THE informed PARENT
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TWO PROMINENT VACCINE "EXPERTS" EXPOSED

VERA HASSNER SHARAV
http://www.ahrp.org/cms/content/view/811/150/
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ONE has been criminally indicted on 13 counts of fraud, 9 counts of money laundering , and theft of $1 million. The other was found to have made a series of "unsubstantiated and/or false" statements and slanderous accusations.

Bloomberg News reports that a new study from the Centers for Disease Control and Prevention, confirms an epidemic increase in developmental disorders among U.S. children--primarily, autism and ADHD. These disorders in children aged 3 to 17 increased from 12.8% in 1997-1999, to 15% in 2006-2008--affecting 1 in 6 children (about 10 million).

Autism, a lifelong disabling neurological developmental condition had the largest increase, rising nearly fourfold from 0.19% in 1997-1999, to 0.74 % of children in 2006-2008. The research is published in the journal Pediatrics.

Vaccines are legally defined as "unavoidably unsafe" which is why manufacturers have been given immunity from liability. The role of vaccines in the epidemic rise in autism is one of the most contentious medical issues which pits millions of parents whose children developed autism spectrum after being vaccinated, against a powerful vaccine establishment whose financial interests preclude an honest appraisal of vaccine safety.

The unexplained accelerated increase in autism spectrum that has reached epidemic levels has been documented in state and federal studies. In 1999, the California Dept. of Developmental Services documented a 210% increase in children with autism between 1987 and 1998: 3,864 compared with 11, 995.

Concerns about the safety of vaccines and the way vaccines singly or in combination act on the developing immune and neurological system, and the role that viral and bacterial infections, environmental toxins, and genetics can play in the development of vaccine-associated autism and other learning, behavior, and autoimmune disorders, needs to be rigorously examined, rather than denied by those whose careers and financial interests are linked to the dogma that vaccines are "safe."

The role of vaccines in the epidemic rise in autism is one of the most contentious medical issues which pits millions of parents whose children developed autism spectrum after being vaccinated, against a powerful vaccine establishment whose financial interests preclude an honest appraisal of vaccine safety.

On April 11, 2011, Dr. Poul Thorsen, the Danish vaccine researcher (a psychiatrist by training) was one of the key researchers who has been closely aligned with and funded by the Center for Disease Control (CDC), was indicted by a federal grand jury on 13 counts of wire fraud; 9 counts of money laundering; and for allegedly stealing over $1 million from CDC funded autism research between 2004 and 2008. US prosecutors are seeking to extradite him from Denmark.

Dr. Thorsen's research on autism is widely known in academic circles, where he was a highly respected figure. His extensively quoted paper, known as "The Danish Study,", is the cornerstone for the claim that the autism-vaccine connection has been refuted.

He has been charged with stealing the money over a four-year period, while serving as the "principal investigator" under a CDC grant, for a program that studied the relationship between autism and exposure to vaccines. He is alleged to have submitted a dozen false invoices for research expenses, using the proceeds to buy a home in Atlanta, two cars and a Harley Davidson. Prosecutors seek Dr. Thorsen's extradition from Denmark.

The Copenhagen Post reported: Each count of wire fraud carries a maximum of 20 years in prison and each count of money laundering a maximum of 10 years in prison, with a fine of up to $250,000 for each count. The federal government will also seeks forfeiture of all property derived from the alleged offenses.

The case was first reported by Robert Kennedy Jr. In March,2010, in The Huffington Post . Of note, in sharp contrast to the media frenzy about the debarment of Dr. Andrew Wakefield, the major news media have been silent about the criminal indictment of Dr. Thorsen.

When a researcher is indicted on criminal charges--for fraud, falsifying documents, and theft--the integrity of his published research oevre is ipso facto under a cloud of suspicion. Thus, an audit of Dr. Thorsen's research data by an independent panel of scientists is called for.

The second most influential vaccine promoter is Dr. Paul Offit, Chief of Infectious Diseases at Children's Hospital of Philadelphia, who is a co-patent holder in Merck's RotaTeq (rotavirus) vaccine--whose royalties earn him millions of dollars; his salary as professor of Pediatrics at the University of Pennsylvania is endowed by Merck. Dr. Offit has served on both Merck's advisory board and the federal Advisory ›

Editor's note

Magda Taylor

WELCOME TO THE SECOND ISSUE FOR 2011. I would normally refer to it as the summer edition but with the peculiar weather we have been having in the UK recently I am rather confused as to which season we are in!

After another big media campaign on measles outbreaks in recent months it seems to have gone quiet again on that front. Over the 20 years I have been involved in this subject I have observed these kind of scare tactics on a regular basis. In my opinion it is just another ploy to try and get higher MMR uptake. The main thing I would like to emphasise is that measles is not something to fear. As many of you know this acute childhood infection had been declining enormously throughout the late 1800s and 1900s due to increased health and by the 1960s had become a much milder disease. This was BEFORE the measles vaccine was introduced in 1968.

From a naturopathic viewpoint if a child has a certain amount of toxic build-up internally then the body will attempt to eliminate it via an acute disease. Therefore if a child needs to develop measles you would not want to prevent that elimination process, would you? The main issue would be to make sure your child gets through the illness swiftly and without complications. If the disease is not suppressed with anti-fever medications and 'just-in-case antibiotics etc' and the child is kept hydrated, well rested and not over-fed during the early stages of the disease then it is highly likely they will sail through the illness.

I have nursed cases of chickenpox and severe tonsillitis in this manner and have watched the marvellous abilities of the body to self-heal. I would highly recommend readers to refer to books, such as, The Hygienic Care of Children by Herbert Shelton. I have found this enormously helpful and although the book is out of print, the text can be found on the internet. Homeopaths and herbalists etc can also be very helpful at these times for suggested remedies, if you wish to seek outside advice.

Hope you find this edition interesting and please do keep letting others know of this publication….. I really do need to increase the number of subscribers to preserve the 'health' of The Informed Parent!

Wishing you all continued good health!
Magda Taylor

› *from p01*

Committee on Immunization Practices.

Dr. Offit's financial interest in promoting vaccines as safe constitutes an obvious conflict of interests: it raises serious concerns about his credibility as an impartial scientist. His exaggerated claims about the safety of vaccines are over the top--resorting to promotional marketing hype that would likely not pass FDA rules. Dr. Offit went so far as to claim that "babies can safely handle as many as 10,000 vaccines." He then upped the ante, when told he told NewsWeek "it was probably closer to 100,000."

Dr. Offit's dismissive responses to the concerns raised by parents of vaccine-injured children has been ca;;pis as someone clinging to a dogma. Surely Dr. Offit knows that vaccines are legally classified as "unavoidably unsafe." How can a doctor ignore entirely the mounting number of vaccine injury court settlements ? The government has settled and compensated more than 2,500 families of vaccine-injured children--including 83 with autism and paid more than $2 billion in vaccine settlements.

"Dr. Offit knows that vaccines are legally classified as 'unavoidably unsafe.' How can a doctor ignore entirely the mounting number of vaccine injury court settlements ?"

For a scientist to ignore the human casualties because they contradict his strongly held position that vaccines cannot be blamed for causing harm, is a sign of bias, and closed mindedness--not attributes of an honest scientist.

A CBS News report by investigative Correspondent, Sharyl Attkisson, " How Independent Are Vaccine Defenders? " (aired on July 25, 2008) in which she examined the financial ties between vaccine supporters and the vaccine industry, noting that Dr. Offit has refused to divulge his financial remuneration from the vaccine industry.

On August 4, 2008, the California Orange County Register, published Dr. Offit's response to the CBS report in which he listed financial disclosure documents that he emphatically claimed he had provided to CBS. He accused Sharyl Attkisson of lying. 'Did (reporter Sharyl Attkisson) lie about whether or not we provided materials? Of course,' said Paul Offit.

Dr. Offit has repeatedly resorted to the inflammatory tactic of hurling false and slanderous accusations about his critics when they report that he has undisclosed financial interests in the business of vaccines, which most people would agree, constitute a conflict of interest. His irresponsible false accusations are aimed at assassinating journalists' professional reputation. Unfortunately, the OC Register failed to check the veracity of Dr. Offit's slanderous accusation.

Three years later, on April 18, 2011, the Orange County Register issued a long-overdue "Correction," repudiatiating Dr. Offit's claims and inflammatory accusations as "unsubstantiated and/or false."

"An OC Register article dated Aug. 4, 2008 entitled 'Dr. Paul Offit Responds' contained several disparaging statements that Dr. Offit of Children's Hospital of Philadelphia made about CBS News Investigative Correspondent Sharyl Attkisson and her report. Upon further review, it appears that a number of Dr. Offit's statements, as quoted in the OC Register article, were unsubstantiated and/or false. Attkisson had previously reported on the vaccine industry ties of Dr. Offit and others in a CBS Evening News report 'How Independent Are Vaccine Defenders?' July 25, 2008.

Unsubstantiated statements include: Offit's claim that Attkisson 'lied'; and Offit's claim that CBS News sent a 'mean spirited and vituperative' email 'over the signature of Sharyl Attkisson' stating 'You're clearly hiding something.' In fact, the OC Register has no evidence to support those claims.

Further, Offit told the OC Register that he provided CBS News 'the details of his relationship, and Children's Hospital of Philadelphia's relationship, with pharmaceutical company Merck.' However, documents provided by CBS News indicate Offit did not disclose his financial relationships with Merck, including a $1.5 million Hilleman chair he sits in that is co-sponsored by Merck.

According to the CBS News documentation recently reviewed by the OC Register, the network requested (but Offit did not disclose) the entire profile of his professional financial relationships with pharmaceutical companies including: The amount of compensation he'd received from which companies in speaking fees; and pharmaceutical consulting relationships and fees.

The CBS News documentation indicates Offit also did not disclose his share of past and future royalties for the Merck vaccine he co-invented. To the extent that unsubstantiated and/or false claims appeared in the OC Register and have been repeated by other organizations and individuals, the OC Register wishes to express this clarification for their reference and for the record."

If the two most "authoritative" vaccine "experts" who have had the greatest influence in CDC vaccination policy, are found to be dishonest, then the integrity of their claims about vaccine safety cannot be entirely trusted. Whether some children are put at high risk of neurological, developmental damage from vaccines, must be re-examined by honest scientists who have no financial interest or ties to vaccine manufacturers.

The key to understanding, preventing and curing infectious diseases as well as conditions that might be related to vaccinations, such as autism, lies in having unbiased scientists design, conduct and publish appropriate research. Until CDC and other federal granting agencies stop cherry-picking the vaccine science and scientists they will support, based on their willingness to generate preordained conclusions, we will continue to wait for better vaccines and for effective strategies to treat affected patients.

Drug watchdog halts injections after adverse reaction in patients

ADAM CRESSWELL
www.theaustralian.com.au
April 19, 2011

THE DRUG regulator has told GPs to stop giving patients a second dose of a vaccine that protects against pneumococcal disease, after more than 80 Australians suffered severe reactions, including severe swelling and abcesses.

The Therapeutic Goods Administration said it was investigating what could have caused 178 reports of reactions to the Pneumovax 23 vaccine, which is meant to protect against a potentially life-threatening bacterial infection that can cause meningitis and death and is mainly given to adults.

Of the 178 reaction reports made from January 1 to April 14, 169 related to reactions at the injection site, of which 82 were deemed severe, and included the skin inflammation cellulitis, swelling from the shoulder to the elbow and abcesses.

In a statement, the TGA said that although such reactions were specifically mentioned as possible side-effects in the information provided with the vaccine, the sheer number had triggered the agency's concern.

The total number of reaction reports is nearly three times the 63 adverse reactions that were reported to the end of April last year, and more than five times the 34 reactions reported in 2009.

The vaccine, made by Merck Sharp and Dohme, is provided free once every five years for adults over 65, indigenous people over 50, tobacco smokers, and people aged 10 and over who are predisposed to invasive pneumococcal disease.

The latest scare follows an earlier incident with the same vaccine in March, when the TGA ordered a recall of one specific batch after a cluster of seven patients reported similar reactions.

Of the 178 reaction reports overall, 57 were among people who received the suspect N3336 batch involved in the earlier NSW incident.

The TGA said in a statement that, out of the 82 severe reactions, 44 were among people receiving their second dose. Another 22 were in people receiving the vaccine for the first time, while it was unclear whether the remainder were first or second shots.

"Analysis of these adverse reactions suggests that the largest number of reactions is occurring in people receiving their second five-yearly dose of Pneumovax," the statement said.

"Further detailed analysis . . . is required and will be undertaken by the TGA and the Australian Technical Advisory Group on Immunisation. Until this analysis is complete, the TGA is recommending as a precautionary measure that patients do not receive a second dose."

Merck Sharp and Dohme said the company was not involved in the TGA's alert and could not "elaborate on the reasons" for the warning.

VACCINES ARE THE ALARMING HIDDEN CAUSE OF BREAST CANCER

BY RUSSELL L. BLAYLOCK, MD, CCN

www.mercola.com

March 18 2011

BREAST CANCER is one of the leading causes of cancer death in women worldwide and breast cancer rates are increasing rapidly.

A compelling number of studies, though not all, have shown that free iron concentrations in breast tissue, especially the ductal tissue, is playing a major role in stimulating cancer development and eventual progression to aggressive, deadly cancers.[1,2]

CANCERS ARE VERY DEPENDENT ON IRON

Iron is needed for DNA replication in rapidly dividing cells.[3]

A recent report from the Department of Biomolecular Sciences in Urbino Italy, found that fluid taken from the nipple of cancer patients contained significantly higher levels of aluminum than did nipple fluid taken from women without breast cancer¬approximately twice as much aluminum.[4]

A number of studies have found that extracting nipple fluid by a breast pump (in both premenopausal and postmenopausal women) is a simple way to study the microenvironment of the ductal tissue, the site of development of most breast cancers.[5]

Examining this ductal fluid is an excellent way to measure such things as iron levels, ferritin (an iron-binding protein), CRP (a measure of breast inflammation) and aluminum.

The researchers also found that women with breast cancer had much higher levels of ferritin, an iron transport protein, in their breast fluid, which was 5X higher in women with breast cancer.[6]

This observation has been confirmed in other studies.

In previous studies researchers found that one's intake of iron did not necessarily correlate with risk of breast cancer, but rather the release of iron from its protective proteins, such as ferritin and transferrin was critical.[7]

This distinction is very important and explains why some studies found no link between iron intake in the diet and breast cancer incidence.[8]

FREE IRON CAN BE VERY DANGEROUS

Over 90% of iron absorbed from your diet is normally bound to these protective proteins. Recent studies have shown that some things we do can cause too much of the iron to be released into surrounding tissues, and if this iron exists as free iron, it can trigger intense inflammation, free radical generation and lipid peroxidation.

Bound iron is relatively harmless.

"A recent study by Lucija Tomljenovik and Chris Shaw found that a newborn receives a dose of aluminum that exceeds FDA safety limits (5mg/kg/day) for injected aluminum by 20-fold, and at 6 months of age a dose that was 50-fold higher than FDA safety limits."

So, what can cause these protective proteins to release their iron?

One factor is an excessive alcohol intake. Studies by Lee et al have shown that women who drink greater than 20 grams of alcohol a day significantly increase the free iron in their breast tissue and have a higher incidence of invasive breast cancer¬the most deadly form.[9]

It has also been shown that excessive estrogen can displace iron from its protective proteins, thus increasing free iron levels and associated breast cancer risk.[10] This helps explain the link between high estrogen levels and breast cancer.

Of more importance than the total intake of iron is where the iron ends up that is absorbed from your food.

As stated, most of it is bound to protective proteins, such as transferrin in the blood and ferritin within cells. If you have a lot of extra space within these proteins for binding iron, then a high dietary iron intake would be less harmful.

Previously it was thought that a spillover of free iron occurred only when the protective proteins (tranferrin and ferritin) were fully saturated, as we see with the condition hemochromatosis.

HOW ALUMINUM AND ALCOHOL WORSEN IRON TOXICITY

We now know that both aluminum and alcohol can displace the iron from its protective proteins, raising the level of harmful free iron, even when these protective proteins are not fully saturated with iron.[9]

If this occurs within the breast, as this study demonstrates, free iron levels in the breast ductal tissue can become dangerously high and over time induce malignant tumor formation.

The question to be asked is--where did the aluminum come from?

The authors of the paper suggested underarm antiperspirants as a possibility. But, there is another source that is becoming increasingly a problem and that is from vaccine adjuvants.

VACCINES ARE A MAJOR SOURCE OF ALUMINUM FOR MANY

Many inactivated vaccines contain aluminum salts to boost the immune reaction. Studies have shown that this aluminum is slowly dispersed all over the body and may be concentrated in breast ducts.[11]

The amount of aluminum in vaccines is tremendous, especially in such vaccines as the anthrax vaccine, hepatitis vaccine and tetanus vaccine.

Since many American children are being exposed to multiple doses of aluminum containing vaccines by the time they are 6 years old, one would expect very high exposures to injected aluminum.

A recent study by Lucija Tomljenovik and Chris Shaw found that a newborn receives a dose of aluminum that exceeds FDA safety limits (5mg/kg/day) for injected aluminum by 20-fold, and at 6 months of age a dose that was 50-fold higher than FDA safety limits.[12]

Aluminum at this young age will accumulate in various tissues and with new vaccine recommendations, children and young adults may be exposed to many more aluminum containing vaccines every year throughout life.

With the ability of aluminum to displace iron from its protective proteins,

we may not only see a dramatic increase in breast cancer, but also other iron-related diseases, such as liver degeneration, neurodegenerative disease, diabetes, heart failure and atherosclerosis.[13] No one is addressing this very real danger.

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Pneumonia jabs for the over-65s are to be scrapped by the Government because they do not save lives

BY JENNY HOPE
www.dailymail.co.uk
31st May 2011

MILLIONS of pensioners have been vaccinated with a one-off jab that was supposed to give ten-year protection against an infection that causes pneumonia.

The vaccine programme is estimated to have swallowed up £100million – with jabs costing around £20 each including GPs' time – since it was launched in 2005.

As recently as January, the Department of Health was issuing promotional leaflets for the jab despite a number of studies questioning whether it works.

But independent experts on the Joint Committee on Vaccination and Immunisation (JCVI), which advises the Government, claim it has had 'no discernible impact' on rates of pneumococcal disease.

It said the protection provided by the vaccine is poor and not long- lasting in older people.

It has told the Government's director of immunisation, Professor David Salisbury, there is little benefit in continuing the programme and it should be stopped.

No impact: Independent experts on the Joint Committee on Vaccination and Immunisation (JCVI) claim pneumonia jabs for the over-65s have no effect

However, the jab should still be given to children and people with risk factors such as respiratory and heart disease as the evidence is more 'robust', says the JCVI.

The type of jab for over-65s is pneumococcal polysaccharide vaccine sold under brand names Pneumovax and Pneumovax II. A different type is used in children.

The jab for older people has been linked to 30 deaths and more than 3,300 reported side effects, including heart disorders and joint and muscle pain, according to official figures from the Medicines and Healthcare products Regulatory Agency.

It is offered when pensioners get their annual flu jab, with a typical uptake of 70 per cent, suggesting at least 3.8million people have had it.

The jab is meant to work against 23 common types of pneumococcal disease bugs but there has been mounting evidence it does not cut the risk of pneumonia in over-65s.

Even in 2005, when the programme in older people started after a majority vote in favour by the JCVI, there were doubts.

Last night Professor Salisbury said: 'The experts that advise us on vaccine programmes have recently reviewed the pneumococcal vaccination programme for over-65s and concluded the protection it offers is not effective enough and that the programme should cease.'

Charlotte Linacre, of the TaxPayers' Alliance, claimed the programme should have been reviewed earlier.
She said: 'The Department of Health shouldn't just throw money at a project without reviewing its effectiveness.

TYPE 1 DIABETES AND VACCINATION: IS THERE A CONNECTION?

BY JANE DEAN M.A.
(HEALTH RESEARCH) R.N, R.M, N.D
April 2011

I GUESS I AM A SCEPTIC when it comes to research. Much of today's medicine has to be evidence based, as we wait for science to determine treatment options.

Nor do statistics sit comfortably with me. Back in the 1870's Benjamin Disraeli was reputed to have said, "There are three kinds of lies: lies, damned lies and statistics". Sadly little has changed in the intervening one hundred and thirty years. We have further influencing factors on research and statistics in the twentieth century and that is the oppressive power of pharmaceutical companies. How can we expect absolute truth when so much of medical research is sponsored by drug companies? I have heard the cries of impartiality from both sides, but reality often fails to support their claims.

For me personally, dealing with parents of often very sick children, I rely on instinct and experience. Taking a good medical history, collating the facts, slowly putting together the jigsaw of their life and leading the parents to form their own conclusions based upon the evidence before them. Not scientific in the true sense, but very, very relevant.

A case in point is the suggested link between vaccination and Insulin dependent diabetes (Type 1) A number of years ago our brave editor, Magda Taylor, highlighted a report of Harris Coulter to the US Congress,[1] who looked at the rise in childhood vaccinations and a corresponding rise in Type 1 diabetes. This was published in 1997 and caused a storm in medical literature. Since then we have had a plethora of research calling into question Harris Coulter's report of 1997. Where does the truth lie? Any link into understanding childhood Type 1, however spurious it may seem, cannot afford to be ignored.

Diabetes is no longer the death sentence it once was. The advent of insulin changed that, but insulin is not a cure. Individual blood sugar levels must be monitored and controlled with rigour, otherwise a lifetime of living on the edge will ensue. The NHS diabetic council have stated a 23 year reduction in life expectancy once diabetes has been diagnosed. One can only imagine the loss of years when diabetes is improperly controlled.

Jane Dean MA

"It is my belief that vaccinations given to a child with an already compromised immune system, will trigger a spiral of reactions including the self destruction of the pancreas."

Figures from Diabetes UK,[2] state 22,000 children in the UK, under the age of 17, suffer from diabetes of which 97% have Type 1. Four per cent of these children are in the 0-4year age range and 42.5% in the 10-14 year range.

The cost of diabetes to the NHS is colossal at over 9 billion pounds every year or 25 million pounds a day. This does not include the extra costs in treating long term effects of diabetes which may include heart disease, stroke, blindness, kidney disease, nerve damage and amputations. Prevention of this long term debilitating condition is a priority of successive Departments of Health.

There is a general acceptance that Type 1 is an auto-immune disorder whereby the pancreatic cells attack the islets (the insulin producing cells located in the pancreas) eventually destroying them completely until little or no insulin is produced.

There are genetic links, if your mother suffered from diabetes or any of your siblings there is a greater possibility of you developing the same condition. This may be due to a small change in the genetic structure of the DNA. However, even if there is a familial link, there is no evidence to suggest diagnosis as inevitable. There are other factors to consider. Like many degenerative conditions, it is rarely the result of one factor alone, but a series of insults which cause the immune system to say enough is enough.

My interest is in childhood Type 1 diabetes.

We do know that babies who are exclusively breast fed have a lower incidence of Type I. There are two factors here, for one the presence of immunoglobulins in breast milk which have an advantageous effect on the developing immune system and two, breast milk proteins are recognised by the developing immune system and are easily digested by the baby.

Cows milk has none of these advantages. Weaning a breast fed baby onto cow's milk can also cause problems. A Finnish and Canadian study[3] took blood samples from recently diagnosed Type 1 children and found antibodies present to a fragment of cow milk protein known as P69. The problem is P69 is naturally produced by the pancreas and the immune system confuses the response to the cow milk protein with the natural occurring P69. The hypothesis is that if babies are given cow milk before the age of 5 to 6 months they develop antibodies in their blood to the cow milk protein fragment. This in itself would pose little problem, however, each time the baby suffers from a viral illness the natural P69 comes to the surface of the Islets to protect them from viral attack. The immune system, mistaking the natural P69 for the cow's milk protein P69, attacks and destroys a little of the pancreas. With each viral insult this

process is repeated. The self destruct mechanisms are efficient and well executed to a point whereby pancreatic activity is wiped out.

The latest publication from TRIGR (Trial to reduce insulin dependent diabetes in the genetically at risk) [4] developed a trial in Finland to investigate two different types of milk formula, one a standard cow's milk formula and one a pre-digested milk formula, called hydrolysed casein milk. The aim was to determine the effects of each on the immune system and specifically the tendency to develop antibodies relating to Type 1 diabetes. It was found that the babies fed on the standard cow's milk formula showed evidence of autoimmunity earlier than the group fed on the pre-digested formula. It would seem that the pre-digested milk which is more similar to breast milk, depresses the negative immune response. A larger study may help to clarify these early findings.

Common sense would appear to suggest that a baby fed on cow's milk formula is already immune depressed prior to the onslaught of vaccinations. When the baby or small child is exposed to the usual cold viruses or bacterial infections, his/ her immune system will already be on hyper-alert and the auto immune response in the pancreas almost inevitable.

If we are to believe the link with Type 1 and repeated viral infections, then the government childhood vaccination policy requires scrutiny.

In the last twenty years vaccination has escalated, despite improved hygiene and diet which are protective agents.

THE PROGRAMME:

1. Diphtheria, pertussis, tetanus, haemophilus influenza (Hib) and polio are given at two, three and four months of age (5 in one).
2. Pneumococcal (PCV) given at two, four and twelve months of age.
3. Meningitis C (Men C) given at three and four months of age.
4. Hib / Men C booster given at 12 months of age.
5. Measles, mumps, rubella and poliomyelitis at thirteen months; repeated at age four along with diphtheria and tetanus.

A total of 30 doses in 11 vaccinations prior to school age.

The recent introduction of HPV vaccine for pre-pubescent girls also gives rise for concern. No one has yet looked at the incidence of Type 1 in girls following HPV vaccine, but the numerous reported side effects following this particular vaccination are highly indicative of immune failure.

In May 1998, The Sunday Times reported on the work of King's College Hospital, London where researchers had isolated a virus, Coxsackie B4, an enterovirus which had been linked to a wide range of diseases.

Stephanie Amiel, professor of diabetic medicine at King's College was quoted as saying " the number of cases (diabetes) in children is doubling every decade, so there is a lot of interest in the role of viruses"

It is my belief that vaccinations given to a child with an already compromised immune system, will trigger a spiral of reactions including the self destruction of the pancreas.

The time has come for a major trial to compare the incidence of Type 1 diabetes in vaccinated and unvaccinated children. And yes, there are unvaccinated children left in the UK, but for how long?

"The time has come for a major trial to compare the incidence of Type 1 diabetes in vaccinated and unvaccinated children. And yes, there are unvaccinated children left in the UK, but for how long?"

SYMPTOMS OF DIABETES

- Passing urine often, especially at night
- Increased thirst
- Extreme tiredness
- Unexplained weight loss
- Genital itching
- Slow healing of cuts and scrapes
- Blurred vision.

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SYNOPSIS:

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The charity has become a centre of excellence providing hyperbaric oxygen therapy (HBOT) for brain injured children and adults. Recently the charity has been treating children suffering from autism, following the work in America by Dr Wakefield and others into HBOT and autism.

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April 2011

78% of Pakistani children with polio were given polio vaccines

DANIEL ERICKSON

Thursday, June 02, 2011

www.naturalnews.com

IN THE LAST year, as Pakistan has lost favor with the US and UNICEF, polio virus has paralyzed increasing numbers of Pakistani youth, casting doubt on the good intentions of those who fight polio. To make matters worse, most of the new cases have occurred in children already vaccinated. Is the US attempting to fight Pakistan by tainting inoculation doses?

The medical data suggests that the vaccine has changed in its efficacy against the disease. Last year, there were 136 cases of infected youth, and 107 of these had been administered multiple polio vaccinations. These figures are the largest the Polio Global Eradication Initiative has seen since 2006, despite heavy treatment in the most affected areas, South Punjab and the Federally Administered Tribal Area (FATA).

Even the more peaceful provinces have suffered. As reported by the Pakistan Daily times, there were 10 cases of polio in Sindh province in the first four months of the year. The article morbidly notes each of the cases, citing the children's names and the number of vaccinations they had received before the onset of polio virus: "Mohammad Asif, aged 40 months with all his limbs affected... was administered oral anti polio vaccine (OPV) four times... The three and a half years old Ameera... had one of her arms and legs paralyzed... Ameera was first of the confirmed cases of polio during the current year."

As one might imagine, Pakistani citizens are beginning to suspect foul play. Dr. Mazhar Khamisani, a manager of the health department in Sindh has noted that he has seen Pakistani parents begin to refuse treatment and do so on repeated occasions. And how could we, when confronted with the facts, ask them to do otherwise?

"Last year, there were 136 cases of infected youth, and 107 of these had been administered multiple polio vaccinations. These figures are the largest the Polio Global Eradication Initiative has seen since 2006, despite heavy treatment in the most affected areas, South Punjab and the Federally Administered Tribal Area (FATA)."

The type of polio vaccine administered may be a significant cause of the problem. There are two main types of polio vaccine, Inactivated Polio Vaccine (IPV) and Oral Polio Vaccine (OPV). The first of these uses dead cells of poliomyelitis. IPV was developed by Jonas Salk before being disseminated throughout the US in the 1950s, to quell the outbreak that was then infecting roughly 22,000 American children each year. Within 20 years, polio was all but forgotten in America.

However, The Polio Global Eradication Initiative chooses to use the second type, Oral Polio Vaccine. OPV was developed by Albert Sabin and runs the virus through a number of animals in order to weaken the strain rather than kill it. The weakened strain is then injected into children, whose immune systems are strong enough to defeat the infection. It is easy to see how treatment could backfire, in cases when the strain has not been weakened enough for human contact.

Despite the fact that it was not widely disseminated in the US, possibly because of the dangers associated with its use, OPV is the vaccine of choice in countries like Pakistan because, soon after vaccination, weakened virus can be found in children's fecal matter. Immunity can then spread to communal water sources and increase immunity for greater portions of the population. So even if parents refuse OPV treatment, their children may still receive it indirectly through the drinking water.

Historically, there have been cases of outbreak when a weakened strain becomes strong enough to infect rather than immunize. In these cases, OPV is typically replaced by IPV because it is no longer considered safe. But OPV is still the vaccine of choice in Pakistan, even as it continues to prove its potency to the Polio Global Eradication Initiative. Why?

One explanation is that researchers have not collected enough data yet to say with certainty whether the vaccine is causing the outbreak. But how much longer will this go on?

It is equally plausible that the vaccine is not being handled properly. If the requisite temperature is not maintained, the vaccine can be rendered completely ineffectual. In remote areas, where power can be disrupted for hours and even days, the OPV treatments may have exceeded their temperature requirements and consequently lost their usefulness from temperature fluctuations. But surely, medical practitioners would know if their vaccine had potentially been compromised.

Unfortunately, both of these possibilities point to some kind of negligence. Either the doctors administering treatment are aware that their vaccine may not have the capacity to immunize their patients, or the people in charge are disseminating harmful vaccinations, then playing the victim to the 'inconclusiveness of the data' when it is clear that something has gone awry.

The Polio Global Eradication Initiative receives the majority of its funding through UNICEF and the US, both of which are beginning to look at Pakistan as an enemy, rather than a friend. Are political relations trickling down to the medical practitioners who are supposedly fighting a disease, not a country?

LEARN MORE:

http://www.naturalnews.com/032587_polio_vaccines_Pakistan.html#ixzz1O8N8g0KF

MEASLES SCARE 2011

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

- Measles outbreak in the UK deadlier this year
- Measles outbreak prompts plea to vaccinate children
- European measles outbreak threat to children...

SCREAM THE HEADLINES. Unvaccinated children are being excluded from Swiss schools; private clinics are running out of single measles jabs.....What are they panicking about? Heart attacks, strokes, paralysis? No, they are talking about measles - a regular childhood illness that most children sail through.

Yes, there are about 170 000 measles deaths per years world wide (2008 figures), but, as the World Health Organisation (WHO) states:

"The overwhelming majority (more than 95%) of measles deaths occur in countries with low per capita incomes and weak health infrastructures...Most measles deaths are caused by complications associated with the diseases" and "Severe measles is more likely among poorly nourished young children, especially those with insufficient vitamin A, or whose immune systems have been weakened by HIV/AIDS or other diseases.... As high as 10% of measles cases result in death among populations with high levels of malnutrition and lack of adequate health care"

ARE CHILDREN IN EUROPE AND THE UNITED STATES SUFFERING FROM MALNUTRITION? DOES YOUR CHILD HAVE HIV/AIDS? IF NOT, WHY ALL THE FUSS?

In the UK, measles used to occur in epidemics about every two years starting in the autumn with the peak being in April and then waning for another two years. In the nineteenth century when social conditions – malnutrition, poor housing, drinking water contaminated with sewage – were similar to those in poorer countries today, it used to be a feared killer here also. But all that changed long ago. In England & Wales the death rate declined from over 1100 per million cases in the mid nineteenth century to a level of virtually zero by the mid 1960s.

Dr Jayne L.M. Donegan

"What are they panicking about? Heart attacks, strokes, paralysis? No, they are talking about measles - a regular childhood illness that most children sail through."

WAS THIS DUE TO VACCINATION? NO.

99% of the reduction in deaths due to measles in England & Wales occurred before the introduction of the measles vaccine in 1968 and has continued to fall since then.

Dr David Miller, Deputy Director of the Epidemiological Research Laboratory in Colindale, Middlesex, stated in 1964

"In this country at least, measles is now usually regarded as a minor childhood illness through which we all must pass rather than as a public health problem."

In fact measles and other childhood infections were so much regarded as part of normal childhood development in the 1960s that mothers sent their children off to measles, mumps, chicken pox and rubella 'parties' so that they would get them at the best time - in childhood. They are now described as so likely to cause death or disability that the only sensible choice is to vaccinate.

The incidence of measles cases also declined. Great credit was given to the introduction of measles vaccine in 1968 for the lowering of measles notifications in the UK, however, the uptake was only 33% in that year. The level did not get above 55% until 1980 when incidence was already well down.

What happens, then, when unvaccinated children get measles?

Measles outbreaks in unimmunised people tend to be mild in those who do not have underlying medical conditions. In communities which generally do not immunise, the attack rate in infants less than one year of age is low because of protection by the superior maternal antibodies derived from natural infection compared to those derived from vaccination. Almost without exception, deaths occur in those with underlying medical conditions or poor nutrition or in those religious groups who refuse timely medical care when complications occur. Those most at risk of complications from the disease are also those least likely to produce a good antibody response from being given the vaccine.

WHAT IS HAPPENING NOW?

MMR vaccination started in the UK in 1988 with a second dose added in 1996. Nevertheless, in the first five months of 2011 almost 500 cases of measles have been notified.

In France, from having less than 50 reported cases of measles per year, there was an increase to 600 in 2008; 1500 in 2009; 5000 in 2010 and 10 000 cases up to the end of April 2011. Having measles is not a problem in itself. The problem is the cases of pneumonia and encephalitis with two deaths in 2010 (1 death /2500 notified cases) and six deaths so far in 2011 (1 death /1666 notified cases). There haven't been case fatality levels like this in the UK since the 1950s! In terms of health outcomes, we seem to be going backwards!

The measles cases are not coming from abroad. The European Centre for Disease Prevention and Control states that less than 10% of European Union (EU) cases are imported and more than 60% of those, come from another EU country. So we are talking about generally well fed and housed people with a clean water supply.

›

THEN WHY ARE THEY SUFFERING COMPLICATIONS OR DYING?

When you meet a virus, whether you get infected at all, or have a mild, disabling or deadly episode depends on:

- The state of your immune system when you meet it and
- How you treat the illness.

Whatever the state of your immune system, you get complications from not treating infectious diseases correctly.

The first step in this process is to recognise that the infection is not your enemy but your friend. From an holistic point of view, diseases causing fever and rashes are regarded as detoxifying processes, enabling the body to clean itself out and go up a developmental step. Suppression of such processes is thought to lead eventually to long term, chronic illness.

The most important part in this process is fever. There is a substantial body of evidence indicating that fever is a beneficial response to infection which improves the ability of the immune system to carry out its function and that reducing fevers can increase morbidity (complications) and mortality (death) in severe infection. Heinz Eichenwald, Professor of Paediatrics at the South Western Medical School, University of Texas, states in the Bulletin of the WHO:

"Fever represents a universal, ancient, and usually beneficial response to infection, and its suppression under most circumstances has few, if any demonstrable benefits. On the other hand, some harmful effects have been shown to occur as a result of suppressing fever. It is clear, therefore, that the widespread use of antipyretics should not be encouraged either in developing countries or in industrial society." (Eichenwald, 2003)

How are people with measles generally treated?

The World Health Organisation has some pretty good advice:

"Severe complications from measles can be avoided though supportive care that ensures good nutrition (beforehand?), adequate fluid intake and treatment of dehydration (through diarrhoea or vomiting) with WHO-recommended oral rehydration solution."

"Antibiotics should be prescribed to treat eye and ear infections, and pneumonia."

IS THIS WHAT HAPPENS? NO.

The first thing that children are given is paracetamol or ibuprofen to reduce their fever – despite the fact that the WHO don't recommend it and the NHS NICE Guidelines 2007 state.

"Antipyretic agents should not routinely be used with the sole aim of reducing body temperature in children with fever who are otherwise well". They should only be considered:

"in children with fever who appear distressed or unwell." They also stress :

"Antipyretic agents do not prevent febrile convulsions and should not be used specifically for this purpose."

However the NHS Website NHS Choices recommends them as first line:

"If your child has measles, you may find the following advice useful: Use liquid baby paracetamol or ibuprofen to relieve fever, aches and pains."

GPs recommend it six hourly, in hospital it is given four hourly, alone or in combination (even though NICE advise against using paracetamol and ibuprofen together). Antihistamines are given for itches and coughs; antibiotics are given when there is no bacterial infection – just in case; children are fed, over heated and kept in stuffy rooms – is it any wonder that they get complications?

"Fever represents a universal, ancient, and usually beneficial response to infection, and its suppression under most circumstances has few, if any demonstrable benefits. On the other hand, some harmful effects have been shown to occur as a result of suppressing fever."

AND THIS IS JUST WHAT IS HAPPENING IN FRANCE.

France has had the Measles Mumps Rubella (MMR) vaccine since 1986 with coverage of over 90% for the first does and 40-70% for the second dose . So instead of children being able to get measles, mumps and rubella at a beneficial age there is now an epidemic of measles sweeping across the country where 8% of cases are under one year old and 34% are over 20 years , when complications are more common. This is compared to 1963 (England & Wales) when less than 4% of cases were under one and 0.4% of cases over 20 years old.

Worse, it seems that no-one knows how to nurse a case of measles any more. In 2010, 30% of cases were hospitalised (38 % under one year, 47% over 20 years). In 1963, 1% of case in the UK were sent to hospital and 13% of those were for 'social' reasons. Even more incredible, of the cases admitted to French hospitals, only 30% had

complications! If they don't have complications (and even if they do) why on earth would anyone in their right mind send someone with measles to hospital?

When you have measles the disease (or the vaccine) it lowers a part of your immune system, known as 'cell-mediated' . This makes you susceptible to infection by other organisms – so the very last place you should be if you have measles is in a hospital, full of sick people, infectious diseases and MRSA. Six out of ten deaths from measles are from pneumonia. The main complications of measles are infections.

IS IT ANY WONDER THAT THERE HAVE BEEN SIX DEATHS ALREADY THIS YEAR?

There is also the vitamin A factor.

Measles virus grows in the cells that line the back of the throat and lungs. Vitamin A is essential for the maintenance of this lining and others throughout the body. Vitamin A deficiency is a recognized risk factor for severe measles and since 1987 the WHO and UNICEF have recommended vitamin A treatment of children with measles; two doses of 200 000 IU for children over one year and 100 000 IU for infants, was found to reduce measles mortality by 62% in poorer countries. Measles can also lower serum concentrations of vitamin A in well nourished children to less than those observed in non-infected malnourished children. When a child with marginal vitamin A stores gets measles, available vitamin A is quickly used up ... reducing the ability to resist secondary infections or their consequences, or both.

HOW CAN YOU MAKE SURE YOUR CHILD HAS ENOUGH VITAMIN A?

Vitamin A is found abundantly in dairy products: butterfat, cream and cheeses from cows eating green grass; eggs from free range hens; liver; fish, shellfish, cod liver oil. The best plant sources of beta-carotene are yellow/orange vegetables and fruits like carrots, sweet potatoes, pumpkins, apricots, nectarines, peaches cantaloupes, papayas, mangoes, sour cherries, prunes, plums; and dark green leafy vegetables:spinach, broccoli, endive, kale, chicory, watercress and beet leaves, turnips, mustard, dandelion, asparagus and peas. In order to be absorbed, vegetable sources requires fat, so serve them with butter, coconut or olive oil. Chopping and pûréeing also enhance their bioavailability.

HOW CONTAGIOUS IS MEASLES?

Measles is transmitted by coughing and sneezing. The virus containing particles can remain in the air for several hours and remain infective on surfaces for up to two hours. People are contagious for five days before the rash appears to four days after. It is estimated that 90% of non-immune people exposed to an infective individual will contract the disease.

"So what about the single measles vaccine? Everyone seems to think that this is the safe option. Well, it depends what you mean by safe. In my opinion it is safer than the MMR but I wouldn't go so far as to call it safe"

I was contacted in May 2011 by an indignant parent living in Switzerland whose healthy child had been excluded from school as he a) was not vaccinated and b) had been in contact with a measles case at school. She received a letter from the Assistant Director of Health Services for Youth telling her:

"Taking into account the incubation period of measles, the risk of being contagious is from day 6-21 following contact with a case. As your son is not vaccinated against measles, we ask you to keep him at home for the period when he could be contagious."

So the child was made to stay away from school for two and a half weeks. As a home educator I can only think what a lovely opportunity it was to have your child away from school without being hounded by the authorities for non-attendance, as well, hopefully, as the chance to contract measles and develop good quality, long lasting antibodies. Alas, it was not to be; despite measles being one of the most contagious of the childhood exanthems (red spotty rashes) he did not get it. Instead, as his Mum said:

"We passed a nice couple of weeks together, he was very tired at the end of the school year anyway. Sadly he did not get measles but I will try to find someone with it."

SO WHAT ABOUT THE SINGLE MEASLES VACCINE?

Everyone seems to think that this is the safe option. Well, it depends what you mean by safe. In my opinion it is safer than the MMR but I wouldn't go so far as to call it safe

I was called in June 2011 by a distraught mother in the UK whose son had had a single measles shot. He had a history of milk protein intolerance from birth, reflux and inflammatory bowel problems.

"He was OK with the first set of baby vaccines but had a bad fever with the second and was worse with the third. He had settled down by the time he was due his 12 month vaccines (at that time, Hib and meningococcal C) so he had them, and he got really ill the next day. He had an encephalitic cry (high pitched screaming) and fever. It took seven days to settle and lots of paracetamol for the fever. After loads of research we decided not to give him the MMR.

He's now two and a bit and is OK, apart from the medications for reflux and diarrhoea, but because of the measles epidemic that is happening around here, I got so scared that I decided to give him the single measles vaccine.

He was fine for the first week, then, on the eighth day he was playing on the floor when he looked up at me strangely, and then he started screaming and screaming with that high pitched cry – like before. He was beside himself. He felt really hot. I took him to the A&E Department where they gave him paracetamol. He had fever on and off for the next three days with screaming. We gave him lots of paracetamol. On the third night the fever stopped. We're now many days after that and he's still very different. Can you help?"

WAS IT CAUSED BY THE VACCINE?

The onset of the symptoms is within the incubation period for measles, the vaccine is a live one. If a child has a vaccine and becomes unconscious or has a high fever with inconsolable crying, bowel changes, permanent disability or death, there will be one of two explanations given:

1. A certain number of these cases happen every day/ year, it would have happened anyway but as it occurred near the time that the vaccine was given, the vaccine is unfairly blamed or
2. Your child has an underlying condition and the vaccine just revealed the predisposition that was already there – it would have happened anyway.

However, if a child with an underlying condition suffers severe complications or dies during an episode of measles, it is always the measles that is blamed.

In addition, there is no reliable systematic monitoring of vaccine adverse reactions in Europe. "Implementation of vaccine registers and monitoring systems for adverse events following immunisation are a priority for EU member states" , meaning they aren't implemented yet, nevertheless MMR is still said to be "the safest way to protect your child against measles", though this is hard to believe when adverse reactions are not appropriately recorded.

The Vaccination Question: Talk with Dr Jayne Donegan

North West London: Sunday 25 September 2011 6.15pm for 6.30 - 8.30pm

Is there a question? Isn't it scientifically proved that vaccination is the single most effective cause of improved health in the 20th and 21st Century?

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

North West London: Sunday 06 November 2011 6.15pm for 6.30 - 8.30pm

Nursing Children Supportively Through Acute Illness. What do you do if you don't vaccinate (and even more so if you do)?

We will look at health beliefs, fears around acute childhood illness, infections and learn about:

- How the Germ Theory of Disease and the Medical Model affect the treatment options you are offered by you GP and health visitor
- The Holistic model of disease – using the healing power of your own or your child's body
- The Problems caused by Suppression of Fever
- The Basic Needs of children to maintain Optimal Health
- The Basic strategies for coping with any acute childhood illness or infection
- A Simple Guide to Homoeopathy for Acute Fever
- Plenary/ Quiz

NORTH WEST LONDON VENUE – NUMBERS STRICTLY LIMITED TO TWENTY

This is a great opportunity to look at the issue in depth and ask questions. For further information please email **jaynelmdonegan@yahoo.com** or phone **020 8632 1634 (please leave a clear message).**

To book a telephone or in person consultation, to discuss health or vaccination issues, or if you would be interested in hosting a lecture or workshop in your area, please call: **T/F 0044 (0)20 8632 1634 (and leave a clear message) or email: jaynelmdonegan@yahoo.com**

ARE THERE ANY BENEFITS TO HAVING THE MEASLES?

- A study conducted by the Danish epidemiologist Tove Rønne and published in the Lancet in 1985, found that having measles with a typical rash was associated with a lower incidence of developing immunoreactive diseases, sebaceous skin diseases, diseases of bone, cartilage and certain tumours in adult life, unlike the 'atypical' variety with suppressed rash that occurs in people with immune disorders and after vaccination.
- Having measles was associated with a reduction in risk of skin testing positive to housedust mite at age 14-21 years
- Early exposure to measles and family size may be associated with a lower risk of adult onset doctor diagnosed asthma .
- Sensitivity to housedust mite was less frequent in children with a history of measles than in those without. A history of nebulized salbutamol use in A&E in the previous 12 months was less frequent in the measles group. Inhaled corticosteroid use was more common in the group without measles (these all indicate lower incidence of asthma in the measles group) .
- A statistically significant inverse association between measles vaccination and atopic (allergic) sensitization was found in relation to allergen-specific serum IgE level of 3.5 kU/L. (meaning those with measles had less allergy)

There were 1131 deaths from asthma in the UK in 2009 (12 were children aged 14 years or under) . There haven't been that many deaths from measles since 1941.

Paracetamol use is also associated with increased wheeze and diagnosed asthma in the countries with the highest sales

Are we trading a generally benign childhood illness for a chronic disease with a higher death rate when we try to eradicate measles and suppress fevers?

WHAT SHOULD YOU DO IF YOUR CHILD DEVELOPS MEASLES?

Put them to bed, open the window (preferably nurse them in the garden), give then plenty of clear fluids and NO FOOD unless STARVING. You might want to give them some homeopathic remedies or keep them in a darkened room. I remember lying in a boiling hot room in the dark, many years ago when I had measles as a child in Bahrain. It was horrible. But at the end of it I had good quality antibodies which have kept me immune from measles ever since, I was able to pass them on to my children when they were babies - and I don't have asthma either!

A study of a measles outbreak in 1997-8 in a Steiner community in Gloucester, England, reported that there were no severe cases. Moreover, 62% of the respondents to a questionnaire reported a strengthening and maturing of their child both mentally and physically after the measles infection. Dr Duffell from Gloucestershire Health Authority remarked, "The findings of low levels of morbidity (complications) associated with measles are similar to previous studies in the United Kingdom, and support the notion that measles is not a severe illness in most children. These cases were, however, in fit, well nourished children from a community that advocates a healthy lifestyle and there were insufficient numbers of cases to observe many of the rarer sequelae."

However, advocating a heathy lifestyle is not an option that the Department of Health or GPs offer to parents who ask what they can use as a viable alternative to measles vaccination.

WHICH WILL YOU CHOOSE?

©27 June 2011 Dr JLM Donegan MBBS DRCOG DCH DFFP MRCGP MFHom
London, UK
www.jayne-donegan.co.uk/

Please note that almost every reference referring to measles quoted in this paper recommends that children are vaccinated against measles. All references for which there is a link were last accessed in June 2011. More detailed information on measles and other vaccinatable diseases can be obtained from: Donegan JLM, Childhood Vaccinatable Diseases and their Vaccines, a Review

http://www.jayne-donegan.co.uk/articles

LEEDS GIRL'S MYSTERY ILLNESS BREAKTHROUGH

BY KATIE BALDWIN
Monday 23 May 2011
www.yorkshireeveningpost.co.uk

Alicia Brook with her daughter Melody.

MEDICS have finally found answers over why a seven-year-old was struck down by a mystery illness which left her disabled.

The YEP revealed in 2009 that Melody Brook suddenly lost her ability to walk, talk or feed herself.

Doctors were baffled by her condition but, after years of tests, have discovered Melody was still suffering from an infection she picked up as a baby.

Mum Alicia said she was relieved at the explanation of her daughter's condition.

"I've now got something to go on, I've got information," said the mum-of-three. "This is not a diagnosis but it's something."

Melody, from Belle Isle, Leeds, picked up an infection as a baby which caused brain inflammation encephalitis.

Doctors warned she could be left with brain damage but she recovered and developed normally.

Then in July 2008 she started to lose her speech and movement.

Since then she has been in and out of hospital and has been seen by experts in Leeds, Sheffield and London. They initially diagnosed ataxia, or communication problems, but didn't know the reason for her decline.

Now a biopsy has shown her brain is still affected by the herpes virus, which medics thought had been treated successfully.

An expert says the findings are "extremely unusual".

"I've never felt so much relief in my life as when I got that letter through," Mrs Brook said.

"They're now trying to find out why it's affected her so badly."

Melody is now being given intensive drug treatment in Leeds General Infirmary.

"She will be on it for life and it will prevent further damage," Mrs Brook, 27, added.

"There's a very small chance of recovery."

Now her mum is also questioning why Melody was given the measles, mumps and rubella (MMR) vaccination.

The youngster's deterioration started soon after she had the jab in 2008 and Mrs Brook has now found that her child's medical records showed a doctor had recommended that Melody should not be given any live vaccines.

She is now planning to seek answers over why she was not made aware of the recommendation.

Herpes simplex encephalitis is a severe viral infection of the nervous system which can be fatal. In rare cases, patients who have been treated can relapse later.

NEW MMR CASE HOPE

MUM HAILS US AUTISM LINK RESEARCH CLAIM
BY CHARLES GRAHAM
EVENING POST
http://www.wigantoday.net/Wigan
11 April 2011

A WIGAN MUM who campaigns for vaccine-damaged children is claiming a major breakthrough in her battle for justice.

For the first time a former senior scientist from a pharmaceutical company has suggested there may be links between MMR jabs and autism.

For years the industry and British government have denied that the measles, mumps and rubella inoculation can cause serious and widespread side-effects.

Last year Jackie Fletcher, founder of Jabs pressure group, secured compensation from the UK's Vaccine Damage Payment Unit after it ruled that the severe disabilities her teenaged son Robert has were caused by his MMR as a baby.

There are thousands of other parents signed up to the Jabs movement who believe that their children's disabilities - most notably autism and bowel conditions such as Crohn's disease - were caused by the vaccine.

Now Dr Helen V Ratajczak has published a major report in the US Journal of ImmunoToxicology which reviews the possible causes of autism.

On a section covering MMR she acknowledges that there has been a number of reports denying an association between the jab and MMR. But she then points to a rise in the condition in Denmark after MMR was introduced there.

Mrs Fletcher said: "This report is of great significance to our drive to get the authorities to recognise the risks posed by MMR.

"***I have been in contact with my MP Andy Burnham in regard to the rules, such as the one which does not allow the parents of children under the age of two to claim. I hope he can raise this in Parliament.***"

Why was the world-wide vaccine industry so panicked over the Geiers addressing the UNEP meeting in Japan?

EXTRACTS TAKEN FROM BOLEN REPORT
www.bolenreport.com
24th May 2011

DR. MARK GEIER presented the following testimony to the ENTIRE Delegation:

"Thank you, Mr. Chairman. We are gathered in this hall, kindly provided by the Japanese government and under the able leadership of UNEP, to design a treaty that prevents the continued exposure of the people of the world to mercury, which is one of the most dangerous known poisons.

I am Dr. Mark Geier, from the Coalition for Mercury-free Drugs. I hold both an MD and a PhD. My specialties include genetics and epidemiology. As an American physician, I treat 1500 patients who suffer from neurodevelopmental disorders, the result of mercury-containing vaccines. Thimerosal, half mercury by weight, is a form of organic mercury which has been used in vaccines since the 1930's.

Even though safe and cost effective alternatives, such as 2-Phenoxyethanol, have been in use for nearly 15 years, the madness of mercury continues. Despite false reassurances from industry and others that mercury is out of the drug supply, mercury containing vaccines with as much as 25 micrograms of mercury per dose continue to be manufactured, exported, and injected, particularly into pregnant women and newborn children who are the most vulnerable among us.

If this treaty does not clearly ban the intentional administration of mercury in all forms to humans, then the citizens of the world will face an impossible dilemma. Either they will believe the premise of this treaty: that mercury is too poisonous to be allowed in general use, in which case they will refuse mercury-containing vaccines, thus needlessly exposing themselves and their children to preventable infectious diseases…

Or alternatively, they will believe false assurances that the mercury in their mouths, medicines and vaccines is indeed safe, in which case they will not feel compelled to cooperate with the mandates of this treaty. Both of these scenarios are disasters!

For this treaty to be fully effective it must make clear that the intentional exposure of humans, especially pregnant women and young children, to mercury, will not be tolerated. Furthermore, in the developed world, using Thimerosal even on your skin, has been illegal for years. It defies logic that Thimerosal, which is illegal to put on your skin because it is so toxic, should still be permitted to be injected as part of a vaccine!

The US Public Health Service called for the urgent removal of Thimerosal from vaccines in 1999. While millions of doses of vaccine still contain full-dose Thimerosal, finally many vaccines are now available in mercury-free or mercury-reduced formulations in the United States.

Children around the world, no matter their place of birth or their income level, deserve safe mercury-free vaccines. The practice of providing mercury-reduced and mercury-free vaccines to developed countries while insisting that developing nations take mercury-containing ones is wrong.

I want all people, and especially all children, to have safe mercury-free vaccines. Mercury is an insidious poison, and the last place on earth it should be is in a shot intended for a child or a pregnant woman.

Thank you Mr. President.

Respectfully Submitted,
Dr. Mark Geier, CoMeD, Inc

WHEN SCIENCE ISN'T SCIENCE: THE NONSENSE OF VACCINES

BY JOANNA KARPASEA-JONES

MY 15 YEAR OLD daughter, who has been home educated since she was seven and recently started flexi-schooling in preparation for her GCSE exams, told me that she had to do a science test paper in which she was instructed to list all the reasons why vaccines are great and how good they are for you. I asked her:

'Did you list all the reasons why vaccines can destroy your health?'

She said no, she couldn't because if she wrote her true opinion she would have failed her science paper. There was no option to give another opinion, no option to challenge the status quo. You HAD TO agree that vaccines are brilliant to pass the test.

I asked my daughter if she challenged her teacher about the legality of such a paper, as scientific hypotheses have to be frequently questioned and debated. That is the nature of science. To hold something to be true, even when there is opposing evidence, just because it is politically correct to do so, is not science, nor does it teach our children to think for themselves. Are our schools there to educate our children or to manufacturer compliance in government policy?

My daughter said no, she was too afraid to challenge her teacher, who was on the whole, a nice woman but who became angry whenever vaccination was questioned by any of her students, a rather unscientific attitude since there is no science without questioning.

My daughter had observed that her fully vaccinated peers were frequently getting ill with colds and bugs, yet she never picked up the bugs from them and never caught their colds and was hardly ever ill. The one other member of the class who was also unvaccinated, noticed this too. He never got the same sicknesses and rarely succumbed to illness. When they both tried to ask the teacher, 'If vaccines make you so healthy, how come you are always getting ill and we aren't?' this was met with anger and a request to change the subject.

My daughter is worried that if she

Joanna Karpasea-Jones

mentions the lack of real evidence that vaccines improve health and the lack of science behind the procedure, she will be given a detention.

So I've decided to do it for her and present the proof that vaccines are more of a religion than a science.

VACCINES HAVE NEVER BEEN PROPERLY SAFETY TESTED

Most of the tests done on vaccines are for efficacy, rather than safety. According to an FDA and CDC discussion, toxicity tests aren't done because vaccines are assumed to be safe:

'Historically, the non-clinical safety assessment for preventive vaccines has often not included toxicity studies in animal models. This is because vaccines have not been viewed as inherently toxic, and vaccines are generally administered in limited dosages over months or even years.'
(http://www.fda.gov/downloads/BiologicsBloodVaccines/NewsEvents/WorkshopsMeetingsConferences/TranscriptsMinutes/UCM054459.pdf, page 11 and 12).

So when they say vaccines aren't toxic, they really don't have evidence for that.

VACCINES ARE NOT TESTED AGAINST A BENIGN PLACEBO

Normally, in science, a drug would be tested against a benign substance such as water or a sugar pill. One half of the group would receive the drug and the other half would have water or a sugar pill to demonstrate its effectiveness and safety. With vaccines that isn't the case, they are either tested against a different vaccine or a known toxic substance such as aluminium. This gives the placebo group similar side-effects to the vaccine group and skews the result to make the vaccine seem safer than it is. For instance, in the clinical trials of the Gardasil vaccine that is purported to protect against human papilloma virus, the placebo used was aluminium. (See the Merck vaccine data sheet and go to section 6.1, Clinical Trials Experience: http://www.merck.com/product/usa/pi_circulars/g/gardasil/gardasil_pi.pdf).

According to medical journals, aluminium is a neurotoxin and it can alter the blood/brain barrier. Your blood/brain barrier protects your brain from invasion by bacteria, viruses and environmental contaminants and in doing so, protects your cognitive function. Since aluminium can alter this barrier, it puts you at risk of numerous side-effects and neuro-cognitive decline. For example the authors of one study wrote:

'Aluminium is established as a neurotoxin, although the basis for its toxicity is unknown. It recently has been shown to alter the function of the blood-brain barrier (BBB), which regulates exchanges between the central nervous system (CNS) and peripheral circulation. The BBB owes its unique properties to the integrity of the cell membranes that comprise it. Aluminium affects some of the membrane-like functions of the BBB. It increases the rate of transmembrane diffusion and selectively changes saturable transport systems without disrupting the integrity of the membranes or altering CNS hemodynamics. Such alterations in the access to the brain of nutrients, hormones, toxins, and drugs could be the basis of CNS dysfunction. Aluminium is capable of altering membrane function at the BBB; many of its effects on the CNS as well as peripheral tissues can be explained by its actions as a membrane toxin.'

(Aluminium-induced neurotoxicity: alterations in membrane function at the blood-brain barrier, Neurosci Biobehav Rev. 1989 Spring;13(1):47-53 -

http://www.ncbi.nlm.nih.gov/pubmed/2671833)

Therefore aluminium can hardly be considered a benign placebo.

A recent review of the literature in the Annals of Internal Medicine found that most medical trials testing the safety of drugs and vaccines were scientifically invalid due to not using a benign placebo and that most medical journals did not disclose what the placebos were in their trials: 'No regulations govern placebo composition. The composition of placebos can influence trial outcomes and merits reporting.

Most studies did not disclose the composition of the study placebo. Disclosure was less common for pills than for injections and other treatments (8.2% vs. 26.7%; P = 0.002).

Limitation: Journals with high impact factors may not be representative.

Conclusion: Placebos were seldom described in randomized, controlled trials of pills or capsules. Because the nature of the placebo can influence trial outcomes, placebo formulation should be disclosed in reports of placebo-controlled trials.'
http://www.annals.org/content/153/8/532.abstract.

CONCLUSIONS OF VACCINE STUDIES ARE DEPENDENT ON AUTHOR'S VIEW

The results of a vaccine study can vary largely and are often dependent upon author bias. A study of flu vaccine in elderly people found that the researchers were choosing the healthiest patients less likely to succumb to flu, in order to test their vaccine. This could have made the vaccine seem more effective than it is, because the vaccinated individuals may not have got flu anyway:

'Selection bias is of critical concern in the study of influenza vaccine effectiveness when using an observational study design. This bias is attributable to the inherently different characteristics between vaccinees and non-vaccinees. The differences, which are related both to vaccination and signs of clinical disease as an outcome, may lead to erroneous estimation of the effectiveness. In this report, we describe how selection bias among elderly nursing home residents may lead to a spurious interpretation of the protective effect of influenza vaccine. Our results should be a lesson in the importance of regarding selection bias when assessing influenza vaccine effectiveness.'

(Vaccine, Volume 26, Issue 50, 25 November 2008, Pages 6466-6469 - http://www.sciencedirect.com/science/article/pii/S0264410X0800786X).

MOST VACCINE STUDIES PROVING SAFETY ARE PAID FOR BY VACCINE MANUFACTURERS

A 2002 study in the Lancet that stated that mercury in vaccines was safe because it was excreted in the infant's stools was authored by Dr. Michael Pichichero, a lead discoverer, inventor and licensor of the Hib vaccine. Despite the fact that he makes vaccines and earns a living from them, he did not declare this in his paper (Mercury concentrations and metabolism in infants receiving vaccines containing thiomersal: a descriptive study, Lancet. 2002 Nov 30;360(9347):1737-41 - http://www.ncbi.nlm.nih.gov/pubmed/12480426)

Likewise, in the recent campaign against Andrew Wakefield, a gastroenterologist who raised concerns about the MMR vaccine, inflammatory bowel disease and autism, the British Medical Journal admitted that their articles against him had been biased and funded by Merck and GSK vaccine manufacturers, who both make MMR.'The BMJ should have declared competing interests in relation to this editorial by Fiona Godlee and colleagues (BMJ 2011;342:c7452, doi:10.1136/bmj..c7452). The BMJ Group receives advertising and sponsorship revenue from vaccine manufacturers, and specifically from Merck and GSK, which both manufacture MMR vaccines. For further information see the rapid response from Godlee www.bmj.com/content/342/bmj.d1335.full/reply#bmj_el_251470. The same omission also affected two related Editor's Choice articles (BMJ 2011;342:d22 and BMJ 2011;342:d378).'
http://www.bmj.com/content/342/bmj.d1678.long.

Is this really science?

VACCINES AREN'T PROVEN TO PREVENT DISEASE

According to an FDA document, many diseases we vaccinate against are very low in incidence anyway and the vaccinated person may not have got the disease in the first place so there is little evidence for their individual benefit:

'For several vaccines the incidence of the infectious diseases that they are intended to prevent is quite low. Therefore, a high percentage of vaccinated people will never be exposed to the infectious agent.

Thus, the benefit of the vaccine in preventing the infectious disease may be difficult to appreciate at the individual level.'
http://www.fda.gov/downloads/BiologicsBloodVaccines/NewsEvents/WorkshopsMeetingsConferences/TranscriptsMinutes/UCM054459.pdf - page 13.

In fact, in numerous epidemics of disease, there are a greater proportion of vaccinated who actually contract the disease. The CDC say that in a mumps outbreak in 2009, 86% had been vaccinated
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm58d1112a1.htm.

Another paper found that those vaccinated with Prevnar 7 pneumonia vaccine were more likely to get 19A pneumonia than those who were not: 'A 2 + 1-dose PCV-7 schedule was associated with an increase in serotype 19A nasopharyngeal acquisition compared with unvaccinated controls.' (JAMA. 2010 Sep 8;304(10):1099-106 http://www.ncbi.nlm.nih.gov/pubmed/20823436.

All vaccines do is delay the illness to a time when it is more severe. Childhood diseases caught in the teen years or adulthood are more severe, with a higher death rate. A study in the BMJ found that over 85% of children in a whooping cough outbreak were vaccinated: '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.'
http://www.bmj.com/content/333/7560/174.abstract.

In the recent whooping cough outbreak in America, the Watchdog Institute reported that up to 83% of those affected were already vaccinated. http://www.watchdoginstitute.org/2010/12/13/whooping-cough-epidemic-california/. And being vaccinated doesn't stop you spreading the disease to others, either. All it does is mask your symptoms so you aren't aware you're ill, making you more likely to transmit it to others:

'The effects of whole-cell pertussis vaccine wane after 5 to 10 years, and infection in a vaccinated person causes nonspecific symptoms. Vaccinated adolescents and adults may serve as reservoirs for silent infection and become potential transmitters to unprotected infants. The whole-cell vaccine for pertussis is protective only against clinical disease, not against infection. Therefore, even young, recently vaccinated children may serve as reservoirs and potential transmitters of infection.'
http://www.cdc.gov/ncidod/eid/vol6no5/pdf/srugo.pdf

REVIEW OF THE DATA SHOWS THAT VACCINES KILL

A review in Human and Experimental Toxicology has found that babies that have the most vaccines die in greater numbers and the infant death rate increases with each vaccine dose given.

'The infant mortality rate (IMR) is one of the most important indicators of the socio-economic well-being and public health conditions of a country. The US childhood immunization schedule specifies 26 vaccine doses for infants aged less than 1 year—the most in the world—yet 33 nations have lower IMRs.. Using linear regression, the immunization schedules of these 34 nations were examined and a correlation coefficient of $r = 0.70$ ($p < 0.0001$) was found between IMRs and the number of vaccine doses routinely given to infants. Nations were also grouped into five different vaccine dose ranges: 12–14, 15–17, 18–20, 21–23, and 24–26. The mean IMRs of all nations within each group were then calculated. Linear regression analysis of unweighted mean IMRs showed a high statistically significant correlation between increasing number of vaccine doses and increasing infant mortality rates, with $r = 0.992$ ($p = 0.0009$). Using the Tukey-Kramer test, statistically significant differences in mean IMRs were found between nations giving 12–14 vaccine doses and those giving 21–23, and 24–26 doses. A closer inspection of correlations between vaccine doses, biochemical or synergistic toxicity, and IMRs is essential.' (Infant mortality rates regressed against number of vaccine doses routinely given: Is there a biochemical or synergistic toxicity? - http://het.sagepub.com/content/early/2011/05/04/0960327111407644).

So much for being healthy!

POLAND PRAISED FOR ANTI-SWINE FLU STRATEGY

www.thenews.pl
31.03.2010

THE COUNCIL OF EUROPE has praised Poland's Health Minister Ewa Kopacz for her strategy against the swine flu virus.

The council's Committee on Social, Health and Family Affairs said that the Health Ministry's decision not to order any A/H1N1 vaccines, in spite of pressure from pharmaceutical companies and health organizations, was correct.

Ewa Kopacz (right) who went to Paris to explain her government's response to the flu virus - which the World Health Organisation was wrongly predicting would turn into a full blown pandemic across Europe - said that Poland had considered buying an anti-flu vaccine but terms proposed by pharmaceutical companies were unacceptable. Poland's Health Minister said that thanks to the anti-swine flu strategy adopted in Poland fewer fatal cases of the virus were reported and the virus was less virulent than in other countries.

Ewa Kopacz
Poland's Health Mininster

Paul Flynn, who wrote the Council of Europe report, called the decision "an act of courage" and stressed that other countries spent millions of euro on vaccines.

Former head of the French Red Cross Prof. Marc Gentilini said that Poland can serve as an example of how to handle the threat of an A/H1N1 pandemic.

The Health Ministry's decision not to buy anti-flu vaccines was fiercely criticized in Poland during the outbreak. Ombudsman Janusz Kochanowski even threatened to sue Ewa Kopacz over the government's policy.

"DO NOT GO WHERE THE PATH MAY LEAD; GO INSTEAD WHERE THERE IS NO PATH AND LEAVE A TRAIL." - Ralph Waldo Emerson

HOMEOPATHY AND HOW WE TREAT IN ACUTE CASES

BY JOANNE O'FLANAGAN, MLCHOM

June 2011

FIRSTLY, I love treating children, as there are often very few or no layers to get through in order to get to the child's core remedy. This is a remedy (made from plant or mineral) that matches our own personality type and individuality.

Generally in adulthood we have more layers of what life has thrown at us, thus in treating adults we are often peeling the layers back to get to the core remedy.

The easiest and most beneficial way to treat your child is with a full homeopathic consultation, which takes about an hour, sometimes less. This enables the homeopath to see the core remedy (through vital force of the child) and to use this to readdress balance, using the body's own intelligence to trigger a response.

This lays a solid foundation from which other remedies can act in an acute situation, e.g. colds, chicken pox, fevers, coughs, eczema, etc. Always there as a safety net but not a replacement if an acute case needs medical attention, but reducing the over-use of antibiotics and steroids.

Many of you reading this will have a child with a healthy, uncompromised immune system, due to the choices you have made in relation to vaccination, leaving the homeopath with an even clearer picture. Those who have partially vaccinated can also use homeopathy to help the body get rid of the toxins.

Here is a model of a core remedy and how it will work with other remedies in an acute situation.

CASE STUDY: OLIVER BROWN (NAME CHANGED) AGED 11

Oliver's presenting symptoms :

- Temper tantrums , dyspraxia, tendency to very high temperatures, regular nose bleeds.
- Oliver is very tall and slim with long limbs and fingers.
- Loves the arts and is part of a drama group
- Oliver's temper tantrums are short lived, but tend to involve banging his head and this tends to occur when his blood sugar levels drop.
- Prone to low blood sugar
- Abcesses
- Difficulty teething
- Has growing pains regularly and weak ankles
- Oliver was a big baby born at 10lb, colic after every feed.
- Loves his food and fizzy drinks
- Emotionally he wears his heart on his sleeve and reacts to other people's emotions.
- He is also very sensitive to smell.

Oliver responded very well to Phosphorus and Tuberculinum. He rarely has a tantrum when upset.

With the right support Oliver is coping very well with his school work and has better concentration.

His abscesses respond very well to Hepar sulph.

His fevers are less regular and go down quickly on Belladonna 200c.

Nose Bleeds hardly ever occur now and his sugar levels are a lot steadier.

Oliver's case is only typical to him, but gives us a view of how his body has found its own balance and corrected itself with the nudge of his match remedies.

As a Homeopath we totally respect the body's own abilities to work with the balance of nature and water. I hope this has been a useful insight of how this could help with yourself and your family. My discovery into Homeopathy began with my children. My eldest son, following vaccination, developed severe allergies, eczema then asthma. He now has none of these symptoms and is a very fit and healthy young man, playing football and rugby for his school and county.

London-based homeopath, Joanne O'Flanagan can be contacted at The Organic Pharmacy on: 0207 351 2232.

The Organic Pharmacy, 396 Kings Road, London, SW10 0LN or visit: www.theorganicpharmacy.com

There is always a Pharmacist and Homeopath on hand at The Organic Pharmacy for over-the-counter advice or consultations, they have a passion to put homeopathy and herbs out there. Feel free to pop in or give them a call.

A TABLET A DAY KEEPS THE PATIENT AT BAY: The health hazards of prevention – vaccinations and pharmacoprophylaxis

ANNA WATSON

www.arnica.org.uk

ANNA WATSON, of the UK Parent Support Network – Arnica, reports on the BSEM conference which took place in London on March 11th 2011.

What a great title for the conference organised by the British Society for Ecological Medicine. A wise decision, in my opinion, to present a conference questioning products that rank 5th in the European mortality figures and products that have only been found to be 36% effective, (Clinical Evidence BMJ 2004).

I have briefly written on the days presentations to give you an overview of the conference. Due to limited space I have just touched very lightly on some of the speakers contributions

Dr David Freed opened the day by explaining that what had started out to be a look at preventative pharmaceuticals in general, developed into a vaccine conference with 6 of 8 speakers using vaccines as the product they most wanted to discuss. 'Do no harm!' said Dr David Freed, introducing the British Society of Environmental Medicine's excellent conference, 'That is the charge put upon doctors when they qualify. But do they?'

Dr Jayne Donegan, doctor, homeopath and a regular writer for The Informed Parent, gave her lay person's guide to assessing medical research which highlighted the flaws in so much of the medical literature. For example, vaccines are not tested with benign placebos but with other vaccines or some of the components of vaccines. This knowledge is crucial in assessing studies that conclude the safety of a vaccine only using another vaccine to compare the side effects… (perhaps GPs and journalists should have a little refresher in the critique of such data and studies.)

Canadian **Dr Lucia Tomljenovic**, under the FOI, analyzed meeting notes from our Joint Committee of Vaccines and Immunization (JCVI) from the past 30 years, which appeared to show attempts to protect the vaccine program above safety concerns.

Anna Watson

A wise decision, in my opinion, to present a conference questioning products that rank 5th in the European mortality figures and products that have only been found to be 36% effective, (Clinical Evidence BMJ 2004).

Dr Tomljenovic stated: No pharmaceutical drug is devoid of risks from adverse reactions and vaccines are no exception. Vaccination is a medical intervention and should be carried out with the informed consent of those who are being subjected to it."

We were shown evidence such as Japan and Canada leading the way to replace the Urabe strain of the mumps in 1988, while the JCVI avoided any statement on the risk of neurological reaction. Finally the lawyers of the vaccine manufacturers themselves advised the JCVI to withdraw this vaccine, several years after Japan. Tomljenovic even found evidence that contraindications on data sheets were changed to avoid legal matters, rather than face safety issues, and told us that the JCVI can change these inserts without consulting the manufacturer!

The history was fascinating, for example, a 1974 DoH statement told us that a mumps vaccine would not be necessary as complications are rare. Also in 1974, the DoH said that no live virus vaccines should be given together. Now the DoH concludes that offering choice and information causes confusion and delays vaccination, and so we see that in practice parents are not even shown the vaccine inserts. From a previous conversation sometime ago with Dr David Salisbury, Head of Immunisation, where he told me with pride that only the most safe and pure vaccines were used as placebos in safety trials, I can see that a blind belief in the safety and efficacy of vaccines may be partly to blame for a reluctance for openness and action.

Please email Dr Tomlienovic from the link here if you need further details. http://www.foodsmatter.com/conference_reports/articles/bsem_2011_tablet_a_day.html

Prof. P Michel, Cardiologist, spoke about the fraudulent findings in the Statins trials. (Cholesterol is reduced but heart disease is not.) He is one of a group of cardiologists who are speaking out against this type of product and finds that there is a huge problem with such industry-sponsored research. The hope for the future is that all raw data will be made public following new guidelines in research, demanding that companies show the data of all trials, completed or published or not. His comments on vaccines are significant. He and other surgeons find that if vaccines are given within a month either side of surgery, a positive outcome for the patient is significantly reduced!

Christina England, investigative journalist, spoke emotionally about her own experience with her two children. She charts that sudden death in babies, previously known as cot death cases, are coming under Munchausen by Proxy cases and parents are receiving the blame. We have seen tragedy with the British mother Sally Clarke where both her boys died after vaccines, one within hours, but she was accused then

convicted of killing her sons. Sally was released after serving over 3 years in prison when new evidence emerged to overturn the conviction. Sadly, Sally Clark never recovered from the experience and died a few years later.

Freda Birrell , secretary of SANE VAX, spoke about the HPV vaccine and warned against the UK using Gardisil over the current vaccine Cervarix. In the US Gardisil has had 6 times the average reports of adverse vaccine reactions from any other vaccine to VAERS. Incidentally the UK's MHRA has received over 200 Yellow Cards reporting eye disorders after Cervarix from Opticians! Freda reminded us that it would be 20 years before we even knew if these vaccines had worked. And then who knows how the authorities will justify the figures. Interesting, as always, to see the different practices around the world. For example, Birmingham PCT gives incentives of shopping vouchers worth £45 to girls completing 3 doses of HPV vaccine whereas in France HPV vaccine adverts have been banned.

Dr Ellen Grant suggested that most cases of cervical cancer are down to the use of the pill due to the high estrogen levels. In just 10 years the use of the pill grew from mainly single women, 10% in 1971, to 95% of women using it before their first babies in 1981. She reminded us of the link between breast cancer and the pill and HRT. That the therapeutic HRT, can still be prescribed with such a risk of death from breast cancer is highly questionable.
http://www.foodsmatter.com/miscellaneous_articles/vaccinations/articles/health_hazards_disease_prevention.html

Dr Richard Halverson, of Baby Jabs, pointed out that most vaccines were both THelperType 2-inducing and IgE stimulating, thus likely to stimulate allergy in atopic (allergy prone) subjects. Moreover, aluminium, frequently used as an adjuvant (a substance included in the vaccine to increase its potency) is a powerful inducer of IgE. Aluminium is used as an adjuvant in most vaccines although not in the MMR. It is IgE-inducing and carries other significant risks.

The WHO safety level for aluminium is based on aluminium which is ingested (taken by mouth) of which only one part per thousand is actually absorbed. But in a vaccine, which is injected, all the aluminium is absorbed so the safety levels should be adjusted accordingly, which they are not. And a baby's blood brain barrier is not formed until around 6 months. As a result, UK babies are receiving over 100 times the recommended level of aluminium which is known to cause damage. Moreover there have been no studies of any kind done on the safety of aluminium absorbed this way.

"No pharmaceutical drug is devoid of risks from adverse reactions and vaccines are no exception. Vaccination is a medical intervention and should be carried out with the informed consent of those who are being subjected to it."

Actually, catching some of the infections against which we are vaccinating our children appears to reduce their risk of allergy dramatically. Catching measles reduces the risk of asthma by 80% and of allergy in general by 30%; chicken pox, caught under the age of eight, reduces the risk of eczema by 45% and reduces the risk of severe eczema by a dramatic 96%. These days more children die from asthma than did from measles just before the first measles vaccine was introduced in 1968.

The timing of the administration of the vaccine also seems to be important. Children who completed the first course after 12 months reduced their risk of developing hay fever while a Canadian study found that if the first vaccine was delayed from two month to five months old, the risk of asthma was reduced by 50%.

Dr Halverson also pointed out that the conclusions drawn from scientific papers were often at odds with their results. For example, is was generally concluded that the MMR vaccine was not a risk factor for asthma and eczema, a conclusion that was in direct contradiction to the results of the research. Indeed he would not recommend the MMR before 2 years old adding the undisputed "Some vaccines do some harm to some children some of the time".

Dr Andrew Wakefield worryingly offered us further developments on horizontal transmission. That vaccine-related measles, like vaccine-related polio when the live vaccine is used, is occurring all over the world. That strains of measles vaccines have been found in unvaccinated monkeys who had associated with vaccinated monkeys – had the virus been transmitted from one to the other? Vaccine shedding is not a myth, but the papers suggest that it is rare and probably not enough to actually cause disease in another person. However, there are many anecdotal stories of measles being contracted from recently immunised children. I will add that as disease transmission is little understood, along with the possibility that the live vaccine will shed the virus and cause disease, there may be a sympathetic transmission between species also.

Moving on to the 'MMR story' Dr Wakefield suggested that the reason why the government were so keen to dismiss his findings and any concerns about the MMR vaccines was because they had already agreed to indemnify Smithkline Beecham/GlaxoSmithKline against any claims for vaccine damage.

Dr Andrew Wakefield, whose recently published book Callous Disregard, Autism and Vaccines –The Truth Behind A Tragedy, tells the story of his research at the Royal Free into the inflammatory bowel conditions of autistic children and his subsequent vilification by the UK medical establishment and the UK government, gave a brief overview of the autism/vaccine link from the late 1980s to the present day.

Dr Damien Dowling's summary of this conference noted these following shortcomings of vaccines:

A PERSONAL VIEWPONT BY DR DAMIEN DOWNING (COURTESY OF THE ORTHOMOLECULAR MEDICINE NEWS SERVICE)

• **There are no studies** comparing vaccine safety to a genuine placebo. The only study that claims to do so [1]

compared active vaccines to a placebo containing all the adjuvants, including neomycin (a known neurotoxin).

• **Adjuvants**, a key component of all vaccinations, have been shown to predispose to autoimmune disease [(2)].

• **Aluminium** is a serious neurotoxin but is used as an adjuvant in many vaccines; between 2 and 18 months of age children may repeatedly receive up to 50 times the FDA safety limit in vaccines alone [(3)].

• **A Cochrane review of MMR** in 2005 found that "The design and reporting of safety outcomes in MMR vaccine studies, both pre- and post-marketing, are largely inadequate"[(4)].

• **Recorded adverse events** following HPV vaccine in the US, which are thought to represent less than 10% of the actual incidence, now stand at well over 21,000, including 93 deaths, 8,661 emergency room visits, 4,382 cases who have not recovered and 702 who have been disabled. [(5)]

I would like to end my summary with a statement also taken from Dr Downing's text by Vera Hassner Sharav. She writes: "Public health officials on both sides of the Atlantic have lost the public trust because they have been in league with vaccine manufacturers in denying that safety problems exist. If vaccines posed no safety problems why has the US Vaccine Court awarded more than $2 billion dollars to settle 2,500 cases involving vaccine-related debilitating injuries in children?"

Acknowledgements: Thank you to Foodsmatter.com for summaries of the conference that helped me make sense of mine!

The Informed Parent and I would like to give a big thanks to BSEM for inviting us to be present at their excellent conference. For info on their work, please visit: www.ecomed.org.uk

Speakers Details:
Routine vaccinations – the science – Dr Jayne Donegan.
Vaccines, Atopy and Allergy: Problems and Solutions – Dr Richard Halverson
Public deceit, abuse of power and flawed science; vaccination policy of Joint Committee on Vaccination an Immunisation (JCVI) Dr Lucija Tomljenovic of the University of British Columbia
The 'Curious Case of the Post Vioxx Statin Trials' - Professor Michel de Lorgeril of the Faculté de Medicine de la Merci at the University of Grenoble
Christina England, adoptive mother of two special needs boys, described the horrifying misdiagnoses of Munchausen's Syndrome by proxy when vaccine damage was probably to blame www.profitableharm.com
Global concerns about HPV Vaccinations www.sanevax.org
Mitochondrial dysfunction in pill mothers and Autisic Spectrum Disorders - Dr Ellen Grant
www.harmfromhormones.co.uk
Dr Andrew Wakefield www.callous-disregard.com

STATE SUED OVER MEASLES VACCINATION

WWW.RTE.IE
22 JUNE 2011

EXTRACT:

The High Court has been told that the State has an obligation to compensate those who are injured as a result of being vaccinated in a public health vaccination scheme. The claim was made by lawyers for a 24-year-old man who is suing the former Southern Health Board, the State and a GP who vaccinated him against measles when he was just over a year old. Lawyers for Alan O'Leary from Ballyphehane in Cork say he suffered serious brain injury from the vaccine which should not have been administered to him. The court heard there was no precedent in Irish law for such a liability on the part of the State. And the court was being asked to recognise a liability that had not been recognised before.

Senior Counsel John White for Mr O'Leary said the vaccine was being promoted by the State and parents were being told it was safe. He said there was pressure on the State to achieve a 95% uptake of the vaccine. He said that was a good objective but it had consequences for the responsibility of the State. Mr White said the State must have responsibility for those who are injured when the vaccine does not turn out to be safe in circumstances which are few and far between. He said he would be arguing vaccination was a good thing but there was an obligation on the State to compensate where something goes wrong.

Mr O'Leary suffers from Hyperactivity, intellectual deficit, severe learning difficulties, motor and speech problems. The defendants deny all the claims. They also say any problems suffered by Mr O'Leary relate to a condition he had before the vaccine was administered.

The Quanten Theory

TRUTH IN SCIENCE
by Patrick Quanten MD

Patrick Quanten MD

IS IT a specific human characteristic that we have to discuss everything and that we have to have an opinion about everything? We like to talk and even argue all the time, even when facts are already there, so that there is nothing to argue about. It appears as if we like to discard everything that crosses our path that isn't supporting our beliefs. Rather than maintaining an open mind and allowing information to penetrate our consciousness, as true scientists do, we seem to protect, with ignorance, the beliefs we bring from our past. This creates angry discussions and mud slinging matches, which have nothing to do with simple facts. On and on people hold circular shouting exchanges disregarding the facts of the larger picture that constitutes real life. They throw detail upon detail in the confusion of a jigsaw puzzle, arguing about what the picture on the box represents. They fail to see that we already have a frame for the puzzle and that certain pieces can't fit in places we once might have thought they could. How can we stop the energy loss and the confusion all of this causes?

By listening. And by remembering the larger frame in which all the pieces must be placed.

Let's list some facts as scientists have found them and facts that have been confirmed over and over again in the time since their discovery.

1. MICRO-ORGANISMS

For almost two centuries we know that all micro-organisms are created within the soil, the cellular tissue, that we will find them in. In other words, whatever micro-organism you will find in a plant, animal or human tissue was born right there, was generated right in that place. It didn't come from the outside world; there was never an invasion Why would a bacteria all of the sudden appear within a particular tissue at a particular time? Food. The particular soil has become of such nature that specific micro-organisms will start to grow in it. That is how all species came into being in the first place. That is creation: the potential is present and it is turned into material reality by the feeding ground that brings out that particular potential. The said micro-organism will be present for as long as the food is present. Once the environment changes again, the micro-organism will disappear completely. No food anymore will lead to the extinction of the living matter that feeds on it.

In real terms this means that we do not catch infectious diseases from the outside world. It means that when we do have an infection, the only possible reason for it is that the particular tissue the infection appears in has become a feeding ground for that specific micro-organism. If it wasn't meant to be, then it means something has changed - has gone wrong - that has created this feeding ground. In other words, the tissue has become diseased, and as a result of this, micro-organisms appear. How to get rid of them? Make the tissues healthy again and there will be no more food for the organisms and they will die out. So, there is no need to fight a war against the micro-organism; you only need to make yourself healthy again in order not to be ill anymore. Logical? Then why aren't we doing that? Then why are we still "fighting" infections with antibiotics, and why are we still pretending you can prevent infections by means of vaccinations?

When we then have difficulty in understanding why infectious diseases can spread the way they do, it is foolish and ignorant to forget what we know and revert back to a "the bugs are responsible and they must have come from outside". Why not do the wise thing and admit to yourself that you do not know the answer to the question

"...we do not catch infectious diseases from the outside world. It means that when we do have an infection, the only possible reason for it is that the particular tissue the infection appears in has become a feeding ground for that specific micro-organism."

how epidemics work? If you can't explain why a number of people at about the same time and in about the same place show the same infection, knowing that they can't have "picked it up" from something or someone else, then just say so. Maybe someone else can explain. Or maybe someone else will find the answer. It doesn't matter; all you know right now is that you can't explain it. And that is fine too.

2. ALL MATTER IS ENERGY

For almost a century we have proven that matter is nothing more than the most condensed form of energy we know. Matter doesn't exist on its own; it is just energy in a dense format. It is made by increasing the pressure on an energy field (and/or by lowering the temperature). This means that the way matter appears to us and how it reacts with its environment is all down to the movement of energy from which it stems.

To change the format of matter we only need to change the energy that made the material. Simply put, the old alchemists were right; in principle you could change simple materials into gold, if only you can create the energy

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field that, when condensed, shows itself as gold. In other words get the right frequencies and you will "see" the particular material that corresponds with those frequencies.

All of this also means that our material world is produced as the hard core of an extensive energy field and this core, the matter, is in the particular place where the centre of that energy field lies. My body is, therefore, at the centre of its own energy field and will always remain there. The circumstances "surrounding" me have to be of such a nature that my physical body can be produced and can remain what it is. This is also true for a micro-organism. It will physically manifest in a place that has the particular and specific conditions needed for its energy to express itself. First the energetic field is formed, and then the physical manifestation may occur, if the temperature and pressure is right. So, if the tissue is not warm enough and not "dense" enough, there won't be any bugs!

In fact, any illness is a change within the energetic field of the person, the animal or plant. It is not being attacked by an invisible and untraceable enemy. It is a change in the frequencies that creates the different morphology or physiology. Any illness is an imbalance within the creative energy field of the person. The expression of this will ultimately be seen within the physical matter of that person, i.e. the tissues and organs will show morphological and physiological changes, which we determine as diseases. If we, effectively, want to cure these diseases then all the person needs to do is to change his/her energy field back to the equilibrium. Restore the balance in life in order to be healthy. Changing the material bits won't ever make any difference to the balance of the individual, and consequently to his/her health.

3. EVERYTHING INFLUENCES EVERYTHING

Since everything is made up from frequencies and since energy is everywhere, it is easy to understand that all these waves have the potential to influence each other. We know that certain frequencies seem to be "absorbed" into others without changing them. Harmonic frequencies go together well but a lot of other frequencies can disturb the balance of other frequencies, throwing them off-balance. This is like a false note being played; you still recognise the note but it isn't quite right. If this note happens to also be expressed in matter then the consistency and/or the function of this tissue will be disturbed. We have a symptom, a signal that tells us that there is something wrong. This "wrong" is an energetic influence that disturbs the pure frequency within the field.

Whatever the outside influences may be on the energetic field, the experienced result is always the result of an interaction between the outside energies and the inside energies. In other words, no matter what may be in our environment, it doesn't necessarily mean that it will disturb our inner energies. This only happens when we are susceptible to allow this influence to occur. Of course, when the outside force is much greater than we can resist, the influence will be felt even if "we don't want to". But we do have a say in it whether or not our field will be disturbed. When our energetic field is allowed to be influenced and changed away from its balance point, we are ill.

Disease is the result of energetic interactions between outside influences and our inner being, between logic (what we have been told) and intuition (what we deeply know). Hence, for us to understand disease a lot better we need to look at those interactions. The relevant question always is: "How do I respond and what does my response do to me?" If I then decide I will only allow reactions that clearly show a better and easier functioning of my system, then health will be mine forever, even in the hour of my death. My health is the balance in my life, in all circumstances and that includes my old age and the dissolution of my physical being.

Patrick Quanten runs a course on explaining the basic elements of how life fits together, joining up ancient wisdom and modern science. This course is aimed at anyone who wants to understand life better, as a professional healthcare worker or as an individual for personal development.
This unique course runs from August 20th to 27th on the beautiful island of Gran Canaria. All information is available on the website.
www.activehealthcare.co.uk

Atypical tetanus in a completely immunized 14-year-old boy

KÖNIG K, RINGE H, DORNER B G, ET AL
PEDIATRICS VOL. 120 NO. 5
November 1, 2007
PP. E1355 -E1358
BRIEF EXTRACT:

ABSTRACT

We report the uncommon clinical course of tetanus in a completely immunized 14-year-old boy. His initial symptoms, which included a flaccid paralysis, supported a diagnosis of botulism. Preliminary mouse-test results with combined botulinum antitoxins A, B, and E, obtained from tetanus-immunized horses, backed this diagnosis. The change in his clinical course from paralysis to rigor and the negative, more specific, botulinum mouse test with isolated botulinum antitoxins A, B, and E, obtained from nonvaccinated rabbits, disproved the diagnosis of botulism. Tetanus was suspected despite complete vaccination. The final results of a positive mouse test performed with isolated tetanus antitoxin confirmed the diagnosis. Adequate treatment was begun, and the boy recovered completely.

CONCLUSIONS

Atypical tetanus should be considered as a rare differential diagnosis in patients with neurologic symptoms despite complete tetanus vaccination. It can be proven unequivocally by the mouse toxicity test.

ARE VACCINES OBSOLETE?

BY P DANIELS FOR SALEM-NEWS.COM

2nd May 2011

AUTISM AND VACCINES, A SURPRISING CONNECTION.

(LONDON) - CBS has opened with the questions surrounding vaccination in broadcasting work by Helen Ratajczak.

"The article in the Journal of Immunotoxicology is entitled 'Theoretical aspects of autism: Causes--A review.' The author is Helen Ratajczak, surprisingly herself a former senior scientist at a pharmaceutical firm. Ratajczak did what nobody else apparently has bothered to do: she reviewed the body of published science since autism was first described in 1943. Not just one theory suggested by research such as the role of MMR shots, or the mercury preservative thimerosal; but all of them.

Ratajczak's article states, in part, that "Documented causes of autism include genetic mutations and/or deletions, viral infections, and encephalitis [brain damage] following vaccination. Therefore, autism is the result of genetic defects and/or inflammation of the brain."

A number of independent scientists have said they've been subjected to orchestrated campaigns to discredit them when their research exposed vaccine safety issues, especially if it veered into the topic of autism. We asked Ratajczak how she came to research the controversial topic. She told us that for years while working in the pharmaceutical industry, she was restricted as to what she was allowed to publish. "I'm retired now," she told CBS News. "I can write what I want."

"Vaccines are being propped up by financial interests and political power but as the side effects they cause (including predictable deaths) mount up, that prop is inadequate to hide a medical reality that vaccines are failing."

Many government officials and scientists have implied that theories linking vaccines to autism have been disproven, and Ratajczak states that research shows otherwise.

Dr. Ratajczak's work has added greatly to the vaccination controversy which continues to grow. The growing controversy, the increasing yet unexplained sicknesses, and the effort to stifle scientists are signs of a failing paradigm.

Those promoting vaccines and getting them mandated by law have a large financial stake in them, have financial control of health agencies, and there is corruption involved - even around the need for them, even in the science behind the "diseases."

Vaccines are being propped up by financial interests and political power but as the side effects they cause (including predictable deaths) mount up, that prop is inadequate to hide a medical reality that vaccines are failing. One need only look at a short list of references on vaccines showing they are causing the diseases they are purported to prevent and are generating additional diseases, to recognize something is fundamentally wrong.

At this point, questions are being asked about the faulty science of bypassing the body's immune defense system to inject foreign protein into people, something the body must reject. The body, after vaccination, would be left futilely attacking itself to rid itself of those injected foreign proteins and substances, things that could never have gotten past the body's protective defenses except via insertion by vaccines. This self attack is the definition of autoimmune diseases now at epidemic levels and increasing.

The foreign proteins in vaccines originate from not only the infectious organisms against which one wishes to produce infection-fighting antibodies but also the artificial media in which these organisms are grown. Contained in such media may include one or more of the following materials: bovine serum, horse serum, chicken egg, monkey kidney, insect cells and even human fetal cells.

Apart from the foreign proteins, vaccines may also contain other harmful substances, including mercury, aluminum, formalin, oily adjuvants, etc., plus untold number of stray viruses with the potential to cause cancer, HIV, serum-hepatitis, and so on.

Meanwhile, evidence indicates that except for smallpox, no other

How vaccines actually violate the laws of biology

BY SHIV CHOPRA, MICROBIOLOGIST, VACCINE DEVELOPER AND VACCINE SAFETY OFFICIAL

Anyone knowing the basics of biology should know:

1. That all vaccines by their very nature are antigens and that every antigen by definition must be a foreign protein or a substance attached to one's own or some other foreign protein;
2. That no foreign protein can be absorbed into the blood stream unless it is digested in the alimentary canal into its basic amino acids;
3. That it is these amino acids which after being absorbed into the blood stream are reconstituted into one's own proteins and it is these proteins which distinguishes every being of existence into self and non-self.
4. That any interference or tampering with these laws of existence can bring calamity to the being in which it occurs such as by causing auto-immune conditions like autism, etc.

This is precisely what may be occurring due to vaccine injections in people...

infectious disease, e.g. tuberculosis, cholera, typhoid, anthrax, measles, mumps, rubella, DPT, polio, influenza and others, has been eradicated and that this continues to be so despite the decades of vaccinations against each of these diseases. Also, during the same period, the incidence of many previously uncommon diseases, such as autism, diabetes, allergies, and cancer, has been increasing in pandemic proportions.

Vaccines are under serious question now but in fact, they are unnecessary. Overwhelming medical evidence shows there is an effective and entirely safe alternative, thus a far superior treatment for infectious diseases.

"Many viral infectious diseases have been cured and can continue to be cured by the proper administration of Vitamin C. Yes, the vaccinations for these treatable infectious diseases are completely unnecessary when one has the access to proper treatment with vitamin C. And, yes, all the side effects of vaccinations...are also completely unnecessary since the vaccinations do not have to be given in the first place with the availability of properly dosed vitamin C."---Dr Thomas Levy M.D., J.D. (Vitamin C, Infectious Diseases and Toxins p30)

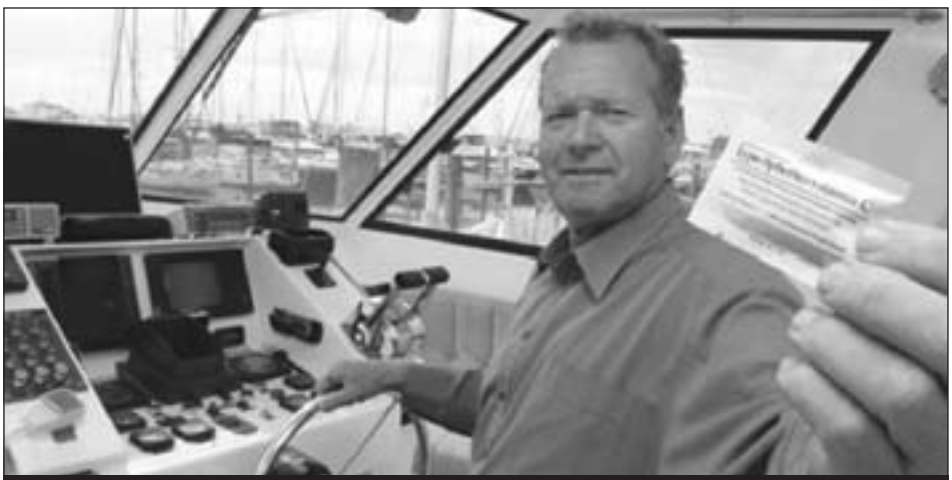
"Many viral infectious diseases have been cured and can continue to be cured by the proper administration of Vitamin C. Yes, the vaccinations for these treatable infectious diseases are completely unnecessary when one has the access to proper treatment with vitamin C."

With vaccines proven to cause damage, deaths and more diseases; with the assumed science behind vaccines actually contradicting the basics of biology; with vaccines being promoted and forced on populations primarily by financial interests and political corruption; what is left of vaccines medically?

Given studies over 75 years to back up IV vitamin C cures of the very infectious diseases for which vaccines have been promoted, the logic becomes inescapable - vaccines are medically obsolete.

Man saved by vitamin C speaks

BY ANDREW CAMPBELL
Wednesday 18th May, 2011
www.sunlive.co.nz



When all traditional medical options had failed, Allan Smith's life was saved by vitamin C.

IMMEDIATELY AFTER vitamin C saved his life, Otorohonga farmer Allan Smith says he kept a low profile while the treatment was registered as a medicine in New Zealand.

Now that's done he's quite happy to talk about it – how he was saved from swine flu by intravenous vitamin C that doctors were compelled to give him.

When all traditional medical options had failed, Allan Smith's life was saved by vitamin C.

Allan's a Tauranga Coastguard member and was staying on his boat, Oscar, at the marina with his wife Sonia when he got sick.

Their tale is one of a struggle with the medical establishment.

Sonia's struggle began when the ambulance officers she'd called had no wheelchair or stretcher, and had to support Allan for the long walk from the end of the pier.

Diagnosed with bacterial pneumonia, Allan was taken from Tauranga to Auckland where he went into a coma and was put on life support.

Allan had been in a coma for three weeks and doctors were calling for the machines keeping him alive to be turned off.

The idea to try intravenous vitamin C came from Allan's brother in law, Jimmy, says Sonia.

"He's been taking it for about eight years and he was at the meeting when they said they wanted to turn him off."

Jimmy was the one who contacted the overseas medical specialists using intravenous vitamin C. They put him in touch with a New Zealand doctor importing the product.

Getting the doctors to administer this treatment was not easy for the family.

They found themselves obtaining a legal opinion telling medical staff they were in breach of the Hippocratic Oath if they didn't administer the vitamin C treatment.

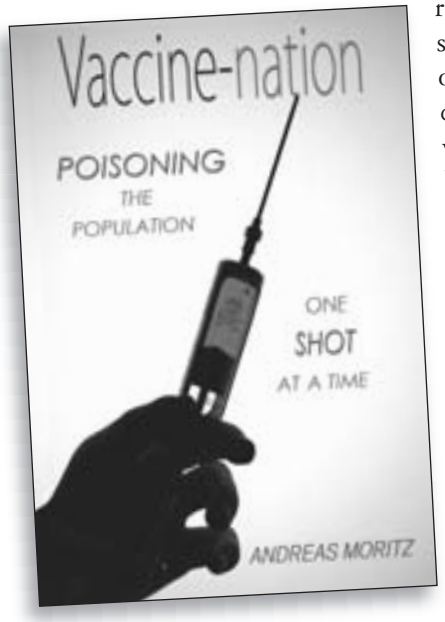
The treatment started and Allan wowed the critics as he came out of the coma.

He was expected to be three months in recovery and walked out 13 days later. He also has no further signs of leukemia with which he was also diagnosed while he was in the coma.

NEW BOOK:

Vaccine-nation: poisoning the population, one shot at a time

NEW BOOK REVEALS WHY CHILDHOOD VACCINES, FLU SHOTS AND OTHER KINDS OF INOCULATIONS HAVE CONTRIBUTED TO THE DRAMATIC DECLINE OF NATURAL IMMUNITY AMONG MILLIONS OF CHILDREN, ADULTS, AND MEMBERS OF THE OLDER POPULATION.

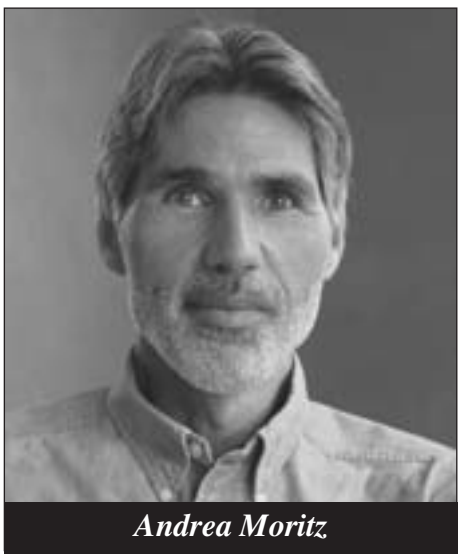


ANDREAS MORITZ, bestselling author of over a dozen health books, including the bestselling Cancer is Not a Disease and Timeless Secrets of Health and Rejuvenation, announces the release of a new book that questions the benefits of vaccination.

In Vaccine-nation, Poisoning the Population, One Shot at a Time, Moritz provides the scientific evidence that shows vaccination suppresses the primary immune system located in the gut, also called cellular immune system.

Vaccines bypass this essential part of the immune system and merely provoke the secondary immune response, called the anti-body response. However, while activating the anti-body response, vaccines automatically shut down the primary immune system, which poses a long-term health risk.

A normal exposure to pathogens always begins in the nasal, ear, throat, and respiratory passages, never through injection. Once primary immunity has been established by going though an infection, the antibody response follows. This allows the immune system to grow stronger and learn to bestow natural and permanent immunity to an ever-increasing number of pathogens.


Andrea Moritz

Just evoking an antibody response without establishing primary immunity first has serious consequences. That's also why the vaccinated population has a much higher rate of infections than the non-vaccinated population. For example, research shows that vaccinated versus unvaccinated children suffer:

- FIVE TIMES MORE ASTHMA
- NEARLY THREE TIMES MORE ALLERGIES
- OVER THREE TIMES MORE EAR INFECTIONS
- OVER FOUR TIMES MORE APNEA AND NEAR MISS COT DEATH
- NEARLY FOUR TIMES MORE BOUTS OF RECURRING TONSILLITIS
- TEN TIMES MORE HYPERACTIVITY

Vaccinated children also have 317% more ADHD, 185% more neurologic disorders and 146% more autism than non-vaccinated children.

In addition, during outbreaks of mumps or measles, for example, the vast majority of infections occur in the fully vaccinated population. 'Fully' means they have received all the required booster shots. Being in need of booster shots, of course, shows that vaccines cannot bestow real immunity.

Moreover, 150 scientific studies have demonstrated that suppressing the primary immune response through vaccination during childhood significantly increases the risk of developing cancer later in life.

Classic childhood diseases are still the best prevention for cancer, according to the research. Cancer, on the other hand, is almost always linked with a weak, suppressed immune system.

The book provides the evidence that ingredients such as aluminum, mercury, formaldehyde, anti-freeze agents, nail polish removers, DNA fragments from animals, antibiotics and dozens of other, equally toxic, chemicals into the body may actually poison it and permanently damage or destroy the immune system.

Furthermore, the frequent injections of antibiotics contained in all vaccines are partly responsible for the emergence of antibiotic-resistant organisms (superbugs) that claim even more lives each year than AIDS.

Moritz encourages everyone, especially parents and medical doctors, to take a closer look at the evidence supporting vaccination, or lack thereof, before risking irreversible vaccine injuries.

ABOUT ANDREAS MORITZ

Andreas Moritz is an internationally known author, lecturer and practitioner in the field of Alternative and Integrative Medicine. He is the author of over a dozen books on various subjects pertaining to holistic health.

For more information visit
http://www.ener-chi.com

AIMS & OBJECTIVES OF THE *informed* PARENT GROUP

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

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