, especially when it might lead to death"

centres, Chennai, Ahmedabad, and Chandigarh. It found that all cases of pneumonia were just 30 per thousand and that of meningitis were 20 per thousand. Hib is the principal cause of pneumonia and meningitis, therefore the focus on these two diseases.

Even if there were a 10 percent mortality rate in pneumonia cases, it would still be only three deaths per thousand from pneumonia. This is 50 times lower than the UNICEF figure and, again, far too low for public immunisation. Thus, there is something seriously amiss about the argument for a pentavalent vaccine, especially when it might lead to death. In any case, the vaccine's efficacy is not established beyond doubt.

WHERE IT STANDS

The ICMR is expected to take a decision on the pentavalent vaccine soon. It has

held three meetings on this. There is a National Technical Advisory Group on Immunisation (NTAGI), which is responsible for advising the government.

The ICMR formulates research based on this advice. Fighting against the move to introduce controversial vaccines is a group of experts. They include: KB Saxena, former Union health secretary; SK Mittal, former head of paediatrics, Maulana Azad Medical College, New Delhi; Debabar Banerji, Professor Emeritus, Centre of Social Medicine and Community Health, Jawaharlal Nehru University; Imrana Qadeer, member, Population Council; NJ Kurian, former advisor, Union Ministry of Finance; Ritu Priya, advisor, National Rural Health Mission; Mira Shiva, member, Central Social Welfare Board; Jacob Puliyeel, head, Paediatrics Department, St Stephens Hospital, Delhi; and Gopal Dabade, president, Drug Action Forum, Karnataka. In July, the ICMR will formally advise the health ministry on the pentavalent vaccine. Trust they will choose life over profit.

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Inhibitory effect of breast milk on infectivity of live oral rotavirus vaccines

PEDIATR INFECT DIS J.

MOON SS, WANG Y, SHANE AL, NGUYEN T, RAY P, DENNEHY P, BAEK LJ, PARASHAR U, GLASS RI, JIANG B. http://journals.lww.com/pidj/Abstract/publishahead/Inhibitory_Effect_of_Breast_Milk_on_Infectivity_of.99301.aspx 2010 May 3. [Epub ahead of print]

ABSTRACT

BACKGROUND: Live oral rotavirus vaccines have been less immunogenic and efficacious among children in poor developing countries compared with middle income and industrialized countries for reasons that are not yet completely understood. We assessed whether the neutralizing activity of breast milk could lower the titer of vaccine virus and explain this difference in vitro. **METHODS:** Breast milk

samples were collected from mothers who were breast-feeding infants 4 to 29 weeks of age (ie, vaccine eligible age) in India (N = 40), Vietnam (N = 77), South Korea (N = 34), and the United States (N = 51). We examined breast milk for rotavirus-specific IgA and neutralizing activity against 3 rotavirus vaccine strains-RV1, RV5 G1, and 116E using enzyme immunoassays. The inhibitory effect of breast milk on RV1 was further examined by a plaque reduction assay. **FINDINGS:** Breast milk from Indian women had the highest IgA and neutralizing titers against all 3 vaccine strains, while lower but comparable median IgA and neutralizing titers were detected in breast milk from Korean and Vietnamese women, and the lowest titers were seen in American women. Neutralizing activity was greatest against the 2 vaccine strains of

human origin, RV1 and 116E. This neutralizing activity in one half of the breast milk specimens from Indian women could reduce the effective titer of RV1 by approximately 2 logs, of 116E by 1.5 logs, and RV5 G1 strain by approximately 1 log more than that of breast milk from American women.

INTERPRETATION: The lower immunogenicity and efficacy of rotavirus vaccines in poor developing countries could be explained, in part, by higher titers of IgA and neutralizing activity in breast milk consumed by their infants at the time of immunization that could effectively reduce the potency of the vaccine. Strategies to overcome this negative effect, such as **delaying breast-feeding at the time of immunization, should be evaluated.** (Our emphasis) **PMID: 20442687 {PubMed - as supplied by publisher}**

NEW BOOK: Callous Disregard: Autism and Vaccines - the truth behind a tragedy by Andrew J. Wakefield

CONSPIRACY - OR RUTHLESS PRAGMATISM? HOW THE VACCINE APPARATCHIKS AND MEDICAL SELF-INTEREST GROUPS DEAL WITH DISSENT.

THE SUBJECT IS AUTISM; the suspect is childhood vaccines. This is the account of how a doctor confronted first a disease, and then the medical system that sought and still seeks to deny that disease, leaving millions of children to suffer and a world at risk.

"Do not judge me too harshly Dr. Wakefield, but when I die I am taking my son with me. You see, I'm all he has. I'm the only one who loves him." - A mother's plea in 1997

In 1995 Wakefield came to a fork in the road. As an academic gastroenterologist at the Royal Free School of Medicine and the University of London, Wakefield was presented with a professional challenge and confronted by a moral choice. Previously normal children were, according to their parents, regressing into autism and developing intestinal problems - many parents blamed the MMR vaccine. Trusting in his medical training, parental narrative, and above all, the instinct of mothers for their

"In 1995 Wakefield came to a fork in the road. As an academic gastroenterologist at the Royal Free School of Medicine and the University of London, Wakefield was presented with a professional challenge and confronted by a moral choice."

children's wellbeing, he chose the hard road.

Walk that road now, here; some already have - the parents of affected children. Many will, either as parents or grandparents, as the worldwide tsunami of childhood developmental disorders break hearts and bankrupts educational and healthcare infrastructures.

Wakefield provides the facts, an explanation of the problem that confronted him and his colleagues 15 years ago. He does this in a detailed forensic analysis of the lies, obfuscation, cover ups, and the dystopian science and medicine that panders to commercial interest at the expense of your children.

ABOUT DR. WAKEFIELD

Dr Andrew Wakefield, MB, BS, FRCS, FRCPath, is an academic

gastroenterologist. He received his medical degree from St. Mary's Hospital Medical School (part of the University of London) in 1981, one of the third generation of his family to have studied medicine at that teaching hospital.

He pursued a career in gastrointestinal surgery with a particular interest in inflammatory bowel disease. He qualified as Fellow of the Royal College of Surgeons in 1985 and in 1996 was awarded a Wellcome Trust Traveling Fellowship to study small-intestinal transplantation in Toronto, Canada. He was made a Fellow of the Royal College of Pathologists in 2001. He has published over 130 original scientific articles, book chapters, and invited scientific commentaries.

In the pursuit of possible links between childhood vaccines, intestinal inflammation, and neurologic injury in children, Dr. Wakefield lost his job in the Department of Medicine at London's Royal Free Hospital, his country, his career, and his medical license.

He is married to Carmel, a physician and a classical radio presenter. They have four children, James, Sam, Imogen, and Corin, and a black mongrel called Bella.

Doctors reject calls for enforced pre-school immunisation

FROM: NEWS.SCOTSMAN.COM
BY LYNDSEY MOSS
July 02, 2010

GMC PANEL CHAIRMAN CALLS FOR COMPULSORY MMR

DOCTORS have rejected calls for UK children to be fully immunised before they are allowed to start school.

The British Medical Association conference in Brighton heard that cases of measles had increased since uptake of the measles mumps and rubella jab (MMR) had fallen.

But doctors decided forcing parents to have their children vaccinated before starting school was not ethical or practical.

Dr Surendra Kumar, from the BMA's GPs committee, said measles had almost been eradicated until the publication of research, now discredited, linking the MMR vaccine to autism. He added: "As a result we have now started seeing children suffering and dying from measles.

"Let us send a clear message, that in a country like the UK we will not let our children suffer and we will not let our

children be a source of risk of infection to others... we should not allow them to start schooling before they have been immunised."

Other doctors expressed concern about passing the motion.

Dr Hamish Meldrum, chairman of the BMA, said: "I want to make clear that we support immunisation but we are not in support of this means of compulsion for a whole lot of practical and ethical reasons. If it were ever to happen here we would have numerous opt-outs and it would be highly problematic."

WILL YOUR BABY BE TAKEN INTO CARE IF YOU DON'T VACCINATE?

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

I AM OFTEN PHONED for information about vaccination and health. Some parents who call me are very well informed and have done extensive reading and research on the subject already. Some come from families that have not vaccinated their children for generations. Whatever the level of their knowledge, people often find it helpful to speak to someone medically qualified about their particular family, children and circumstances.

Some call because of family pressure to vaccinate; a latest vaccine disease scare or the dire consequences that are described in the media if parents don't immediately take their children for the newest jab.

However, a significant proportion of those that call have been scared to death by GPs, Practice Nurses, Hospital Paediatricians and Immunologists, telling them that they will be removed from GP lists, have their children taken into care, or have to attend hospital appointments to justify themselves in front of a panel of consultants, as to why they have decided not to vaccinate their children.

What I find most appalling, is when these mothers are so pressurised in those first vulnerable weeks after giving birth; even longer when they are breast feeding; when they are under the strong emotional influence of the hormones that underpin both those functions and when they need help, understanding and support not confrontation and threats from the health professionals on whom they rely.

This state is not a fantasy invented by women so they can put their feet up for a year after giving birth! It is very real and is even recognised in law in the extreme example that a mother who kills her baby, is charged with 'Infanticide' not murder, when "at the time of the act or omission the balance of her mind was



Dr Jayne L.M. Donegan

.....
"Vaccination in the UK is not compulsory. Each time there is a new push for it to be made so, I write to my MP who tells me that the "Labour Party has no intention of making vaccination compulsory."
.....

disturbed by reason of her not having fully recovered from the effect of giving birth to the child or by reason of the effect of lactation consequent upon the birth of the child." (1)

Readers of The Informed Parent may find it helpful to read the following true story of what happened to a mother who decided not to vaccinate her baby, what happened next, how the practice responded and what the actual position is regarding Social Services. (all the names have been changed)

JENNIFER'S STORY

I already have a two-year-old healthy and unvaccinated son. There has never been any problem about this when I visited my GP for his check-ups. She usually congratulates me on how well he is.

All this changed some weeks after my new baby was born. I telephoned the surgery to make an appointment for his eight week check and when I asked for the appointment the receptionist efficiently said,

"Oh, and you'll need another appointment for him with the nurse."

"No, I won't," I said.

"Oh yes you will," she said, "He needs an appointment with the nurse for his vaccinations."

"No, I won't," I repeated, "As I'm not

going to have him vaccinated."

The receptionist, sounded a bit flustered and asked me to hold the line, which I did. After a few minutes she came back on and said,

"Oh, fine, he can just have his eight week check then."

I thought no more about this as I carried on looking after my family, breastfeeding my baby and recovering from childbirth.

Then three days before my appointment was due, the surgery unexpectedly phoned me on my mobile while I was out:

"Is that Mrs X?"

"Yes."

"Is your baby coming on Thursday for his eight week check?"

"Yes."

"OK, fine." Click.

I thought it must be some new system for reducing missed appointments.

Then about an hour and a half later, my mobile rang again. It was the practice nurse. She introduced herself and asked: "Am I right in thinking that you don't want your son to have his eight week vaccinations?"

"Yes,," I said.

"Well, I'm phoning you to let you know that I'm going to have to report you to Social Services."

"Why?" I asked, incredulously.

"Because you are posing a risk to your son's life."

I felt numb in the pit of my stomach as my mind grasped for a valid reason why Social Services would want to take my healthy little baby away from his family. I managed to say,

"Well, if that's what you've got to do then fine."

And finished the call.

Now the shock really started to kick in. My head spun, my knees turned to jelly, I had to sit down. I felt like bursting into tears. Could Social Services really take my baby away because I chose not to vaccinate him? Vaccination is not compulsory in this country. My GP had always respected my choice not to vaccinate my very healthy two-year-old, and I respected her for her open mindedness.

This was like a nightmare. I knew that once the machinery started turning awful miscarriages of justice could be done.

They could be righted in the end, but how could you ever right tearing an eight week old baby out of his mother's arms for the amount of time it could take to go through the courts to get him back. It didn't bear thinking about.

I somehow managed to get myself home. I tried to calm myself. I'm a subscriber to The Informed Parent so I decided to call Magda Taylor. She was very supportive, and gave me a lot of information: I started to feel a little better, my anxiety levels had been going through the roof. She suggested I called Dr Jayne Donegan as she has been involved in legal cases involving vaccination, for her advice.

When Jennifer phoned me I was very upset to hear of yet another mother, a few weeks after giving birth, trying to do her best for her family: breast feeding her baby, making sure her two-year-old had enough love, attention, good diet, sunshine and fresh air, having her ability to cope almost completely wrecked by an insensitive and misinformed health worker sending her into a state of shock.

Vaccination in the UK is not compulsory. Each time there is a new push for it to be made so, I write to my MP who tells me that the "Labour Party has no intention of making vaccination compulsory." After the last Election I wrote to my new MP asking the same question. His response was:

"No I do not support compulsory vaccination, as I believe that it is for parents themselves to make that choice."

I realise that these promises are written on sand, but this is the currently stated political position.

From my knowledge of Child Protection issues I was also sure that failure to vaccinate was not a good reason for taking a child into care.

What to do next? I believe it is always best to confront people who make threats so that they have to justify themselves, rather than hiding and hoping that it will all blow over. I advised Jennifer that she should write to the practice to clarify the matter and to emphasise that she was continually re-evaluating the situation in order to do what was best for her child and family. I felt sorry that with all the other things Jennifer had to cope with, and after the terrible shock she had just had, that she now had to start composing

letters to her GP practice.

As it was, she rose to the task admirably. I have reproduced her letter here as some of you may find it useful as a resource:

Dear Ms (Practice Manager)

I am writing to complain about one of your practice nurses, Patricia Y. Last Wednesday afternoon she called me out of the blue to let me know that she will be reporting me to Social Services as I am not having any vaccinations for my 8 week old son. Her tone was that of a bully and I am extremely disturbed that the practice nurse should threaten me with Social Services as this is a complete abuse of power and totally inappropriate.

We still have a right to choice in this country and vaccinations are not mandatory. The Labour Party has stated time and time again that they have no intention of making them so. I take my children's health extremely seriously and have looked into the vaccination issue in great depth and have debated its pros and cons. It is something I continue to look in to and study, and at the present moment I have decided not to vaccinate. This is an informed view and not one which jeopardises my children's health which is what Ms Y has accused me of.

I would like an apology and retraction of the threat. Child Protection isn't involved in non vaccination and Social Services are snowed under with dealing with serious issues.

*Yours sincerely
Jennifer X*

cc Dr W, GP

Jennifer handed this into the practice when she attended for the eight week check. She saw her usual GP, Dr W who had already been approached by the practice nurse and had assured her that she knew Jennifer and her family, that she was a responsible mother and that there was nothing to worry about.

It was almost four weeks before the practice officially responded with a letter from the nurse herself:

Dear Mrs X

The reason that I rang you regarding the first immunisations for your son was because it is so unusual, in fact during my 20 years in General Practice I have never come across this situation and wanted to confirm that I had been given the correct information by our receptionist.

It appeared from your letter that you have misunderstood my attentions, as you must realise from my perspective as a responsible nurse we are required to follow the procedures as laid down and therefore it is my duty to inform you of the procedure.

Hypothetically, should anything happen to your baby I do not want to be liable for not informing you of the protection your child needs.

I am sorry if you misunderstood my good intentions.

*Yours Sincerely
Nurse Y*

"We are required to follow the procedures as laid down" There are no 'procedures' that involve routine reporting of parents who do not wish to vaccinate their children to Social Services. The nurse appears to have confused 'protecting the child' – the new word for what vaccines do, it used to be called 'immunising' – with 'Child Protection' an altogether different issue. I hope she will choose her words more carefully when speaking to the next mother in this situation.

To clarify the matter with Social Services, I wrote to The Department of Health at Whitehall asking them:

"If a family refuses to vaccinate their child/ren and there are no other cause for concern with the family, can proceedings be started to take the child/ren into care on the grounds that they are refusing a beneficial health intervention and putting their child/ren at risk (or any other grounds)?"

I was told by a practice nurse that this was the case but I would like to have it confirmed by you."

This was forwarded to the Department for Children, Schools and Families (recently reformulated as The Department for Education) a member of whose Children in Care Placements Team replied: ➤

"I can confirm that care proceedings may only be initiated if a local authority considers that a child is suffering, or is at risk of suffering significant harm."

So to summarise, if you decide to vaccinate or not to vaccinate your child, you don't have to justify it to your GP, your Health Visitor or Practice Nurse. You do not have to visit a hospital immunisation or paediatric clinic to discuss it with a consultant paediatrician or immunologist. You are not at risk, in the absence of any other concerns, of having your child taken into care, and if you are told by your GP that they will remove you from their list for non vaccination, you should know, that while fully supporting the Childhood

Immunisation Program, the British Medical Association and the Royal College of General Practitioners (RCGP) support the right of parents to make an informed choice and the RCGP, in particular, regards 'failure to vaccinate' as not a good reason for removing a child or family from a GP's list. If you are told that this is what your GP wants to do, ask them to put it in writing and send it with a covering note to the Chief Executive of the Primary Care Trust and the RCGP, with a letter similar to the one sent by Jennifer to her GP including the points outlined just above.

Should you vaccinate your child or not? Only you, as a parent, can decide what is best for you and your family.

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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%2flvwv4%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
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Forthcoming Lectures with Dr Jayne Donegan

Preston Area: Sunday 17th October 13.00-15.00hrs

Arnica Lancashire Network is hosting: A lecture by Dr Jayne Donegan MBBS DRCOG DCH DFFP MRCGP MFHom Vaccination: The Question

- Journey – how a doctor could change from being a firm supporter of the 'Universal Childhood Immunisation Program' to strongly questioning its validity
- Why morbidity and mortality from infectious diseases has fallen so drastically over the course of the twentieth century, are our children more healthy?
 - What happens with natural infections in terms of immunity
 - What happens with vaccination and the production of artificial immunity
 - A look at specific diseases and their vaccines

At Wesham Community Centre Church Road, Wesham, Preston PR4 3DR
Tickets: £10 per person/£15 per family. Pre-booking essential. Refreshments included
Contact Claire for more details at healingsanctuary@gmail.com or (01772) 492185

Manchester Area

If there is enough demand, there is the possibility of Dr Donegan giving this or another lecture in Manchester on Monday 18th October 2010, either in the afternoon or evening.
Please contact Claire, initially if you would be interested.

Bath/Bristol Area

If you are interested in attending/ hosting a lecture here, please contact Dr Donegan

Choices from the soul without guilt

BY SUSAN KENNARD
SPIRITUAL THERAPIST; BA HONS PSY,
PG DIP PSY OBS, DIP HSW.

July 2010

I WRITE BOTH as a professional and a mother so I know how easy it is to be pushed into making decisions for our children.

Making choices for our children can be a painful process. We struggle with what our intuition is telling us and listening to others. The question of vaccination can be such a difficult one as we can be led by family, friends and doctors to make the decision for us and consequently our children. We are living in a society of quick fixes, people don't question doctors. They accept that the white coat knows what is best for us and our children. But is this really the case? I ask you to search your soul for answers, not your local GP. Get informed, seek out all the facts and other information regarding the subject of your decision, however you are the best person to make the choice, and don't let others make it for you. Before making a decision, take some time to listen to your inner voice. Sitting quietly with your eyes closed and counting your in breath can help to quieten the mind of the inner chatter. Allow whatever comes and listen to it.

I write this article in the hope to take away the fear and guilt around decision making, not just about vaccination but other fundamental choices in our lives.

I will start by talking about the soul. We are a soul in a body, just using it for the purpose of our learning. When we are done, we take off our jacket and return to the world we came from to learn more about our spiritual growth, some call this heaven or the spirit world, I sometimes call it upstairs. We are all on our own journey, just sharing the world with others. This is something that we contracted long before we chose to come here. We chose our parents and our children chose us. Some might say, that can't be true as I would never have chosen these parents or to live in difficult conditions without much love. It is something I struggled with and



Susan Kennard

questioned whilst on my spiritual journey and still do to some extent.

To me this is university, the place for learning, the place for finding our soul purpose in life. It is not for us to tell any other soul which choices to make but to show love, compassion and most of all listen when another struggles with what life shows us. My belief is that everything happens for a reason and I am sure you have heard that before. I don't believe it is possible to make wrong decisions, just decisions. To do nothing is also to make a choice. The people we meet, the jobs we do, the books we read are all in our lives for a reason but most of all our children chose us to receive guidance and help us on their path as well as ours.

Many of the children born today are of a sensitive nature. Their mind, body and spirit needs to be nurtured and nourished. Balance is so important for children. The foods they are given to eat are crucial to their well being as well as the love they are shown and the guidance they are given. Their growth and development on every level can be affected by what is put into their bodies on the physical level but also the emotional level. The words that we hear and the beliefs that we hold are held in our bodies. Positive thought is one way to promote a healthy mind, body and spirit along with of course nutrition and exercise.

Nutritionally I am talking about hydrating the cells and giving our body challenge-free foods. Salt, sugar, wheat, dairy, any artificial additives all create a challenge on the body. I am not saying take these all out but I want to give you an understanding of how challenging foods affect us. This can then give an idea of how perhaps other artificial components which may be added to the body such as in medicines or vaccinations

can lead to a greater challenge. With this challenge, the body becomes dehydrated and therefore stressed creating what is called a stress-dehydration cycle leading to possible dis-ease. When we are born, we carry a pre-disposition, for example our parents may have brought through asthma and eczema and therefore we inherit that as a pre-disposition. So it is possible that we may have a tendency to this disease in our lives, however this is not set in stone, we can prevent this. One of the ways we can do this is by taking the challenge away from our bodies. We can eat well, free of additives, we can rest well and therefore be less stressed.

Our immunity is strengthened by this way of life. By creating a stress free mind and hydrated body we can hear our inner voice and intuition and what our soul is telling us. With good health our bodies are unlikely to produce dis-ease, it is only when our health is compromised in some way that we become susceptible to dis-ease symptoms. There are alternative viewpoints regarding what 'disease' means in the world of homeopathy or naturopathy, and you may feel drawn to them more than the present orthodox views.

The media are ever present in our daily lives and we can be bombarded by scare mongering and fear based advertising. This fear base can be the powerful force that makes our decisions for us. Our intuition is our greatest tool and yet we tend to ignore it.

We allow others to make up our minds. As I said earlier, families can be very powerful and influential in our lives too. The decisions that they made for us as children are their choices but quite often if we choose another path, we are led to feel guilty as this questions their choices and beliefs.

I wrote this article to open an awareness of where our decisions can come from. Develop your awareness and listen to your inner voice. All that is left to say is to gather as much information before making a choice and feel empowered. Listen to others but remember that you are the best judge to make your own choices and make those without guilt. *If you would like to discuss anything further or book a consultation, please visit my website* www.higberguidance.co.uk

The Quanten Theory

PREVENTION EDUCATION

by Patrick Quanten MD

IN THE IMMORTAL words of our Prime Minister (2003), Mr Tony Blair, the priority is "Education, Education, Education".

The Medical hierarchy emphasises the enormous importance of prevention in their battle against diseases.

Let's examine how far Western man has come in overcoming the threat of illness and how efficient he is in putting his knowledge into practice.

Mankind suffers from a cauldron of disease, regardless of age, sex, race, nation, class, or religious or political conception. The victims of disease are found impartially among young and old, rich and poor, among white men and coloured, among male and female, communist and democrats, poets and peasants. Christians, Muslims, Buddhists and atheist all suffer alike. Disease and premature death are common to them all.

This universal suffering is a dangerous menace to the human race and calls for an immediate and effective universal movement to end it. There is an urgent need. And what have we done about it? The methods hitherto employed by official medical sciences and institutions are impotent and hopelessly inadequate. Yet, human life and human health and longevity are the most important of all problems facing mankind.

In spite of the obscene amount of money invested over many years into an increasingly pressurised health system, the waiting lists are getting longer, the bed and staff shortages more acute and the overall cost of investigations and interventions has spiralled out of control. On top of that, another obscene amount of money has been invested in scientific and medical research to further our understanding of illness and its pathways, which has obviously not delivered on the promises made as no amount of "progress" has diminished

the suffering. On top of that, each year the number of hospitalisation days, the number of doctor's consultations and the number of days on sick leave increase dramatically. Directly opposed to these depressing facts are the well-known statements of the authorities, such as "We are now healthier than ever before", "People, nowadays, live longer than ever before". These have been repeated so many times that we have ceased asking for proof and have adopted them as the truth: no one is to question these dogmas of modern science.

Reasons for this sorry state of affairs are given. None appear to be more than excuses.

- The technological advances made are enormous. One only has to look at the scanning options, the cancer detection methods and the laboratory analysis techniques to realise what has been achieved. **QUESTION: Does any of these result in people being healthier? Consult the health statistics for the answer!**

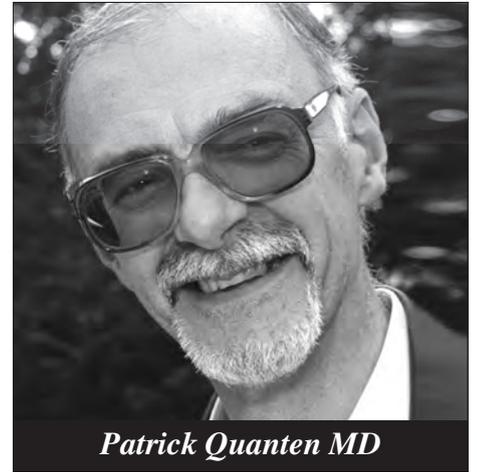
- There are less people dying of cancer than there were fifteen years ago.

QUESTION: Since all the people still die, what are these "saved lives" dying of now then? This obviously illustrates the fact that suffering may have changed, but that it hasn't diminished.

- Drug treatment is now so advanced and sophisticated that we can control almost all medical problems.

QUESTION: Have the number and seriousness of side-effects been reduced? As drug treatment is now so effective, what is the reason for the regularity with which drugs are banned, removed from the market and proven to be responsible for irreversible damage to the body? Recent examples are Seroxat and the MMR vaccine.

- The increasing demand for higher medical care standards has driven up both the cost and the pressure on staff



Patrick Quanten MD

"When people are educated in the art and knowledge of health, disease can become a distant memory, provided every individual chooses the healthy option."

and facilities. The problem arises from the fact that people want more and better, because we are better.

QUESTION: Who else but the medical profession itself has introduced the idea that they, and no one else, could cure all diseases; that they are so fantastic? You have asked for the attention, and now you are getting it.

- More illnesses are recognised, diagnosed and treated than ever before. **QUESTION: This suggests that in the past people have not recognised what was wrong with them, as it implies that the total number of diseases around was the same as it is now. Not being well, which interferes with one's daily chores, has always been a good enough reason for people to try and do something about it. Indeed, people have always been keen to stay healthy, so if we find more illness than ever before, it is because there are actually a greater number of diseased people around. Also, why is it that the medical profession has acknowledged disorders such as ME, fibromyalgia and dyslexia only after many years of pressure from the population and after a public campaign fuelled by the frustration of a population that has not been listened to?**

- People are said to turn to the medical profession for the slightest thing nowadays, thereby clogging up the system for more needy cases.

QUESTION: *Who, but the medical profession itself, has told them that one needed a professional person's help with even the slightest health problem?*

Can we find an explanation for the massive divide between people's experience of our health care system and the authorities' description of it?

Yes we can, but let's be blunt about it: a spade is a spade, even if you would like it to be a shovel.

Consider the following statements, all based on my own personal experiences backed up by statistics and research information, generally not highlighted in the popular press or taken on board by the authorities. There are mainly three groups of causes.

MEDICAL CAUSES

1. Symptoms are regarded as diseases. Symptoms are signs that will lead you to a diagnosis, providing you follow them right the way through to where and why they have been generated. With all the modern equipment in the medical profession, the public is stunned into the belief that the root cause of the problem has been demonstrated in one test or another. Example: You complain of regular stomach pains. Either, the doctor immediately tells you that you have too much acid in your stomach and you need to take medication that controls the production of stomach acid (research shows that the great majority of "acidic" stomachs have a lack of acid, not an overproduction!), or you go for tests.

Clever tests may show up an ulcer, which will be treated by medication similar to the other option. Everybody now relaxes as we have found out the reason for your stomach complaint. Or have we? What if we ask the doctors: "Why have I got an ulcer?" If you don't live on curries, alcohol, or your nerves, the answer is very likely to be "Oh well, it happens sometimes. Nobody knows why." Has anybody investigated whether or not someone else may know why? Certainly not, because what one doesn't know about diseases as a doctor is not worth knowing!

2. Consequently, symptoms are treated, thereby neglecting the real diseases. When we continue to ask the question "Why?" and do not rest before we have found the true answer, we start to become aware of a greater pool of knowledge where the real causes of diseases are known, and have been for many thousands of years, in a variety of forms but containing essentially the same wisdom.

3. Instead of aiding the natural forces to hold off diseases, the medical profession seems generally ignorant about them, neglect them, and hinder them. Have you noticed that, without exception, all known carcinogens are toxic products? So, in general terms it would be fair to conclude that toxic products are more likely to cause cancer or contribute to a cancerous growth than natural products. Then why is it that we are made to believe that the only way cancer can be conquered is by the most lethal toxins man has ever produced?

4. Chemical and artificial medicines do far more harm than good. In 1994, an estimated 2,216,000 (1,721,000 to 2,711,000) hospitalised patients had serious adverse drug reactions (ADRs) and 106,000 (76,000 to 137,000) had fatal ADRs, making these reactions between the fourth and sixth leading cause of death in the USA. The figures have increased every year, and the total cost of drug related illness has spiralled out of control. However, the authorities are still in control, and happily continue to do what they do. The recently maligned vitamin and supplement studies have shown, but failed to draw attention to, the harmful effects of supplements having been caused by artificial products. Natural products have never shown any side-effects or detrimental effects to health.

5. The official sciences and institutions use their power and authority to stubbornly pursue this one-sided drug approach and to persecute all tendencies to improve the situation. They have claimed the exclusive right to the use of words such as "cure", although they never actually

manage it! They are the only ones who have a right to "treat" diseases, although by their own statistical evidence their track record is extremely poor. When the public pressure because so enormous they no longer can ignore other healing methods, they embrace them, curtail them and hide and control them under the same umbrella of poor quality science. They claim the exclusive right to a scientific approach, dismissing all other investigative method out of hand. It is only by stamping their authority on the community and forcibly policing the field of human suffering, ill health and available treatments, threatening people with court orders on the public health act, and ridiculing the integrity of the "questioner" that their reign still extends.

EDUCATIONAL CAUSES

1. The official sciences and institutions are almost entirely diagnostic and therapeutic, whereas the best cure is prevention. Once it is known how to really prevent diseases and the necessary preventative measures are taken, all diagnosis and therapy is superfluous. The prevention of disease is much easier, quicker, cheaper and less painful than its diagnosis and cure. The natural vitality of the organism forms the only truly effective protection against diseases and premature death, and it is only recognising this fact and supporting the natural processes that health will become the norm, not illness.

2. It is only by education in the technique of healthy and natural living that disease can be prevented. Without this type of education, disease will continue to dominate our lives and the finest specialists and laboratories will be totally valueless, as is already starting to show up in all epidemiological statistics.

3. True medicine worthy of the name is the practical and preventative application of the techniques of natural living and of the natural healing forces. The official medical sciences and institutions have transformed the simple science of life, available to all, into a theoretical, ➤

static, useless and extremely complicated system. Now not only do ordinary people no longer understand what causes disease, they also have been far removed from attaining that knowledge by introducing such barriers as long, expensive studies and difficult to obtain diplomas. The knowledge of health has become the exclusive privilege of the few, dominating the masses by means of incomprehensible jargon, confusing messages and useless statistics.

ECONOMIC CAUSES

1. Existing institutions have attached medical science to commercial enterprises, such as drug manufacturing, chemical products, health foods, food additives, medical investigation and treatment equipment, specialised health enhancing tools, etc. These enterprises use their power, organisation and propaganda to induce the ignorant masses into buying and consuming articles which are harmful (all low-fat foods, diabetic foods, preserved foods, ... etc etc.) and into subjecting themselves to the use of test and treatment equipment which induces illness (for example, increased breast cancer risk with regular mammographies).

2. The medical sciences and institutions exaggerate the usefulness of drugs, medicines, chemical products and all kinds of "specialities". As no one is in a position to seriously question the truthfulness of their statements and claims, because they have removed themselves so far from everyday people and everyday living, their empire of commercialism still stands. It is for this reason, and for this reason only, that medical care today is excessively expensive and consequently inaccessible to the great majority of people. In countries where a form of National Health Service exists the burden on the taxpayer has become unbearable whilst the deliverers of the health care continue to enrich themselves.

3. The existing medical sciences and institutions, together with the commercial enterprises attached to them, are organised on the basis of commercial exploitation and the

economic defence of their jealously guarded rights and position. They therefore have every motive for struggling bitterly against every idea, movement, tendency, science or organisation which wishes to make the sciences and knowledge of healthy living and natural preventive medicine available amongst the wider masses of society. From the moment that the simplified technique of healthy living and of natural medicine is widely available and put into practice, they will lose their privileged position and rights and all their economic profits.

4. The commercial exploitation of disease, of suffering and of the ignorance of the masses is the most widespread, the most inhumane and the most immoral of all forms of exploitation of man by man.

SO, WHY CAN WE BE SO SURE THEY HAVE GOT IT ALL WRONG?

First of all, one has to ask the question "How in God's truth, did men survive so far without all the technology that is keeping us alive today?"

Our medical learned friends will tell us that people used to have many, many more children, of which a great number died and the survival of the fittest ensured the continual existence of the human race. And that's it!

Purely on that basis, one would expect the fittest still to be the fittest in our Western society and therefore still to be surviving without any aid at all. Checking the statistics of the over 50's who are not having any medical treatment at all you won't be surprised to learn that that is less than 5% in the civilised world. The conclusion is that this would not be sufficient for the race to survive!

So, what other reason or reasons might there have been for the survival of humans throughout the ages without any technological help whatsoever? How has our life changed in its foundations from what it used to be centuries ago, taking into account that the dramatic downturn in health and unaided survival numbers has occurred during the last century?

The main striking difference is the

advent of the industrial revolution. Heavy industry and large-scale mining changed not only the landscape forever, but also people's lives. We saw the emergence in large numbers of "new" diseases such as miner's lungs, and a resurgence of infectious diseases such as tuberculosis and polio. As hygiene conditions improved in the second half of the century, there was a significant drop in numbers of infectious diseases, so much so that the medical profession could claim victory for their vaccination programmes.

At the same time we witness great leaps forward on the medical scene. On the strength of the self-proclaimed medical intervention victory over infectious diseases, the population was more than willing to be talked into more victories that were "just around the corner". Huge sums of money were invested in the development of drugs and the research of chemical compounds, and regularly major breakthrough claims could be heard. More and more chemicals were now used, both for treating diseases as well as for domestic use. And the appearance of "new" illnesses increased the feeling of threat, the willingness to invest more and the keenness to accept the expert's advice. Little did anybody realise that the expert's chemicals were to blame for most ills that people were suffering by that time, as these experts certainly weren't going to be the ones to spill the beans. Even the public humiliation of exposure, sadly through experience, of the fatal flaws in the claims of the drug barons in white coats (eg thalidomide) wasn't convincing enough for the people to turn their backs on the whole industry. By this time, they were too scared and eager to believe that their health heroes would not, could not knowingly hurt them. The first rule they had sworn to was indeed: First, do no harm.

And still today, it is that same belief that keeps the medical science and institutions in power. That belief is underpinned by fear; the fear of abandonment. "What is going to happen to me if I don't accept their advice? Surely they know what they are doing!" Most people now realise and admit that all the chemicals we are using cannot do us any good and is

more than likely to be doing us harm. Yet, when it comes to making decisions based on such a statement, there are only a few that find the strength to row against the tide. Don't be surprised or disappointed: it is no different from us "knowing" that smoking is bad for our health, that alcohol poisons our system, that refined foods destroy our digestive system, and yet, we continue to use them all!

All of that does not change the truth. Since the introduction of chemicals in most aspects of our lives, the general state of health of the population has exponentially declined.

Furthermore, whenever we have exported our ideas, and commercial interests, to other places on the globe, a similar decline in health has invariably occurred in all those areas. The introduction of, and consequent reliance on, chemicals has almost immediately introduced diseases that never existed in those places before. Together with the reliance on chemicals for their commercial and domestic use, we removed their traditional belief system in natural living and healing. The combined effect is a total dependence on our help and support with the exclusion of all alternatives.

THE ANSWER

These facts and causes give rise to urgent problems. The health and life of humanity are in danger, while sciences and institutions are becoming increasingly petrified (insurance premiums escalate) and degenerate along with the whole medical profession, throwing out more and more conflicting research results and having to persecute and vilify its authors.

The masses increasingly turn in the direction of various conflicting branches of medicine that are either illegal or semi-legal in character. Alternative medicine has become big business in its own right, and is now struggling with the emerging awareness amongst the population that they also are not providing the whole answer. Unfortunately most of these are equally one-sided and just as incapable of healing as the official sciences. And generally they are just as exploitative, as costly, and as inaccessible to the masses.

WHAT IS ONE TO DO THEN?

If it has become obvious that the medical profession is not providing the real answers to the questions of health and illness and that many years of an increasingly more and more sophisticated approach to do battle with illness has resulted in the enemy taking a significantly much larger share of life, can we then conclude that the strategy of treating and curing is not working and has never worked?

If the alternative medical treatments have provided safer and human friendlier ways of combating illness, but have failed in their bid to outgun the orthodox medical strategy as far as cure results are concerned, are we then justified in asking whether the whole idea of "treating" is still justifiable?

If "curing" not only doesn't work, but also is actively worsening the situation, are we then not justified in turning our attention to "prevention"?

Of course we are. And the medical profession is all for it: vaccinations, preventative antibiotic use, surgical interventions to prevent disease developing in high risk patients, regularly repeated highly technical testing to detect early disease signs, and lifelong medication to reduce disease developing risk. But lets also ban all vitamins, minerals and herbal supplements; a ban on the validity of systems that have served people for many thousands of years. Prevention, by all means, but only as long as the methods used are economically and socially beneficial to the authorities in charge!

And what about campaigning for the removal and total ban on known contributory factors to ill-health, such as cigarette smoking, alcohol, coffee and tea, hydrogenated vegetable oils, refined food products, all food additives, food radiation, high powered electromagnetic fields, microwave emission equipment (mobile phones, communication masts, kitchen equipment, etc.), chemical medication, cars and motorbikes - need I go on?

There is very little sign the protectors and caretakers of our health are doing more than paying lip service to the idea that some of these are not good for your health. However, to actually take real

preventative action on behalf of the threatened population and have these health risks removed, the medical authorities do not consider that their job. You have the individual right to choose to make yourself ill, since either yourself and/or the taxpayer will pay the same medical people to "cure" you. It seems, however, that you do not have the individual right to personally purchase health supplements, which may or may not enhance your health, could save the health service money and relieve the pressure on the health care system.

SO, WHAT IS REALLY REQUIRED?

If it is going to be up to the individual to make their own decisions, then it would only be fair for people to have all the information available to them to ensure that they are in a position to make the right decisions for themselves. "Making informed choices", is a popular phrase used by the medical profession to demonstrate how open and accessible they are. Well, information about, and more specifically education of, disease prevention is the prime example of this adagio. When people are educated in the art and knowledge of health, disease can become a distant memory, provided every individual chooses the healthy option. If they don't, the consequences will be theirs, and no one will be responsible for their "disease-care".

Through collective education, a knowledge of the technique of a healthy life will spread through all classes of society, and will make diagnostic and therapeutic medicine a thing of the past, replacing it with a system of collective preventive hygiene. It will thus become progressively impossible for the profit system in medicine and its commercialisation and exploitation to continue. This revolutionary social activity assures the moral superiority of the preventative movement over other individual movements and tendencies.

The very basis of disease prevention lies in the prevention of a health imbalance, which occurs when our way of living becomes "out of balance" with the rhythms of its core. We are all

rooted in Nature, whether we like it or not. We are animals, created in the same way, and living of the same life-source. Living a life that is off-balance compared with our natural rhythm creates tensions and tears at the system. Compensating mechanisms, in order to survive, are available and used frequently, but will eventually show signs of extreme distress, called disease.

Understanding the natural rhythms, and living in accordance with them, allows our system a smooth ride on the waves of life. The ups and downs of the changing seasons, moon phases, solar activity, climactic conditions, and natural environment all need to be harmoniously integrated into our daily lives. Awareness of these influences, accommodating them and gaining from their offerings, will ensure a harmonious

life, devoid of stresses and strains on the system, allowing the system to "float" through life, using a minimal energy input, preserving energy and improving and prolonging life.

Nothing more or nothing less is required than educating the population in these techniques. The reward is an inexpensive, universally available health care system which is individually based and one hundred percent effective. Very often people, indoctrinated by the medical cure approach, believe that living a healthy life has very limited input into the state of our health. This is only correct if the mentioned healthy life has been limited to a few aspect of real life. True and full education will show people the importance of a full understanding of life, the way it is created and the forces that drive it on.

An opinion based on a limited understanding of these issues will have only limited value.

This is why the time has come to spread the whole knowledge of living in harmony, with the added bonus of preventing disease. Only proper education of the masses regarding the true balance of life can ensure a long and prosperous life, fulfilling all its potential. Understanding that in utilising all the natural and cosmic forces as treatment tools (foods, sun, air, water, earth, exercises, etc.) we must pay attention to the seasonal and periodic rhythms. This is the sole means of maintaining health, curing diseases, prolonging life and improving the individual capacity.
May 2003

Vaccines have destroyed lives for decades and the UK Government tried to cover it up

CHRISTINA ENGLAND

16 June 2010

vactruth.com

RECENTLY THE WORLD has been told about the six 'little women' with big voices, these ladies were dubbed the 'little women' by the FDA because they dared to take their concerns regarding the Gardasil vaccine and confront the FDA with them, in the form of a powerpoint presentation. For more about these outstanding women please read their amazing story which I highlighted in March on the American Chronicle.

<http://www.americanchronicle.com/articles/view/147062> HPV wonder vaccines now under intense scrutiny by the FDA ... Sadly for the FDA this rather derogatory term has now made their story a known worldwide.

I am now going to add another totally amazing and outstanding women to those six and make it seven, her name is Rosemary Fox MBE. Little is known outside the UK about Rosemary Fox and her fight with the UK Government to get compensation for vaccine damaged children but times

are changing and the truth about what really goes on behind closed doors is being exposed. I will begin by giving a brief synopsis of the Rosemary Fox story from her own book. Taken from the first page of Rosemary Fox's amazing book Helen's Story. "In September 1962, Rosemary Fox took her eight-month-old daughter Helen to the doctor's to be vaccinated against polio, blissfully unaware that she was condemning her happy, healthy baby to a life of sickness and convulsions. In 1973, when Helen was assessed as having the mental age of just three, Rosemary began a campaign for compensation for vaccine damaged children. It would take 27 years.

Back in 1973, the British Governments view was that the severe damage caused to some children by smallpox, polio, or measles vaccinations was a small price from freedom of disease, and those cases received little publicity. Rosemary and 600 families with whom she formed The Association of Parents of Vaccine Damaged Children were condemned for causing the public to question the safety of vaccination."

To read any more I suggest that interested parties buy her book. Thirty seven years on and not a lot has changed in regards to the distorted thinking of Governments worldwide but Rosemary did change the laws around compensation for vaccine injured children, her fight although far from easy was certainly not fruitless. Letters bounced to and fro from Rosemary's organisation for years and the content was at times heated but what went on internally was little more than criminal. Sadly I cannot publish these documents because copyright would be impossible to get but I can publish small sections and refer the public to the address and website of where these can be obtained. I was introduced to Mrs Fox by Prof Gordon Stewart and pointed in the direction of where information had been recently released to the public, by an interested party. I have since had conversations with Mrs Fox and she was kind enough to tell me about her story. I will begin my interpretation of what went on, with a few quotes from a letter written by Mr R P Pole to a Mr Foster on 26th July 1976. The letter can be obtained

in full from the National Archives in Kew Gardens, Richmond, Surrey, England UK website <http://www.nationalarchives.gov.uk/> The National Archives Mr Pole was a member of the JCVI and represented the Department of Health The letter was headed – Mrs Fox’s claim to the European Commission on Human Rights. In his letter Mr Pole was discussing a meeting he was about to attend between Department of Health lawyers, the Foreign Office lawyer, and Parliamentary Council. In Point 3 he says “Can we produce an example of a consent form actually in use, Do different authorities have different ways of getting consent?” Interesting phrasing don’t you agree, especially as he worked for the Department of Health and represented them in meetings of the JCVI, please refer to <http://www.advisorybodies.doh.gov.uk/jcvi/foi-2005-minutesOct77.pdf> ... for an example of his activity already on the internet? It appears from his comment that Mr Pole had no clue as to whether consent forms even existed, let alone how they may be implemented. However, for me, the real gem in his letter was contained within point 5. Point 5 “To what extent do we dispute what Mrs Fox claims? We should consider her case sentence by sentence.” Well, that would certainly be a good place to start, don’t you agree? The icing on the cake however, was what he wrote next.

“DO WE ADMIT ANY PART OF HER CLAIM?”

This for me highlights the real truth of the behaviour, lies and sheer arrogance of what goes on behind closed doors. This is what parents of vaccine injured children are really fighting. So what did. Rosemary Fox claim? In effect Mrs Fox’s report to the government was a fair and well executed document. It was balanced and well written and showed she understood what she believed to be the benefits of vaccination. In a report 13th August 1974 entitled The Association of Parents of Vaccine Damaged Children An outline of the case for compensation for vaccine damaged children. She wrote:- “Every year a few children are destroyed by

immunisation and vaccination. These are vaccine damaged children – a minority group who suffer brain damage and sometimes death from a procedure which confers a very great benefit on the majority.

The last public statement (DHSS) regarding compensation for these children is that would be neither appropriate or feasible. This report sets out why we, the parents of these children, feel that not only is

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“Of course by this time the UK Government and the Department of Health were getting slightly hot under the collar to put it very politely. Letters and memos were flying around Parliament like plates at a Greek wedding”
.....

compensation appropriate but that it is long overdue and that, if the immunisation scheme is to continue on the moral basis, a compensation scheme is now a matter of urgency. This Association has compiled details of approximately 220 children who were seriously ill following vaccination and who are now brain damaged, physically handicapped, blind, dumb, epileptic, – which disabilities occur in the children either singly or in a combination. When cases of damage from all vaccines were being compiled, it became obvious that two out of every three cases the ‘triple antigen’ vaccination was involved.”

Later in the report she writes:- “The DHSS states that brain damage following vaccination can arise in some cases due to an incompatibility between the child and the vaccine, and this risk is now freely admitted.” She speaks of a booklet that was circulated to all doctors called ‘Immunisation against Infectious Diseases’ and says - “In the introduction of this booklet, however, it is stated “It should be emphasised that it is always for the individual doctor to decide finally on the type, dosage and timing of the vaccines he uses.”

The investigations of this Association have revealed that there are many instances where this advice

booklet is not known or followed and, so far as we can ascertain, little attention is paid to the medical history of each child to ensure that vaccination for each child will be safe. We are aware that until recently many doctors did not know, or could not accept, that whooping cough vaccination could cause brain damage.”

She states very clearly and underlines “Risks have been concealed from parents” she carries on- “It has been said that until recently there has been a ‘conspiracy of silence’ about the risks in whooping cough vaccination (Hansard 31st January 1974) and our investigations support this statement.

When whooping cough vaccination was first introduced on a trial basis, it was offered to parents as “effective for the prevention of whooping cough” and the vaccines were said to be “the best which are available” (City of Liverpool in conjunction with the Medical Council -leaflet issued 1953) There was no mention of the risk and no clear indication that this was a trial.”

Does this all remind us of anything? It does me, this reminds me very much of the current Gardasil campaign. Please read

<http://www.americanchronicle.com/articles/view/147062> HPV wonder vaccines now under intense scrutiny by the FDA ... and our six little women. So basically Rosemary Fox was saying that once again the UK government were advertising a vaccine that was on TRIAL and portraying it as safe and effective. It seems to me that history repeats itself over and over decade after decade. I personally like the way that Rosemary phrases things - she was strong and decisive. “We recognise that the decision to carry on any vaccination is a matter for medical experts to decide, but we do question whether national immunity can be purchased at the expense of those few children who have been, or will be, destroyed in the process.” Exactly, herd immunity cannot be purchased at the expense of children who will die as a result, after all it is not exactly as if they could give their consent now is it? This report can be found again in full at the <http://www.nationalarchives.gov.uk/> **The National Archives Ref MH 154 / 1057** Of course by this time the UK ➤

Government and the Department of Health were getting slightly hot under the collar to put it very politely. Letters and memos were flying around Parliament like plates at a Greek wedding. Undeterred however, Mrs Fox's campaign grew to new levels, as did her determination for justice for vaccine damaged children. On 9th August 1975 Mrs Fox on finding that she was getting little satisfaction from the UK government, submitted a complaint to the European Commission of Human Rights - New Scientist - 27 May 1976 - Google Books Result Her complaint began - " On behalf of the Association of Parents of Vaccine Damaged Children, I have collected details of 287 (to date) cases of healthy children who, as a result of vaccination, suffered death almost immediately - 6 cases death later followed prolonged illness - 4 cases last year, or brain damage to such an extent that their lives have been completely destroyed and in many cases are at risk.

In no case was the possibility of such a risk discussed beforehand with parents, or was there any public knowledge of risk. In all cases, parents accepted vaccination in the belief that this was for the protection of their healthy child."

Once again this complaint can be accessed in full from the <http://www.nationalarchives.gov.uk/> The National Archives File MH 154/1057 The complaint by Mrs Fox was a strong and powerful indication that the UK government were letting parents and disabled children down. It proves that if the government admitted

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"On behalf of the Association of Parents of Vaccine Damaged Children, I have collected details of 287 (to date) cases of healthy children who, as a result of vaccination, suffered death almost immediately - 6 cases death later followed prolonged illness - 4 cases last year, or brain damage to such an extent that their lives have been completely destroyed and in many cases are at risk. "

a problem, that it could cost millions and jeopardise the future of the vaccine programme which at the time they deemed to be more important than the lives of these children. This complaint activated a huge hive of activity in Parliament. On the 9th March 1975 the Under Secretary of State DHSS wrote to a David Knox MP saying:- " Mrs Fox has sent copies of the report to Mrs Castle, Dr Owen and myself and I wrote to her on 5th February to say how concerned we were about the line it takes especially the implied intention to attack immunisation programmes in general. I asked Mrs Fox to avoid this because a very large number of children might be affected if their parents were misled into depriving them of the protection which immunisation against various illnesses undoubtedly give to children and counter charges in a public debate. In his letter he makes it

clear that he was of the belief that Mrs Fox's report made a number of allegations surrounding the of lack of activity/interest regarding a number of public bodies, including his department and he felt that the department was not at fault. Again this can be found at the

<http://www.nationalarchives.gov.uk/> The National Archives Mrs Fox says in the <http://icbirmingham.icnetwork.co.uk> Sunday Mercury - My battle for justice over vaccine June 19th 2006 -

"Just to get the Government to acknowledge they had a responsibility for them would have been a start. We really wanted them to say there was a danger in some vaccines, take responsibility and do something for these children. If the Government took this issue of vaccination seriously we wouldn't have been here, we wouldn't have been in this situation. Bottom line was they didn't know if this was safe. They didn't know if the three childhood vaccinations - measles, rubella and polio - were safe to use at that time."

The Sunday Mercury says:- "MP Jack Ashley brought the debate to Parliament in January 1974, and for the next three years it continued to rage before finally, in 1978, the Government agreed to pay all affected children £10,000." This was all thanks to a determined mother who was prepared to do something when she saw injustice and a Government at fault and this is why I feel she should be classed as another 'Little Woman with a Big Voice'.

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VACCINE CONTAMINATION: A THREAT TO HUMAN HEALTH

BY BARBARA LOE FISHER

27/5/2010

IN THE PAST FEW months, the American public has been informed that two infant diarrhea vaccines – GlaxoSmithKline’s Rotarix and Merck’s RotaTeq – are contaminated with pig virus DNA.^{1,2} But there’s a difference between the two vaccines: Rotarix contains parts of a pig virus that does not make pigs sick while Merck’s RotaTeq contains parts of a pig virus that kills baby pigs.^{3,4,5}

How many mothers know that, when Merck’s diarrhea vaccine is squirted into the mouths of their two month old babies, they are swallowing parts of a pig virus that suppresses the immune systems of baby pigs so badly, they waste away and can suffer respiratory, kidney, reproductive and brain damage before dying?^{6,7,8}

And how many doctors and nurses making babies swallow rotavirus vaccines know that?

And how many members of Congress, who are responsible for oversight of federal health agencies charged with ensuring vaccine safety, know that?

And how many mainstream media outlets are not covering this important story, a story that broke on March 22, 2010, when the FDA recommended temporary suspension of Rotarix vaccine because of contamination with parts of a non-lethal pig virus, only to withdraw the recommendation after a meeting on May 7th, when it was revealed that RotaTeq is contaminated with DNA from a pig virus that is lethal?⁹

Why should we care about vaccines being contaminated with foreign DNA from deadly animal viruses?

Because it is a well known fact that DNA from animal viruses can infect human cells and change human DNA to cause disease in humans.^{10,11}

Last fall public health officials declared an international pandemic emergency after a new pig-bird-human hybrid influenza virus was identified in Mexico and several people died.¹² Animal viruses can evolve to infect and

make us sick and there are no guarantees that won’t happen because doctors are pouring parts of a virus that kills baby pigs down the throats of two, four and six month old babies.

Scientists working in the labs of Merck and the FDA don’t know if pig virus DNA will infect human cells and change human DNA so that the babies given contaminated rotavirus vaccines – or their children – will someday suffer immune suppression that damages lungs, kidneys, brains and reproductive ability before they die just like the baby pigs are dying today.

I attended the May 7 FDA meeting and made two public comments on behalf of the National Vaccine Information Center.¹³ At that meeting I heard GlaxoSmithKline officials pledge to clean up Rotarix but Merck did not show up to answer any questions or make any public pledges.

A lot of experts sitting around the table used words like “we believe” and “we don’t think” and “there is no evidence” when they defended the assumed safety of contaminated rotavirus vaccines. Nobody seemed to know exactly how the vaccines became contaminated or why the tests used by drug companies and the FDA did not detect the contamination before they were licensed and released. Nobody seemed to know if the pig virus DNA was infectious or not, but then, quickly almost everyone at the table agreed the contaminated rotavirus vaccines should still be given to babies.¹⁴

THIS is science? This is the kind of science we are supposed to trust to keep us healthy?

Drug companies are racing to develop vaccines that use human, animal, insect, plant and even cancer cells for production.^{15,16,17} Living cells can be contaminated with viral DNA that could evolve in humans to make us sick or kill us.¹⁸

Is Big Pharma seeking big profits putting pressure on the FDA, CDC and politicians to allow them to keep parts of deadly animal viruses and other potentially harmful ingredients in vaccines?^{19,20,21,22,23}

I think that is exactly what is happening. The bigger question is: will the American public let the pharmaceutical industry and special interest groups taking money from drug companies get away with it?

If you want to take action in your community to raise awareness about why vaccines contaminated with animal virus DNA and other toxic ingredients should be cleaned up,^{24,25} go to the websites of the National Vaccine Information Center at www.NVIC.org and www.Mercola.com to learn more.

It’s your family. Your health. And your choice. If we don’t protect our health and choices today, we will lose both tomorrow.

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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 Oct 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**

Comparing Natural Immunity with vaccines

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

TOPICS COVERED INCLUDE:

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

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

BRIGHTON, EAST SUSSEX

(Talks start 7.30pm):

MON 18 OCT 2010 - PART ONE
MON 01 NOV 2010 - PART TWO
WED 02 MAR 2011 - PART ONE
WED 16 MAR 2011 - PART TWO

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

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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