THE *informed* PARENT

ISSUE 3/4 2006 A NEWSLETTER ON THE VACCINATION ISSUE & HEALTH

STUDY SPARKS FEAR OVER EFFECTIVENESS OF MMR SCHEDULE

Pulse, Issue: 11 May 2006

The Health Protection Agency is investigating whether two doses of MMR are sufficient to protect against mumps after its researchers found a 'concerning' lack of immunity in vaccinated children.

A new study found a third of children in cohorts who should have had a single dose of MMR, and 15 per cent of those who should have had two doses, had low levels of mumps antibodies.

The Government's Joint Committee on Vaccination and Immunisation told Pulse it would be considering the implications of the new research for the vaccine programme.

But the RCGP is already calling for the MMR schedule to change in light of the results, with the second dose brought forward to shorten the period when children are protected with just one dose.

Dr Richard Pebody, a researcher on the study and consultant epidemiologist at the HPA's Centre for Infections, said the agency was undertaking further work assessing the effectiveness of two doses, which was a 'priority' given the current mumps outbreaks.

'There's an issue about what the recommendations would be. Probably one dose isn't enough. We can see there is an impact of the second dose, but we need to study what the effectiveness of the vaccine is.'

Dr George Kassianos, RCGP immunisation spokesman, said the effectiveness of the mumps component of the MMR vaccine 'may be lower than we previously thought' and that there should be a change in policy.

He said: 'It is my view that the second dose of the MMR vaccine in our childhood immunisation programme should be transferred nearer to the second year of life.

'We should not be waiting until pre-school age to give the second dose.'

Dr David Baxter, consultant in communicable disease control in Stockport, said moving the second MMR dose was 'not a bad idea' but further research was needed before any change in policy.

The research, published early online by the Journal of Epidemiology and Infection, analysed serum samples from 3,445 patients aged from one to 69.

In those born between 1986 and 1990 who should have received one dose of MMR as part of routine vaccination, 34% had low antibody levels,suggesting they might not be protected.

Of those born between 1991 and 1995, who should have had two doses, 15% had low antibody levels.

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Editor: As usual 'antibody level' is indicated as if it has an important association with protection. This is not the case, as I have frequently pointed out in previous newsletters. I would strongly urge readers to look into this - antibodies may be high in some individuals and yet they may contract the disease, and vice versa, which means the theory is flawed. Why are these 'scientists' so reluctant to acknowledge this fact??

BOY AWARDED $43.1 MILLION

http://www.kansascity.com/
The Kansas City Star, 07/07/2006
By JULIUS A. KARASH

The 7-year-old's settlement comes under a national vaccine compensation program.

In what is thought to be one of the largest such settlements ever, a quadriplegic boy has been awarded $43.1 million under a government vaccine injury program. Seven-year-old Mario Arturo Rodriguez, who once lived in Kansas City and received a vaccination at Children's Mercy Hospital, will receive the money under a settlement reached this week through the no-fault National Vaccine Injury Compensation Program of the U.S. Department of Health and Human Services.

Mario's case alleged that he became a quadriplegic after receiving a measles, mumps and rubella vaccine at Children's Mercy Hospital's pediatric clinic on Jan. 25, 2000.

The hospital was not named as a defendant in the lawsuit. Under the guidelines of the program, the litigation was filed against the Department of Health and Human Services.

Kansas City attorney Leland Dempsey, who represented Mario, said Thursday that it was his understanding that the settlement was one of the biggest ever reached under the program.

"One unusual aspect of the case is that Mario is expected to have a normal lifespan, and therefore will require more years of care that will cost more money," Dempsey said. "He will need round-the-clock care, *Contd. overleaf*

LEVEL OF MERCURY IN VACCINES FOR CHILDREN IS SHOCKING AND TOXIC

http://www.hawaiireporter.com/
By Michael Wagnitz, 7/6/2006

Thanks to the Hawaii Reporter for discussing the mercury/vaccine issue. As a chemist with 20 years experience evaluating material for mercury, I was shocked to discover the quantity of mercury in vaccines (50,000 parts per billion (ppb) Hg in vaccines, 200 ppb to qualify as liquid hazardous waste). It dwarfs all other sources of childhood mercury exposure. This doesn't even take into account that the main ingredient in thimerosal, Ethylmercuric Chloride, arguably, is one of the most toxic forms of mercury that exists (see Merck Index for detail).

Lisa Randall (Hawaii Reporter, 7/2/06) cites the six major epidemiological studies as the conclusive science on this subject. She dismisses the 5 published epidemiological studies done by independent researchers Dr. Mark and David Geier which reach a totally different conclusion. All of the other studies she refers to are from Europe where the vaccine schedule is substantially different than the U.S.

These countries did not expose newborns to mercury at birth via the Hepatitis B vaccine as was the case here. Most countries only used 3 thimerosal containing vaccines versus 12 in the U.S. In Denmark, where 2 of these studies were done, thimerosal was banned in 1992. In one study, they claimed rates of autism went up after thimerosal was banned. This was because in 1995, they started counting autistic outpatients as opposed to only inpatients for the years prior to 1995. Since outpatients exceed inpatients by a 13:1 ratio in Denmark, you would expect a minimum 13 fold increase. If only inpatient data had been compared, rates would have dropped substantially. Why are rates of autism in Denmark a fraction of what they are in the U.S. (7/10000 as compared to 60/10000)? Nobody asks this simple question. The authors of the Denmark studies work for the Statens Serum Institute, a European vaccine component provider. This is never mentioned. The study in the U.S. has 5 different conclusions dating from 2000-2004. Each subsequent evaluation, which was totally controlled by the CDC, lowered the risks of thimerosal containing vaccines.

When the watered-down study was officially published by Pediatrics in 2004, the lead author had already been employed, since 2001, with a major thimerosal vaccine manufacturer. Pediatrics did not believe this little tidbit was worth mentioning. If you go to the medical search engine "Pubmed" and type in thimerosal, you will get references to 1108 published, peer-reviewed papers. The over-whelming message of these papers is the extreme neurotoxicity of thimerosal.

Michael Wagnitz is a Senior Chemist in Madison, WI. Reach him via email at mailto:mwagnit@yahoo.com

$43.1 MILLION AWARD.....

..... *Contd from front page:* including extensive medical intervention, throughout his life."

Dempsey said the money will be paid over Mario's lifetime, probably beginning with about $2 million this year. The boy lives with his mother in Oak Harbor, Wash., he said.

Bill Hall, a spokesman for the Department of Health and Human Services in Washington, said Thursday that he was not familiar with the case and therefore could not comment.

According to statistics on the department's Web site: www.hrsa.gov/vaccinecompensation, in fiscal year 2006 the fund paid out a total of $38.2 million in cases involving 47 awards.

The program was established in 1988 to ensure an adequate supply of vaccines, stabilize vaccine costs and establish an accessible forum for those injured by vaccines. A small percentage of children have serious reactions to vaccinations.

Dempsey emphasized that Mario's injuries are highly unusual and that parents should not hesitate to get their children immunized against diseases.

"I can't imagine that anyone would refrain from getting their child immunized," Dempsey said. "It would be irresponsible." jkarash@kcstar.com

W.H.O. APPROVES NEW CHILD VACCINE

http://www.medscape.com/

AMSTERDAM (Reuters) Sept 26, 2006 - The World Health Organization (WHO) gave Dutch biotech firm Crucell the green light on Tuesday to start selling a new vaccine for protection against five major childhood diseases.

The vaccine, Quinvaxem, offers protection against diphtheria, tetanus, whooping cough, hepatitis B and Haemophilus influenzae type b.

Crucell said in a statement that WHO's decision to grant "prequalification" meant it could start selling Quinvaxem to aid organisations UNICEF and PAHO, the Pan American Health Organisation.

Crucell estimates the current demand for the Quinvaxem vaccine at more than 50 million doses, with annual demand expected to increase to more than 150 million per year over the next five years.

PERTUSSIS TEST ADVISED IN ALL FOUR-WEEK COUGHS

Pulse, Issue: 13 July 2006
By Emma Wilkinson

GPs should test for whooping cough in all children and adolescents with a cough lasting more than four weeks, even if they have been vaccinated against the disease, a new study concludes.

As many as 37 per cent of children whose cough had lasted for 14 days or longer had evidence of recent infection with Bordetella pertussis, even though 86 per cent had been fully immunised as babies. *(Our emphasis)*

Children were particularly likely to have pertussis infection if they were whooping, vomiting or producing sputum.

The researchers said securing a more precise diagnosis for chronic cough would spare children inappropriate treatment and allow GPs to give parents more precise information about prognosis.

Study leader Dr Anthony Harnden, a lecturer in the department of primary health care at the University of Oxford and a GP in the city, said whooping cough had fallen off GPs' radar because of the immunisation programme. *(Editor: If the GPs radar extended to long-term epidemiological data then they would observe that diseases, such as whooping cough, had already declined hugely BEFORE any immunisation programmes!)*

He said: 'If children have been coughing for longer than four weeks, GPs should be thinking of testing and if there are vulnerable children in the household maybe a diagnosis should be secured earlier.'

The findings also raise questions over the effectiveness of the immunisation programme – and whether a booster might be required in adolescence.

Dr Natasha Crowcroft, consultant epidemiologist at the Health Protection Agency, said the agency was currently modelling the effect of introducing a booster in teenagers.

'There are still lots of questions to be answered. This study really justifies the introduction of the preschool booster – it shows we did the right thing.' The researchers, whose study was published online by the BMJ, examined data on 172 children aged five to 16 who presented to their GP with a cough lasting 14 days or longer.
pulse@cmpmedica.com
Editor: When a high number of cases occur in the vaccinated, then the usual solution offered is another booster!

THIRD OF GPs ON NEW CONTRACTS DROP CHILD JABS

By Beezy Marsh, Health Correspondent
16/07/2006, Telegraph.co.uk

A third of family doctor practices working to a new Government contract have stopped providing vaccinations to children. The contract allows doctors to opt out of giving immunisations, leading to fears that parents may find it harder to get their children vaccinated against life-threatening diseases such as meningitis and measles.

Department of Health statistics, provided in a Parliamentary answer, show that last year 36.7 per cent of practices working to the General Medical Contract refused to give jabs for MMR, whooping cough, diptheria, meningitis and tetanus. Of the 334 practices which opted out, 153 were in London, where immunisation rates are among the lowest in the country. Nationally, in 2004, just 6.3 per cent of practices opted out.

Primary care trusts (PCTs) take over responsibility for providing immunisation services when general practitioners opt out. But critics say PCTs have many other responsibilities and are far less effective at targeting groups who most need help, such as single parents, the less well-educated and poor ethnic minority families who may have cultural or religious objections to inoculations.

There are fears that outbreaks of serious diseases could worsen as more GPs refuse to provide vaccinations. More than 400 cases of measles have been confirmed in England and Wales this year, compared with a total of 77 last year. Under targets introduced by Labour in 2004, doctors can earn up to £2,856 a year extra if they increase the number of children vaccinated in their area from 70 per cent to 90 per cent. But GPs in poorer areas, where uptake is lower, have elected not to offer the service because they are unlikely to hit targets.

The Royal College of GPs sought to play down the immunisation exodus. Its chairman, Prof Mayur Lakhani, said: "The figures seem high to us and care should be taken not to over-interpret them."

He said many GP surgeries were on the Personal Medical Services contract and were excluded from the calculations. The PMS contract is negotiated with PCTs and covers more than 40 per cent of practices in England. The Conservative shadow health secretary, Andrew Lansley, said: "It is a matter of concern that so many practices have chosen to opt out. I would have thought most GPs would see childhood immunisation as an essential part of their relationship with patients."

A Department of Health spokesman said: "Uptake has remained level for years at around 90 per cent for all childhood immunisations, bar MMR which fluctuates around 80 per cent. It is the responsibility of the PCTs to provide vaccination services and patients should be able to get the vaccinations they need regardless."

MESSAGE FROM THE EDITOR.....

Thanks for your continued support, keeping The Informed Parent in existence! Please let others know about the newsletter and website - promote it where you can!

This issue is a double issue and the last one for 2006. From next year the newsletters will only be sent out three times a year, but they will have more pages!

I would like to take this opportunity to wish you all a very happy and healthy Christmas period and new year ahead!!!

MORE CHILDREN DIE FROM DOUBLE MEASLES VACCINE

http://www.timesnews.co.ke
13/07/06
By Juma Aluoch & Dennis Lumiti

Three more children have died in Nyanza province, bringing to eight infants who have succumbed to an overdose of the measles vaccine in the area.

The three died yesterday after their mothers, ignorant of the dangers of repeat dosage of the vaccine and Vitamin 'A' supplements, took their children for fresh vaccination in a span of 15 hours.

Two died suddenly at the Homa Bay District Hospital after receiving the repeat dose. Homa Bay District Medical Officer of Health (MoH) Dr Dan Otieno confirmed the deaths but claimed they may have been caused by other ailments.

"I am made to understand that the parents of the deceased children had failed to alert medical personnel that their children had been suffering from other ailments," he said.

The third child was said to have died in a rural post in Rangwe.

Reports showed the two who died in hospital had been vaccinated earlier for the same disease at Shauri Yako Primary School the previous day. But apparently oblivious of the dangers of repeat dosages, mothers destroyed Monday's vaccination certificates and wiped out ink marks on their fingers imprinted at the first vaccination exercise and went for the repeat dose.

Yesterday, the Dr Otieno attributed the deaths to ignorance by the mothers, who he said, ignored advice from health workers.

"Prior to the commencement of the exercise each day, the health workers always pointed out the dangers of taking a repeat dose of the measles vaccine and Vitamin A supplement, but some mothers ignored this," said Dr Otieno.

Elsewhere, in Kakamega district, several children have reportedly died over the past few weeks after being vaccinated for measles more than once.

Several others were admitted in hospitals with complications.

In Shinyalu division a three year old baby died on Tuesday after receiving two jabs in different hospitals.

Mothers in search of mosquito nets donated alongside the vaccine are said to present their children for more than the required single measles dose. The Shinyalu fatality the child died after receiving two jabs at Shikusi Dispensary and at Mukumu Mission Hospital within 24 hours. It developed complications and died as the mother received a second free net.

Local residents told Kenya Times that mothers had been forewarned against multiple vaccination as reports showed 80 per cent of children under five have been vaccinated in Western province.

Western Provincial Medical Officer of Health, Dr Olang'a Onudi said he is investigating the report vaccine deaths and disclosed that children from Uganda have been brought for the exercise which ends today.

"We are just being informed that children are dying due to the measles immunization but we are yet to get any more details to enable us act. We are appealing to anybody with more information to help us so that we can take immediate action," said the PMO.

Dr Onundi said the influx from Uganda, reported in Busia and Teso districts, had caused a shortage of mosquito nets. He also said some mothers presented older children for vaccination to get the antimalarial nets.

The ministry of Health launched a country wide vaccination campaign for children aged between nine months and five years in the wake of a measles outbreak.

Editor: I will always remember when I participated in a Radio 5 Live radio programme back in Oct 1994, and how Dr Robert Aston, an immunisation co-ordinator, responded to a caller by stating that it was perfectly safe to receive another MMR within the same week -even the presenter looked surprised and asked Dr Aston to confirm that - which he did. However by the way he looked it struck me that he had regretted making that statement.....but as usual there was no chance to challenge his questionable advice!

CHINESE POLICE HAUL OFF "BAD VACCINE" PROTESTERS

BEIJING, Aug 17, 06 (Reuters) - Chinese police hauled off a small group of people on Thursday who had arrived in Beijing's Tiananmen Square to protest what they say are bad vaccines which have crippled their children, one of the demonstrators said.

They say that their children were vaccinated against Japanese encephalitis B in 2003 in the southern province of Guangdong, and that the vaccine has paralysed their sons and daughters.

China's Health Ministry told Reuters last month that they had found no problem with the vaccines. But that has not convinced the families, some of whom gathered outside the large clock counting down the days to the 2008 Beijing Olympics in the city's central Tiananmen Square on Thursday morning.

Police briefly held a reporter who tried talking to them, saying they were "not ordinary tourists", though they added they did not know who they were.

"We were taken away by the police a little while ago," Liang Yongli, father of one of the children, told Reuters by mobile telephone. "I don't know where we are but there seem to be lots of people like us here." He declined to say more.

Tiananmen, scene of a bloody government crackdown on pro-democracy demonstrators in 1989, is a magnet for popular protest. People from all over China flock to Beijing hoping to seek redress from the central government over perceived wrongs suffered in the provinces, and many come to the various government offices round the square.

Fake or bad drugs have killed dozens of people in China in recent years and raised questions about drug safety. Public fears grew in 2004 after China revealed that at least 13 babies had died of malnutrition in the eastern province of Anhui after being fed fake baby milk with no nutritional value.

FEARS OF VACCINE OVERLOAD WITH NEW JAB FOR MENINGITIS

By Fiona Macrae, Daily Mail, 28/08/2006

Babies are to be given lifesaving jabs against meningitis from next week - prompting fears of vaccine overload.

From next Monday the injection will be routinely given to babies when they are two months, four months and 13 months old. Children under two who have already started their vaccinations will also be offered the jab as part of a 'catch-up' programme.

Experts say vaccination against pneumococcal or bacterial meningitis will save at least 50 lives a year.

However, some parents fear their youngsters delicate immune systems will not be able to cope with the recommended number of vaccines. The introduction of the trio of pneumo-coccal jabs means children will receive 25 vaccinations, in ten injections, against ten different diseases before the age of two.

Each year, more than 500 children become seriously ill after catching the bug which can cause meningitis, pneumonia and blood poisoning and around 50 die. Half of the survivors are left with permanent disabilities including brain damage, deafness and cerebral palsy.

Philip Kirby, of the Meningitis Trust, said: "Vaccination is the only way to prevent meningitis and we welcome these changes as it will help save lives. Pneumococcal meningitis is a devastating disease - 20 per cent of those who get it will die and a further 25 per cent will suffer severe after-effects.

"This vaccine will help save lives and will significantly reduce the burden of the disease."

Health Minister Caroline Flint said: "This vaccine will help save lives and prevent hundreds more serious cases of illness such as meningitis and pneumonia.

"Immunisation is the best way to protect people from disease and the routine childhood programme has been extremely effective in achieving this."

Children could also soon be offered a revolutionary vaccine against cervical cancer. Experts want all women between the ages of nine and 55 to receive jabs against the disease, which kills 1,000 British women each year.

Boys may also be given the jabs which ward off infection by the sexually transmitted human papilloma virus, the bug behind the majority of cases of cervical cancer.

Scientists believe the jabs should be given to young girls before they become sexually active to maximise their protection. But there are fears this would encourage sexual promiscuity.

Health advisors are believed to have started canvassing parents on the subject and will report back to the Department of Health. Only then will the Government decide whether to offer the jab - which has been developed by two different drug companies - on the NHS.

The Department of Health says babies' immune systems are capable of tolerating over 1,000 vaccines.

A spokesman said: "There is no scientific or medical evidence suggesting that immunisations in any way overload the immune system of infants. The new infant vaccination schedule has been tested in the UK.

"In addition, millions of children in countries such as the USA, and Australia have received pneumococcal vaccine at the same time as other childhood vaccines, and the vaccines have an excellent safety profile."

SECOND DOSE OF VARICELLA VACCINE MAY BE NEEDED TO PREVENT SCHOOL OUTBREAKS

http://www.medscape.com/

NEW YORK (Reuters Health) Jun 16, 2006 - One dose of varicella vaccine may be insufficient to prevent school outbreaks of chickenpox, according to a report in the June issue of Pediatrics.

Outbreaks of varicella continue to be reported, even in highly vaccinated populations, the authors explain.

In Arkansas, a varicella vaccination requirement for entry into kinder-garten was introduced in 2000, so by September 2003 children in kindergarten through third grade 3 were covered. Nonetheless, a large number of cases of chickenpox occurred in an elementary school in 2003. Dr. Sandra L. Snow from the Arkansas Department of Health, Little Rock, and colleagues investigated the outbreak. Among the 545 children attending the school, 96% who had a negative disease history had been vaccinated, the team found, including 14 children who had received two doses of varicella vaccine.

Forty-three of 48 students (90%) who developed varicella had been vaccinated, the findings indicate, and the highest attack rate occurred in a first grade classroom where all of the students had been vaccinated.

Most of the vaccinated patients had mild disease, the researchers note, with only 6% appearing sick and only a median two days of school being missed. The overall vaccine effectiveness was 82% for varicella of any severity and 97% for moderate or severe varicella, the report indicates. *(Editor: So when a vaccine clearly fails to protect, then they start talking about it's assumed effectiveness regarding the severity of the disease - when most reasonably healthy children would have a mild case anyway!Or perhaps in some the so-called 'mild' cases were actually suppressed cases due to the fact that they were vaccinated.)*

None of the previously reported risk factors for varicella in vaccinated persons were statistically significant in this study. "The effectiveness of 1 dose of varicella vaccine is not adequate to provide sufficient herd immunity levels to prevent outbreaks in school settings where exposure can be intense," the investigators conclude.

"Although the current recommendation of providing a second dose of varicella vaccine during an outbreak offers a possible tool for controlling outbreaks, a routine 2-dose recommendation would be more effective at preventing cases," Dr. Snow and colleagues add. "Routine 2-dose vaccination will provide improved protection against disease and further reduce morbidity and mortality from varicella."

Pediatrics 2006;117:e1070-e1077

Editor: Just a reminder that the chickenpox jab is one of the vaccines waiting in the wings of the UK immunisation schedule!

THE EFFECTIVENESS OF VACCINES IN CHILDREN MAY BE REDUCED BY EXPOSURE TO PCBS

www.medicalnewstoday.com/
25/08/2006

New epidemiological evidence suggests that exposure to environmental pollutants may have an adverse impact on immune responses to childhood vaccinations. The research appears in the August, 2006, online edition of Public Library of Science Medicine.

The study looked at two groups of children in the Faroe Islands, which are located in the North Atlantic and where traditional diets may include whale blubber contaminated with polychlorinated biphenyls (PCBs). Blood and milk samples taken during pregnancy from the mothers were analyzed to determine the children's prenatal PCB exposure. After routine childhood vaccinations against tetanus and diphtheria, the two groups of children were examined at age 18 months and 7 years, and blood samples were examined for tetanus and diphtheria antibodies.

The findings showed an association between increased PCB contamination and lowered antibody response to the vaccines. At 18 months, the diphtheria antibody concentration decreased by 24 percent for each doubling of the PCB exposure. At 7 years, the tetanus antibody response showed the strongest response and decreased by 16 percent for each doubling of the prenatal exposure.

"Our study raises concern that exposure to PCB and similar compounds may make childhood vaccinations less efficient," said Philippe Grandjean, adjunct professor at Harvard School of Public Health and co-author of the paper. Exposed children may also be more susceptible to infections in general, he said.

There were some limitations to the study, including the relatively small numbers of children who were examined and the time intervals between collection of blood samples. PCB is present in fatty fish worldwide and is known from laboratory studies to affect the development of the immune system. The evidence that PCB exposure may have adverse effects on the immune function in children therefore suggests that vaccine effectiveness may be an additional reason to prevent exposures to PCBs and other environmental pollutants.

Carsten Heilmann of National University Hospital in Copenhagen, Denmark, was lead author of the study. The Faroese cohorts were established by Chief Physician P-l Weihe in the Faroe Islands, in cooperation with Dr. Grandjean. The work was supported by the National Institute for Environmental Health Sciences, the U.S. Environmental Protection Agency, the Danish Medical Research Council and the Danish Environmental Protection Agency.

WHOOPING COUGH IN SCHOOL AGE CHILDREN

BMJ, (published 7 July 2006)

Whooping cough in school age children with persistent cough: prospective cohort study in primary care. Anthony Harnden, Cameron Grant, Timothy Harrison, Rafael Perera, Angela B Brueggemann, Richard Mayon-White, David Mant

ABSTRACT

Objective To estimate the proportion of school age children with a persistent cough who have evidence of a recent Bordetella pertussis infection.

Design Prospective cohort study (October 2001 to March 2005).

Setting General practices in Oxfordshire, England.

Participants 172 children aged 5-16 years who presented to their general practitioner with a cough lasting 14 days or more who consented to have a blood test.

Main outcome measures Serological evidence of a recent Bordetella pertussis infection; symptoms at presentation; duration and severity of cough; sleep disturbance (parents and child).

Results 64 (37.2%, 95% confidence interval 30.0% to 44.4%) children had serological evidence of a recent Bordetella pertussis infection; 55 (85.9%) of these children had been fully immunised. At presentation, children with whooping cough were more likely than others to have whooping (odds ratio 2.85, 95% confidence interval 1.39 to 5.82), vomiting (4.35, 2.04 to 9.25), and sputum production (2.39, 1.14 to 5.02). Children with whooping cough were also more likely to still be coughing two months after the start of their illness (85% v 48%; P = 0.001), continue to have more than five coughing episodes a day (P = 0.049), and cause sleep disturbance for their parents (P = 0.003).

Conclusions For school age children presenting to primary care with a cough lasting two weeks or more, a diagnosis of whooping cough should be considered even if the child has been immunised. Making a secure diagnosis of whooping cough may prevent inappropriate investigations and treatment.

SUPER-JABS BABIES END UP IN CASUALTY

SUNDAY EXPRESS 24/09/2006
By Lucy Johnston. HEALTH EDITOR

Babies given the new superdose vaccine combination are more likely to end up in casualty, an alarming new report shows. A study compared babies given the new vaccine schedule - which combines 12 vaccines in two shots - with babies given seperate injections. It showed those who had the combined shot were twice as likely to visit casualty units as those given the older separate version.

One in 100 of these suffered fevers. The super-dose babies were seven times more likely to be given invasive tests within three days of the innoculation - including taking samples of blood, urine and spinal fluid.

The infants, all between six and 10 weeks old were also three times more likely to be given antibiotics within seven days of the vaccine if they had received the combination jabs. Dr. Lindsay Thompson, lead author of the US report said: "Reducing the number of shots is wonderful, but when you combine it with the two other shots, also routinely given, there is an increased risk of fever."

Jackie Fletcher, of British support group Jabs said: "This study shoots down the myth that the Department of Health keeps perpetuating - that babies can take thousands of vaccines without harm."

The research, which bears out a report by the Sunday Express earlier this month, analyse babies given the American version of the UK jab. It was published in the Paedriatric Infectious Disease Journal.

PARALYSED CHILDREN'S LEGAL FIGHT OVER

Sunday Express. July 23 2006
By Lucy Johnston, Health Editor.

Two families whose children became paralysed after combined measles, mumps and rubella jabs have launched legal actions against the drug companies.

Shane Lambert and Fadi Khawaja both developed transverse myelitis - an incurable disease of the spine - after being given the injection.

Shane, now 11, received the MMR jab at 13 months old, and is now doubly incontinent and wheelchair bound. His mother Sandra, 39, from Mansfield, Notts, has been granted legal aid to sue drug manufacturers Merck.

Fadi, now 22, was given the vaccine when he was 10. The next day he complained of aches and pains in his body. He became increasingly unwell and after several days the pain in his legs became so intense that he could not sleep. His mother Houda, 44, was last week granted legal aid to sue GlaxoSmithKline.

Mrs Khawaja, of Motspur Park, Surrey, said: "He got weaker and weaker until he couldn't even climb the stairs."

At first Fadi's GP dismissed his symptoms as an infection and prescribed antibiotics. But the drugs had no effect and Fadi's condition worsened. He can now only walk small distances using crutches and suffers a range of debilitating health problems. "Fadi was perfectly healthy and running around until he had the vaccine," his mother said. "There is plenty of evidence that the jab and his condition are linked and we want justice for him."

The two cases are being launched alongside 35 other claims for a range of medical disabilities associated with the vaccine including brain damage, epilepsy and deafness. Parents are seeking legal aid after funding was withdrawn for a group action.

They follow the case of a boy in America who was awarded £32.2 million after losing the use of his limbs following the triple vaccine. Mario Arturo Rodriguez, from Washington, developed transverse myelitis after he had the jab at one year old. Now seven, he was given the money from the American goverment's National Vaccine Injury Compensation Program to pay for a lifetime of round-the-clock-care.

Dr Marcel Kinsbourne, a world leading child brain specialist who was an expert witness in Mario's case, said "MMR is three live viruses and we know live viruses can trigger tranverse myelitis." James Merow, the senior judge in Mario's case, echoed these views when he concluded: "There is a wealth of persuasive support....for the proposition that the MMR vaccine can cause transverse myelitis.."

But the Department of Health said there is "no established link" between the MMR vaccine and transverse myelitis, Shane's mother Sandra Lambert said: "The MMR jab was the only thing that happened that could have caused his paralysis. "I'm cross that the Government don't accept this can happen as the American health authorities do."

Jackie Fletcher of Jabs, a support group for parents who believe their children have been damaged by vaccines, said: "This mantra of all vaccines are safe and all adverse events are a coincidence cannot be sustained by the Department of Health without the consequences of parents shunning vaccines." Merck would not comment, and no one was available to speak for GlaxoSmithKline.

Also in the same paper.....

Sunday Express Opinion, 23 /07/2006
CLEAR UP THE MMR MYSTERY

The decision to allow legal aid for two families in their fight for compensation against the makers of the MMR vaccine will be a worry to millions of mums. The families in court have children they say were crippled by side-effects from the controversial triple vaccine jab and are citing a recent American case where a similar victim was awarded £32 million. What is going on here? In Britain the Department of Health steadfastly maintains that the MMR vaccination is safe. It is backed by medical authorities. But many mothers believe their children have contracted autism from the jab. Others have been refused the option of taking the vaccine in separate stages. Now, because of missed jabs, measles and mumps are on the rise. Tony and Cherie Blair should have set an example and told us whether their son Leo had the MMR jab. Then we'd all know just how safe they thought it was. *Editor: Even if Leo did receive the MMR, which is highly questionable, that does not indicate that the vaccine is safe. I would not rely on decisions made by Tony Blair, Gordon Brown and so on as a guide to whether something is safe or not - we have to find out for ourselves!*

NORWAY SHOCKED BY NEW DOCUMENTARY

http://www.scoop.co.nz/stories/GE0610/S00065.htm
Press Release: Ron Law, Risk & Policy Analyst - 17/10/06

A television documentary screened last night in Norway showed the shocking long-term effects of a vaccine recently injected into one million healthy New Zealand children.The documentary, 'The Vaccine Experiment - In The Service of Good' has sparked an outcry against a meningococcal vaccine trial in Norway.

The documentary presents compelling evidence of serious adverse effects resulting from the 'parent' Norwegian vaccine and New Zealand's experimental MeNZB vaccine. The film reveals a remarkable trail of lies and deceit by meningococcal vaccine officials and researchers in Norway and New Zealand.

Connie Barr, a Norwegian TV personality who made 'enlistment' films for the original vaccine trial, hosts the film. It outlines her change of heart as the evidence of medical misadventure began to build up. Ms Barr says the films she made in the 80's to attract youths to participate in the vaccine experiment had a very strong effect. "The more I looked into the material, the clearer I saw this was an ugly story."

The film features leading medical experts in Norway who heavily criticize the Norwegian Institute of Public Health for withholding information on the dangers of the vaccine and the fact those who did get sick had to fight for years to get compensation.

"The Norwegian situation is so similar to New Zealand's it is scary," says Risk & Policy Analyst Ron Law. The Norwegian parent vaccine is considered bio-identical to the MeNZB vaccine - to the extent that Norwegian bridging data was used in lieu of phase three trials.

Norwegian manufactured vaccine was also used in the majority of the trials in New Zealand and an unspecified amount was used in the final rollout.

Researcher/Writer Barbara Sumner Burstyn comments New Zealand seems to be in a state of denial at the extent of the fraud surrounding the development and use of the vaccine. "From the highest levels of government to media and the medical profession, we seem to be desperate to believe everything is fine with this vaccine, despite copious evidence to the contrary." The documentary reveals that New Zealand officials were warned about serious long-term adverse effects following the meningococcal vaccine in 2003. Officials systematically chose to keep quiet about those serious adverse effects. "There has clearly been a cover-up by Ministry of Health officials and advisors that warrants a formal inquiry," says Ron Law.

ARE THERE AND CAN THERE BE DISEASE-CAUSING VIRUSES?

http://rolf-martens.com/
Newsletter klein-klein-verlag,
By Dr Stefan Lanka, Virologist,
01/03/2006
(Translation from German to English by Rolf Martens, 08/04/2006)

Here's an article which makes it possible for every layman to check on whether or not a publication contains proof of the existence of a virus:

Viruses are defined as small objects which are produced in a cell, which can leave the cell and the organism and can enter a cell again, in which they can again be multiplied.

Those objects which are called viruses consist of a coat of proteins and contain a piece of nucleic acid. The nucleic acid of the actually existing viruses consists of double-stranded, circularly closed DNA.

In the case of the actually existing viruses, never have disease-causing properties been observed; on the contrary.

Anyone who takes note of the research results of Dr Hamer, which are scientific and thus possible to check on and to reproduce, will realize that there cannot be any disease-causing viruses. Anyone who takes note of the results of evolutionary biology and matrices research, which are scientific and thus possible to check on and to reproduce, will realize that there in more complex organisms, such as humans, animals and plants, cannot be any objects which you could characterize as viruses.

If you maintain that a virus exists, you must also publish the proof of this in a scientific publication and describe and document all the steps undertaken for this proof to be obtained.

Only when statements in the form of publications are possible to check on and the results described are possible to reproduce can you speak of science. Everything else is not science.

A publication about a proof of the existence of a virus of course must contain the photos of the isolated viruses and those of the viruses which are in the body or in the bodily fluids. This a layman can check out in a very simple manner.

In a virus proof, the biochemical characterization of the proteins and the nucleic acid of the virus is particularly important. The description of a biochemical characterization of the proteins and the nucleic acid of a virus every layman can follow.

Whether a typical stripe pattern is reproduced and is present as documentation of the characterization of the proteins and the nucleic acid in the corresponding publication, this every layman can check on EASILY and AT ONCE too.

There are three easy possibilities for a layman to check on statements about the existence of a virus.

1. The photo of the isolated virus:

The photo of the isolated virus is the simplest thing in the whole job of virus isolation. It takes 20 minutes for the photo to be taken, after the virus has been isolated.

To the photo there of course belongs an accurate description of how and by what steps the virus was isolated.

Naturally, to this there also belongs my being able to present a photo of the virus in the organism, and this of course must have the same appearance and the same structures as that virus which I isolated. Here too of course is necessary also a description of how that photo came about.

The descriptions must be so clear and made in such detail that anyone can repeat the steps in this process and also carry it out him/herself.

To note concerning 1.:

In the entire scientific literature, there is no photo of a purportedly disease-causing virus which is maintained to be a photo of an isolated virus! Also there is not a single photo of a purportedly disease-causing virus which is maintained to be a photo of a virus supposedly existing in the organism, in the blood, in the spittle or in any other bodily fluid.

2.The proteins of the virus:

The most important thing in the isolating of a virus is the biochemical characterization of its component parts. How else will you be able later to maintain that a particular protein or a particular nucleic acid originates from a virus? How, then, can later an indirect test work, if the proteins and nucleic acids have never been isolated and investigated.

The proteins are separated from each other, in accordance with their respective lengths, by means of a process called gel electrophoresis, and are then given colouring. There arises a stripe pattern which provides information about how many different kinds of proteins are included in the construction of the virus and what different sizes they have.

The process of separating the proteins of the virus according to their lengths is described in detail, and the stripe pattern is photographed and published. The proteins can then be investigated, even as to their respective individual composition, in further experiments.

To note concerning 2.:

Not in one single publication is there a photo of the stripe pattern of such proteins, separated from each other with a gel electrophoresis process, which would be included in the construction of a purportedly disease-causing virus.

In those publications which maintain that disease-causing viruses exist, nowhere does there appear any documentation whatsoever of a biochemical characterization of proteins from an isolated virus.

3. The nucleic acid of the virus:

The nucleic acid of the virus, which has been separated from the proteins with a simple process, is separated by means of a process called gel electrophoresis, in accordance with the acid's length, and is then given colouring. On the gel, a stripe becomes visible. Nucleic acids of known lengths, which have been separated in parallel to the nucleic acid of the virus, provide by comparison a first hint of the length of that isolated nucleic acid.

For further characterization of the nucleic acid of the virus, it is cut up biochemically and the resulting parts again separated by means of gel

electrophoresis. This produces a specific stripe pattern, which has become known also to the general public as that seen in the so-called genetic fingerprint.

In further investigations, the more precise composition of the nucleic acid can be investigated.

The results of these experiments of course are photographed and published. Obviously you need proof for your statements about how long is that nucleic acid which originates from the virus and about what are its component parts.

The techniques mentioned here are so simple that unprepared groups of schoolboys and schoolgirls and of journalists have managed, guided only by the written instructions in the publications, independently and in the course of two afternoons to isolate that virus which I isolated, to characterize it biochemically (as described above) and to document the results. (Including the electron microscope photographs of the isolated viruses. The photographing of viruses in an organism takes appr. 2-3 days, since the cells must be dehydrated and chemically fixed before they are cut into waferthin slices, which is a precondition for your seeing anything in them at all.)

To note concerning 3.:

There is in no publication of a documentation of a separation of a nucleic acid about which it is maintained that it originates from a disease-causing virus. Also, there is in none of those publications which maintain that disease-causing viruses exist that typical stripe pattern, resulting from a biochemical separation, which has become known also to a broader public as that seen in the so-called genetic fingerprint.

SUMMARY:

1.a) On the basis of a photo claimed to show a supposedly isolated virus, any layman can check on whether something at all has been isolated here or not: If there in that photo, which is maintained to show an isolated virus, are parts which differ in size, then it can be seen at once that this is an untruth, since isolated viruses are all equally large.

It is only from the invention of the idea of an Ebola virus on that, as is the case now with H5N1, there have been claims about there existing sausage-shaped viruses. With H5N1 of course, things are even merrier, since there are circulating the most different photos - all outside of scientific publications - some of which show the purported virus as a sausage, others showing it as an unshapely blister.

1.b) Photographs of viruses, maintained to be disease-causing, in a human or an animal or in a bodily fluid - in which of course such a virus is supposed to multiply and in which it supposedly exists in vast quantities - do not exist! This every layman can check on:
Is there, or is there not, a photo of a virus claimed to be disease-causing, about which it is maintained that it is found in a human or in a bodily fluid?

All photographs of viruses which are maintained to be disease-causing are photographs of quite normal component parts of cells or of artificially produced particles. In all scientific publications which claim that photos contained in them are photos of disease-causing viruses, this even is described.

Every layman who understands English can check on this: By reading!

2.) Every layman can check on, whether in any publication whatsoever, in which the existence of a disease-causing virus is maintained, the biochemical characterization of proteins of the purported virus is described or documented. Such a documentation and description does not exist. When proteins with this or that property are mentioned, these never appear directly but purportedly are being proved "indirectly".

To prove with indirect methods (for instance so-called antibodies) the existence of proteins, which have earlier never been directly proved to exist, is not possible.

The trick is easy to see through: Proteins from the blood (globulins) simply are maintained to be antibodies. Depending on laboratory conditions, globulins will either combine or will not combine with other substances. If there is combining, then it is maintained that an indirect existence proof has been obtained. This is a historic swindle with dramatic consequences.

3. Every layman can check on whether (concerning a virus which is claimed to exist) there is a publication in which the biochemical characterization of the nucleic acid of the virus is described and documented. In the case of the purportedly disease-causing viruses, there is no such publication.

This automatically means that the so-called indirect methods for proving the existence of a nucleic acid in the case of the viruses claimed to be disease-causing are only proving the existence of such nucleic acids which were already in the organism beforehand. That's how simple this is!

In use today are the so-called nucleic-acid multiplication method PCR. That method makes sense only if there is no more than very small amounts of nucleic acid present. If there were just a few thousand viruses present, then there would have been no need first very laboriously to multiply nucleic acid in order then to say, here is the nucleic acid of the virus.

With the indirect PCR method of proof, which today is being claimed to constitute a direct virus proof method, arbitrary manipulation can be undertaken: Depending on what kind of nucleic acid you use, whether DNA or RNA as source from which to proceed, you can cause people, as is being done in the HIV PCR test, to test arbitrarily either "positive" or "negative".

The H5N1 PCR test now in use is testing every animal and every human positive, because that nucleic acid which is multiplied in it and which is maintained to be specific for H5N1 is found in every animal and every human.

Thus it came about too that today the cat at the island of Rügen was tested "positive". Thus in the next few days, as I assume, will also come about that the first human, at Rügen or on the shore of Lake Constance - someone who, through retardation of the essential and vital neuramidase enzymes in his or her body by means of Tamiflu dispensing, has been poisoned in advance - will be tested "H5N1 positive", so that the pandemic plan and the predictions are fulfilled.

TENDING THE FLAME

www.mercola.com/
By Philip Incao, M.D.

Illness has a bipolar nature: on the hot side are the acute contagious inflammatory illnesses and on the cold side the chronic degenerative illnesses. These are the twin dangers we must navigate on our life's journey, as between Scylla and Charybdis *(Scylla in Greek mythology was a sea monster who devoured sailors when they tried to navigate the narrow channel between her cave and the whirlpool Charybdis)*, between Fire and Ice. Throughout recorded history the fiery acute inflammatory illnesses have always predominated as the chief causes of death because the human constitution always tended to the warm side, thus making us susceptible to inflammations.

But in the brief course of the past 100 years the illness pattern of all previous recorded history has suddenly reversed itself, as we've seen. Now in all developed nations, the cold illnesses prevail: cancer, heart disease and stroke in adults; and asthma, allergies, cancer and neurological and emotional dysfunction in our children.

What is the deeper meaning of this sudden and profound reversal?

From 1900 to the 1950's the health and survival of children improved because the cooling and densifying effect of modern industrial and intellectual civilization made them less susceptible to dying from the acute contagious inflammations which had claimed children's lives throughout history.

After a brief period of healthy balance during the 1950's, children's health has worsened since 1960, due to the further intensification of the same cooling and densifying forces which improved their health from 1900 to 1950!

We were on the right track, but now we've overshot the mark; we are out of balance!

Children are indeed the canaries in the coal mine. Their distress is crying to us to wake up to the health-weakening and spirit-deadening aspects of modern life so that we will understand how to protect and nurture the delicate growth and unfolding of their individual spirit. This spiritual unfolding is nothing less than a child's entire developmental process!

What we call brain development, neurological maturation and the like are the all-important physical effects resulting from a healthy and balanced spiritual development.

Like water for fishes, warmth for humans is the indispensable medium which supports and nourishes our humanity at every level of its existence. Through warmth we connect. We connect to our family, our friends, our teachers, our co-workers, to all humanity, to animals, to plants, to the universe!

A growing child must find its inner ground, its center of warmth, and from this solid ground it seeks to connect to other sources of warmth, in an ever-widening circle around itself, from immediate family all the way to God. But today's child understandably has great difficulty finding its connection to the world when that world is portrayed by modern science and education as ultimately an arrangement of atoms and molecules devoid of any higher meaning or purpose, and devoid of any human warmth.

One of the most effective ways to reverse the increasing cooling and densifying trend of our children's souls and bodies, and of our own, is to realize the healing, enlightening, spirit-permeating power of feverish inflammatory illness.

Seen truly, inflammation is never the real illness; it is always the attempt of our immune system to permeate our inner opacity and coldness with the spirit's healing warmth and light. When this attempt is overzealous and threatens our life or functional capacity, then we can be very grateful that modern medicine has empowered us with the tools and techniques to suppress and control inflammation. But we must use that power with discretion!

To suppress all inflammation indiscriminately with antibiotics, vaccinations, and anti-inflammatory drugs contributes enormously to just this condition of spirit-rejecting density of body and soul I've been describing (and lamenting) in this article.

Health is balance after all, thus we must learn to avoid overshooting that balance with our overzealous efforts to "conquer" illness.

The surging consumer interest in Waldorf education and in alternative medicine in our country is a sign that our paradigm in medicine and in education is shifting.

What is most urgently needed is a widespread awareness of the critical difference between healing illness and suppressing it. Healing empowers our spirit; suppression cools down the spirit's activity in the body.

Repeated suppression may hinder the capacity of our human spirit to express itself in us, or may transform our acute illnesses into chronic ones. The spirit renews as well as destroys, and now that we have the power in our technology to modify even the spirit's power, we must acquire the discernment to use that power wisely, or else cause our children and ourselves great suffering.

The task of healing ourselves, our children, and the Earth is one and the same. To accomplish this will require a revolution in all aspects of modern science, and especially in agriculture, medicine, psychology, education and parenting. It will require enormous enthusiasm and good will. It will require of us nothing less than a practical, down-to-earth embodying of the spirit's fiery, renewing power.

People are social creatures, just try to remember we need human contact and warmth more than anything, - Colorado eighth-grader Kelly Ash, reflecting on the Columbine tragedy

Education is to light a fire, not to fill a bucket. - Heraclitus

A social issue is essentially an educational issue and this in turn is essentially a medical issue, but only if medicine is fertilized with spiritual knowledge. - Rudolf Steiner

Fever is the purifying flame which renews the body. - Hippocrates

Some say the world will end in fire,
Some say in ice.
From what I've tasted of desire

I hold with those who favor fire.
But if it had to perish twice,
I think I know enough of hate
To say that for destruction ice
is also great
And would suffice. - Robert Frost

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THE EVOLVING ADULT IMMUNIZATION PLATFORM

www.medicalnewstoday.com/ 14/07/06

The traditional focus of immunization activities has been on infants, children and adolescents. This immunization effort has been extraordinarily successful in virtually eliminating many diseases, as well as racial and socioeconomic disparities. Several vaccines recently licensed are targeted to adults, including those for Tetanus-diphtheria-accellular pertussis (Tdap), Human Papillomavirus (HPV), and Herpes zoster (shingles). William Schaffner, MD, professor and chair of the department of preventive medicine, division of infectious diseases at Vanderbilt University School of Medicine presented updates on these new vaccines. Dr. Schaffner outlined the challenges in implementing vaccines in the adult population. "Financing vaccines and their administration, educating the public and providers about the vaccines and their benefits, and creating a public health and private medicine infra-structure to deliver the vaccines remain challenges to optimal implementation of these and future vaccines for adults," said Dr. Schaffner. " *Editor: Whatever your age there will be a vaccine for you!*

DID HOLIDAY JABS KILL MY PARTNER?

www.thisisgloucestershire.co.uk/ 23 /09/2006

Marianne Thomas believes holiday jabs may have killed her partner.

James Atkins was given a triple injection in one arm against diphtheria, tetanus and polio on January 4, 2005.

In the other arm he had a vaccine against hepatitis A ready for a dream holiday in South Africa.

Within two days the skin on his hands started to flake off and he grew wart-like lumps on his knuckles. He got severe pains in his wrist and for the next two months felt cold.

Mr Atkins started feeling increasingly tired and by the end of January was sleeping for three hours each day, on top of a full night's sleep. The 65-year-old had a third injection - against typhoid - on January 25. Shortly after he complained of feeling like he had a cold.

By the end of February his breathing was bad, he was sleeping for 18 to 20 hours a day and had lost his appetite. He was taken to Cheltenham General Hospital on March 4 and died of adult respiratory distress syndrome and bronchial pneumonia on March 21.

At an inquest at Cirencester Magistrates' Court, three doctors said the jabs wouldn't have caused his death.

But they couldn't say what had brought on his illness.

His partner thinks the holiday jabs triggered his illness and says treatment at the hospital was too little too late.

Ms Thomas said Mr Atkins was a fit man who had hardly ever been ill before he had the injection. They both believed his illness was the result of the injection because his health changed almost overnight.

Ms Thomas said: "He was fit and active with lots of energy. After the injections he was like a different man.

"It was a massive downhill slope but I never thought he'd die. When we were called to the hospital to hear he'd had multiple organ failure I was shocked. I was devastated and angry. I miss him every day. He was like a breath of spring in my life. I can't see the point without him."

Doctors said many patients with adult respiratory distress syndrome never find a cause.

Gloucestershire Coroner Alan Crickmore recorded a verdict of death by natural causes. He said: "He died as a result of the natural disease process coming to a conclusion."

The couple met through a dating agency in December 2000. They moved in together in Broadway in March 2002 and ran a B &B. They were meant to fly to South Africa on March 31. Mr Atkins had planned the trip as a surprise and had saved more than £5,000 to pay for it.

Mr Atkins had been married twice and leaves two children. He worked as a mechanical engineer and then a freelance sales consultant.

Ms Thomas said: "He was a wonderful man, kind, totally unselfish. He treated me like a princess. We hoped to have 20 years together. "I don't accept he died of natural causes - he could well have been poisoned by the vaccinations."

MMR BABY - INQUEST IS DELAYED

www.thisisgloucestershire.co.uk/ 14 /07/2006

Sarah and Chris Fisher's insistence that MMR is to blame for their son's death has led to the inquest being postponed. Doctors couldn't explain why George Fisher died in his sleep, aged 18 months. His parents, from Wyman's Brook, Cheltenham, say an unknown cause of death on his death certificate is not good enough.

Their coroner cancelled the inquest, which would have been this month, and says it will now happen next year. Doctors at a hospital in Birmingham have sent off tissue for further tests. Sarah, 40, who lives in Seneca Way, said: "They've agreed to do more tests to look into the measles part of the vaccine to identify the virus he had.

"They will use more sophisticated and sensitive equipment to look for the virus. "He was fit and healthy we can't believe he died of nothing. We will be sending the samples to America if nothing comes back as a last resort." The couple put their worries to the coroner and he agreed there are more questions to be asked. Sarah said: "Having a delay of the inquest is fine by me because I want to be ready but this waiting game since his death in January makes me angry."

George, who was born in July 2004, had his jab in January this year and died 10 days later.

THE GERM FETISH

Taken from: Doctors, Disease and Health by Cyril Scott (1938).

I recently came across a number of books in a local second-hand bookshop by Cyril Scott and found them to be extremely interesting, informative and straight-to-the-point. You may ask 'who is Cyril Scott?' Well, it states on the inside of the book jacket of the above title - '*Mr Scott writes as a layman who has made a careful examination of therapeutics for over thirty years, with impartiality and freedom from professional prejudices, and his book is therefore authoritative, balanced and sane.*' I would highly recommend his books, much of his writings are still very relevant today!

The following extracts are from his chapter - The Germ Fetish.

'The enormous importance given nowadays to the germ question is indirectly due to unnatural habits and not to the deadliness of germs in themselves. As mosquitoes can thrive only in swamps, so can germs thrive only in auto-intoxicated bodies. Wrote Professor Frederic Lee: 'Doubtless, all of us at this moment are carrying each within his own person, the living germs of pneumonia and various minor ailments, while some of us probably possess the bacilli of tuberculosis, influenza, and perhaps diphtheria. This, however, need give us no alarm.

Nevertheless, despite this assurance, germs in themselves do give many people cause for alarm because their poisoned bodies provide a fertile soil for them to propagate and become harmful. And the methods of modern medical science serve to encourage and increase this alarm instead of allaying it by putting forward the truth. The whole policy of modern doctors is to fight germs and kill them with antiseptics and germicides instead of teaching people to purify the substance in which they now thrive but could no longer thrive if that substance were purified. 'The first line of defence (against germs), wrote Sir George Newman, 'is a healthy, well-nourished and resistant body.' This is true as long as we understand exactly what is meant by a well-nourished body. Hosts of people with what would seem to be excellently nourished bodies are subject to colds, influenza and other infectious diseases, while numbers of equally well-nourished individuals die of pneumonia and a multitude of illnesses said to be due to a germ. The reason is that the state of being well-nourished is by no means synonymous with that of being rightly nourished. I discovered this for myself when I was a young man. As long as I lived on the supposedly nourishing conventional English diet of bacon and eggs for breakfast, meat for lunch and meat for dinner, I was every year a victim of influenza. But as soon as I substituted raw fruits, cereals, cheese and salads for flesh-foods, taking the former at two meals of the day and white meat or fish at one only, I did not have another attack of influenza for twenty-seven years. Even then I attribut the attack to overwork, insufficient sleep, and feeding too much at other people's houses, into which I did not wish to take my 'fads'!

And here we see one of the difficulties which confront us in modern life with its unscientific and unnatural food-habits. Although one may have no objection (based on vanity) to being considered a crank, one does object to refuse, ungraciously, the food put before one by some well-intentioned host or hostess. Sometimes friends who happen to know that one is more or less a vegetarian provide special foods which, however, may only tend to make matters worse. I have occasionally spent long weekends with solicitous friends who in their ignorance of food values have provided me with a dietary consisting entirely of starch. Yet with my type of body nothing be less salubrious. Starch produces a fertile soil for microbes, apart from the well-known fact that it is conducive to rheumatism, indigestion, and catarrhal conditions. 'Thus, until a more scientific diet becomes as much a convention as the unscientific diet on which people have lived for several generations, germs are likely to be fruitful and multiply, and more and more germicides are likely to flood the market in order to deal with what is purely an effect and not a cause.

That cause is to be found in a toxic blood stream and one deficient in the essential chemical ingredients to keep what have been termed respectively the scavengers of the body or the army and navy of the body in a virile condition. Thus, Dr D F Harris wrote: 'The chief vital agents concerned in fighting our invisible foes (the germs) are the white cells or leucocytes of the blood. These minute living things are apparently exceedingly sensitive to the presence or the secretions of micro-organisms, for they come out of the blood capillaries shortly after the bacteria have invaded the neighbouring tissues. Their mode of attack is frontal; they literally fall upon the invaders and, swallowing them up bodily, digest them, so rendering them powerless for any further activity. But the prerequisite to this is that the individual should be in a normal state of health, in which case 'even a large quantity of virulent micro-organisms can gain admission to his body and, owing to the local defences, may be destroyed before damage occurs. Such a repelled invasion causes no symptoms, and the subject thereof will remain unconscious of it. This happy state of affairs, however, is by means invariable; hence we find Dr Rosenau telling us in his book - Preventative Medicine and Hygiene - that 'the principal causes which diminish resistance to infection are: wet and cold, fatigue, insufficient or unsuitable food, vitiated atmosphere, insufficient sleep and rest, worry and excesses of all kinds.' And he goes on to say, perhaps somewhat unnecessarily, that 'it is a matter of common observation that exposure to wet and cold or sudden changes of temperature, overwork, worry, stale air, poor food, etc make us more liable to contract certain diseases.' If Dr Rosenau had stressed the words 'poor food' and had qualified the little word 'us' by adding 'in our devitalised and auto-intoxicated condition,' his remarks would be nearer the truth and also less obvious. Sudden changes of temperature, stale air, and transient exposure to cold and wet need not seriously affect persons with internally clean bodies. For instance, Upton Sinclair, whose book on Fasting created a stir some years ago, related how, after having detoxicated his whole system

by means of a fast, he found himself consequently n such perfect health that he could lie on damp grass and do other unsalubrious things without the least fear of catching the common could or getting rheumatism or other diseases so apt with the majority of people to follow a chill. Much about the same time as Sinclair's book was published, another layman, named Aird demonstrated that if one lived on a perfectly natural diet of raw fruits, raw vegetables, etc. one could imbibe the germs of the most deadly diseases without resultant harm. And this for the simple reason that germs were innocuous in a perfectly healthy (viz. clean and vital) organism. Aird, in fact, offered clinically to prove this, provided his provings were published,' but his offer was declined by the 'medical trade union' because he was a layman. It was a medical dogma that germs were the cause of all so-termed germ diseases, and the profession as a whole despite what a few of their crankish colleagues might asseverate, were not going to have a layman appearing in the arena to upset 'established facts.'.....

.....Even the part that exposure plays in rendering the body less resistant to the onslaught of germs is greatly mitigated by frugal fare, as statistics of germs would show if read aright. Pneumonia (a disease also associated with germs) is generally attibuted to exposure. Yet the meagrely dressed, meagrely fed, and poorly housed agricultural labourers, who are often soaked to the skin and who are exposed to all sorts of weather, become much less frequently victims of pneumonia than the well-sheltered town workers. This includes, of course, lawyers and doctors. The reasons are obvious - the agricultural labourer lives on simple homely food, fresh from the land, and little of it, and the continual exposure to pure air, be it cold, hot, or damp, instead of debilitating him, oxygenates his whole system and gives him a long and healthy life.

Said Dr D Sommervile: 'The happiest man in the country, perhaps, is the field labourer. He eats wholesome fresh food just taken from the earth, exercises his muscles daily, never has a day's illness, no loss of appetite, lives to be ninety, and dies at an hour's notice as all men should.' This may be somewhat overstating the case, yet many other authorities are of the same opinion.

And now if we look up the comparative mortality from consumption in regard to field labourers and seamen, we find the number for the former is only 70, whereas the number for the latter is no less than 257. Yet a life on the ocean is supposed on account of its pure and exhilarating air to be the healthiest of all; and as we know, many doctors recommend a sea-voyage as the best cure for seemingly incurable complaints. Why, then, in spite of this, do nearly four times the number of sailors die of consumption as compared with agricultural labourers? Once again the answer is to be found in nutrition. Sailors more than any one else live on denaturalized food. Because of this and despite an abundance of sea air they are unable to combat or render innocuous those bacilli of tuberculosis which prove harmless to more properly fed individuals, even though the occupations of the latter demand that they should live under far more restricted, ie airless, conditions.

This is further borne out by the fact that carmen and carriers who spend most of their day driving around in the open air are much more liable to phthisis than clergymen. Whereas with the former the average mortality is 144, with the latter it is only 45. The reason is that clergymen as a rule live on simple fare, whereas carmen usually drink far too much alcohol and live mostly on meats and white bread. Finally, if we examine the comparative mortality from all causes, we find that clergymen, priests, and ministers are the lowest on the list and carmen, the highest, while next to that are seamen in the merchant service.

All this is very significant in relation to the germ fetish, the more so if we now consider the fact that barristers and solicitors who carry on their professions in offices and stuffy courts situated in towns are seemingly far less a prey for germs than men who spend their whole lives in germless air on the ocean, beneath the open vault of heaven.

In short, germs in themselves are not the prime cause of disease, but merely a symptom of disease, and the germ theory which has become a medical obsession will need to be greatly modified if it is to be brought into alignment with truth. Even now, enlightened physicians admit that too much attention has been paid to germs and not nearly enough to the morbid ground upon which germ life breeds and thrives. Bio-chemists have proved that pure blood is the finest germicide, and it is impossible for the type of bacteria associated with disease to exist in an organism nourished by pure, chemically balanced blood. The cause of disease conditions lies in the morbid accumulations within the body, therefore the cure lies in removing these pathological materials and restoring the life stream to a state of chemical normality. Thus writes Mr E F W Powell, echoing in effect the words of Louis Kuhne, which, because they were based on correct observation of Nature's laws, remain true for all time, as the future will doubtless show.....

A DAILY MAIL READER'S COMMENT REGARDING THE GMC's PURSUIT OF Dr WAKEFIELD

http://www.dailymail.co.uk/

A comment to the Daily Mail -June 2006

I am a doctor working in the UK and fully registered with the GMC. Many may be suprised that the GMC has decided to pursue Dr Wakefield. Many doctors like myself will not be suprised by their apparent vindictiveness however.

The GMC was hijacked by the Government some years ago. We know that the chief motivation of the puffed up medical men (and women) who comprise the General Medical Council is to dance to whatever tune the Department of Health may be playing in order that one day they will be rewarded some ridiculous title. They will shamelessly trample over their colleagues in order to acquire their gong whilst at the same time living the Establishment highlife off of our annual GMC fees.

Their boss is that man of dubious honesty Mr Tony Blair. These are dark days indeed for medical research in the UK.

Dr R G Allen, Canterbury

SHOULD HPV VACCINES BE MANDATORY FOR ALL ADOLESCENTS?

http://www.thelancet.com/
The Lancet 2006; 368:1212

Catching up with the rest of the world, the European Commission last week licensed the first human papillomavirus (HPV) vaccine, Gardasil, for use in children aged 9-15 years and women aged 16-26 years. The vaccine offers protection against HPV types 16 and 18, which are responsible for 70% of all cervical cancers, and types 6 and 11, which cause about 90% of cases of genital warts.

Following earlier approval by the US Food and Drug Administration of the vaccine in girls and women, the Michigan Senate passed a bill on Sept 21, ruling that all girls entering the sixth grade of school (11-12 years old) should be immunised. This is the first legislation of its kind in the USA, and a decision from which the EU member states should take heed.

However, despite these welcome developments, key questions remain. Who will fund these routine immunisations? Reassuringly, Gardasil has been added to the US Vaccines for Children Program that provides free immunisations to those that most need them, and the UK Department of Health is also considering government funding. But, even with these resources, the debate remains over who should be immunised. Contrary to the FDA's recommendations, there is growing support for the vaccination of both boys and girls.

Modelling studies have shown that a female-specific approach would be only 60-75% as effective at reducing HPV prevalence in women as strategies that target both sexes. And other benefits of the vaccine should not be overlooked; it also offers protection against genital warts and malignancies such as anal cancer, which affect both sexes.

Furthermore, previous gender-specific initiatives have not always succeeded-in 1995, the UK's rubella immunisation programme was modified after 25 years to include boys as well as girls, after a rise in the number of pregnant women contracting rubella.

For effective and long-term eradication of HPV, all adolescents must be immunised. Data from the vaccine trials in boys are urgently needed; in the mean time, EU member states should lead by making the vaccinations mandatory for all girls aged 11-12 years.

THE NEW HPV VACCINE - MIRACLE OR MENACE?

By Joanna Karpasea-Jones, Vaccination Awareness Network, UK, for the Autumn 2006 issue of The Mother magazine. (www.themothermagazine.co.uk) Reprinted with kind permission.

Human Papilloma Virus is what doctors believe is responsible for triggering cervical cancer in women, some forms of genital warts and vulval intraepithelial neoplasia (VIN). A new experimental vaccine called Gardasil is being developed against 4 types of HPV, 2 of which are thought to cause 70% of cervical cancers.

However, HPV is extremely common and is present in upto 80% of people by the time they are 50, and it rarely develops into cancer. Cancer will only develop if the person is already in a state of dis-ease.

HPV, by itself, does not kill anyone. According to the Stanford Daily, USA paper, 5,000 people die of HPV each year. However, according to the National Institute of Health (NIH), this is the number of women who die from cervical cancer in the United States. Also, there are over 100 strains of HPV, 30 of which are transmitted sexually, and only two of which are pre-cancerous. It is only those two strains that are responsible for most cases of cervical cancer, but that rate for cancer is actually very low. (Letter to the Stanford Daily, February 10, 2006).

WHAT IS VIN?

As a woman who has suffered since the age of 12 with a vulval pain syndrome, I myself was recently suspected of having VIN, which is a pre-cancer of the vulva. After living with my vulval disorder for 17 years, and reading everything I can about these conditions, I can tell you that VIN isn't cancer. It is simply abnormal cells in the vulva which MAY potentially develop into cancer. According to the Vulval Pain Society, we use the word pre-cancer, NOT because the cells are cancerous or you have cancer, but because the cells MAY (or MAY NOT) develop into cancer over a period of years. The exact relationship between VIN and vulval cancer remains unknown because so few studies have been done. Very little is known about women with VIN I or II. The VPS has recently been contacted by a vulval pain sufferer whose consultant gynaecologist told her that, according to new research, neither VIN I nor VIN II exist.

The most common form of treatment for this is to do nothing and wait and see, as most people with abnormal findings do not develop cancer. It hardly seems worth having a vaccine, with these incredibly low risks.

THE CANCER VACCINE THAT GIVES YOU CANCER

The new vaccine was tested on both males and females, but is expected to be used primarily against cervical cancer. Five women involved in the tests, gave birth to children with birth defects, as they were vaccinated near to conception of their babies. The plan is to vaccinate girls aged 9 to 12 who are not yet sexually active, but the FDA is also considering recommendations of whether to give the vaccine to 13-26 year olds. If the vaccine is given to this age group, there is no guarantee that should a pregnancy occur, the foetus would not develop birth defects and

abnormalities.

There have also been no long term studies into fertility and whether or not vaccinating young girls with HPV would have any affect on their future ability to have children.

Another concern the FDA have is that the vaccine may pre-dispose women to cancer if they already have traces of HPV in their body (as most people do!).

Also, the vaccine is only meant for 4 types of HPV, and there are many other types the vaccine does not cover, which can still cause disease. I can imagine this being a useful excuse for doctors in the event of vaccine-caused cancer. They could simply say that the jab didn't protect against the strain of cancer you've got, rather than admitting the jab had pre-disposed you to getting it.

"If it works, it's great; if it has side effects we don't yet know about, it could be bad," said Dr. George Davis, a physician at the Callan Family Care Center in Copake, "Although it has been tested for FDA approval, we sometimes don't know all of the side effects until a certain amount of time has passed," he said. (indenews.com).

Other side-effects reported are: Pain (83.9%), swelling (25.4%), erythema (24.6%), fever (10.3%) and pruritis (3.1%).

The Merck press release where I obtained details of side-effects, also states that 'GARDASIL is contraindicated in individuals who are hypersensitive to the active substances or to any of the excipients of the vaccine', but failed to state on this particular release, what those ingredients are. Most parents, as a general rule, do not think to ask for a list of the ingredients prior to their children being vaccinated, so it would not be known if a child was contraindicated until after the event.

Basically they will be testing on the nation's daughters, without adequate knowledge of the possible sequelae that could arise from that. There are also suggestions of targeting black African women, on account of them having a slightly higher rate of cervical cancer. It seems reminiscent to the Hepatitis B vaccine campaigns of the 1970's on black and gay people, after which AIDS swept through these communities.

JUST WHO OWNS YOUR CHILD'S BODY?

Your child herself and you as parental guardian, or the government? Doctors at Brown Medical School, Miriam Hospital, US, are pushing for HPV vaccines to be mandated. "Parental consent ought to be waived for HPV vaccination as it is for other sexually transmitted infection-related health care." (The Lancet, Infectious Diseases, July 2005).

No further explanation as to why is offered.

DOES THE VACCINE EVEN WORK?

As well as heightening the risk of cancer in women with HPV already present in their bodies, the CDC say that tests show the vaccine will 'protect' for just 4 years. No long-term results are known yet. This means repeat doses will be needed regularly throughout adult life. The initial vaccination is also not just one shot, but three, given over a period of 6 months, so this whole course would have to be done again after the 4 years was up.

The CDC state that:

"The vaccine only prevents infection but cannot prevent the disease once a person is already infected. They urged women to remain vigilant. The vaccine should not take the place of a yearly exam and pap smear,"

Men also carry HPV and can pass it onto others through sexual contact, so there is a question mark over whether they should be vaccinated too.

There are also ethical dilemmas over whether gynaecologists or paediatricians should be administering the shots since the vaccine is aimed at girls not yet sexually active.

Many paediatricians are uneasy about injecting a vaccine for cervical cancer and sexually transmitted genital warts, into children.

So the plan is to vaccinate your daughter by force with a jab whose side-effects are unknown, that has caused birth defects in clinical trials and that has the potential to pre-dispose her to cancer, with absolutely no regard for choice or whether parental consent has been given, and without even accurate indication or long term studies to suggest it even works.

Why would the medical profession take such risks?

Certainly not for your daughter's benefit!

Jean Stephenne, vaccines head at GlaxoSmithKline PLC, said he was particularly excited by experimental vaccines to prevent infection by the human papilloma virus (HPV) that causes cervical cancer. Both Merck and GSK have HPV vaccines in development that will compete in a market that Stephenne estimated would eventually be worth some $3 billion pounds a year. His company takes a 24% share of the $6.5 billion a year global vaccine industry.

Most of this money is being fuelled by new combination jabs, such as the 5-in-1, and new jabs for adolesants and adults, such as flu shots and the new HPV vaccine. (Reuters, Ben Hirschler, European Pharmaceuticals Correspondent).

They stand to make a LOT of profit from your child, even if that shot carries risks, they are risks the drug companies don't mind making.
The question is, do YOU?

Joanna Karpasea-Jones from Vaccination Awareness Network, is also the author of '*Breast Milk: A Natural Immunisation*', £6.50 including P+P from: www.vaccine-info.org (click on 'shop') or buy direct from Diggory Press.

Thanks to those who came forward to organise talks for Dr Viera Scheibner recently - it was greatly appreciated!

If you would like to organise a talk regarding vaccination, or a related subject, in your locality please get in touch with me, Magda, on 01903 212969.

Apart from giving talks myself I am in touch with other speakers and something may be able to be arranged!!

COMMENTS ON JAPANESE SIDS "REBUTTAL"

From: Vaccination Information Service

Comments on Japanese SIDS "rebuttal"

Introductory note: This is a response by Dr Viera Scheibner to an article written for the magazine of an organisation who call themselves the Australian Skeptics, yet are anything BUT sceptical of pharmaceutical (the Greek roots of "pharmaceutical" means "poison" or "sorcery" - take your pick) "science", including the unproven wisdom of injecting a witches brew of highly toxic substances into a previously healthy body in the belief that this will somehow prolong the person's good health (and even worse, continuing to do it even after it is observed that it has made them less healthy!). The author of the article, apart from stating some incorrect facts, follows the unscientific practice of relying on researchers' conclusions rather than focusing on the data that is reported, the latter being far more scientifically significant and of course unaffected, or far less affected, by politics in respect to the company that sponsored the research and the researcher's education and career. The article is at:
www.skeptics.com.au/journal/anti-immune.htm - *Bronwyn Hancock,VIS.*

Dr Viera Scheibner's response:

Firstly, the author of this "rebuttal" hasn't done his homework: he can't even spell my name and my book VACCINATION was published in 1993 and not 1992. *(These errors have since been corrected in the article to which this is responding.)* In my opinion, his homework about vaccines and infant deaths is of the same quality as his homework about my book and my work. The author has taken, in isolation, a couple of statements I have made here and there that I acknowledge I did not explain as well as I could have. He then misinterpreted them, falsely claimed that I was resting my entire position on those few points, and ignored a host of other significant, but unambiguous revelations that accompanied those statements, but which revelations did not apparently suit his objective.

1. Between 1970 and 1974, 37 infant deaths occurred after DPT vaccination in Japan; because of this the doctors in one prefecture boycotted vaccination (Iwasa et al. 1985 and Noble et al. 1987). Consequently, the Japanese Government first stopped DPT vaccination for 2 months in 1975, and, when vaccination was resumed, the vaccination age was lifted to 2 years. Cherry et al. (1988) found it "instructive" that the entity of cot death "disappeared". The author of the Skeptics' article claims that what was meant by "the entity of cot death" was not cot death itself, but simply the number of compensation claims made in respect to it being linked to vaccination, which claims of course inevitably would have to disappear because cot deaths occur before 2 years of age (the new minimum vaccination age).

However, I would like first to make the point that Cherry et al. (1988) found this "instructive". Surely it would not have been "instructive" if these researchers were merely referring to a figure in a table of vaccine injury compensation claims, showing an artificially induced change to the number of associations made between vaccines and cot death - it is only an inevitable logical result, not "instructive", that vaccines will not be blamed for any deaths that occurred before the babies could have any vaccines.

Far more significantly however, the overall infant mortality improved: Japan zoomed from 17th to first place in infant mortality in the world. This means that Japan moved from a very high bracket to the lowest infant mortality rate in the world (Jenny Scott 1990). Interestingly, Noble et al. (1987) who spent some 2 weeks in Japan studying the acellular whooping vaccine there, wrote: "It is difficult to exclude pertussis vaccines as a causal factor even when other etiologies are suggested, particularly when the adverse events occur in close temporal association with vaccination".

What was also significant, and seems to be ignored by Dr Basser, was the fact that the doctors in a prefecture had boycotted vaccination when they observed those deaths. The association must have been pretty clear for the doctors to take such a strong stand that flies in the face of the education they had received that vaccines are safe and effective.

The same thing happened in England after 1 July 1975 when thanks to the first media reports of brain damage linked to vaccination, parents stopped vaccinating: the compliance fell down to 30% or even 10% in some areas. As unwittingly documented by McFarlane (1982), the overall infant mortality rate plummeted. She wrote:

"The postneonatal mortality fell markedly in 1976, the year in which a sharp decline in perinatal mortality rate began. Between 1976 and 1979, however, neither the late nor the postneonatal mortality rates fell any further. Indeed, the postneonatal mortality rate increased ,slightly among babies born in 1977". This very closely correlates with the documented oscillations in vaccination compliance: low compliance was linked to low death rate and vice versa. The vaccination compliance was lowest in 1975-76. Then it started climbing up in 1977-78, simply because people have short memories and the new parents did not know about the publicity surrounding vaccination as the cause of serious side effects (young couples become interested in these issues only after they have their first children). Fine and Clarkson (1982) wrote "...it is surprising that the inter-epidemic period did not decrease after the 1974 fall in vaccine uptake." They expected the incidence to increase in the unvaccinated children. Indeed, this interepidemic period was unusually long with the lowest incidence of whooping cough on record.

When in 1988 Japanese parents were given the choice to start vaccinating anything between 3 months of 4 years, obviously many ignorant parents started at 3 months because the low SIDS rate increased fourfold in the last 13 years (Byron Shire Echo; June 1994). Professor Hiroshi Nishida of Tokyo Women's Medical College has been quoted as saying that the SIDS rate among babies

aged under 1 year had sharply increased to 0.33 % in 1992 when compared with 0.07 % in 1980.

2. SIDS is a rather rubbery diagnosis and the figures can be, and are manipulated. However, the total infant deaths are a bit more difficult to manipulate. The definition of SIDS is a death of a child unexpected by history and with insufficient determination of cause of death. So, it depends on the degree of damage whether the infant death will be diagnosed as Sudden Infant Death Syndrome or pneumonitis, bronchiolitis, brain edema etc. With the increasing number of vaccines administered as part of the "routine" now, we shall see increasing numbers of babies with very serious reactions to vaccines and they will not be diagnosed as SIDS. We already see it in the epidemic of Shaken Baby Syndrome, when babies develop serious brain and other haemorrhages and die or remain seriously damaged and the parents are being accused of causing it by allegedly shaking their babies to death (Scheibner 1998). Cherry et al. (1988) discussed the pertussis vaccine deaths in a rather odd way. Under the subheading Non-SIDS deaths they quoted Madsen's (1933) description of two babies who died soon after pertussis vaccination. In a way which can be described as contemptuous they tried to explain these immediate deaths (one-half hour after the second vaccination given four days after the first) and two hours after the second vaccination respectively) and Werne and Garrow (1946) who reported on the deaths of identical twins following the second injection of diphtheria and pertussis antigens. These children died within 24 hours of their vaccinations and had symptoms of anaphylactic shock (Cherry et al. 1988 wrote "suggestive" of shock) and they concluded that the injuries were also consistent with diffuse viral infection such as that which might be due to an enterovirus. No evidence whatsoever was offered for this unfounded assumption.

Under a subheading "SIDS", Cherry et al. (1988) tried to diffuse the impact of the published data on vaccine deaths by writing about a small section of the Tennessee deaths within 24 hours of their DPT vaccination. "An extensive evaluation of this possible association was made, and there was a weak statistical association with one lot of vaccine. It was the impression of the investigators and a panel of outside consultants that there was no causal relationship between the specific lot of vaccine and SIDS." and "A statistically significant number of excess deaths was noted in the first week following immunization (observed 17, expected 6.75 P less than .0005). This study was criticized by Mortimer and colleagues (1992) because ..... "did not take cognizance of the well-known age distribution of SIDS". This is a blatant circular argument: the well-known distribution of SIDS follows closely the vaccination schedule and in none of the studies of SIDS distribution or incidence was the vaccination status of the SIDS victims even mentioned. This is "science" squarely standing on its head.

They also wrote that of the six children having serious side effects to Wellcome pertussis vaccines (described by Griffith (1978), "one was found to have pneumonia, one Reye Syndrome, and a four-day febrile illness, one acute tracheobronchitis, one tuberculous meningitis, and one an encephalo-myelitis which had its onset seven days after immunization". Vaccines are known to cause pneumonia; the Reye Syndrome is a recognised side effect of vaccination, vaccines cause febrile illnesses and seven days is one of the characteristic critical days for the onset of vaccine reactions. I would also like to see details of the "tuberculous meningitis" before concluding that this was not a reaction to the administered vaccines.

Wilkins (1988) dealt with the question of delayed reactions to vaccines. She wrote that "if one assumes that the adverse reaction to the DTP vaccine may result from an immunologic intravascular complexing of particular antigen (whole-cell or disrupted organisms) with specific antibody to produce a Jarisch-Herxheimer reaction, then adverse reaction may not occur within 24 hours of inoculation...If the post inoculation interval is extended to 2 weeks, an additional 93 case infants (now representing a total of 98 case infants) might have been at risk for an adverse reaction to DTP vaccine."

Perhaps the most revealing is the comment of Cherry et al. (1988) about articles by Torch (1982 and 1986a, b). Even though the two articles published in 1986 were available at the time. Cherry et al. (1988) did not quote them. One wonders why? Perhaps, the answer is contained in the articles (see below).

Torch (1982 and 1986 a,b) analysed the symptoms and postmortem findings in babies and small children after vaccination and described them in sufficient detail not to leave anything to imagination. Torch (1986b) concluded that "Although many feel that the DPT-SIDS relationship is temporal, this author and others maintain a causal relationship exists in a yet-to-be determined SIDS fraction."

3. Even though vaccinators as a rule are very reluctant to use the word CAUSED when they talk about vaccine damage, they, interestingly, talk about REACTIONS to vaccination. The word reaction in itself implies the causal link, though it does not actually say so. You can't have a coincidental reaction to vaccination, you can only have coincidental occurrence of some damage or symptoms, demonstrably caused by something else. They often use the word "TEMPORAL" meaning occurring in time, always overlooking the fact that these "TEMPORAL REACTIONS" always occur AFTER and not NOT BEFORE vaccination, and that the reality of the occurrence after vaccination is the first condition to fulfill when establishing causality; if something happens before vaccination we would not even consider it being caused by the subsequent administration of vaccines.

4. In the past, vaccinators were denying that vaccines cause any adverse effects. Thanks to strong anti-vaccination awareness, vaccinators now have to admit that yes, no vaccines are 100% safe or 100% effective and reactions do occur and the vaccinated children are getting the "vaccine-preventable diseases". Yes, there are

mild or strong local reactions; and yes, there are systemic reactions, like fever, convulsions, hypotonic-hyporesponsive episodes, screaming (a cerebral cry), drowsiness, but only within a maximum of 7 days after vaccination. They also have great difficulty recognising and accepting the damage in individual cases. They always claim that the damage was coincidental, or worse still, caused by the parents of the affected or killed child by accusing them of Shaken Baby Syndrome.

The vast majority of published studies of vaccine reactions included a follow-up of up to only 48 hours. This conveniently excludes about 90% of reactions to vaccination (see also Wilkins 1988). Characteristically, most vaccine reactions are delayed, many starting only 2-3 weeks after vaccination.

5. With this introduction, we may find it rather curious why Cherry et al. (1988) would even contemplate to publish some 40 pages of a Report of the Task Force on Pertussis and Pertussis Immunization in which they analyse in quite a detail all those "temporal" reactions to the pertussis vaccine. But they did.

Among many other examples of this remarkable, and as it might seem, wholly misplaced diligence. Cherry et al. (1988) looked into sudden infants deaths after pertussis vaccination. That babies as a rule are given the pertussis vaccine together with the diphtheria and tetanus toxoids as DPT did not seem important to these authors. If you administer 3 in 1 vaccines how do you know which vaccine caused what? Unless, of course, you know precisely what damage the pertussis component of this toxic trio causes. In fact, the pertussis vaccine is as a rule used to induce encephalomyelitis in laboratory animals (Steinman et al. 1982) and when these unfortunate animals develop encephalomyelitis, as expected, and intended, it is never considered just coincidentally temporally related to the administration of the pertussis vaccines, or a result of some Shaken Rat Syndrome inflicted by laboratory staff: it is only when the same vaccine causes the same reactions in babies, it is as a rule considered coincidental and only temporally related or a result of Shaken Baby Syndrome inflicted on them by their parents or other carers. Kirschner and Stein (1985) called this hostile attitude of medical staff a form of medical abuse.

On page 971, Cherry et al. (1988) under the heading "development of alternative B pertussis vaccines" write that "During the past several decades, many laboratories attempted to identity and separate significant protective antigens from those bacterial components that account for adverse reaction. Until recently, this effort amounted to a trial and error process that proved to be exceedingly difficult in face of the array of biologically active products that could be derived from B pertussis organisms..-Two of the extracted vaccines will be described. The experimental vaccine of Pillemer et al. (319) was partially purified by adsorption to human RBC stroma. In extensive comparative field trials in the United Kingdom, it was highly protective in children but caused significantly more systemic reactions than available conventional whole-cell vaccines. It was not pursued further." We should not even have to go any further. Cherry et al. (1988) here clearly and without a shadow of a doubt (at least in my mind) used the word "caused" when describing the adverse systemic reactions which were observed and documented as a result of this pertussis vaccine administration in extensive comparative trials.

But let's read further:

"An extracted pertussis vaccine (TRiSolgen manufactured by Eli Lilly Co) was marketed in the United States from 1962 to 1977 (for fifteen years!). There are few published data evaluating this product. The antigen was chemically extracted from whole bacteria, cell debris was removed by centrifugation and no additional purification steps were taken. The vaccine was never well characterized, two published small field trials provided information regarding reaction data and agglutinin liters. 320, 321 Only one of these trials was carried out in a randomized, double-blind fashion, and in this study the difference between the reaction rates following the extracted vaccine varied only slightly from the comparative whole-cell vaccines. The local reactions were less frequent with extracted vaccine, although the systemic reactions were not significantly different.

In addition, there are no specific data concerning efficacy or frequency of uncommon temporally related severe neurologic events with this extracted vaccine."

So,vaccines which were discontinued (after 15 years of use!) or never reached the distribution do cause serious side effects and have never been properly researched.

Also, ordinary systemic reactions are caused by the vaccine, but when it comes to the 'severe neurologic events' they are suddenly only temporally related. In other words, the vaccine causes only mild reactions and the severe reactions are caused by nothing. But Cherry et al.(1988) continued in their strange rhetoric. On page 972 (Development of Acellular Vaccines in Japan) they write under a subheading (Transient Local and Systemic Reactions): "In general, transient local and systemic reactions caused by acellular vaccines were less frequent and milder when compared with Japanese conventional whole-cell vaccines. A small number of children in the United States received a Japanese T-type component vaccine and similar mild reactions were observed." Well, no problem using the word 'caused' when it comes to what they called transient local and systemic reactions.

However, when it comes to severe events, they suddenly change their choice of words into "Temporally Related Severe Events" (p. 972). Cherry et al. (1988) write here: "In the 5 year period from 1970 through 1974, a period when standard whole-cell DTP immunization was started routinely at 3 to 5 months, there had been a total of 57 severe temporally related events and 37 deaths (9.5 severe reactions and 6.1 deaths per year) including presumed vaccine-associated encephalopathy and other CNS diseases, as determined by claims paid by the Japanese national compensation system. When whole-cell vaccines were initiated at 24 months of age, in the six years between

1975 and 1980, there were eight severe temporally related events (average 1.6 [per] year) and three deaths. The whole-cell DTP vaccines used in'the latter period were equivalent to those in prior use. Thus, the age of starting routine immunization appears to be a far more important determinant of temporally associated reactions than the switch from conventional whole-cell vaccine to acellular vaccines".

And then Cherry et al. (1988) continued:

"The conclusion can be drawn that either (1) DTP prepared with whole-cell B pertussis is less likely to cause neurologic disease when begun at 24 months or (2) the purported reactions in infants were in large part unrelated - developmental events expected commonly in that age group but attributed to vaccine because they were time related... The rate of severe reactions does not differ significantly between the acellular and whole-cell vaccine when used at 24 months of age. The decrease in severe reactions is slight, if any. The category "sudden death" is also instructive in that the entity disappeared following both whole-cell and acellular vaccines, when immunization was delayed until a child was 24 months of age."

And further: "It is clear that delaying the initial vaccination until a child is 24 months, regardless of the type of vaccine, reduces most of the temporally associated severe adverse events. Furthermore, analysis of cases with paid claims in the Japanese national compensation system indicates many of the putative cases to be related to other medical conditions".

This paragraph is the source of controversy. As I see it. Cherry et al. (1988) here clearly indicate that the shift of the start of vaccination to 2 years reduced the incidence of (what they would describe as temporal) severe adverse events. Without saying in which age group, one can reasonably assume that he also meant the unvaccinated babies younger than 2 years of age. All this must inevitably change the temporal into causal; the continued use of the word temporal is inappropriate. This interpretation is supported by the lack of decline in the incidence of these reactions after DTP vaccination of 2 year-olds and the causal link is very obvious.

As far as the infant death rate or SIDS rate and vaccination schedule is concerned, it is quite clear that the shift of the lower vaccination limit to 2 years resulted in Japan zooming from 17th to first place in infant mortality rate: meaning from very high to the lowest rate in the world. This could hardly be interpreted to mean that only the number of vaccine deaths which were subject to compensation claims declined as the proponents of vaccination claim.

As far as low vaccination compliance in the seventies and the incidence of whooping cough is concerned. Noble et al. (1987) published a very interesting graph on their Figure 21 (page 1352) which is showing that whilst the vaccination compliance started climbing up after 1976, so did the incidence of whooping cough. Far from showing the effectiveness of vaccination, this figure 2 shows that vaccination was at best irrelevant to the issue of the incidence of whooping cough. Inappropriate correlations abound in this article, like for example comparing the incidence of whooping cough in 1984 (the epidemic year) with the incidence in 1970 (a non-epidemic year). Equally unreliable are the data on adverse reactions to the acellular vaccine. Indeed, when acellular vaccines were tested in the nineties in Sweden, they expected 20 deaths and experienced 45 (plus one accidental death) (Olin et al. 1997 and elsewhere). Also, the rate of side effects was much higher than anticipated. This includes a large epidemic of whooping cough within about 7 months into the trial, and in the children who were given three trial doses, which prompted the discontinuation of the trial before the planned date (Olin 1995). This shows that like the whole cell pertussis vaccine, the acellular one causes whooping cough. When the US mandated DPT vaccination in 1978, it resulted in the sustained three-fold increase in the incidence of whooping cough particularly in the well-vaccinated age group between 2 and 6 months (Hutchins et al. 1988). This explains the substantial increases in the incidence of whooping cough in Japan after 1976, when the vaccination compliance started climbing up. In fact, one must read the figures 1 and 2 of Noble et al. (1987) correctly, as showing a fall in the incidence with the falling vaccination compliance and the increasing incidence with the upward climb in compliance. Any other interpretation offends common sense. Perhaps the most important statements in Noble et al. (1987) are on page 1355: "It is difficult to exclude pertussis vaccine as a causal factor even when other etiologies are suspected, particularly when the adverse events occur in close temporal association with vaccination" and on page 1356: "If acellular vaccines have produced a reduction in the occurrence of serious reactions with sequelae in children over 2 years of age, the decrease is slight". My evaluation of the "Japanese SIDS rebuttal" is that it is as bad as they come, and it is poor on real facts and real analysis and rich in abusive language and reasoning unworthy of a scientific analysis, not withstanding compassion for the pain and documented suffering vaccination causes to infants and all their recipients. The Skeptic Magazine never published either the longer or the shorter version of my response to Basser's original article, only a very abbreviated version together with another attack of that by Dr Basser because they just had to have the last word. I am back to my original response which is ignoring this type of literature and groups of people who are not interested in the truth or real facts but in trying to silence people who express opinions and publish facts which are uncomfortable for them.

And last but not least: Japan discontinued MMR vaccination in 1993, and shortly afterwards, compulsory vaccination of any kind.

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MERCK SEEKS SHOT IN ITS PROFIT ARM

http://www.chicagotribune.com/
By Bruce Japsen, Tribune staff reporter
Published 14/12/2005

VACCINES COULD HELP EASE FISCAL PAIN FROM VIOXX SUITS

Merck & Co. is under attack in thousands of lawsuits over its drug Vioxx, while the firm's image has suffered because of a disclosure last week that company researchers left out data in key studies that addressed Vioxx's risk to the heart. And that is only the latest of Merck's problems.

The New Jersey-based drug giant desperately needs new blockbuster products to replace both Vioxx--which has been discontinued--and other drugs that will soon lose patent protection.

The answer for Merck could come partly in the largely overlooked market for vaccines.

There are three vaccine products in the late-stage pipeline at Merck, one of which--a cervical cancer treatment called Gardasil--is expected to be a huge seller and may win approval from the Food and Drug Administration as early as next spring.

The other two go before FDA panels this week. They are a shot for shingles, a painful virus that affects the elderly in particular, and an oral liquid vaccine for rotavirus, a potentially deadly germ that causes severe diarrhea.

With its sales and credibility in a downward spiral, Merck is hoping to inoculate itself against disaster on both fronts with products coming out of its vaccine business.

With few companies putting money into vaccine production, citing low margins and high product liability risk, Merck's story stands out. "The environment over the past several years has been one of many companies exiting the vaccine marketplace," Margaret McGlynn, president of Merck's vaccines business, said in an interview Tuesday. "While today's environment is not perfect, we do believe we have an environment that is

'GIVE' PREGNANT WOMEN FLU VACCINE

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

Pregnant women in the UK should be given jabs to ward off seasonal flu, government advisers say. The flu subgroup of the Joint Committee on Vaccination and Immunisation (JCVI) said the vaccine would help protect women and their unborn babies.

The subgroup said mothers-to-be should get the jab in their second and third trimesters if they are due to give birth during the flu season. The move still has to get the agreement of JCVI leaders and then ministers.

The flu vaccine is currently offered to all over 65s and certain at risk groups such as people with diabetes and respiratory disease. The experts also recommended extending the at risk group to people with degenerative diseases such as Alzheimer's.

If the recommendations are ratified later this year, the vaccine will be made available in 2007.

In previous years there have been shortages of flu vaccine for those who are already eligible.

The subgroup, led by Simon Kroll, professor of paediatrics and infectious diseases at Imperial College, London, said: "The majority of published work showed that pregnant women are at higher risk of mortality and morbidity in influenza pandemic years.

"In addition to the risk of influenza infection to pregnant women, there may be potential benefits in maternal vaccination to the foetus or newborn."

The sub group noted there was a risk of side-effects, but analysis in the US where pregnant women are given a flu vaccine showed this was small.

It recommended women who are over three months pregnant and due to give birth between November and March should get the jab. Flu is estimated to kill several thousand people in the UK each year and affects 10 to 15% of the population each year.

Rosie Dodds, of the National Childbirth Trust, said: "Pregnant women are at greater risk of contracting infections because there immune system is compromised by being pregnant.

"But I think if this does happen the risks of side effects will need to be fully explained to women so they can make a choice as there are some vaccines pregnant women are advised not to have." A Department of Health spokesman said it was still awaiting the JCVI decision, which is expected later this year.

For info on Flu Jab Dangers in Pregnancy see webpage:
www.nccn.net/~wwithin/flu.htm

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conducive to bringing important vaccines to market that dramatically improve public health as well as drive growth for Merck."

Merck needs blockbusters. It lost one product liability case over Vioxx in August, won another last month and Monday saw a third end in a mistrial when it could not convince a lone juror to side with the company. More than 6,400 Vioxx cases remain in state and federal courtrooms. Should Merck start losing such cases, a global settlement could cost more than $30 billion. What's more, the U.S. patent on Merck's popular cholesterol-lowering drug Zocor, the nation's second-best selling drug behind rival Lipitor, expires in 2006. The introduction of a generic copy of Zocor by mid-2006 could cut in half Zocor's current annual U.S. sales of $4.5 billion.

The expected deterioration of Zocor sales is on top of the $2.5 billion in annual sales sucked out of the company after Merck pulled Vioxx from the market last year after a study linked the drug to increased risk of heart attacks .

But some revenue replacement lies ahead. Merck's experimental vaccine for rotavirus, known as Rotateq, goes before a critical review of FDA advisers on Wednesday about whether the vaccine protects against a stomach illness caused by the virus.

On Thursday Merck brings its experimental vaccine Zostavax for prevention of herpes zoster, commonly known as shingles, before an FDA panel. It could be on the market by next fall.

And Merck may hear in the next six months whether the FDA will approve Gardasil, which studies have shown protects preteenagers and adolescents from human papillomavirus, which is transmitted sexually and causes cervical cancer.

"We continue to view Merck as a low-expectation new-product story," Morgan Stanley analyst Jami Rubin wrote in a Dec. 5 report.

Gardasil is the biggest potential sales generator of the three, with analysts pegging future annual sales at more than $2 billion, and perhaps more if U.S. health officials put the vaccine on certain lists that recommend preteen and adolescent immunization schedules. Such U.S.-approved lists are used by state and local governments to effectively mandate vaccinations before school admission.

But because the virus is transmitted sexually, analysts say conservative groups could stand in the way of government decisions to designate Gardasil as recommended like vaccines for measles, mumps and rubella, or chickenpox.

At least one conservative group reportedly has been opposed to making Gardasil mandatory, believing it could inadvertently promote teenage promiscuity, according to a Newsday story last week.

Should Gardasil become widely available, it could help prevent the estimated 500,000 worldwide cases of cervical cancer, analysts say.

"Gardasil has a 100 percent success rate, so once you get [Centers for Disease Control and Prevention] approval as a standard course of immunization, it could take off," says Michael Zbinovec director of corporate finance and pharmaceutical analyst for Fitch Ratings in Chicago.

Merck's vaccines are expected to compete in a global vaccine market expected to grow by $10 billion to $18 billion by 2009 from $8 billion today, according to one industry analyst report.

Editor: With those sort of expected figures we can expect some very heavy marketing with this vaccine!

VILIFED BY THE MMR ZEALOTS

MAIL ON SUNDAY.
15 October 2006.

In a powerful first ever interview the wife of persecuted MMR doctor Andrew Wakefield fires back at those who tried to ruin her husband's reputation.

By Sue Corrigan

There can't be many married couples who spend hours on the phone, thousands of miles apart, earnestly discussing inflammatory bowel disease, medical research in Venezuela or laboratory studies on rats' brains. But Andrew and Carmel Wakefield do. Carmel's defiance is the only reason why the British Government and medical authorities have so far failed to silence her husband despite driving him into professional exile in America, separating him from his family in London and destroying his reputation.

A doctor herself, 49-year-old Carmel is the secret weapon of Andrew, the man many in Britain's medical establishment regard as Public Enemy No 1; the villain or hero, depending on your point of view, of the eight year controversy over whether the MMR triple jab, given to toddlers to protect against measles, mumps and rubella, is capable of causing autism, other types of brain damage and a painful new form of gut disease. Since the story broke in 1998, Carmel has kept out of sight, refusing repeated interview requests and declining to be photographed. Only now, with her family preparing a permanent move to America, does she finally feel ready to open fire on her husband's enemies. 'Something is causing an appalling worldwide epidemic of autism and the new form of inflammatory bowel disease which Andy and his colleagues at the Royal Free Hospital in London first identified about ten years ago. Yet all that we ever hear from the authorities is, "It's not MMR,"' she says, packing up the last of her belongings in her West London home.

'Oddly, though, they don't seem in the least concerned about finding out what the actual causes might be. It is impossible for the authorities to rule out fears of a link between this vaccine, autistic disorders and bowel disease because they have not yet done the detailed clinical studies that Andy and others have, for many years, been pleading for. 'Why have they not, when, obviously, that is the only way to settle this controversy once and for all?' Andrew and Carmel met in the late Seventies while training at St Mary's Hospital, Paddington. Medicine ran in both families: both have parents who were doctors and brothers who later went into the profession.

'Andy was training to be a surgeon and I pursued a career in general medicine, but later went into clinical negligence litigation,' says Carmel.

'Andy loved being a surgeon but after we had our children [three boys and a girl], he decided he would go into clinical research, because he thought it meant he could spend more time with his family.' She sighs: 'How ironic is that?' Carmel says her husband first began privately expressing fears about the impact of the measles virus on the gut years before he made his concerns public.

'Andy is a very talented researcher,' she says proudly. 'He has an ability to think outside the box. In the early Nineties he made some important discoveries about the causes of inflammatory bowel disease and it was this that led him to look at the measles virus, which is known to linger in the bowel. 'That was how he first became interested in measles in general, and then to worry about its impact on the gut, particularly when injected into young children as part of a triple vaccine of three live viruses. 'He started voicing his concerns to the Department of Health in 1992, assuming they'd order urgent clinical research. He assumed public safety would be of paramount concern to health officials. 'He thought they'd want to rule out any possibility that MMR could cause gut damage, particularly as worrying evidence was starting to emerge that the live mumps and measles viruses in the vaccine could interact to suppress the body's natural immune response.

But no one wanted to know. He met with a complete brick wall.' MMR was hastily introduced in Britain in late 1988, after only the most cursory UK safety trials, at the personal urging of the Conservative Health Minister Edwina Currie. Until then, British health officials were content to continue offering all children a single measles jab, with the rubella vaccine given only to pre-pubescent girls to prevent damage to unborn children, and mumps considered not worth vaccinating against. But after a visit to America, where she was shown data on MMR's effectiveness in reducing measles over the previous decade, Mrs Currie says she 'insisted' departmental officials introduce the triple vaccine without delay. She still counts it as her proudest achievement as Health Minister.

'I told them to stop dragging their feet and get on with it,' Mrs Currie told The Mail on Sunday. 'They didn't need to conduct lengthy UK safety trials. The vaccine's safety record had been clearly demonstrated by North American experience, as far as I was concerned. 'Before MMR, children were dying from measles in the UK at the rate of around one a month. We introduced financial incentives for GPs to encourage its uptake, and the death rate from measles subsequently fell to zero. That Andrew Wakefield is a wicked, wicked man for attempting to undermine public confidence in MMR.

If any child dies from measles, he will have blood on his hands. MMR has been used in various countries for around 30 years, its safety has been exhaustively researched, and its record is exemplary.'

Not everyone shared her confidence - Carmel Wakefield, for one. She remembers very clearly the day in 1997 her husband warned her, shortly before the Lancet medical journal published one of the hundreds of academic papers to his name, that 'there could be a bit of a problem with this one.This could be rather unpopular'. Familiar with the paper's content, she thought he was being melodramatic. 'I said to Andy," Why would there be any problem? All you're doing is reporting medical histories and clinical findings in a group of children. I know some parents are raising concerns about a vaccine, but you're just saying more research is needed. What's the problem with that?" 'Obviously,' she says now, 'I was very naive.'

Published in February 1998, the

paper sparked worldwide alarm by reporting parents' claims that, soon after being injected with MMR - the triple vaccine introduced in the UK ten years previously - their children developed serious gut problems and then signs of brain damage. The problem, as the Wakefields were quickly to learn, was that only the very bravest or most foolhardy of medical researchers would ever dare publicly express doubts about any childhood vaccine, let alone raise the spectre that it might cause something as serious as autism. Presented as an 'early case report', the paper primarily described an apparently new form of bowel disease in 12 previously healthy children who had all subsequently, and puzzlingly, developed signs of brain damage, including autism. It speculated that the bowel disease appeared to be the result of some form of viral infection. And, mentioning that the parents of several children ascribed their children's problems to MMR, it called for further urgent research.

But Wakefield's critics responded furiously that the Lancet paper was highly irresponsible to even mention the claims of a few 'mere' parents, without any proof of a causal link. Autism, they say, is a genetic disorder, present from birth but often not picked up until children are about 18 months old. And the bowel disease named by Wakefield as 'autistic enterocolitis' simply did not even exist. Only recently, in the light of a number of overseas studies confirming this new disease, have they grudgingly begun to concede that actually, it may. They still vehemently deny any link with MMR though, pointing to numerous large scale studies that conclude there is none. Wakefield's supporters retort such studies are not sensitive enough to pick up damage in a relatively small percentage of children, and continue to beg British medical authorities to investigate individuals who have allegedly been damaged - so far without success.

Indeed, hundreds of parents across Britain now say that the mere mention of bowel disease in their autistic children guarantees they'll be immediately turned away by doctors and refused any help or treatment.

'It is as though any kind of association with Andy's work causes doctors here to run a mile', says Carmel. 'Andy has photographs of children that would make anyone who saw them cry. Children black and blue from banging their heads on furniture and walls to distract themselves from their chronic gut pain. And then, photos of the same children, after proper investigation and treatment, happy and smiling. It is absolutely heartbreaking that British children cannot expect the same treatment autistic children now receive in other countries. It horrifies us both.' Carmel says her husband was aware of the political sensitivities from the beginning and, anxious not to provoke an official backlash, wrote to senior hospital colleagues in advance of the Lancet publication. 'Andy warned that if he were to be asked his opinion, he'd be morally obliged to state his personal view that parents should revert to single, separate vaccinations against measles, mumps and rubella, pending the further research he assumed would follow,' she says. And, after giving that opinion at a Press conference, all hell broke loose.

Since then, Wakefield has been vilified by the international medical establishment, government leaders and the powerful pharmaceutical industry. But he has also been hailed as a hero by thousands of parents in Britain, America and elsewhere who believe their children to have been grievously damaged by MMR, and by a small but increasing number of doctors, researchers and other supporters who share their fears. 'My husband has been persecuted by extremely powerful forces for asking questions that his research findings made it morally and ethically essential for him to ask,' Carmel says angrily.

'The spotlight really fell on Andy after that news conference, but that wasn't the beginning of his work. If he'd just voiced concerns based on nothing other than a preliminary study of 12 children, in an off-the-cuff way, of course that would have been unacceptable.' And that is exactly how the Government propaganda machine and drug company apologists have characterised Andy's actions. 'But by the time of that conference, he'd completed a detailed analysis of MMR's safety studies internationally, running to hundreds of pages, and was deeply alarmed by the inadequacies revealed - inadequacies since independently confirmed. 'By the time that Lancet paper was published, the Royal Free team had investigated not just 12 children, but scores. And subsequently, they saw hundreds with this new form of bowel disease, allied to autism and other types of severe neurological damage of which there'd been absolutely no sign prior to their MMR jabs - hundreds of children's parents all telling the same stories, with the same histories and clinical findings. Carmel, who runs a consultancy in London specialising in medical litigation, says these findings have since been replicated by researchers in America, Italy and Venezuela. 'But it's as if these scientific papers don't exist,' she says.

'As if all my husband ever did was to be involved in a study of 12 children, then shoot his mouth off. The endless stream of lies told by powerful people in positions of great public trust is horrifying.

'The Government and its medical advisers don't even have the excuse that there's no alternative to MMR. There are safe, effective single vaccines - or there were, until the Government suddenly withdrew them from the NHS, around six months after Andy sounded his warning.' In 2001, Wakefield lost his job at the Royal Free. The hospital said 'his research was no longer in line with the department of medicine's research strategy and he left the university by mutual agreement.' Ostracised by the medical community in Britain he was forced to seek work abroad. For the past four years he has been running a clinic in Austin, Texas which, inevitably, has taken a toll on his family.

'It has been a very difficult, lonely situation for all of us,' says Carmel. 'We speak on the phone a couple of times a day and Andy makes sure he talks to the kids every day, too. But being on different time zones can make it difficult. It's very empty here without him but it has to be a lot worse for him. 'Andy has had to adapt to living alone. He's isolated because he is away from us and that is very hard. Coping with being so vilified in your native country

has not been easy for him - or any of us - but he is determined that he must do what's right and carry on his research. The children have been amazing. It must hurt immensely to know that their father has been ridiculed and that he has had to leave his home, but they don't complain because they feel it is right that his work should carry on.' Wakefield and two former colleagues at the Royal Free are currently under investigation by the General Medical Council. He also has four libel actions pending against the journalist whose attacks on his integrity and motives sparked the GMC inquiry. Wakefield was also accused of failing to declare a £50,000 research grant for a separate but related project, paid to the hospital by lawyers representing parents of children then planning to sue MMR's manufacturers. Wakefield has denied any wrongdoing, as have his two colleagues. For the past two and-a-half years, though, they and their families have had to live with the threat of trial before a GMC panel and, if found guilty, face the humiliation of being struck off the medical register. The three men, however, still don't know the precise charges to be brought against them. Nor do they have any idea when - or even if - the hearing will be held. But the Wakefields have got the message. 'Andy knows there is no future for him now in the UK,' Carmel says. 'There is simply no way he could ever work here again. His former colleagues have made that crystal clear.' Later this month she and the family are moving out permanently to Texas to join him, a difficult but necessary decision. 'Of course I am going to be sorry to leave Britain,' says Carmel. 'But it would be much harder if I didn't leave feeling such disgust about the sinister forces of censorship and government propaganda at play here.

'I used to believe that this country was a bastion of academic integrity and intellectual freedom. So this whole sad process of attrition, isolation and vilification, on a very personal level, has sickened and disillusioned me. But I refuse to think of this as running away. I prefer to think we have taken an intellectual and moral stance: that Andy's vital work is going to continue, come what may; that we have been fortunate enough to find a fantastic place where it can continue; and that we are going to re-establish our family life, and carry on.'

For the past two years she has also been researching a book exploring the background to her husband's concerns about MMR, as well as reflecting on the impact of this controversy on their family. 'One of the unexpected benefits of the GMC investigation into my husband is that we have been given access to all kinds of confidential information that would otherwise never have come to light,' she says. 'Documents obtained by Andy under the Data Protection and Freedom Of Information Acts show exactly what was going on behind the scenes at the Royal Free, before Andy was forced out in 2001, the Department of Health and elsewhere over MMR; letters, reports, minutes of meetings and e-mails that they never intended us to see. 'While I've found it unpleasant and upsetting reading about the cynical machinations that were going on, it's very satisfying to be able to reveal them. The public most certainly deserves to know. Above all, I want parents to finally be able to make their decisions about whether to vaccinate their children with MMR with the full facts in hand. 'I appreciate how confused many parents feel about all this endless debate and the misinformation that's been peddled, and I hope this book will help them understand exactly what's happened, and why. To date, virtually all they have had to guide them is an overwhelming barrage of government propaganda and spin, funded by millions of pounds in taxpayers' money.' She thinks people will be shocked when they read about what went on 'behind the scenes' and promises her controversial husband will not stop asking important questions of the medical community.

'Whatever his enemies may hope, he's not going away,' she vows. 'Nor are the ever increasing number of children with autism disorders, now tens of thousands around the world, who also suffer grievously from this new formof bowel disease. ' I am determined to hold on to my unwavering belief that justice will prevail, that the truth will out, and that these children will eventually be given the help they need.'

PUBLIC HEALTH: ETHICAL ISSUES

In Issue 2 of this newsletter I featured a brief description of a consultation paper by the Nuffield Council on Bioethics which focused on public health ethical issues. The working party invited individuals to participate by answering a number of questions and submitting them by 15 September 2006.

Here I have reproduced their questions followed by my answers which I submitted on 14 Sept 2006. (I have omitted question 6 regarding smoking due to lack of space.) I indicated to the Council that I was responding personally rather than on behalf of The Informed Parent. - *Magda Taylor,*

1. Do you agree with the definition of public health - 'What we, as a society, collectively do to assure the conditions for people to be healthy' If not, please explain why. What alternative definition would you propose?

Answer 1.This definition would be correct if we all had the same understanding of what 'health' truly means. Lack of symptoms of dis-ease are not necessarily a sign of health. Equally symptoms of dis-ease are viewed by some as the body's self-healing capabilities to return to homeostatis. Ideally, 'health' needs to be studied much more thoroughly and properly understood, and practiced by society before society can collectively assure the conditions for people to be healthy. I feel there are many misconceptions about health which are promoted to the public as facts and this makes the task of achieving public health difficult. A broadening viewpoint is strongly needed.
'We as individuals should take full responsibility for our own and our family's health based on a true understanding of health, so that we as a society will be collectively healthy!'

2. Do you agree that interactions between the following five factors are the main influences affecting public health: the environment, social and economic factors, lifestyle, genetic background, preventative and curative health services? If so, do you think some are more important than others? Are there other factors we should include? If so, what are they?

Answer 2.No, I don't agree that all the five factors listed are the main influences affecting public health if you are talking

about a positive affect on public health.

I do agree that the environment plays a very important role and the state of the external environment will have an enormous impact on our own individual internal environment which ultimately dictates our state of health and well-being.

Improvements in living conditions, sanitation, clean water and good nutrition have had a huge impact on disease, and resulted in dramatic declines in cases and deaths from various diseases from the mid 1800s to mid 1900s. The Role In Medicine by Thomas McKeown highlights this and features a number of graphs showing these major declines. Social and economic factors undoubtedly affect our health. This can be seen clearly in areas of the world where there is poverty and malnutrition. However even in the more affluent areas due to excessive living habits and junk-food diets another type of malnutrition can occur - this can be observed in countries like USA, UK and other so-called developed countries.

Genetic background has been trumpeted around in recent years all too often, leaving individuals with the belief that we are at the mercy of our genes. I would highly recommend your council members read a recent book by scientist, Bruce Lipton PhD, entitled 'The Biology of Belief'. Here is a brief extract from this publication:

'Genetic control, argues Nijhout, has become a metaphor in our society.....But metaphor does not equate with scientific truth. Nijhout summarises the truth- "When a gene product is needed, a signal from its environment, not an emergent property of the gene itself, activates expression of that gene." In otherwords, when it comes to genetic control, it's the environment." (Nijhout H F (1990) Metaphors & the Role of Genes in Development, Bioessays 12(9) 441-446.

I do not agree that preventative and curative health services have played a positive role as I do not view the so-called health service, ie, the NHS as a health service.

The best aspect of NHS hospitals are the Accident and Emergency departments which undoubtedly are needed and possibly some palliative care in some other circumstances.

In my opinion acute and chronic disease should be assisted using alternative measures. This brief description highlights why I am suggesting this: The body is a self-healing organism and the body's intelligence is always trying to preserve life, unless it has become so toxic that it is beyond the point of no return. The body may produce certain symptoms to reach its goal of moving from dis-ease to ease and this is where two very polarised viewpoints come into play. The orthodox view is that the symptoms are the 'problem' and attempt to stop those symptoms by so-called curative measures, such as medications, treatments and surgery. The alternative view is that the symptoms are a sign of resolution and that they must not be stopped or suppressed but supported to allow the body to eliminate the problem and return to health. Therefore I do not see the present, well-meaning, 'health' service in a favourable light and feel that the increase in ill-health may be as a result of medical drugs and treatments.

One factor that I feel needs to be mentioned as affecting public health is fear. Fear can have an effect on the body to the extent that some can develop serious illness through living in a constant state of fear. There is a constant flow of scare-mongering propaganda broadcast to the public through the media coming from the powers that be, and unless the public are informed on the various issues this can have a negative affect on many, and increase their susceptibility to dis-ease.

3. Prevention of infectious diseases through vaccination. Some countries have a compulsory rather than a voluntary system of vaccination. On what basis can such policies be justified to achieve herd immunity? Should they be introduced in the UK?
For childhood vaccinations, parents make decisions on behalf of their children. Are there cases where the vaccination of children against the wishes of their parents could be justified? If so, what are they?

Answer 3. Firstly, I do not agree at all that vaccination prevents infectious diseases after researching this subject for the last 15 years, and I find your consultation papers extremely bias. I have come to view vaccination as an entirely inappropriate and erroneous procedure. So my answer to your first question would be that there is NO justification to introduce compulsory vaccination.

Regarding 'herd immunity' -it has always puzzled me that considering individual immunity is not understood then how can one talk about herd immunity? Antibody production does not equate immunity, even the WHO admit there is no precise relationship. Some individuals with high antibody levels go on to contract a particular disease whilst others with no detectable antibody levels do not. For example, A Study of Diphtheria in 2 areas in Gt Britain, Medical Research Council Special Report No 272, 1950.

There is absolutely NO justification for the vaccination of anybody, let alone of children when it is against their parents wishes. What kind of society would we have if no matter what our individual views were the authorities could have the right to enforce such things as vaccination?? I'd like to quote from an extremely interesting book from 1940 entitled: Health, Diet, and Commonsense by Cyril Scott (a prolific composer of music and a very deep-thinking author of 41 books): p197 - "Anyone who can prevent an occurrence positively that he does not know is bound to occur is indeed a seventh day wonder." Altogether the evidence seems to point to a gross exaggeration and exploitation of the germ theory as a means of creating fear in the public mind. Germs do not act in the way that medical orthodoxy persistently declares in the face of some of its leading lights. Prof. Merchnikoff maintained he had
found the bacilli of Asiatic cholera in the waters of several localities where no epidemic had been known to occur. Indeed, to prove that "deadly" germs were harmless in a healthy body, Prof Tentenkoffer swallowed several millions of cholera germs and suffered no ill-effects. Subsequently Prof. Emmrich made a culture from the intestines of recently dead victims of the same disease, swallowed millions of the germs, and remained alive and well. Even this seemed not enough to prove the harmlessness of germs in a healthy organism, so Dr Thomas Powell went one better and introduced the germs of seven supposed to be deadly diseases straight into his bloodstream. Once again nothing untoward occurred. These heroes, moreover, who use their own bodies for the tests, were no quacks but reputable members of the Profession; and yet, presumably to sell serums and vaccines, we are asked to have our children immunised against various diseases when after all the best and only harmless! protection against them is a healthy body.

4. Control of infectious disease. Control measures for specific diseases depend on how infectious a disease is and how it is transmitted. For infections that are directly transmitted from person to

person, what justification would be required to render interventions such as forced quarantine, which helped to control the outbreak of Severe Acute Respiratory Syndrome (SARS) in Asia, acceptable in countries such as the UK where such measures may be considered to infringe civil liberties? If you think such measures cannot be justified, what are the principal reasons?

In general, the earlier that an outbreak of disease is detected, the easier it will be to control. What would be suitable criteria to determine in what circumstances, and to what extent, the state should provide more resources to develop methods of preventing outbreaks of serious epidemics in other countries?

Travel and trade are key factors in the spread of infectious diseases. Global travel and exchange of goods are increasing rapidly. Each day, two million people travel across borders, including around one million per week between developing and developed countries. Disease-causing organisms and vectors can therefore spread quickly around the world. Are new measures needed to monitor and control the spread of infectious diseases? If so, what would be promising strategies?

Under which circumstances, if any, would mandatory testing for highly infectious and life-threatening diseases such as tuberculosis or HIV/AIDS be justified?

Answer 4. I do not agree with forced quarantine as I do not agree with the present 'established view' regarding disease which is based on the Germ Theory of Disease. Even Pasteur admitted on his death bed that the germ was nothing and that it was the soil (the host). As regards to the 'infectiousness' of disease and what a virus is, there are many interesting articles published over the years which challenge the current beliefs. For example, I recommend your council read articles by Stefan Lanka, a virologist, on virus, AIDS and infectiousness. Here is one link: www.neuemedizin.com/lanka2.htm

If the state wants to prevent outbreaks then the simplest way is to provide proper education regarding health and to provide proper living conditions. Outbreaks will become less and less as the public become more and more healthy.

I do not agree with the statements you make about travel and trade and the spread of disease so find it impossible to respond as such. Healthy living habits and commonsense are the main requirements needed whether we travel or not. We are all teeming with microbes on a daily basis and this does not indicate that we are sick. Many who travel for their holiday in the sun will often over-do the sunbathing and over-consume rich foods and alcohol and then when they fall ill a particular microbe gets the blame. For example, in the publication Eurosurveillance, 14/09/2000, it reported on a small outbreak of meningococcal disease in Cyprus. It stated that all five (3 Swedish, one Norwegian and one British) were aged 18 to 20 years old and had visited or stayed in Ayia Napa. No further connections between the cases were identified. This is a typical situation and it is quite obvious why these individuals became compromised in their health! This was not a case of the disease spreading, there was a clustering of these isolated cases simply because these individuals were participating in similar lifestyle habits at that time. The best measure to control 'disease' is to educate the general public to take responsibility for maintaining their own and their family's health, and to use good commonsense when travelling to very different climates etc to allow their bodies to adjust to the changes.

Testing for HIV/AIDS is highly questionable since AIDS itself is still being debated. I am not convinced that the present views surrounding HIV/AIDS are correct. Therefore I am not in favour of these questionable tests. Tuberculosis is a disease of overcrowded living conditions and compromised immune systems. I would highly recommend the book by medical doctor Dr Gerhard Buchwald - 'The Decline of Tuberculosis despite "Protective" Vaccination, 2004.

5. Obesity. Food is closely linked with individual satisfaction and lifestyle. This means that any strategy that seeks to change people's behaviour is likely to be perceived as particularly intrusive. How should this sensitivity be considered in devising policies that seek to achieve a reduction in obesity?

While there is clear evidence about the extent and scale of obesity, there is far less clarity about what measures should be adopted by the government and other stakeholders to prevent it . In view of this uncertainty, what would be suitable criteria for developing appropriate policy?

What are the appropriate roles and obligations of parents, the food industry, schools, school-food providers and the government in tackling the problem of childhood obesity?

Is it acceptable to make the provision of NHS services dependent on whether a person is obese or not. If so, what criteria should govern whether or not interventions are provided, and should similar criteria be developed for other lifestyle-related health problems that are significantly under the control of individuals?

Answer 5. The area I have been involved in for the last 15 years is vaccination and I helped set-up and now run the organisation The Informed Parent, so I have focused my attention in answering your previous sections as that is where I have some expertise. Therefore I have not answered your questions directly but just made a few comments on obesity.

Regarding obesity it is quite possible that, apart from the increase in unhealthy lifestyles in the last 50 years, the subtle damaging effect of vaccination may also be playing a role. For example, there is apparently a lot of scientific-based evidence regarding vaccine damage and obesity. A communication I recently received stated: 'If you look at the cell membrane communicators they are turned off by viral and thimerisol activity. The increase in insulin (a hormone) is aggravated by toxins like vaccines. There are some studies on the MMR and the disruption of the amylase production in the parotids. MMR blocks this enzyme which is responsible for carbohydrate breakdown. If you don't naturally have mumps and get vaccinated instead you have compromised your ability to break down carbohydrates. This is totally in line with the growing numbers of type II diabetes.' - Kimberly D. Balas, PhD, ND,Board Certified Naturopath.

Obesity may still occur even if the public start to reduce their intake because their systems may be clogged up with their previous lifestyles which can disable their systems into being unable to break down, absorb and assimilate the various foodstuffs they do eat. As their health improves their systems will become less sluggish and obesity will decline.

Good role models are needed in this area to inspire others into action. That must come from all levels from the family to the government. Ministers of Health should actually know about, and practice, good health before given such a position of minister of Health, which certainly does not happen generally.

The food industry are ultimately there

to make money and with the high demand for junk foods and drinks I can not imagine that they would discontinue many of their lines to reduce obesity. I find it ironic that in recent years there has been pressure from the EU to ban various nutritional supplements and yet to suggest the banning of various junk food outlets would be met with horror!

I feel it is acceptable for those who allow themselves to become so obese to the point where they are placing such a burden on their skeleton and organs and then require hip replacements etc should contribute more into the system. They are responsible for their own state of health, and others who maintain their health reasonably should not share the costs.

7. Alcohol. The effects of excessive consumption of alcohol on the health of individuals and society have been known for a very long time. It can be argued that in view of the significant harm to individuals and society, comprehensive measures by governments to prevent harm are lagging behind those for tobacco. In your view, what are the reasons for this?
In view of the impact of excessive consumption of alcohol on individuals and society, what are the roles and responsibilities of agents other than the government to limit consumption? Are there different responsibilities for producers and, for example, retailers? If so, which?

Answer 7. As stated previously my area of expertise is in vaccination so my response is brief in this section. I would like to point out one thing about the increase in consumption of alcohol, smoking and obesity which may be relevant. These habits are all stimulants which in my opinion stem from cravings of an unhealthy system. Those who are extremely healthy do not have the need for stimulants - they have a healthy body and mind. The more one increases ones level of health the more clarity comes into being, and the desire for stimulants, such as alcohol, junk foods and nicotine are greatly reduced or disappear altogether. So why would there be an increase in the need for stimulants? A healthy mind would not indulge in these harmful habits, unless the mind had been slightly altered/damaged in some way. It is my well-considered opinion that much of the increase in these areas, as well as increases in bad social behaviour, learning difficulties, autism and so on, may be as a result of minimal amounts of brain damage caused by the vaccinations that have been introduced over the last 60 years. Minimal brain damage may be subtle, and overlooked in the early years of a child's life, but it could result in de-stabilising the mind to different degrees hence the need for stimulants in teenage and adult life. A very interesting read on this aspect can be found in the book by medical historian Harris L Coulter entitled: Vaccination, Social Violence and Criminality - The Medical Assault on the American Brain (1990).

A reasonably healthy mind acts in a moderate manner so should there be any desire for certain stimulants then these will be in moderation which will place much less of a burden on public health. As far as roles and responsibilities go, as with the tobacco industry and junk-food industry, these companies involved in alcohol production are only concerned with profit margins and maximising their sales. They are not interested in limiting consumption.

8. Supplementation of food and water. Fortification of some foodstuffs such as flour, margarine and breakfast cereals has been accepted for some time. Why has the fluoridation of water met with more resistance? What are the reasons behind international differences in the acceptance of fluoridation of water? What criteria are there that determine acceptance?
Which democratic instruments (for example, decision by Parliament or local authority, consultations or referenda) should be required to justify the carrying out of measures such as fluoridation?
Achieving population benefits of fluoridation means restricting choice of individuals. Children benefit the most from fluoridation. However, as with vaccinations, adults, rather than children, are making decisions about whether or not to receive the intervention. Under what circumstances is it acceptable to restrict the choice of individuals in order to protect the health of children?

Answer 8. I find your questions extremely bias, particularly where you state that children benefit most from fluoridation. I have come to understand fluoridation as being harmful to both child and adult, and I certainly am NOT in favour of mass medication of the water. There are also question marks surrounding fortifying various foodstuffs, especially in products such as margarine and breakfast cereals which are questionable food products in the first place, and some nutritionalists would say that the packaging may be more nutritious. Foods should be as close to their natural state as possible and if individuals wish to use supplementation then it should be on a personal basis. I am in favour of freedom of choice.

In your case study notes you say that a total of around 400 million people receive 'enriched'(a bias opinion) water, that does not mean to say that any of those people know much about the issue or the controversies surrounding fluoridation, it just means they were accepting.(Isn't that one of side-effects of fluoride....lethargy?) This reminds me of the statements from the Dept of Health when they state that most parents have their children vaccinated. In my experience over the last 15 years of dealing with numerous parents, the main reason they agree to vaccination is because they assume the health authorities have sound evidence, in otherwords they agree out of trust not out of knowledge.

I do not agree that there are any justifications for fluoridation at all, and a truly democratic society should be able to choose. It is NOT acceptable under any circumstance to restrict the choice of individuals in areas such as fluoridation and vaccination. Parents are responsible for their children until they reach adulthood and that position must be respected. Your, once again, bias assumption at the end of the last question gives me great concern that this consultation paper and study is totally one-sided.

9. Ethical Issues. In your view, is there one of the following principles that is generally more important than the others: autonomy, solidarity, fair reciprocity, harm principle, consent, trust? If so, which one and why? Are there any other important principles that need to be considered?
Can these principles be ordered in a hierarchy of importance? If so, how would such an order relate to the five case studies (infectious diseases, obesity, smoking, alcohol, and the supplementation of food and water)? Would the order have to be redefined for each new case study? Are there particular principles that are of special importance to some case studies?
In cases such as vaccinations or fluoridation parents decide on behalf of their children. Which principles should guide parents in their decision?

Answer 9. Autonomy must be preserved so that individuals can choose their individual/family lifestyles

independently. As I have stated throughout my previous answers, responsibility for ones own/family health and lifestyles should be taken by the individual. However there are still many who have become very dependent on the state for their decision-making and this principle may be initially difficult for some.

In my opinion it is wrong for the state to force citizens to contribute to so-called social welfare systems if they do not view that system to be of benefit. I feel for those who choose to contribute to an offered system (ideally the system should have a wide range of choices) then the principle of 'fair reciprocity' would be appropriate and as suggested those people who take higher health risks etc should make additional contributions to a public healthcare system. If it becomes cheaper to be healthier this would be a big incentive to many. A good and successful health service should be closing down hospitals and services because they are not required. This is certainly not the situation we have on our hands with the NHS!

The concept of consent would be fine if the public were truly informed on various issues, but sadly this is not the case. As regards to vaccination many parents will sign consent forms for various vaccination campaigns with very little understanding or knowledge on the subject. Why does this happen? These parents have a blind 'trust' due to the fact that the state tells them that these subjects are too complex to understand and that the 'experts' know best. The public is constantly being disempowered to the point where they begin to lose their thinking abilities, natural instinct and commonsense. The result is a totally dependent non-thinking public. Fortunately there are a growing number of individuals world-wide who are now challenging many of the 'established' views and we can see that an increasing number of individuals are not so full of trust, and they are looking into things for themselves and making informed decisions. I would like to quote a brief extract from Doctors, Disease and Health (1938) by Cyril Scott, p286:

'To regard disease merely as a departure from normal health, no matter what form this departure takes, simplifies its consideration so greatly that it does not require medical training to appreciate it fully, nor anything resembling talent to find means for its relief...'Yet in spite of this self-evident fact medical science as a whole would have us believe that the treatment of disease is something so mysterious and so complex that it cannot be discovered without a prodigious expenditure of money and labour and a display of learning so profound that even years of study can hardly make it intelligible to the most intelligent.' -

Fortunately more and more people are waking up to the fact that they do have the ability to research and understand subjects such as health, and in my experience often become more knowledgable than their educated medical professionals. (One may be educated in a subject but lack intelligence and commonsense.)

Parents should decide on behalf of their children, they are the rightful guardians and their decisions must be respected. Therefore the principle of autonomy is appropriate in all situations.
Magda Taylor, September 2006

Some of you may have watched the very bias stance taken on the BBC programme 'The Real Story with Fiona Bruce', (Wednesday. 7.30pm, 18 Oct) regarding the new vaccine. The Informed Parent was contacted by the researchers, and apart from sending lots of info they had intended to interview Trevor Gunn and Viera Scheibner.....and then there was silence!

COMPARING NATURAL IMMUNITY WITH VACCINES

***with* TREVOR GUNN**, *BSc. LCH RSHom, graduate in biochemistry*

Topics covered include: Short and long term effects of childhood and 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
7 Feb 2007 • 6 June 2007
Part 2:
7 March 2007 • 4 July 2007
For details contact Karel on:
01273 277309

LONDON
New dates to be confirmed, please check the events page of the website or for details and bookings, please contact Magda on: **01903 212969**

Just another reminder that a booklet entitled **'Comparing Natural Immunity with Vaccination'**, based on Trevor's presentation is now available from The Informed Parent at the cost of £5.50 including postage and packing.

AIMS AND OBJECTIVES OF THE GROUP

1. To promote awareness and 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 and current information about vaccination and to make it available to members and interested parties.

5. To arrange and facilitate local talks, discussions and seminars on vaccination, childhood illnesses and the promotion of health.

6. To establish a nationwide support network and register (subject to members permission).

7. To publish a newsletter for members.

8. To obtain, collect and receive money and funds by way of contributions, donations, subscriptions, legacies, grants or any other lawful methods; to accept and receive any gift of property and to devote the income, assets or property of the group in or towards fulfilment of the objectives of the group.

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