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MURDOCH AND VACCINES: EXPOSURE OF CRIMES REVEALS A MUCH LARGER STORY

BY WILLIAM NEWTON
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http://coto2.wordpress.com/2011/07/17/murdoch-and-vaccines-exposure-of-murdochs-crimes-expose-a-much-larger-story/#more-17184

"… THE EVIDENCE OF SLEAZY AND SCANDALOUS BEHAVIOR OF THE MURDOCH PAPERS HAS EXPANDED GEOMETRICALLY." MICHAEL COLLINS

RUPERT MURDOCH'S news empire faces intense media and legal scrutiny. Current revelations focus on Murdoch's News of the World hacking into the Dowler family's voice messages during the kidnapping of their 12 year old daughter Milly, and Murdoch's London Times for allegedly having illegally obtained the financial, property and medical information of former UK Labour Party Leader Gordon Brown during the time he was chancellor.

A 2010 exposure of Murdoch's Times of London revealed that it had published forged documents purporting to show that Iran planned to do nuclear experiments for an atomic weapon, and as Collins points out, it was Murdoch's "drumbeat of misinformation" that helped mislead people into believing that Saddam Hussein was involved in the 9/11 attack, supporting Bush's invasion of Iraq, though intelligence was "unsubstantiated, contradicted, or even non-existent," according to the Senate Intelligence Committee Unveils Final Phase II Reports on Prewar Iraq Intelligence from June 5, 2008.

But what has not yet been covered is the media circus Murdoch's London Times created internationally as it fabricated lies against a respected British doctor, with consequences that could impact the lives of billions of children in the world. Andrew Wakefield was a respected British gastroenterologist who began research into digestive problems in autistic children in collaboration with other doctors in the UK, after being called by parents seeking help. His work indicated severe digestive issues and he asked for more investigation of the MMR vaccine.

"Brian Deer is the reporter who savaged Dr Wakefield from the pages of the Sunday Times, a paper managed by Rupert Murdoch's son James Murdoch who is on the board of GlaxoSmithKline which makes the MMR."

Brian Deer is the reporter who savaged Dr Wakefield from the pages of the Sunday Times, a paper managed by Rupert Murdoch's son James Murdoch who is on the board of GlaxoSmithKline which makes the MMR. Deer researched his case with the help of Medico-Legal Investigations, a private enquiry company whose only source of funding is the Association of the British Pharmaceutical Industry. Deer was both the journalist writing on Wakefield and the person who brought a case of fitness to practice medicine to the General Medical Council, and then wrote about the proceedings as well.

Parents whose children were treated by Wakefield were denied the right to be heard before a real court on claims against the vaccine manufacturers. The High Court judge who denied them was Sir Nigel Davis, whose brother is an executive board member of Elsevier, publishers of the Lancet which removed Wakefield's 1998 paper on the subject, and is on the Board of GlaxoSmithKline.

With the London Times giving Brian Deer free reign to attack Wakefield, media closed in like sharks. Coincidentally, the head of Reuters serves on the Board of Merck, and Miriam Stoppard who writes at the Daily Mirror newspaper is married to Sir Christopher Hogg, who was Chairman of GlaxoSmith Kline in 2004. Dr Kumar, the Chairman of the GMC Fitness to Practice Panel who ruled against Dr Andrew Wakefield, would not answer questions about his shareholdings in GlaxoSmithKline, and said there was no such thing as vaccine damage and that any parents who claimed that their children had suffered such would be treated with scorn and contempt.

Wakefield lost his license to practice and left the UK. What had he done that Murdoch's machine went into action, creating fictions about him, getting his work pulled from the Lancet, getting him brought before the GMC to ultimately lose his license?

Wakefield suggested that until further studies, the measles vaccine should be given as a separate vaccine rather than in combination as the MMR (measles, Mumps, Rubella). He did not suggest that children not take a measles vaccine, only that there be caution until the MMR was investigated further. This reasonable suggestion was met immediately by the single measles vaccines being taken off the market.

Wakefield's work with Professor Walker-Smith and Professor Simon Murch had touched a nerve. The pharmaceutical industry, an industry that makes six times more than any industry on Wall Street is heavily invested in vaccines (in the US, the companies do not ›

Editor's note

Magda Taylor

THIS IS THE THIRD and last issue of The Informed Parent for 2011. I would like to take this opportunity to thank you all for your continued support and subscriptions - this newsletter would not exist without you! I most certainly need to increase the number of subscribers to continue so as usual I would ask to let others know or perhaps even take out a subscription as a gift for someone you feel would benefit from the information. Next year The Informed Parent will have been running for 20 years, so please help keep it in existence by renewing your subscription and/or sending a donation if you are able – it will be very much appreciated! For this editorial I would briefly like to touch on the subject of 'herd immunity' which is often raised in discussions on vaccination.

What is Herd Immunity?

The theory is that, in 'so-called' infectious diseases, chains of infection are likely to be disrupted when large numbers of a population are immune or less susceptible to the disease. The greater the proportion of individuals who are resistant, the smaller the probability that a susceptible individual will come into contact with an infectious individual. Apparently this theory was originally coined in 1933 by a researcher A W Hedrich who published a study on the patterns of measles in Baltimore from 1900 -1931. He concluded that epidemics of measles could only occur when the number of immune children was less than 68%. Any more than 68% and there were not enough non -immunes to 'spread' the disease. Later on, vaccinologists adopted the theory of herd immunity and increased the figure from 68% to 95% with apparently no scientific justification as to why, and then stated that there had to be 95% vaccine coverage to achieve immunity.

I have a different theory about what herd immunity means. It is not based on any scientific study, it is based on my general study of the vaccination issue over the last 20 years. As I have stated in previous articles I now see the term 'immunity' as another word for 'health'. When diseases such as measles, whooping cough, smallpox and so on were declining dramatically over the 1800 -1900s, it was due to improved living conditions. The more improvements, the less disease, meaning there was an increase in health. You could refer to it as 'herd health'. The growing number of individuals with increased health were not healthier because they had developed natural immunity to a specific disease, they had simply developed a better level of health due to healthier living conditions. If we all returned to living in the same conditions as those in the 1800s I am certain that you would observe diseases such as smallpox, measles etc rear their heads again.*

The present understanding of the 'herd immunity' theory is based on the germ theory and yet even those who have come to reject the germ theory still talk about gaining natural immunity to specific diseases? If germs are not the cause of disease then we do not need to gain any 'immunity' from these specific germs, all we need to do is maintain health. This is my present theory but please let me know if you have 'herd' differently.

Wishing you all a happy and healthy Christmas and new year!
Magda Taylor

REFERENCE: (MONTHLY ESTIMATES OF THE CHILD POPULATION "SUSCEPTIBLE' TO MEASLES, 1900-1931, BALTIMORE, MD, A W HEDRICH, American Journal of Epidemiology, May 1933 - Oxford University Press).

**Living conditions – meaning all aspects ie improved - housing, sanitation, clean water, nutrition etc which also would have a knock-on effect on the mental state of the population. Mental stability plays an important role in maintaining good health.*

› *from p01*

have to prove efficacy to get FDA approval) and is moving on every front to have their product mandated.

To suggest that one of the main vaccines for children might be destroying them mentally and physiologically was a problem, yet the study showed severe digestive system damage and mitochondrial dysfunction, as well. Mitochondrial dysfunction has been confirmed by other studies, but taking down Wakefield in a big way became a means of discrediting anyone questioning vaccines. Wakefield was cast as a fraud and so all those voicing concerns were dismissed by reference to him.

THIS ALAN GOLDING DOCUMENTARY GIVES BACKGROUND WHICH CAN ALLOW PEOPLE TO JUDGE THE CREDIBILITY OF MURDOCH'S REPORTER FOR THEMSELVES:

To understand how serious all this is, and thus how much is at stake for millions if not billions of children, one needs to appreciate how profound it is for mitochondria not to function normally. Science Daily explains:

"Children with autism are far more likely to have deficits in their ability to produce cellular energy than are typically developing children, a new study by researchers at UC Davis has found. The study, published in the Journal of the American Medical Association (JAMA), found that cumulative damage and oxidative stress in mitochondria, the cell's energy producer, could influence both the onset and severity of autism, suggesting a strong link between autism and mitochondrial defects…. Mitochondria

are the primary source of energy production in cells and carry their own set of genetic instructions, mitochondrial DNA (mtDNA), to carry out aerobic respiration. Dysfunction in mitochondria already is associated with a number of other neurological conditions, including Parkinson's disease, Alzheimer's disease, schizophrenia …."

ONE STUDY CITED IN WIKIPEDIA SAYS:

"Mitochondrial disorders may be caused by mutations, acquired or inherited, in mitochondrial DNA (mtDNA) or in nuclear genes that code for mitochondrial components. They may also be the result of acquired mitochondrial dysfunction due to adverse effects of drugs, infections, or other environmental causes (see MeSH). Defects in nuclear-encoded mitochondrial genes are associated with hundreds of clinical disease phenotypes including anemi, dementia, hypertension, lymphoma, retinopathy, seizures, and neurodevelopmental disorders."

In opening up the issue mitochrondrial dysfunction and urging a shift back to a single measles vaccine (an earlier vaccine), Wakefield may have stumbled onto something explosive. The MMR vaccine appears to be the third generation of vaccines, what are called DNA vaccines. They involve shooting genetically engineered material into the body, often using gene guns that were used into the genetic engineering of seeds, in order to achieve DNA "uptake."

From Wikipedia on methods of delivery of DNA Vaccines:

"The two most popular approaches are injection of DNA in saline, using a standard hypodermic needle, and gene gun delivery. … Injection in saline is normally conducted intramuscularly (IM) in skeletal muscle, or intradermally (ID), with DNA being delivered to the extracellular spaces. This can be assisted by electroporation; by temporarily damaging muscle fibres with myotoxins such as bupivacaine; or by using hypertonic solutions of saline or sucrose. Immune responses to this method of delivery can be affected by many factors, including needle type, needle alignment, speed of injection, volume of injection, muscle type, and age, sex and physiological condition of the animal being injected.

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"Gene gun delivery, the other commonly used method of delivery, ballistically accelerates plasmid DNA (pDNA) that has been adsorbed onto gold or tungsten microparticles into the target cells, using compressed helium as an accelerant.

"Alternative delivery methods have included aerosol instillation of naked DNA on mucosal surfaces, such as the nasal and lung mucosa, and topical administration of pDNA to the eye and vaginal mucosa. Mucosal surface delivery has also been achieved using cationic liposome-DNA preparations, biodegradable microspheres, attenuated Shigella or Listeria vectors for oral administration to the intestinal mucosa, and recombinant [genetically engineered] adenovirus vectors."

The DNA vaccines depend on DNA uptake. However,"this phenomenon has not been the subject of much research, so the actual mechanism of DNA uptake is not known."

And what is meant by DNA uptake? Does it mean as it sounds, that genetically engineered material is taken up by the DNA of those being injected with it? And if so, does that mean that these vaccines are genetically altering (or "engineering") those receiving the vaccines?

IS IT POSSIBLE THAT THE MITOCHONDRIAL DYSFUNCTION SEEN IN AUTISTIC CHILDREN IS A RESULT OF THEIR DNA HAVING BEEN COMPROMISED?

The new DNA vaccines derive from failed gene therapy. Are the new DNA vaccines a continuation of experiments in genetic engineering, being conducted on millions of children?

Cloned animals also suffer from mitochondrial dysfunction. Professor Joe Cummins writes:

"In the cloned animals, mitochondria are transferred to the eggs along with the nucleus from somatic cells, leading to a mixture of mitochondrial genes from egg and the somatic cell from which the nucleus was obtained. This mixture of mitochondria (called heteroplasmy) introduces incompatibility between mitochondrial and nuclear genetic material that contribute to the high rates of abnormalities and deaths among clones and leads to cell and tissue disruption as the cloned animal develops. The impact of mitochondrial dysfunction is great because the mitochondria provide energy for the cells."

It seems that people have already been genetically engineered. "Dr. Joseph Cummins, professor emeritus of biology at the University of Western Ontario, says, 'It seems likely that the transplants are going on, but very, very quietly in a regulatory vacuum, perhaps.'"

ALSO SEE THESE CITATIONS FROM THAT ARTICLE:

- Genetically-Engineered Humans. Barritt, Jason A., et al. "Mitochondria in Human Offspring Derived From Ooplasmic Transplantation." Human Reproduction, 16.3 (2001), pp 513-6.
- "First Cases of Human Germline Genetic Modification Announced." British Medical Journal 322 (12 May 2001), p 1144.
- "Genetically Modified Human Babies?" Australian Broadcasting Corporation, 8 May 2001.
- Hawes, S.M., C. Sapienza, and K. E. Latham. "Ooplasmic Donation in Humans: The Potential for Epigenic Modifications." Human Reproduction 17.4 (2002), 850-2. Hill, Amelia.
- "Horror at 'Three Parent Foetus' Gene Disorders." Observer (London), 20 May 2001.

The 23 new DNA vaccines have been linked to autism. Are the new DNA vaccines altering and/or damaging children's DNA, the code of life?

An overview of Murdoch's connections to the pharmaceutical industry and international bankers cannot answer that question but at a minimum suggest serious problems with vaccines with the greatest wealth power in the world promoting them, nonetheless.

MedicalVeritas.org is credited with this piece:

"Lloyd Blankfein is co-chairman with media mogul Rupert Murdoch in the David Rockefeller-founded Partnership for New York City (PFNYC), chartered by the Royal Family of England. This group is currently advancing a world leading biotechnology trust, heavily invested in "genetopharmaceuticals" and flu vaccine genetic engineering.

"Members of this group, along with George Soros-directed assets, virtually monopolized the genetics industry during the 1990s, culminating in the corporate privatization of the Human Genome Project.

"INVOLVEMENT OF THESE ECONOMIC LEADERS IN THE VACCINE INDUSTRY IS MOST REVEALING AND EVEN SHOCKING AS THE FOLLOWING FACTS EVIDENCE:

"The Baxter Corporation, indicted for spreading HIV contaminated blood products during the late 1970s through the 1980s; a cheap lethal heparin substitute in 2008; and H5N1 contaminated seasonal flu vaccines in early 2009, was directed by Mr. Tony White, Soros's appointee to lead the privately owned Applera Company following their obvious heist of the Human Genome Project during the late 1990s. The sudden privatization of what had previously been public, non-profit, patentable property, also implicated co-sponsors–the U.S. Department of Energy and The Wellcome Trust of London.

"Today, the American Baxter Company is a major H1N1 vaccine maker for European nations, and at the center of controversy concerning the expanding outbreak of recombinant H1N1-hemorrhagic pneumonia. Many experts conclude the 2009 H1N1 triple reassortant sourced from a lab, similar to its 1977 relative.

"Rupert Murdoch's mother, Elizabeth, Dame Commander of the Most Excellent Order of the British Empire, and daughter-in-law, Sarah Murdoch, steward the Royal Women's Hospital and Murdoch Children's Research Institute, respectively, in Australia. They oversaw their staff conduct H1N1 vaccine trials on infants, children, and pregnant women in 2009, collaborating with Merck's subsidiary, CSL.

"Furthermore, Rupert Murdoch's son James oversees GlaxoSmithKline, another major H1N1 vaccine maker. Regarding efficacy, and more importantly safety, the CSL/Merck H1N1 vaccine tested in Murdoch-family directed facilities was simply assumed to be both safe and effective according to its package insert. The new and old vaccine had 'no controlled clinical studies demonstrating a decrease in influenza disease after vaccination with' the company's seasonal flu vaccine, 'AFLURIA.'

"Likewise, vaccine safety was speciously assumed following assessment days comparing those who received AFLURIA (with or without mercury preservative, confounding everyone's analysis) with those who received some undisclosed "European-licensed trivalent inactivated influenza vaccine as an active control." This "active control" was preserved with mercury.

"In plainer language, an unidentified arguably neurotoxic vaccine served as a 'placebo control.' Since no inactive placebo control such as saline was used, the study design was obviously flawed, confounding, biased, and arguably fraudulent. It may have precluded observing statistically significant differences between experimental and control groups falsely evidencing safety from lacking adverse event differentials. This intentional obfuscation exclusively benefited those with conflicting interests, and/or those inclined to rely on safety assurances to the detriment of public health and medical science. Yet, Murdoch-directed News Corp. assets heavily promoted these risky H1N1 vaccines as urgently required, safe and effective.

"Curiously, in 2008, The Wellcome Trust of London's Biocentre, the UK's largest non-governmental source of funds for biomedical research, created a special grant program to heavily fund research into alleged mysterious neurodegenerative diseases linked by censored science to thimerosal mercury.

"The Wellcome Trust's alleged divestment of conflicting pharmaceutical interests following Burroughs Wellcome's sale of stock to Glaxo PLC, created GlaxoWellcome, currently GlaxoSmithKlein. This allegation of 'divestment' is discredited by more than the fund's involvement in the Human Genome Project's pirating, implicating George Soros and David Rockefeller-linked investors. Again, GlaxoSmithKlein makes the H1N1 vaccine, and Rupert Murdoch's heir apparent, James Murdoch, oversees their Board of Directors.

"And that's not all. . . Rupert Murdoch's Co-Chairman of the PFNYC, Lloyd Blankfein is a major shareholder in the Goldman-Sachs/AstraZeneca partnership. He directed AstraZeneca's $15 billion acquisition of MedImmune, the H1N1 FLUMIST maker.

"Besides James and Rupert's News Corp directing film makers Twentieth Century Fox and Warner Brothers, the Western World's mass-mediated mind-set is reinforced by PFNYC "partner" and Reuters News Service CEO, Thomas H. Glocer. Glocer sits on the Board of Directors of Merck & Company, whose (CSL) H1N1 vaccine, and (Merck's) Pneumovax vaccine, is broadening markets as the main ingredient–laboratory engineered H1N1 virus–mutates, as in the Ukraine, becoming more deadly.

"Additionally, those poorly-paid inadequately-trained pharmacists administering vaccines in supermarkets, draining doctors' revenue streams, reflect the 'hostile takeover' of clinical medicine by Goldman-Sachs's limited partner, PFNYC 'Corporate Partner,' and world-leading 'buyout firm,' Kolberg, Kravitz, Roberts & Company (KKR) This 'immunization' industry-altering practice is promoted as a "cost-saving" invention according to KKR's director of Safeway supermarkets, Steven Burd, founder of the Coalition to Advance Healthcare Reform (CAHR), popularly called 'Obamacare.'"

Whatever the answer to questions about the new DNA vaccines, it is obvious that Rupert Murdoch's connections to the pharmaceutical industry and vaccines are very deep. No investigation of Murdoch's crimes should omit his efforts to use his media empire to prevent exposure of potential dangers from the MMR vaccines and possibly all the new DNA vaccines.

BMJ had secret financial ties to Merck during publication of articles attacking Wakefield

7/9/ 2011 By PF Louis
http://www.naturalnews.com/033516_BMJ_financial_ties.html

WHEN A CORRUPT medical group wants to discourage dissidence from within, it targets a high profile figure to disgrace. This intimidates others from doing the right thing if it disrupts the lies and profits of Big Pharma.

Dr. Andrew Wakefield was a high profile scapegoat, smeared with lies from the media and medical journals to protect the UK from vaccine injury payouts while maintaining high profits for the vaccine industry.

DR. ANDREW WAKEFIELD'S RESEARCH

Dr. Wakefield arrived at Royal Free Hospital in London to coordinate and record research that had already started for seven children. This number increased to twelve and consequently was called the Wakefield 12 two years later. The gastroenterology treatments and study had started on the original seven and was headed by Dr. John Walker-Smith.

Parents of those twelve children took them to the Royal Free Hospital because of its reputation for Pediatric Gastroenterology. Their family doctors had failed to diagnose and/or treat their kids. The kids were suffering terribly from bowel disorders and exhibiting autistic behavior, pushing the parents to the limit. These were not mere tummy aches and diarrhea.

After Dr. Wakefield joined them, he published his findings in a paper for the 1998 British medical journal Lancet. A few years later, Wakefield's Lancet paper's conclusion was intentionally twisted by journalist Brian Deer in order to launch a government/vaccine industry attack on doctors Wakefield and Walker-Smith.

Claims that Dr. Wakefield and his team concluded that MMR vaccinations are totally responsible for autism are completely inaccurate. Wakefield's Lancet paper simply advised that measles, mumps, and rubella vaccinations should be done separately instead of all at once until further research is done on the safety of MMRs.

The parents had voluntarily mentioned that their children's unusual and intense bowel disorders as well as autistic behaviors occurred shortly or immediately after the kids received their MMR vaccination. Dr. Wakefield simply included the parents observations in his Lancet report.

"Brian Deer is a self professed independent investigative journalist. He is not independent, according to Age of Autism He has over a decade's history of working for different vaccine industry front groups, both in America and Great Britain. And he doesn't really investigate. It appears he fabricates."

Dr. Wakefield also included the medical fact that the same viral strain of measles was found in all of the children's intestinal tracts in his journal report. These discoveries were made after the MMR (measles, mumps, rubella) shots were given to those twelve children and their symptoms were apparent.

WAKEFIELD'S PUBLISHED FINDINGS CONFIRMED BY OTHERS

The viral measles discovered by the Wakefield/Walker-Smith team of doctors were not wild virus measles. They were of the type prepared for MMR vaccines. Recently, even the London Mail reported similar results from other studies of children with autistic behaviors and strange, severe bowel disorders.

One study was in Dublin, Ireland in 2001. The other report was from Wake Forest Medical School in the USA in 2010. In the USA study, 70 out of 82 autistic children were found with the same unusual bowel disorder, autistic enterocolitis, and the same non-wild measles strain.

You'd think this would create a public vindication and restore Doctors Wakefield and Walker-Smith's right to practice medicine in the UK. But it hasn't. That's the tragedy. The vaccine industry/government conspiracy succeeded.

THE POINT MAN FOR THE CONSPIRACY AGAINST WAKEFIELD AND WALKER-SMITH

Brian Deer is a self professed independent investigative journalist. He is not independent, according to Age of Autism. He has over a decade's history of working for different vaccine industry front groups, both in America and Great Britain. And he doesn't really investigate. It appears he fabricates.

Yet, he is the author of articles condemning the Wakefield Lancet 1998 paper, publishing in both the London Sunday Times and the British Medical Journal (BMJ) starting in 2004 and continuing into 2010. Brian Deer also filed a formal complaint to the GMC (General Medical Council), the group responsible for medical licensing in the UK.

Not one of the parents filed any complaints anywhere. They all praised the Wakefield/Walker-Smith team for the understanding and relief that medical team had provided. But they complained bitterly about being denied their testimony on the Wakefield/Walker-Smith team's defense in the GMC hearings, which Brian Deer attended daily for several weeks.

The Lancet was compelled to publically retract Wakefield's paper. The GMC removed both Doctors Wakefield and Walker-Smith from medical practice in 2010. The BMJ and Brian Deer defend their lies to this day by accusing Wakefield of lying.

Screaming sensationalism seems to get the mainstream media's attention over calmly delivered facts.

For more on Brian Deer's nasty aggressive manner against the Wakefield 12 children's parents, who speak their version of events, see the short version of the documentary "Selective Hearing" here: http://naturalnews.tv/v.asp?v=B04E6...

THE FULL DOCUMENTARY IS VIEWABLE FROM THE SOURCES SECTION BELOW. IT IS COMPELLING.

So how does one sociopath vaccine industry shill hack journalist manage to pull this off? He was supported by friends in high places.

BIG PHARMA'S VACCINE HIT LIST

The pharmaceutical industry has hit lists, and apparently Brian is one of their hit men to stir up trouble with the help of vaccine industry supporting medical journals and public media publications. A lawyer in an Australian class action suit against Merck's Vioxx spoke of threats from Merck to intimidate critics or cut off research funding.

The attorney read the following from a Merck internal memo: "We may need to seek them out and destroy them where they live." There was also memo content that mentioned "neutralizing or discrediting" doctors who spoke out against them. Merck is a major provider of MMR vaccines in the UK and USA.

FOLLOWING THE MONEY

High Court Judge Sir Nigel Davis wouldn't permit parents who wanted to testify on Wakefield's behalf. Nigel's brother is a board member of the publishers of the Lancet who is also on the Board of GlaxoSmithKline (GSK). GSK is a pharmaceutical giant also heavily involved in vaccine manufacturing.

Deer used Medico-Legal Investigations to gather information for his evil spin. This private company seems to be a front group for Big Pharma, since their only source of funding is the Association of the British Pharmaceutical Industry.

GSK now has James Murdoch on its Board. He's the son of Rupert Murdoch and editor of the Sunday Times . This was Deer's first platform to launch attacks on Wakefield. The Murdoch family has strong financial interests with GSK.

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Reuters is a news agency rivaling the Associated Press (AP). The head of Reuters is a Merck Board member. Miriam Stoppared's husband, Christopher Hogg, was Chairman of GSK in 2004. Miriam is feature writer for the Daily Mirror.

Dr. Kumar, the chairman of the GMC Fitness to Practice Panel that ruled against Wakefield would not answer questions about his known GSK holdings. He declared that there is no such thing as vaccine damage and parents who claimed such should be treated with scorn.

There have been allegations of financial connections between Merck and BMJ and its editor Dr. Fiona Godlee. It's certain Merck funds award to BMJ's selected MDs and researchers. Both the BMJ and Lancet journals serve as advertising forums for Merck and GlaxoSmithKline.

Meanwhile the UK medical system, which is completely supported by government financing, can breathe a sigh of relief for not having to be held liable for vaccine injury complaints by parents of MMR shots or other vaccinations.

After all, purchased and promoted vaccines are already paid for. They don't want them to go to waste. And no need to add the expense of awarding compensation for vaccine injury if it's been declared they don't exist.

Regarding the Wakefield case, Fiona Godlee recently announced: "Many other medical frauds have been exposed but usually more quickly after publication and on less important health issues."

REALLY? HOW IMPORTANT IS CHILDHOOD MEASLES OR MUMPS?

What is important is evidence from several international sources have determined a causal link to unusual bowed disorders and autistic behavior. The real fraud is denying this research. The real crime is profiting heavily while causing enormous suffering for millions of children and their parents.

WHO warns against the use of inaccurate blood tests for active tuberculosis - A substandard test with unreliable results

GENEVA
www.who.int/
20 July 2011

THE USE OF currently available commercial blood (serological) tests to diagnose active tuberculosis (TB) often leads to misdiagnosis, mistreatment and potential harm to public health, says WHO in a policy recommendation issued today. WHO is urging countries to ban the inaccurate and unapproved blood tests and instead rely on accurate microbiological or molecular tests, as recommended by WHO.

TB CAN BE WRONGLY DIAGNOSED

Testing for active TB disease through antibodies or antigens found in the blood is extremely difficult. Patients can have different antibody responses suggesting that they have active TB even when they do not. Antibodies may also develop against other organisms which again could wrongly indicate they have active TB. In addition, different organisms share the same antigens, making tests results unreliable. These factors can result in TB disease not being identified or wrongly diagnosed.

A BLOOD TEST FOR DIAGNOSING ACTIVE TB DISEASE IS BAD PRACTICE

"In the best interests of patients and caregivers in the private and public health sectors, WHO is calling for an end to the use of these serological tests to diagnose tuberculosis," said Dr Mario Raviglione, Director of WHO Stop TB Department. "A blood test for diagnosing active TB disease is bad practice. Test results are inconsistent, imprecise and put patients' lives in danger."

Today's policy recommendation applies to blood tests for active TB. Blood tests for inactive TB infection (also known as dormant or latent TB) are currently under review by WHO.

NEW RECOMMENDATION AFTER 12 MONTHS OF RIGOROUS ANALYSIS

The new recommendation comes after 12 months of rigorous analysis of evidence by WHO and global experts. Ninety-four studies were evaluated - 67 for pulmonary tuberculosis (TB in the lungs) and 27 for extrapulmonary tuberculosis (TB elsewhere in other organs). Overwhelming evidence showed that the blood tests produced an unacceptable level of wrong results - false-positives or false-negatives - relative to tests endorsed by WHO.

The research revealed "low sensitivity" in commercial blood tests which leads to an unacceptably high number of patients wrongly being given the 'all clear' (i.e. a false-negative when in reality they have active TB). This can result in the transmission of the disease to others or even death from untreated tuberculosis.

PROBLEMS OF MISDIAGNOSIS

The research revealed "low sensitivity" in commercial blood tests which leads to an unacceptably high number of patients wrongly being given the 'all clear' (i.e. a false-negative when in reality they have active TB). This can result in the transmission of the disease to others or even death from untreated tuberculosis. It also revealed "low specificity", which leads to an unacceptably high number of patients being wrongly diagnosed with TB (i.e. a false-positive when in reality they do not have active TB). Those patients may then undergo unnecessary treatment, while the real cause of their illness remains undiagnosed, which may then also result in premature death.

THE INACCURATE BLOOD TESTS ARE COSTLY

More than a million of these inaccurate blood tests are carried out annually to diagnose active TB, often at great financial cost to patients. Many patients pay up to US$ 30 per test. There are at least 18 of these blood tests available on the market. Most of these tests are manufactured in Europe and North America, even though the blood tests are not approved by any recognized regulatory body.

SELLING SUBSTANDARD TESTS WITH UNRELIABLE RESULTS

"Blood tests for TB are often targeted at countries with weak regulatory mechanisms for diagnostics, where questionable marketing incentives can override the welfare of patients," said Dr Karin Weyer, Coordinator of TB Diagnostics and Laboratory Strengthening for the WHO Stop TB Department. "It's a multi-million dollar business centred on selling substandard tests with unreliable results."

This is the first time WHO has issued an explicit "negative" policy recommendation against a practice that is widely used in tuberculosis care. It underscores the Organization's determination to translate strong evidence into clear policy advice to governments. Tuberculosis kills 1.7 million people every year, and is the major killer of people living with HIV. Improving the early and effective diagnosis of TB to ensure more lives are saved is a priority action for WHO and the international TB community. TB research is currently underway to bring better and more rapid tests that are easy to administer, effective and accurate.

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Families sue their lawyers for negligence over MMR cases

BY CHRISTINA ENGLAND

www.vactruth.com

August 19th, 2011

THE TIMES REPORTED that three families are taking legal action against their former lawyers, claiming that the Measles Mumps and Rubella (MMR) vaccination withdrawn in 1992, caused their children to develop encephalitis and not autism. They are saying that they are suing because they believe that their former lawyers were negligent when they lumped their cases in with more than 1000 other discredited autism and bowel disease claims. The three cases were dropped as part of the class action in 2003 along with all the other cases.

HANNAH DEVLIN SCIENCE CORRESPONDENT FOR THE TIMES WROTE:

Ann Coote, from Bolton, believes that the learning difficulties and epilepsy suffered by her daughter Rachael, 23, are a result of the encephalitis, a swelling of the brain, that she appeared to have had shortly after being vaccinated with MMR.

The claims relate to a strain of mumps, Urabe, that was used in the MMR vaccine between 1988 and 1992.

The second case is that of Katie Stephen, 20, who suffered symptoms of encephalitis and is now partially deaf.

The third family wishes to remain anonymous.

The families are suing the law firm Irwin Mitchell, which merged in 2006 with Alexander Harris. To read the full story go to http://www.thetimes.co.uk/tto/public/law/ original link but you will need to join to read it. Sadly this story does not appear to be in other newspapers.

Urabe is a strain of mumps used as an ingredient in the early MMR vaccines. This was said to cause many children to suffer from encephalitis as a side effect from the vaccine. Urabe was used in the Pluserix and Immravax MMR vaccines which were both withdrawn from use in the UK in 1992.

PROFESSIONAL OPINIONS ON THE PLUSERIX AND IMMRAVAX VACCINES

Dr Wakefield had this to say about the two vaccines withdrawn in Part 6 Government liability' Question 1: In 6 parts on YouTube: http://www.whale.to/a/dr_andrew_wakefield.html

"The two of the three vaccine brands that were introduced in 1988 had to be withdrawn for safety reasons and yet Dr Salisbury in his statement to the GMC (General Medical Council) sums up by saying this is a vaccine (MMR) with an exemplary safety record. Well, if that is his idea of an excellent safety record then we have a very different perception he and I of vaccine safety."

"The two of the three vaccine brands that were introduced in 1988 had to be withdrawn for safety reasons."

Others agree, saying that these vaccines were very far from safe. Dr Viera Scheibner said that in 1995 The 'Bulletin of Medical Ethics' published an article about the MMR vaccine and the measles epidemic that never was. She wrote:

"The nine-page article in the August 1995 issue of BME stated among other things that on 14 September 1992 the Department of Health (DOH) hastily withdrew two brands of MMR vaccines following a leak to the national press about the risk of children developing mumps meningitis after administration of these vaccines. Both brands contained the Urabe mumps vaccine strain which had been shown to cause mumps meningitis in one in 1,044 vaccinees (Yawata,1994)

So had that leak not occurred, then we have to wonder if these vaccines would still be used today. Most probably, as the UK government like nothing more than cutting corners and making as many financial cuts as they possibly can, even if those cuts could potentially put children's lives at risk.

I say this because it has reported that the Urabe containing vaccines were a quarter of the price of the Merck MMR11.

MERCK EVEN ADMIT THEMSELVES THAT VACCINES CAN AND DO CAUSE ENCEPHALITIS IN SOME CHILDREN.

Merck states in their manual – Encephalitis: An acute inflammatory disease of the brain due to direct viral invasion or to hypersensitivity initiated by a virus or other foreign protein……Secondary encephalitis, usually a complication of viral infection, is considered to have an immunologic mechanism. Examples are encephalitides secondary to measles, chickenpox, rubella, smallpox vaccination, vaccinia, and many other less well defined viral infections. (Merck manual)
http://www.merck.com/pubs/mmanual/section14/chapter176/176c.htm

DR BUTTRAM HAS WRITTEN THAT MMR VACCINES CAN CAUSE ENCEPHALITIS

Dr Harold Buttram wrote this in the opening lines of his article 'Measles-Mumps-Rubella (MMR) Vaccine as a Potential Cause of Encephalitis (Brain Inflammation) in Children'
http://www.whale.to/v/buttram.html

Childhood autism is the result of encephalitis affecting primarily the limbic system of the brain, located below the cerebral cortex. A relatively few number of cases are due to genetic causes, but officially the great majority are of unknown causes.

If this is the case then were the lawyers right to lump all the cases together? We shall see but it is in my opinion that if the parents were only stating that their children developed encephalitis leading to epilepsy/deafness and not autism, then yes they are right to sue. Lawyers should not lump cases together in this way simply out of convenience and cost cutting. It is clear from the Times article that these cases did not involve autism and therefore should have been separated from the class action. After all there is plenty of evidence to suggest that that their children's encephalitis could have been caused as a result of being given the now banned vaccine.

TRAVEL MEDICINE: Part 1

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

AT A RECENT lecture on travel medicine, the audience's chief concerns were:

- Are non vaccinated children safe to travel? (regular & travel vaccines)
- What are the differences between the different travel vaccines?
- What do you do if you are abroad and your child gets sick with one of the diseases for which they could have been given a vaccine?
- How big is the risk of not having travel vaccines – what other preventative measures are there?

WITH ONE QUESTION ABOUT DRUGS USED TO PREVENT MALARIA.

You can see from this that vaccination is seen as the major focus of prevention of health problems encountered while travelling. It is also the major focus of any consultation you will have with your GP or in specialised private travel clinics.

SO, WHAT IS ACTUALLY LIKELY TO HAPPEN WHEN YOU PACK YOUR BAGS AND JET OFF TO SUNNIER CLIMES?

What 70% of travellers on package holidays actually get is diarrhoea; so measures to reduce the incidence of food bourne disease (of which more later) make an enormous difference to this particular form of holiday unpleasantness.

OK, that's just diarrhoea, you say, but what about the really important illnesses that you can get on holiday that can, for example kill you?

Well, to put this in context: what are the main causes of death in people from the UK or USA holidaying abroad?

Heart attacks and strokes - neither of which are notably preventable by vaccination.

In the USA (2007), compared with injuries, infectious diseases, only accounted for two per cent of deaths in overseas travellers." If you remove deaths from pneumonia the figure drops to one percent. In the UK in 2001, the main causes of the 1873 non-medical deaths in UK residents travelling abroad were road traffic accidents, drowning, and suicide. In 2002, drowning was replaced by murder. The commonest reason for repatriation is inadequate treatment of pre-existing medical conditions, so bring your tablets with you!

Dr Jayne L.M. Donegan

"In the USA (2007), compared with injuries, infectious diseases, only accounted for two per cent of deaths in overseas travellers." if you remove deaths from pneumonia the figure drops to one percent.

But what about children? – They are the ones we are really worried about. The leading cause of death in children who travel is vehicle related accidents with drowning second .

SO WHY ALL THE FOCUS ON VACCINES?

A good question and one that was asked by Dr Ron Behrens in 2003 in the British Medical Journal in an article entitled 'More travel advice and fewer vaccinations are needed'.

Dr Behrens MD FRCP is a major figure in Travel Medicine in the UK and internationally. He is a Consultant in Travel Medicine & Director of the Travel Clinic at the Hospital for Tropical Diseases, London - the only full time NHS post in the UK. He is also Senior Lecturer in the Department of Infectious and Tropical Diseases, at the London School of Hygiene and Tropical Medicine and a Member of the National Advisory Committee on Malaria Prevention. He is without doubt an expert in his field. In addition, he is also a firm believer in the benefits of vaccination, so what he has to say about this issue is particularly relevant.

And this is what he says:

"Risk assessment is important to rationalise pre-travel preparation, but the advice needs to reflect the health risk and not the interventions available (ie vaccination)

- "The emphasis on vaccination for low risk travel may give a false sense of security and encourage unsafe eating and drinking"
- "Failing to advise on the management of diarrhoea, a much more common event, may lead to dehydration and admission to hospital."
- Morbidity (illness/ injury) associated with behaviour—for example, sexually transmitted disease, solar and skin associated problems, alcohol related traumas, and injuries from recreational activities - makes up the main proportion of illness associated with travel.
- Prevention of these and the other diseases mentioned above requires effective advice and good communication between travellers and their advisers.
- **The emphasis on vaccinating travellers rather than advising them is a widely held misconception and needs to be corrected** (my emphasis)
- Health promotion and health education need to be the focus of pre-travel consultations. Risk assessment should be based on a broader view than administering drugs and vaccines."

SO, THERE YOU HAVE IT FROM THE EXPERT.

This means that, in addition to trying to maintain optimum health for yourself and your family at home by good food, clean water, lots of fresh air, exercise, sunshine and love, as well as time to potter, the two main focuses of your travel health plans should be

- Food and water hygiene and
- Insect bite avoidance

It is the former that will be discussed in this article.

›

WHY WORRY ABOUT FOOD AND WATER HYGIENE?

Well, if you pay attention to what you eat and drink, you can avoid illness from Hepatitis A, Typhoid, Bacillary dysentery, Amoebic dysentery and Cholera, amongst others. You will recognise three diseases for which you will be offered travel vaccines in this list.

WHAT DO YOU NEED TO DO?

- Eat piping hot, thoroughly cooked food, or dried food
- Fruits and vegetables that have been peeled by yourself or washed in clean water are generally safe.
- Avoid raw food and ice in areas where conditions are not sanitary.
- Drink clean or treated water and use it for brushing your teeth
- Drink cider vinegar 2 tsp in clean water twice daily (recommended by Helios Pharmacy)
- Exclusive breast feeding provides infants with unique protection from travellers diarrhoea!
- Breast feeding is ideal rehydration therapy
- In hot weather if sweating a lot, drink water with ½ teaspoon of salt to one litre of clean water.
- Urine should be passed 4-5 times/ day pale yellow colour.
- Darkening urine is a warning sign

SPECIFIC DISEASES:

TYPHOID - Is a disease of countries with inadequate sanitation and poor standards of food and personal hygiene. In healthy individuals, more than one million or more organisms (a bacterium called Salmonella typhi) may be required to cause infections. The incubation period is 1-3 weeks and the disease itself ranges from mild fever, diarrhoea, muscle and headaches to severe disease with multi-organ involvement (10-15% of diagnosed cases). The death rate is 1% in clinical cases treated with antibiotics, to which the organism is becoming increasingly drug resistant. Canadian data suggests that the risk is proportionately higher in those travelling to the Indian subcontinent whose purpose is to visit family and friends, and who stay abroad for four weeks or longer In the UK, 70%-90% of all UK cases have travelled to the Indian Subcontinent.

SO IS VACCINATION THE WAY TO GO?

The UK Immunisation Handbook (The Green Book) 1992 tells doctors that

- 'Patients, parents and guardians should be advised that vaccination may not result in protection in all recipients and the importance in preventing infection, of scrupulous attention to personal, food and water hygiene should be emphasised to those travelling to endemic areas
- The risk of infection in children younger that one year is low , and tellingly,
- Typhoid vaccine may temporarily increase susceptibility to infection and is only 50% effective

I quote from the 1992 Green Book rather than the latest 2006 version because each successive Green Book increasingly minimises or omits the risks and adverse reactions of vaccines as well as sensible non-vaccine protective measures: the three quotes above are not in the 2006 version.

Dr Behrens emphasises that prevention of typhoid starts with education about food & water hygiene and states, "For every £20 million the NHS spends on typhoid vaccine for travellers, we prevent one case (2004). 80% of cases are in those visiting friends & relatives in the Indian subcontinent, most of whom are not immunised. The reason only one hundred cases per year are imported in is not because everyone is immunised – only about 20% are, with a vaccine which is only 50% active against Salmonella typhi - but because the risk is very low and does not pose a public health threat."

There are two forms of the vaccine, injectable and oral (live).

The injectable form does not produce adequate antibodies in children under the age of two years. Safety and efficacy have not been established for the oral one in children under 6 years of age. Both of them can cause headache, nausea, diarrhoea and vomiting. The injectable vaccine contains phenol and the oral form has a capsule made of gelatin coated with erythrocine red. The oral form interferes with starting antimalarial medication and neither of them are very effective and are no substitute for food and water hygiene.

HEPATITIS A - This is another disease which is transmitted through the 'faeco-oral' route (infected faeces to mouth!) It is a viral disease that is generally mild or subclinical (no symptoms). Asymptomatic disease is common in children but severity tends to increase with age.

Ten per cent of case in the UK and USA are acquired abroad, mostly from Indian subcontinent. Clinical disease seems to be more common in adult travellers under 35 years of age . Of those with symptoms severe enough require visiting a doctor and which are diagnosed (a small minority) 90% do not require hospital treatment. Adults may require 21 to 95 days off work .

Dr Behrens says, quoting from the same study, "Immunisation has only a minor role in reducing travel illnesses (Hepatitis A & Typhoid), which are generally most effectively avoided by travellers adopting appropriate behaviour". "The short duration of illness and low death rate give rise to minimal health costs, but the vaccines have high administrative costs which make prophylaxis cost ineffective".

Getting Hepatitis A is part of normal growing up and is one of the reasons you should not keep your children too clean, so that they can build up a healthy gut immunity to common pathogens that they eat such as hepatitis A virus. However, those under the age of fifteen who haven't managed to get Hepatitis A before they travel to the Indian subcontinent to visit friends and relatives are at appreciable risk of acquiring the disease abroad, and Dr Behrens recommends vaccination for this group (see how important eating dirt is!).

Hepatitis A vaccines are available on their own or in combination with Hepatitis B or Typhoid vaccine. They are all suspensions of formaldehyde inactivated hepatitis A virus grown on human diploid cells (source: lung tissue from human, male, Caucasian fetus aborted at 14 weeks in September

1966). Of the four currently available in the UK, Avaxim, Havrix & Vaqta paediatric all contain aluminium salts and traces of neomycin, Epaxal does not but contains a warning for those sensitive/ allergic to egg or chicken protein. Avaxin contains 2-phenoxyethanol. Two doses of vaccine are needed and antibodies are said to last for ten years. Common adverse reactions are: nausea, vomiting, decreased appetite, diarrhoea, abdominal pain, headache, fatigue, fever, injection site redness, pain, muscle and joint aches, weakness and fever.

CHOLERA - Cholera is an acute diarrhoeal illness caused by the gram-negative bacterium Vibrio cholerae. The profuse watery diarrhoea in symptomatic cases is caused by release of a toxin. The toxin producing cholera vibrios are free living organisms found in fresh and brackish water and are often carried by crustaceans from micro plankton to crabs and prawns as well as aquatic plants. Cholera infections are usually acquired by drinking water in which V. cholerae is found naturally or into which it has been introduced from the faeces of a symptomatic or asymptomatically infected person, or eating contaminated fish, shellfish, vegetables, or leftover cooked grains that have not been properly reheated. Transmission from person to person, even to health-care workers during epidemics, is rarely documented . The risk to travellers even in infected areas is very small.

Prevention of cholera depends primarily on improving sanitation and water supplies in endemic areas (areas where it circulates) and on scrupulous personal and food and water hygiene. Since 1973, when the WHO removed cholera vaccination from the International Health Regulations, there has been no requirement for cholera vaccination for travel between countries Although the UK has licensed an oral vaccine and another is available, there are none licensed in the United States. Why so?

Because the CDC (Centers for Disease Control) does not recommend either of them for most travellers as

- The risk of cholera to U.S. travellers is low and
- The immunity that the vaccines confer is brief and incomplete.

Regarding border requirements, "No traveller should be required to demonstrate vaccination against cholera. Officials at a few remote borders may occasionally ask people travelling from infected areas for evidence of immunisation. Travellers who are likely to cross such borders, especially overland, should be advised to carry a signed statement on official paper that cholera vaccine is not required."

In general practice in the 1990s we were told to actually supply a signed international certificates of vaccination for countries that insisted on one at the port of entry but not to give the vaccine!

Dr Behrens: "Cholera is a disease of slums and poverty and resources needed to implement a control programme require political and economic support".

The cornerstone of treatment of symptomatic cholera infection is Oral Rehydration Fluid to replace the fluid that is lost. ORS packets are available from health centres, pharmacies, markets and shops in most countries or you can make your own:

ORAL REHYDRATION SOLUTION (ORS) - To one litre of clean or boiled, cooled water, add:

- Half a level teaspoon of salt
- Six level teaspoons of sugar

Be very careful to mix the correct amounts. Too much sugar can make the diarrhoea worse. Too much salt can be extremely harmful to the child. The World Health Organisation preparation also includes

- 1 ¼ level teaspoons of potassium chloride and
- Half a level teaspoon sodium bicarbonate.

Encourage the child to drink as much as possible. A child under the age of 2 years needs at least a quarter to half of a large (250-millilitre) cup of the ORS drink after each watery stool. A child aged 2 years or older needs at least half to one whole large (250-millilitre) cup of the ORS drink after each watery stool.

HEPATITIS B - Is also viral but is a very different disease to Hepatitis A. The vaccine is the subject of massive controversy and is the subject of a separate article. Suffice to say that from the point of view of risks during overseas travel, the Hepatitis B virus is acquired through unprotected sex, blood transfusions, intravenous drug use, ear piercing, tattooing, medical or dental treatment in the country visited, (and perinatal transmission from mother to child).

If you are not going to indulge in any of the above activities while you are abroad, you don't need to even consider the vaccine. And if you worry that you might have to undergo emergency medical or surgical treatment with infected blood or needles, be assured that no amount of Hepatitis B vaccine is going to protect you from the dose of virus you would receive from such an intervention.

SO WHAT IS THE TAKE HOME MESSAGE?

- Eat dirt at home so you have a good selection of antibodies and gut immunity to intestinal pathogens when you go abroad, and when you are there be scrupulously clean.
- Do not underestimate the effects that air, sea, and land travel, sun, altitude, and heat and cold may have on your health.
- Road and pedestrian safety, avoidance of blood-borne infections and of animal bites, awareness of the risk of assault, sexually transmitted infections, and moderation in alcohol use should not be neglected.
- Clean water and food hygiene is important. Piping hot, thoroughly cooked food, dried food, and fruits and vegetables that have been peeled by yourself or washed in clean water are generally safe. Avoid raw food and ice in areas where conditions are not sanitary. Drink clean or treated water and use it for brushing your teeth.

RESOURCES

HomoeopathicTravel Kit - 36 remedies in conveniently sized bottles in a neat carry case. Includes a very useful booklet on how to use them and other travel tips. I wouldn't leave home without one.

https://www.helios.co.uk/cgi-bin/store.cgi?action=search&category=First%20Aid%20Kits
Tel 0044 (0)1892 537254
Ansaphone (general) 0044 (0)1892 536393 (24 hours)
Fax 0044 (0)1892 546850
Free Fax 0800 015 6790 (UK only)

*Health Information for International Travel 2010 'The Yellow Book', Centers for Disease Control USA . An excellent free resource with comprehensive chapters on every aspect of travel. It has maps and charts of high risk areas and has tables showing which countries require yellow fever vaccination. It includes a lot of very useful sensible non drug measures for avoiding disease abroad as well as safe water treatment. It includes sections on sun exposure, altitude sickness, diving medicine etc as well as vaccination advice. It can be bought or accessed free at:*http://wwwnc.cdc.gov/travel/yellowbook/2010/table-of-contents.aspx
or just google 'yellow book vaccines'

Immunisation Against Infectious Diseases 'The Green Book' UK Department of Health. It has vaccination information only. May be accessed free at: http://www.dh.gov.uk/en/Publichealth/Immunisation/Greenbook/index.htm or google 'green book vaccines'

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Other articles by Dr Donegan may be obtained at http://www.jayne-donegan.co.uk/articles
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
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Forthcoming Lectures by Dr Jayne Donegan

THE VACCINATION QUESTION

12th December 2011 South Kensington, London SW7 6-8.30pm Please contact Giulia Quintarelli DO BSc(Hons)Ost Osteopath at: **gquintarelli@me.com** or **07897 651048** Proceeds to SaneVax who support those who have suffered adverse reactions after HPV vaccine **www.SaneVax.org**

13th December 2011 Hastings East Sussex 6.15 for 6.30-8.30pm Hosted by the Arnica Group of Hastings, East Sussex. Contact Sue Coates Homoeopath at: **susan_g_coates@hotmail.com** or **01424 429132**

12th February 2012 Hendon, London NW4 6.15 for 6.30-8.30pm Please contact Dr Donegan at **jaynelmdonegan@yahoo.com** or **020 8632 1634** for details (leave a clear message).

'NURSING CHILDREN SUPPORTIVELY THROUGH ACUTE ILLNESS'
What do you do if you don't vaccinate (and even more so if you do)?

As a parent, making your sick child feel better is your first instinct. However, what to do in this situation is becoming a lost art. Most of us are not trained in medical care, have limited knowledge, and are reliant upon the doctor for every ailment. This has made child illness a worrying experience.

If you would like to end the confusion which arises over conflicting advice given on child health, stop the fear which comes when dealing with a really poorly child, and have effective drug free alternatives to hand, then this lecture by Dr Jayne Donegan, GP and Homeopath with extensive experience in child health, will give sound safe strategies to cope at this time and outline simple home procedures.

We will look at health beliefs and fears around acute childhood illness and 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

18h January 2012 The Althorp Centre, Weston Rd, Bath, BA1 2XT (Free Parking)
6.45 for 7-9pm – please be prompt. Please contact Andrea Dell, email: **andrea.dell@btinternet.com** phone: **07966 581498** (please leave a clear message).

11th March 2012 Hendon, London NW4 6.15 for 6.30-8.30pm
Contact Dr Donegan at: **jaynelmdonegan@yahoo.com** or **020 8632 1634** for details (leave a clear message).

STUDY: Whooping cough vaccination fades in 3 years

ARTICLE BY MIKE STOBBE (ASSOCIATED PRESS)

http://www.mercurynews.com/health/ci_18932095

ATLANTA, Sep 19 2011

The whooping cough vaccine given to babies and toddlers loses much of its effectiveness after just three years - a lot faster than doctors believed - and that could help explain a recent series of outbreaks in the U.S. among children who were fully vaccinated, a study suggests.

The study is small and preliminary, and its authors said the results need to be confirmed through more research. Nevertheless, the findings are likely to stir debate over whether children should get a booster shot earlier than now recommended.

"I was disturbed to find maybe we had a little more confidence in the vaccine than it might deserve," said the lead researcher, Dr. David Witt, chief of infectious disease at the Kaiser Permanente Medical Center in San Rafael, Calif. Witt presented his findings Monday at a medical conference in Chicago.

The study was done in California, where whooping cough vaccinations are a hot-button issue. The state had a huge spike in whooping cough cases last year, during which more than 9,100 people fell ill and 10 babies died after exposure from adults or older children. California schools have turned away thousands of middle and high school students this fall who haven't gotten their booster shot.

Government health officials recommend that children get vaccinated against whooping cough in five doses, with the first shot at age 2 months and the final one between 4 and 6 years. Then youngsters are supposed to get a booster shot around 11 or 12. That means a gap of five to eight years.

Witt's study looked at roughly 15,000 children in Marin County, Calif., including 132 who got whooping cough last year. He found that youngsters who had gone three years or more since the last of their series of shots were as much as 20 times more likely to become infected than children who had been more recently vaccinated. The largest number of cases was in children 8 to 12 years old.

Whooping cough, or pertussis, is a highly contagious bacterial disease that in rare cases can be fatal. It leads to severe coughing that causes children to make a distinctive whooping sound as they gasp for breath.

Marin County has a reputation for anti-vaccine sentiment, and Witt said that when he started the study he expected to see the illness concentrated in unvaccinated people. **But more than 80 percent of the children who developed whooping cough in Witt's study were fully vaccinated.** (Editor's emphasis)

"He found that youngsters who had gone three years or more since the last of their series of shots were as much as 20 times more likely to become infected than children who had been more recently vaccinated. The largest number of cases was in children 8 to 12 years old."

California health officials told doctors last year that they could give the booster to kids as young as 7 in an effort to stifle the outbreaks. Federal health officials said that they are still studying the issue and that it is too soon to make that a standard practice.

At the Centers for Disease Control and Prevention, which makes recommendations on childhood shots, officials acknowledged that the vaccine's protection declines, but they said the agency's own studies show the drop-off is not as pronounced as Witt's research found.

The CDC has estimated that the risk of the disease can increase fourfold several years after vaccination, not 10 to 20 times. One reason may be differences in how a case is defined: Witt counted positive test results, while the CDC also requires more than a week of symptoms.

CDC officials stressed that the vaccination is still much better than nothing - it reduces how sick a child becomes. Also, the nation no longer sees thousands of whooping cough deaths each year, as it did before there was a vaccine.

The shots "are still our best protection against pertussis, and they still protect well against fatal disease," said Dr. Tom Clark, who leads the CDC's epidemiology team focused on vaccine-preventable diseases.

A vaccine using killed bacteria was used for decades, but the nation switched over to a new type in the late 1990s that was seen as less likely to cause the arm soreness, fever and more severe side effects associated with the older version. The vaccine is typically given in a combination shot that also protects against tetanus and diphtheria.

PERIODIC OUTBREAKS STILL OCCUR IN PLACES WITH HIGH VACCINATION RATES.

The short-term effectiveness of the vaccine has been shown to be 90 percent or higher in the first couple of years, and nearly every state requires children to get the full series of shots before enrolling in school. The long-term effectiveness is not well understood, but researchers thought it was more than three years.

A preliminary study conducted by the CDC last year found the five-dose vaccination for children was about 70 percent effective five years after the last shot. Witt's research suggests the effectiveness may drop much lower than that, perhaps below 50 percent after just three years.

Witt also found that shots work great in the short term. Rates of whooping cough dropped dramatically after kids were age 11 and 12, when many get the booster shot.

The long-term effectiveness of that booster also is not known and has received relatively little study. Health officials are also discussing whether additional boosters may one day be recommended for teenagers or adults.

"It's a little too soon to say much" about the longer-term effectiveness of that booster, said Lara Misegades, a CDC epidemiologist.

BMJ admits that fraud claim against Dr. Andrew Wakefield has no basis in fact

BY: PF LOUIS (NATURAL NEWS)
http://www.naturalnews.com/033425_BMJ_Andrew_Wakefield.html
Thursday, August 25, 2011

BIG PHARMA, the FDA, AMA and other medical associations falsely accuse conscientious healers of crimes that they themselves routinely commit or cover up. Unfortunately, they get away with it since they are the "authority", and the mainstream media (MSM) usually favors authority's version of events. Dr. Andrew Wakefield was a victim of the BMJ's (British Medical Journal) injustice, which also helped hide vaccine injury science from public awareness.

WHAT WAKEFIELD ACTUALLY DID

Dr. Wakefield was organizing clinical research on Crohn's disease, colitis and gastrointestinal disorders in young children. The research intended to determine if there was a link between those disorders and measles at the Royal Free Hospital in England. Dr. Wakefield published the results of this clinical study in the U.K. medical journal Lancet in 1998.

Children were brought to him because of his interest, but contrary to all accusations, he never treated them. He described himself as "the thinker" when Health Ranger Mike Adams recently interviewed him. In this particular study, he was the thinker for the team of doctors directly involved with the treatment.

Another accusation, that Dr. Wakefield asserted a definite link of MMR vaccines to autism was never published. He never made that claim. Some of his team colleagues put forth their interpretation that MMRs were linked to autism, but that was not part of Wakefield's Lancet paper. Dr. Wakefield was looking into the possible link of those commonly experienced gut disorders in children under five years old as a precursor to their autism related behavior.

That link to MMRs was actually made by the parents of those 12 participating children. They were doing fine until they received MMR vaccinations, and the parents reported this to Dr. Wakefield's team. Dr. Wakefield included the parents' reports in the case study findings. Including parents' observations in case study reports is highly appropriate.

Dr. Wakefield's only conclusion was the measles/gut disorder connection to autistic behavior possibilities merited further study.

OTHER DISCOVERIES THAT CORROBORATE WAKEFIELD'S FINDINGS

According to a Mike Adams article, fourteen months before Dr. Wakefield's paper was published, two other researchers discovered the same problems of gut disorders and autistic behavior in seven children. Their 1996 presentation was called "Entero-colitis and Disintegrative Disorder Following MMR - A Review of the First Seven Cases." Those seven cases became part of the final twelve cases in Dr. Wakefield's 1998 Lancet paper. This and other facts disprove accusations that Wakefield fabricated the twelve reports.

A more recent Wake Forest University study determined that 70 of 82 autistic children they studied had measles virus in their guts. Interestingly, the measles virus strain they discovered was not a wild virus it was the same strain used in MMR vaccines.

A Russian born U.K. pediatrician, Dr. Natasha Campbell-McBride, has not only established the connection of gastrointestinal tract disorders among the very young to autistic and other behavioral problems, she cures them with proper diet and supplementation. She learned how the hard way, by curing her own autistic son.

Dr. McBride coined the acronym GAPS for her book Gut and Psychology Syndrome. She describes the dietary solutions to her explanations of how the gut and the brain are connected. This relationship has been known by traditional Chinese medicine for centuries.

In a recent U.S. lecture, she mentioned that her colleagues were afraid to mention Dr. Wakefield due of the witch-hunt conspired against him earlier. But she acknowledges his research efforts as accurate contributions to her practice.

The U.K. government refuses to compensate cases of encephalitis (brain disease) due to vaccine injury. Here we may have one motive for a conspiracy against Dr. Wakefield.

THERE REALLY WAS A CONSPIRACY

There are other motives from the usual suspects. The allegedly corrupt Murdoch empire's Sunday Times is run by Rupert Murdoch's son James. The Murdoch family is heavily invested in GlaxoSmithKline (GSK), a vaccine manufacturer. James Murdoch is even on GSKs board of directors.

James hired a freelance hack journalist, Brian Deer, to fabricate the Wakefield fabrication. It created a firestorm in London that ignited another vaccine promoter, Dr. Fiona Godlee, who happens to be the editor in chief for the British Journal of Medicine (BMJ). She propagated Deer's lies officially.

This pincer move encircled the U.K. Government's medical establishment and forced a five member GMC (General Medical Council) hearing on Dr. Wakefield. Perhaps the hearing intended to defend the U.K.'s stance on not awarding vaccine injury victim?

THE SLY ADMISSION: TOO LATE; DAMAGE DONE

Private admission of wrong doing by the BMJ to newsletter Age of Autism, spoken evasively out of both sides of Dr. Fiona Godlee's mouth, is insufficient for the public damage done to Dr. Wakefield's integrity. But it has served to inspire a stronger alliance among medical professionals and aware parents of vaccine injured children on both sides of the Atlantic.[7]

SOURCES FOR THIS ARTICLE INCLUDE:

http://naturalnews.tv/v.asp?v=60825...
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MMR FEARS GAIN SUPPORT

BY JAMES CHAPMAN, DAILY MAIL

http://www.dailymail.co.uk/health/article-124886/MMR-fears-gain-support.html

19th July 2011

THE SAFETY OF THE MMR vaccine was again called into question yesterday after American research appeared to back the British doctor who first linked it to autism and bowel disease.

Dr Andrew Wakefield was vilified after claiming to have identified a combined syndrome of autism and bowel disease in children who had been given the measles, mumps and rubella injection.

Government scientists and the Department of Health dismissed his findings as flawed and insisted the MMR jab was safe.

Critics claimed that not a single piece of research by Dr Wakefield and his colleagues had been replicated elsewhere. But now experts at New York University School of Medicine have reported the first independent corroboration of the findings that first sparked concern.

Dr Arthur Krigsman, a consultant paediatric gastroenterologisthas observed serious intestinal inflammation in 43 autistic children.

At a U.S. Congressional hearing on the safety of MMR last week, he said his patients had inexplicably deteriorated, losing language and other skills at around 12 to 18 months of age.

All the children had been referred to him because they also had unexplained digestive problems such as pain, constipation and diarrhoea.

Tests revealed that 90 per cent had the same inflammatory bowel disease reported by Dr Wakefield in patients he examined at the Royal Free Hospital in London four years ago.

Dr Krigsman said last night: 'Our findings, which are independent of Dr Wakefield's, completely support his explanation and his observations of the abnormalities in the bowels of these children.

'They mirror exactly what he has described.'

The doctor, an assistant professor at New York University, said he did not know whether the illnesses were linked to MMR. But he now plans to examine biopsies taken from the children for evidence of infection with the measles virus.

Pathologists at Trinity College, Dublin, claimed earlier this month they had evidence from similar experiments on 75 children, identifying measles virus from the MMR vaccine in bowel tissue samples.

Though this is far from proof that the jab actually triggered autism or bowel disease, some experts saw it as significant.

Dr Krigsman said: 'Our concern was to determine whether there was bowel inflammation in these autistic children.

'The answer was yes. Now the question is: What is causing it?'

His findings will add to the confusion of millions of parents over whether to have their children inoculated with MMR.

According to the Public Health Laboratory Service (PHLS), the take-up rate for the triple vaccine has fallen to 'dangerously low levels' in parts of the UK, prompting fears of a potential epidemic of measles, which in extreme cases can be fatal.

There has been a growing clamour for the Government to make single vaccinations available for those who have doubts over the triple jab.

Instead, the handful of centres offering imported single-dose vaccinations have been warned they are breaking regulations.

The Department of Health has repeatedly insisted that the combined MMR, rather than single injections, is the best and most effective way to protect children.

Earlier this month, what was billed as the most comprehensive analysis yet undertaken found no link between the MMR vaccine and autism or inflammatory-bowel disease. The report was compiled by public health experts Dr Anna Donald and Dr Vivek Muthu of health study analysts Bazian for the British Medical Journal publication Clinical Evidence.

However, more than 2,000 British families have taken legal action, claiming their children have been damaged by the jab.

The Department of Health said last night that although Dr Krigsman's evidence had been presented to the U.S. Congress, it had not yet been published in a scientific or medical journal.

It added: 'We are not aware that it has been reviewed by other independent scientific experts.

'There is no evidence in any of his reported findings of a causal link between MMR and inflammatory bowel disease or autism.

'There is a separate discussion on whether there is a link between autism and inflammatory bowel disease, and whether they are as a consequence of MMR,' she added.

'The most recent review looked at 2,000 pieces of research and confirmed that the current scientific evidence does not find any link between MMR and autism, or MMR and inflammatory bowel disease.

'We will continue to monitor all new evidence as it becomes available.'

Are we vaccinating our children to death?

29 June 2011

COUNTRIES that have the most vaccinations – such as the US, Italy, Greece and the UK - also have the highest infant death rates, a new study has discovered.

The United States has the most intensive programme with 26 vaccines that a child is supposed to have in its first year – and it also has the worst mortality level, with six out of every thousand infants dying.

Conversely, Sweden and Japan administer the fewest vaccines – there are just 12 in their programmes – and they have the lowest death rates with just 3 deaths per 1000.

Researchers Neil Miller and Gary Goldman also suspect that sudden infant death syndrome (SIDS) could also be the result of over-vaccination.

The researchers researched the vaccine programmes and infant mortality rates of 34 developed countries.

The UK, which has 19 vaccines in its programme, came 25th with 4.85 deaths per thousand.

(Source: Human and Experimental Toxicology, 2011; doi: 10.1177/0960327111407644).

FAKED VACCINE SCIENCE

BY JOANNA KARPASEA-JONES

RECENTLY I WROTE a series of articles about autism, one of which was about thimerosal and vaccines and I was immediately inundated by several very angry commentators, calling the medical studies I had cited fake, while happily quoting sections of journalist Brian Deer's blog. The doctors and researchers involved in the studies I had cited were then given a character assassination and I was called names like 'anti-vaccine zealot', while they banded about their own studies that had in all cases been funded by vaccine companies. Even an additional article I wrote on mercury amalgam fillings was subject to the same treatment and that wasn't even about vaccines, yet it was all the commentators talked about.

Is it really scientific to accept only study conclusions that bring about a favourable result for vaccines while ignoring or slating the studies that show concern? Scientific ideas – hypotheses- are meant to be openly discussed and debated. To have room for only one view even in the face of contradictory evidence is not science.

They also criticized the methodology of the studies while ignoring the fact that a lot of favourable vaccine studies have been faked or 'doctored' in some way to make vaccines seem safer or more effective than they are.

IF A VACCINATED CHILD GETS THE DISEASE THEY ARE CLASSED AS 'UNVACCINATED'!

In vaccine trials, children who contract a disease they were 'immunized' against are put into the 'unvaccinated' group. This makes the vaccines seem more effective at preventing disease than they really are. It also means that some children suffering vaccine side-effects may be incorrectly recorded as unvaccinated, which makes unvaccinated children seem more unhealthy than they actually are.

In a study of measles infection rates in Senegal they determined that 40% of those vaccinated still came down with measles. However, this figure was really higher because they were counting some vaccinated children with measles as unvaccinated.

'Patterns of measles transmission at school and at home were studied in 1995 in a rural area of Senegal with a high level of vaccination coverage. Among 209 case children with a median age of 8 years, there were no deaths, although the case fatality ratio has previously been 6-7% in this area. Forty percent of the case children had been vaccinated against measles.

Vaccine efficacy was found to be 57% (95% Cl -23 to 85) in the schools and 74% (95% Cl 62-82) in the residential compounds.

Starting in mid-1987, vaccinations were offered and systematically recorded by the project at vaccination sessions organized once per month at each of the area's three health centers as part of trials of measles and pertussis vaccines. Children who had onset of disease within 2 weeks of measles vaccination have been classified as unvaccinated.' ***(American Journal of Epidemiology, Volume 149, number 4, 15th February 1999 -*** http://aje.oxfordjournals.org/ content/ 149/4/295.full.pdf).

In an MMWR report, patients were excluded from flu vaccine trial results if they presented with flu between one and 13 days after flu vaccination:

'Patients were excluded if they did not recall influenza testing or experiencing symptoms of illness or if they were vaccinated 1-13 days before influenza illness onset. Children with no influenza vaccination since September 2003 were classified as unvaccinated.'
(Assessment of the Effectiveness of the 2003-04 Influenza Vaccine Among Children and Adults—Colorado, 2003, MMWR. 2004;53:707-710 - http://jama.ama-assn.org/content/292/14/1674.full)

As this was an assessment of the effectiveness of an influenza vaccination, it would have made the vaccine appear to work better by disallowing many of those who still got flu or who may have got it as a result of vaccination.

Joanna Karpasea-Jones

"Is it really scientific to accept only study conclusions that bring about a favourable result for vaccines while ignoring or slating the studies that show concern? Scientific ideas – hypotheses- are meant to be openly discussed and debated. To have room for only one view even in the face of contradictory evidence is not science."

In outbreaks of illness, vaccinated children are sometimes classed as unvaccinated. In a chickenpox outbreak at a daycare centre that involved a high proportion of vaccinated cases, two of the children were vaccinated during the outbreak and were classed as unvaccinated:

'Children were considered to have been vaccinated if more than 42 days had elapsed since vaccination. Two children who were vaccinated on December 26, 2000, were classified as unvaccinated.'
(http://www.cpnlac.org/pdfs/brote%20de%20varicela%20en%20pac%20vacunados.pdf)

Their rationale for this is that children who get a disease after vaccination must have already been incubating the disease before they were vaccinated. The incubation period for chickenpox is anywhere from seven days to 24 days after exposure so anyone vaccinated 25 days or more before chickenpox would not have already been incubating the disease, yet they classed some cases in the vaccinated as

natural, pre-vaccine chickenpox when they were up to 17 days passed the natural incubation period. (http://www.patient.co.uk/health/Chickenpox-in-Children-Under-12.htm).

Children in a measles vaccine trial in Senegal were classed as unvaccinated if they got measles within two weeks of vaccination:

'Documentation provided during the previous campaign may have been incomplete or lost subsequently. Hence some individuals were probably immunized without this being recorded by the project. Children who had measles within 2 weeks of vaccination were classified as unvaccinated.'

It is likely that some may have been incubating natural measles in this time as the incubation period for measles is one to two weeks, however, researchers do not take into account that single measles vaccination can cause atypical measles syndrome. AMS begins suddenly with fever, headache and cough and progresses only one to two days later by the rash. AMS is particularly problematic in countries where refrigeration is challenging as it can be caused by improper vaccine storage, so at least some cases of measles after vaccination would be down to AMS rather than naturally incubating measles.

Measles can also occur as a direct result of vaccination and this can occur within one week to 11 days after MMR, as the NHS admit:

'About one week to 11 days after the MMR injection, some children get a very mild form of measles. This includes a rash, high temperature, loss of appetite and general feeling of being unwell for about two or three days.'

Yet any children suffering vaccine induced measles in trials within that time frame are classed as unvaccinated and not followed up for long-term effects. (http://www.nhs.uk/Conditions/MMR/Pages/Side-effects.aspx)

IF VACCINE RECORDS ARE MISSING, THE CHILD IS CLASSED AS UNVACCINATED!

If your child's vaccine records are missing, they'll simply record him as unvaccinated.

"'Children were excluded if they had certain conditions recorded in their medical records that could bias neuropsychological testing (e.g., encephalitis, meningitis, or hydrocephalus) or if their birth weight was less than 2500 g.'."

'If there was no vaccination linked to a child in the demographic database in Tari, it was assumed that the child had not been vaccinated. Hence, 'unvaccinated' is a default status. This would not be a problem in a system with perfect information on all vaccinations or assessment of vaccination cards of all children who die. But this was not the case in Tari where there were delays in the collection of information, so that vaccinations might have been preferentially registered among children followed-up intensively (children who survived), whereas vaccinations for children who travelled or died might be missing. As a consequence, vaccinated children who died may have been wrongly classified as unvaccinated, and the analysis might suffer from survival bias.' ***(Commentary: Contrary findings from Guinea-Bissau and Papua New Guinea, International Journal of Epidemiology 2005;34:149–151*** http://www.hawaii.edu/hivandaids/Contrary_Findings_from_Guinea-Bissau_and_Papua_New_Guinea.pdf).

Survival bias is thinking that it must be the unvaccinated that die because of a pre-conceived notion that vaccines save lives. PLoS Medicine wrote:

'There is increasing concern that most current published research findings are false. The probability that a research claim is true may depend on study power and bias, the number of other studies on the same question, and, importantly, the ratio of true to no relationships among the relationships probed in each scientific field.' (http://www.plosmedicine.org/article/info:doi/10.1371/journal.pmed.0020124).

IF YOUR VACCINATED CHILD IS NEUROLOGICALLY INJURED, HE IS EXCLUDED FROM TRIALS

A study used to prove that MMR does not cause autism, excluded all children that had medical conditions that could affect the findings of the study, some of which are known to be side-effects of vaccination:

'Children were excluded if they had certain conditions recorded in their medical records that could bias neuropsychological testing (e.g., encephalitis, meningitis, or hydrocephalus) or if their birth weight was less than 2500 g.'

Low birth weight children were also excluded even though they are not excluded from vaccinations. One can only assume this is because they don't want to know if premature or underweight children have poorer outcomes after vaccination.

If you take out most of the neurologically ill vaccinated children, you are going to be left with healthy children for your study results.

They also admitted they did not look at autism as an outcome even though the study was widely quoted as evidence that vaccines don't cause autism:

'Since the CDC is conducting a separate case–control study of autism in relation to mercury exposure, a measure of autism was not included in the test battery.' (http://www.nejm.org/doi/full/10.1056/NEJMoa071434#t=articleMethods).

IF THEY KILL YOUR CHILD IN A VACCINE TRIAL THEY'LL JUST DESTROY THE EVIDENCE!

Children in trials, who die after vaccination, often have their vaccine records destroyed by health workers and are classed as unvaccinated.

'Survival bias arises if 'missingness' of the vaccination records (as defined in (b) in the previous paragraph) is associated with the outcome (namely, death). This can arise, for example, if dead children's cards are destroyed soon after death, as is the case in some of the studies undertaken in West African countries: ***(Vaugelade et al., 2004, Kristensen et al., 2000), and the second study of (Elguero et al., 2005).***

This bias has been described in detail ***(Jensen et al., 2007)***. Briefly, in such circumstances, treating 'missing' as

unvaccinated will differentially place dead children in the unvaccinated group, and hence will bias the mortality ratio towards zero. The magnitude of the survival bias increases as the intervals between surveys (to ascertain vaccination status) increase, as the proportion of dead children whose vaccination cards are destroyed (and who are therefore classified as unvaccinated) increases, and as vaccination rates increase.

In some circumstances, intervals between surveys are short (for example, in the study described by (Moulton et al., 2005), the surveys took place every two weeks), and hence survival bias is unlikely to play a major role. In other situations, for example those described by ***Vaugelade et al., 2004, and Kristensen et al., 2000,*** there were substantial intervals between surveys, and in such circumstances there may be substantial survival bias.

"In some circumstances, however, there are large numbers of 'missing' records due, for example, to the destruction of dead children's records..."

Note also that, whatever the frequency of surveys, survival bias will only be present if dead children's records are more likely to be missing than live children's records.

In some circumstances, however, there are large numbers of 'missing' records due, for example, to the destruction of dead children's records (or other informative mechanism). In such circumstances, survival bias is likely to be substantial, and sensitivity analyses are unlikely to be useful, because they yield too wide a range of values of the mortality ratio. In this situation, which has commonly arisen in studies undertaken in West Africa, a landmark analysis is recommended (Jensen et al., 2007).'

(Epidemiological studies of the non-specific effects of vaccines: II - methodological issues in the design and analysis of cohort studies, C. Paddy Farrington1, Martin J Firth 2, Lawrence H. Moulton3, Henrik Ravn4, Per Kragh Andersen5 and Stephen Evans6 on behalf of the Working Group on Nonspecific Effects of Vaccines), http://stats-www.open.ac.uk/TechnicalReports/Child%20survival.pdf).

So next time someone shows you a favourable study on vaccination, these are some of the issues to consider when interpreting its conclusions.

THE POURCYROUS STUDY: PEER REVIEWED STUDY PROVES VACCINES CAUSE BRAIN INJURY

BY DR TIM O SHEA

FROM: THE DOCTOR WITHIN,

http://www.thedoctorwithin.com/

September Newsletter

FOR YEARS I've been saying in the vaccine seminar and in my textbook on vaccines that this is just scratching the surface of the enormous body of research into Problems with Vaccines. At my recent lecture in Oxford England, an attendee gave me a new book she has written about Shaken Baby Syndrome. In Christina England's book I learned about the landmark Pourcyrous study on brain inflammation following vaccines. (Journal of Pediatrics 2007, vol 151, p 167)

In a sample of 239 premature infants (less than 35 weeks) tests were done using two parameters for brain inflammation: C -reactive protein and evaluation of cardiopulmonary function. It was a very thorough study, University of Tennessee, differentiating the effects from a single vaccine vs. multiple vaccines given to these premature newborns.

C-reactive protein is a blood value test, high levels of which indicate inflammation.

No wonder the results were kept out of media: they were startling.

Among premies getting a single vaccine shot: 70% had elevated CRP (C-reactive protein)

"...ill-advised it is to subject a premie who has no immune system at all as well as no blood brain barrier to an array of vaccines which contain neurotoxins such as, mercury, aluminium, formaldehyde and ethylene glycol in addition to a host of manmade pathogens.

Premies who got multiple vaccines: 85% had high CRP.

Fully 16% had cardiopulmonary events within 48 hours, including apnea and bradycardia. In a premie, these effects are potentially fatal, of course. Brain hemorrhages occurred in 17% of those with single vaccines, and in 24% getting multiple vaccines.

As expected, the most dangerous vaccine was DPT. Multiple vaccines included Hepatitis B, polio, DPT, H. influenzae, and Prevnar.

Several things here. The recklessness in giving vaccines to premies isn't even discussed. Oh, so it's for the sake of 'science,' so it's OK, right? Of course there are no risk/benefit studies whatsoever in this area. but it stands to reason if a normal newborn takes at least 2 years to develop even a rudimentary immune system, how much more ill-advised it is to subject a premie who has no immune system at all as well as no blood brain barrier to an array of vaccines which contain neurotoxins such as, mercury, aluminium, formaldehyde and ethylene glycol in addition to a host of manmade pathogens. Knowing this alone, what kind of "scientist" would it take to even conduct a study like this in the first place on the fragile systems of premature infants? Sounds like something Dr. Mengele would come up with.

One struggles for adjectives to

describe this policy of vaccinating premies. But if these dangerous results are so high at this age, how much lower results could we expect just a few weeks later when they're at the usual age for getting multiple vaccines?

What are we doing? What are scientists playing at? How smart or how dumb do you have to be to realize how cavalier we're being with the most delicate medium in the universe: the infant's brain neurology? You can bet these geniuses aren't experimenting with their own children.

Here's how the condescending conclusion of this searing study evaluates its own data on potentially lethal apnea and slowed heart beat:

"In a minority of infants immunized, cardiorespiratory events were associated with presumed need for intervention"

A minority? 17% is a pretty high minority especially if you're talking about the chances of your own infant dying from slowed heart rate and cessation of breathing! And for what? The value of vaccines has never been clearly demonstrated, never proven in an independent controlled risk/benefit analysis. In other words, we don't know if they work or not. But we're positive they can kill babies. "Presumed need for intervention"? Like what? Drugs? Intensive care? How about removing the root cause: just don't vaccinate!

The next time your hear some mouthpiece recite the rote mantra about how there's no proof vaccines cause brain injury, stop them in mid sentence with the Pourcyrous study.

www.jpeds.com/article/S0022-3476(07)00185-0/abstract

As a parent, wouldn't it be important to know that your child stands a 17% of a breathing crisis as the result of a vaccine? Or a 24% chance of brain hemorrhage with multiple vaccines, which multiples routinely begin at 2 months of age, with 7 vaccines on one day? I mean here's the information from the best medical sources. Is the pediatrician going to tell the parents about these studies? Isn't this level of danger worth knowing about?

What are we doing to our kids?

"Safe" vaccines kill 2,699 children in a year - and 101 develop autism, US Government admits

www.wddty.com

20 April 2011

"SAFE" CHILDHOOD VACCINES KILLED or injured 2,699 children last year in America, the US government has admitted this week - and 101 children developed autism after vaccination, even though researchers continue to insist that no link exists. Parents received $110m in damages.

The news comes at a time when the Japanese government halted its own vaccine programme after six children died following Hib (meningitis) and pneumococcal inoculations.

The extent of the damage caused by the 30 vaccines given to babies and toddlers has been revealed by the US Health Department's National Vaccine Injury Compensation Program, which has just released its figures for 2010.

During the year, the Program received submissions from 13,797 families who believed that a vaccine injured or killed their child; although most of the cases are still under review, 2,699 parents have so far been compensated and a link to a vaccine has been established. The most dangerous of the vaccines is the DTP (diphtheria-tetanus-pertussis), which was the subject of 3,979 claims, including 696 deaths.

And, despite the best efforts of researchers and doctors to disprove any link, the Program has accepted that 101 children's autism was a direct result of a vaccine. In the past 23 years, the Program has recognised that 2,561 autism cases have been caused by vaccination.

Source: Health Resources and Services Administration.

SCIENCE VERSUS MOTHERHOOD: The New Protection Racket

ANNA WATSON
www.arnica.org.uk

I RECENTLY FOLLOWED a thread on Facebook where a mum withdrew from a discussion among friends about a pharmaceutical product because, she explained, she was not a scientist. "I will leave that issue to them" she said, defeated. Sounds feasible until you consider that the products discussed were vaccines, products she had used for her own family, a program that at last count required each child to have 33 vaccines in 13 injections before school.

Had she read the vaccine insert, where it stated that this product had not been tested for carcinogenic, mutagenic properties or ability to impair fertility? No. Was she aware that these products are never tested against benign placebos but other vaccines or vaccines without antigen? No. (The latest Malaria vaccine is being tested against the Rabies vaccine, for example.) This literate and caring mother, along with millions of other mothers and fathers, had not questioned this prophylactic pharmaceutical product that comes with potential serious risk of harm. Had she lost her analytical ability? Does she not like to challenge her peers? My guess is that she accepts the mainstream view that vaccines are the best way to protect against disease and wants to protect her child. But what a shame that we feel that we can't even debate due to a lack of scientific education?

Science and motherhood? Is it really that polarized?

Can we not wonder, question, challenge without a PhD?

Certainly, I have found the vaccine programme an incredibly complex web, and would have found the reading of those science papers far easier with a science qualification. A statistical one would have come in very handy too, as would a greater understanding of research methodology. Perhaps if I had taken in my history and politics at school, and been a more avid newspaper reader, that would have helped in understanding the background to today's policies and politics.

No, I am not educated to that standard in the sciences, but can experience of being a well-informed mother stand up for anything? Like this lady I have heard that the world has a full vaccine program because we 'wouldn't want to return to the days of disease and mortality'. We are told that we are putting our children, and possibly others, at mortal risk unless we agree to vaccinate them. Most mothers have seen the advert of the child on the cliff with a lion, or the poor child on a life-support system with a measles-looking rash. Goodness me what type of mother would I be to not choose 'protection?'

Anna Watson

Academia and money for example, do not always co-exist with nature and motherhood. I am concerned that some huge truths are being buried.

However, let's consider what else the experts have advised or, indeed, insisted.

BIRTH. I have heard from the experts that hospital birth is safer than home birth yet with a planned home birth this is not so.

FEEDING. One often hears that just one bottle of formula milk will not do any harm yet the benefits of lower infection rates and hospital admissions is only true for 'exclusive' breast feeding; just one bottle of formula strips the stomach of the protective lining for 2 weeks.

CRYING. I was told to leave my baby to cry yet they now know that the cortisol continues to rise and damages the immune system after baby has stopped crying.

TEETH. The Chief Dental Officer recommends fluoride in the water despite problems experienced by the minorities of countries that do.

WEANING. I was given a printed sheet from the Health Visitor stating I can try my baby on Wotsits when weaning. When was MSG okay for babies?

FEVER. I am made to feel like a bad mother if I don't bring a fever down with chemicals when there is no evidence that this will help the child with an illness. In fact, it is quite the contrary, and the fear statements from health professionals of increased convulsions without antipyretics is not upheld by NICE guidelines.

ADDITIVES. Artificial sweeteners like aspartame are officially considered safe, in fact preferred by Dentists and Dieticians, and used in drinks in children's wards in most UK hospitals…but by others are considered a neurotoxin.

I'm sure you have been told many other debatable truths from health professionals too. What makes vaccines any different? It seems that discussion is taboo on these products and how they are used?

Along with the evolving health advice, comes the philosophy that 'man' can do it all better. Indeed, nature can be 'unpredictable', it is sometimes messy and involves hard work, so interventions, products, and chemicals can often help us in our busy worlds. But it is this consideration, of intervention versus laissez faire that we should question when it comes down to our health.

Nature has always and will always be under threat. Can water be patented? Can a breast-feeding mum easily return to work? Can food be produced cheaper if processed?

What is nature and what do we feel about it? I learned when studying Theology & Philosophy, that the old testament Christian belief system implied that nature is made for 'man' by 'god', providing for our needs and wants. To be owned and used. Man is part of god, made in god's image, and can aspire to be like god, yet Woman is part of nature and does not have the intellectual capacity to rise above her experience and her nature...how can woman be objective, if she is nature.

Nature was to be harnessed, bought and sold. Sounds dated of course: slavery was outlawed 200 years ago, women have had the vote for nearly 100 years in the UK, (less than 50 in Switzerland since 1971), women have been ordained in our churches, women can be prime ministers and brain surgeons etc.....

However, today we still see a hierarchy of power which has to separate certain groups to justify its existence. Academia and money for example, do not always co-exist with nature and motherhood. I am concerned that some huge truths are being buried. Truths of Natural Immunity, where young babies are protected from disease from their mother who has passed down naturally acquired immunity to some diseases, where young babies have reduced infection from being fed breast milk which coats the stomach with IgA to seal the porous lining, and also have a lower obesity risk, where good nutrition rules, where the body learns how to deal with fever and infection and is strengthened by it and pharmaceuticals are rarely used.

I am worried that this enormous public health exercise to reduce mortality and morbidity, has possibly not reduced disease at all, in fact has created another set of terrible life-limiting conditions.

It is common for today's babies and toddlers to be regularly ill with colds and infections, and have allergies and atopic conditions, but more worrying is that everyone thinks that this is normal. Parents who use few or no pharmaceutical products find that their children are rarely ill or immune-compromised, and so are not 'normal'. If ill health is a side effect of combinations of vaccines, antibiotics and antipyretics e.g. Calpol, then how can the side-effects be even suspected, let alone be assigned to each product?

But who is looking at the risks and benefits? What mechanisms are in place to report and share problems about pharmaceutical products like vaccines? Safety tests are compromised (see The Vaccine Papers by Janine Roberts), where the placebos are never benign and the vaccines are often contaminated. Where mostly epidemiological studies are used to assess the success of vaccines and where vaccine manufacturers can't be sued for damage.

Of course, we have the Yellow Card reporting system through the MHRA. But the GP can only report an adverse reaction if it is life threatening and as vaccines are mostly considered 'established medicines' they are discouraged from reporting. And even if the GP did write out a report, where do these reports go? If they are sent off they go to a regional centre to be logged on a computer or just as likely to the vaccine manufacturer, who pays for the majority of these centres, by the way. Well, what about self-reporting of ADRs? (Or SAE Serious Adverse Events.) Since the Thalidomide scandal patients can report directly. But who actually knows they can report directly? Just 6% we were told at the first ADR Conference held this year by PRIMM. Prescribing and Research in Medicines Management.

"Of course, we have the Yellow Card reporting system through the MHRA. But the GP can only report an adverse reaction if it is life threatening and as vaccines are mostly considered 'established medicines' they are discouraged from reporting."

What about if the adverse reaction comes several weeks or months later? Well, tricky, as GPs have little training to even recognize a ADR , (2/3 hours clinical pharmacology we were told at The Patient Safety Conference 2010). The parent is rarely given the vaccine insert which may alert them to a link in their children's condition, and the government will only pay out if a reaction occurs within days or weeks, depending upon whether the vaccine is live or not. So most adverse reactions will not be recognized, let alone be reported, totaling an estimated 90% of ADRs that go unreported.

How are vaccines assessed then? Are health details compared between the vaccinated and unvaccinated? No. Is the vaccine status recorded when disease is confirmed? Not as standard.

Well, we have the parents experience and testimonies. Surely that would help? Patient experience is vital. It is the third strand to Evidence Based Medicine. It is the testing phase in the community. Well this is the saddest part. The very people who accepted the product in good faith and who have possibly suffered, are suffering in vain. Their stories are ridiculed, the links with the vaccines trashed with 'science', their children passed over. And possible chronic health and mortality continues due to vaccines.

The media, and even the Government, (see the Measles leaflet 2009) call these people anti-vaccinators. The term 'anti' is in itself negative of course...heretics, the anti-social class. The UK Skeptics, Sense in Science, etc, attempt to intellectually pull apart any argument questioning vaccine safety, and use disrespectful language towards any attempts by the parents to help recover their children with complimentary therapies. Unfortunately they are often twittering and lobbying and their peers are the young policy makers.

So with inadequate testing and surveillance, with bullying tactics and commercial interests, is the vaccine program a protection racket?

Vaccines are a product sold to the otherwise healthy as possible protection against some diseases. Science is used to try to show efficacy. The law protects and indemnifies vaccine manufactures. Health policy sees that GPs collect bonuses to vaccinate large populations. The health visitor raises eyebrows. The Media perpetuates mantras and fears and the parents buy in.

So I don't need a science qualification to discuss the vaccine age. An understanding of markets, of government policy and practice, of media and of mass behaviour comes in handy. But as a mother, I can be a scientist. I can observe. I can observe the health of my children and their peers. Attempting to hold back understanding of the commoner by suppressing information, or by poorly summarizing complex concepts, smacks of the era when one had to go to church to hear the pastor's version of the Bible in his sermon. Nowadays we can read it for ourselves. Pressurising parents with fear and threats, in my opinion is like returning to the dark ages.

The scientists are not the only ones who can know about health. Mothers and fathers can too.
Anna Watson, Oct 2011

EDITOR: ***Well, perhaps we should remind ourselves of the saying Mother Knows Best - because they usually do!***

INFANT MORTALITY RATES REGRESSED AGAINST NUMBER OF VACCINE DOSES ROUTINELY GIVEN: IS THERE A BIOCHEMICAL OR SYNERGISTIC TOXICITY?

NEIL Z MILLER & GARY S GOLDMAN
HUM EXP TOXICOL - EXTRACTS
4 May 2011

ABSTRACT

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 ¼ 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 ¼ 0.992 (p ¼ 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.

CONCLUSION

The US childhood immunization schedule requires 26 vaccine doses for infants aged less than 1 year, the most in the world, yet 33 nations have better IMRs.

Using linear regression, the immunization schedules of these 34 nations were examined and a correlation coefficient of 0.70 (p < 0.0001) was found between IMRs and the number of vaccine doses routinely given to infants. When nations were grouped into five different vaccine dose ranges (12–14, 15–17, 18–20, 21–23, and 24–26), 98.3% of the total variance in IMR was explained by the unweighted linear regression model. These findings demonstrate a counter-intuitive relationship: nations that require more vaccine doses tend to have higher infant mortality rates.

Efforts to reduce the relatively high US IMR have been elusive. Finding ways to lower preterm birth rates should be a high priority. However, preventing premature births is just a partial solution to reduce infant deaths. A closer inspection of correlations between vaccine doses, biochemical or synergistic toxicity, and IMRs, is essential. All nations—rich and poor, advanced and developing—have an obligation to determine whether their immunization schedules are achieving their desired goals.

Full study can be viewed at:

http://het.sagepub.com/content/early/2011/05/04/0960327111407644

Pharmaceutical company blames vaccine for causing fits in children

www.myfoxchicago.com
Friday, 02 Sep 2011

(NEWSCORE) - Pharmaceutical giant CSL has blamed a world-first blending of flu virus strains as the likely cause of fits in children immunized with its flu vaccine last year, The Australian reported Saturday.

CSL followed World Health Organization recommendations when it concocted its controversial Fluvax vaccine, which combined swine flu with two seasonal strains of influenza for the first time.

The vaccine has been banned for children under five in Australia, Europe and the US since it triggered convulsions in one out of every 100 children immunized in Australia last autumn.

CSL Friday revealed a breakthrough in its 18-month scientific investigation, which involves the federal government's Therapeutic Goods Administration and the US Centers for Disease Control and Prevention. It said the interim findings pointed to a problem with how the three virus strains interacted.

"Our scientific studies indicate that the interaction between the particular virus strains used in the 2010 ... vaccine contributed to the reactions, but we are still working to understand the how and why," a CSL spokeswoman told The Australian.

"We have completed comprehensive investigations into our manufacturing operations [which] have not identified any change or deviation in our standard registered manufacturing process that could have contributed to the increased reactions."

America's Food and Drug Administration warned CSL in June that it could revoke its American license over what it described as manufacturing deficiencies and an inadequate investigation into the cause of last year's febrile fits.

The Quanten Theory

THE MOSQUITO AND I
by Patrick Quanten MD

Patrick Quanten MD

I GREW UP with mosquitoes; attention was drawn to them all the time. These little critters filled me with terror, not so much because I was aware of all the serious diseases they carried but simply because they could sting and leave me with a painful, red skin area. And we don't like pain, do we? So, mosquitoes have been part of my younger life and the intention was to avoid them, to kill them, never to compromise. Although the mosquito bite can have nasty effects on your health, the most annoying thing of course is the continuous buzzing, especially since mosquito attacks seem to happen mostly under cover of darkness, which means in times of quietness. Is there any good reason for a small animal like this to exist if all it can do is to give me nasty bites and to keep me awake with their persistent buzzing? It certainly is no life for me, so why should it have a life? Surely there is no purpose to its existence, which justifies me spraying it, swatting it, killing it. I am driven to win this war on terrorist mosquito attacks.

But then I began to find some interesting bits relating to the mosquito and its behaviour. You may have experienced how difficult it is to kill a mosquito with your hand or a rolled up newspaper. From the moment you enter its space within a couple of feet it seems to have the better of you. Every time you get close to it, it simply flies away. It is exhausting trying to kill a mosquito. Hence the use of toxic sprays in order to save our time and energy! And yet, it appears as if this same mosquito is the bravest little animal in the world when I am asleep. Do you know I used to wake up covered in mosquito bites, and I literally mean, all over my body, including some on my bum. Now here is the interesting thing: I have been lying in bed underneath the blankets all night. Can you imagine this one mosquito sitting on my shoulder looking down in the dark abyss between the bed sheets and my sleeping body? The gentle movement of my breath creates a natural wave that this mosquito is eyeing up. It is weighing up its chances to get to the juicier bits of my body. But in order to reach those it will have to risk its own life, a very high risk of becoming flattened to nothing more than a memory. It will have to dive in deep, knowing there is only one way out, and knowing that the slightest movement of this sleeping body might trap the vulnerable mosquito body in a deathly squeeze. Shall it take the risk of losing its own life in order to place the bulls-eye-bite? Will it succeed to enter the Hall of Mosquito Fame?

Is this a likely scenario? Of course it isn't! There is no way that the frail and elusive mosquito is going to get itself trapped underneath the bedcovers; not even if that is the only way it can get to my bare flesh. The story would even get worse for the poor mosquito because once it got down there in that dark and dangerous place it would discover I was wearing pyjama trousers! And still I would wake up with bites on my bum! Mister Magic Mosquito.

How is it possible for this to happen? Well, it doesn't happen the way we were told it happened; it simply can't. In other words, there are no kamikaze mosquitoes attacking covered up bits of skin. We start from the belief that when we notice something in a certain place, that the reason for that also must lie in that specific place. In the larger frame of modern science this is a fallacy. Science teaches us that everything is energy and that the expression of energy may be somewhere completely different from where the energy interactions take place. This would mean the need for us to recognise the mosquito bite as an energetic interaction between the animal and the host, the "victim". What kind of interaction could that be as I am damned sure I don't want to have an intimate relationship with the mosquito?

"The reality is that the reappearance of mosquito bites some days after the initial ones faded refers to the reestablishment of the bonfire because other waste has been brought to the waste site."

If I am not attracted to the mosquito, why is the mosquito attracted to me? All attraction, even the human love-attraction, is caused by food. People are attracted to one another because they feel they will be nourished by the other. In this case, the mosquito is also looking for food, for nourishment. This explains why only certain people get bitten quite regularly and others hardly ever, and why some have a massive reaction to the mosquito sting and in others it hardly shows. The answer is food. One person is carrying food and the mosquito will try and attach itself to it, whist leaving another person undisturbed. What kind of food does the mosquito need?

Mosquitoes occur in natural environments where there is stagnant, rotting, water. This, so it seems, contains nutrients they need. Therefore, when a mosquito "attacks" you, it does so because your water has become stagnant and is decaying. When water flows quickly it is fully alive and mosquitoes don't live above its surface. To the mosquito there is no difference between the water inside your body, the surface water on the earth's soil, the

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swamps or the areas of slow moving water around the banks of the lazy river. Mosquitoes live in those circumstances because they feed off some of the decayed elements in the water. But does this mean that my body, for three quarters made up of water, is slow moving, is stagnating, is decaying? Indeed it does.

We conclude that waste products have accumulated in the waters of my body. A conclusion I've come to by watching the behaviour of animals that feed on those products. What is waste to one is food to the other. It is this simple rule that ensures that the universe is not left with a huge mountain of stuff that is completely useless; everything has its uses. Trees breathe carbon monoxide and carbon dioxide in and the waste product of this breathing process is oxygen. And we reverse the process. The mosquito latches on because it wants food. It leaves behind traces of a product that is toxic to our bodies and that will ensure a reaction. You could say that the mosquito "injects" a homeopathic dose of a similar product to the waste products it already carries. This homeopathic dose acts like a memory boost to the system that had slowly began to ignore the build-up of this particular waste as day by day it gradually increased without me giving it the attention it required. As a result of the contact with the "reminder" the body sets in motion a series of actions aimed at clearing out some of that specific body waste. To this effect the body will create small, sometimes large, areas of inflammation, which are nothing more than bonfires where waste gets quickly burned. The number of bonfires and the extent of the fires all relate to the inside waste pressure. The more waste we are carrying the more extensive our reaction to mosquito bites. Waking up with one hundred and twenty mosquito bites does not mean you have been stung a hundred and twenty times. It means that your body has seen the need to start one hundred and twenty bonfires in order to burn an amount of waste it quickly needs to get rid of. If you only have a very mild reaction to mosquito bites, or mosquitoes never sting you, you are not a useful food provider for those starving insects. However, do not conclude that you must be extremely healthy! No, it only means that you do not carry a lot of that particular waste in your body, but you could have other serious problems.

MOSQUITO BITES ARE A REMINDER TO MY SYSTEM TO CLEAN UP ITS STAGNANT WATER WASTE.

Now I begin to love the mosquitoes and I appreciate their help towards me regaining my health. But what about the diseases that are being carried by insects, including mosquitoes, such as malaria, Lyme Disease, and a variety of weird egg-laying stories?

When you begin to think about such questions, always first refer back to the large framework, which says that all disease comes from inside. In the past we have shown that all infections are being generated from within the diseased tissue in order for the bacteria to help with the cleaning up of decaying cells. The body creates the germs where it needs them, when it needs them. When there is food for certain bacteria, they will appear, and they disappear again when the food is gone. The food for bacteria is decaying living matter; in other words, the tissues are already diseased before the germs appear.

Have you also noticed that mosquito bites, after they have disappeared, often return in exactly the same spot. Does this mean that another mosquito finds the healed up little hole, the sting of the previous one several days earlier, and injects its venom in exactly the same place. The ultimate "smart bomb" delivery! The reality is that the reappearance of mosquito bites some days after the initial ones faded refers to the reestablishment of the bonfire because other waste has been brought to the waste site. The disease is already inside us and is of a rotting nature; the germs are thereafter generated by the diseased tissues in order to feed on the decayed matter. That is the process inside the body. On the outside, we also attract help from insects that bring "reminders" to ensure the system focuses on the specific problem that exists inside the body.

If that is the case – and why shouldn't it be, if science has proved this almost two centuries ago – then the story of diseases currently being blamed on other animals, small and large, remains a fallacy that focuses the population on protecting itself against an outside enemy. This one does not exist. It only serves us to be afraid. Fear lowers our resistance even further, allowing internal deterioration to occur even quicker. We become ill quicker if our internal power is undermined. The other important aspect of the illusion of an outside enemy is that you as a person becomes almost powerless and you are dependent upon outside help. There is a profession that makes a living on people that are ill, and it shouldn't surprise you that the information about what we need to be afraid of comes from just those people. They completely ignore facts such as all disease comes from inside and all matter is energy and matter changes because the energy that makes the matter changes. If you are looking for the reason why you are ill, look inside and look at how you energetically function.

No illnesses are being transferred from insects, or any other animal for that matter, to humans. There are only two reasons why you are being bitten by an insect. One is, it found food; and the second is, it got scared. When you are being bitten by an insect and your body reacts heavily to the bite, it is a sign of toxicity. Instead of vilifying the insect you would do well to take note and start an internal cleanup operation.

Oh, I love the mosquitoes I hated so much! Isn't that what a good friend does, showing that you are in danger long before you spot it yourself? Don't be angry at a friend who gives it to you as it is; the truth in all its simplicity and without the veil of being nice.

The first requirement, if you are serious about being healthy, is that you learn to see the world, the creation, as it is, not as you would like it to be. Learn what the reality is about and support the reality of your life, rather than to live and die prematurely in ignorance.

The mosquito and all its insect mates love you. Accept their kisses with grace and dignity.

October 2011

WWII MILITARY HANDBOOK REVEALS PESTICIDE CHEMICALS USED IN INFANT VACCINES

BY JEFFRY JOHN AUFDERHEIDE
September 10th, 2011
http://vactruth.com/

A UNITED STATES military handbook published in 1946 shows chemical compounds used in formulating the pesticide DDT are currently injected into babies.

The handbook entitled, "DDT and Other Insecticides and Repellents", reveals Triton X-100, Tween 20, and Tween 80 were used as major components of spraying operations of DDT. Their stated purpose was to prevent separation of ingredients and increase absorption of DDT.

A major twist to the story is revealing the company owning the patent for DDT. More on that later.

Page 70 of the document states, "The studies of emulsifers have been confined primarily to their effects on the skin, since there is no hazard from ingestion and little from skin absorption and inhalation. They have also been studied to some extent from the standpoint of their relationship to increased absorption of DDT. All of those studied present little or no hazard under the conditions of use recommended, and have been approved for that purpose so far as the toxicology is concerned."

Scientific studies on Triton X-100 and Tween 80 actually prove the statement above to be untrue, which would likely explain why studies were limited to only the effects on the skin.

Triton X-100 and Tween 80 actually cause cell suicide, called apoptosis.

Mixtures were sprayed directly onto vegetables and crops during the height of the polio epidemic in the late 1940s and early 1950s.

"WHAT VACCINES ARE THESE CHEMICALS IN?"

As a concerned parent, you may be wondering what vaccines contain these chemicals. The Centers for Disease Control website shows the chemicals mentioned above are in the following vaccines:

US Serviceman sprayed with pesticides

TWEEN 20 (POLYSORBATE 20)

- Hepatitis A (Havrix)
- Hepatitis A-B (Twinrix)

TWEEN 80 (POLYSORBATE 80)

- DtaP (Infanrix, Tripedia)
- DtaP-HebB-IPV (Pediarix)
- DtaP-Hib (TriHIBit)
- Human Papillomavirus (Gardasil)
- Influenza (Fluarix)
- Rotavirus (RotaTeq)
- Tdap (Adacel, Boostrix)

TRITON X-100

- Influenza (Fluarix, Fluzone)

If you decide to bring this list to your doctor to educate him/her, prepare to be disappointed. Medical professionals are trained to ignore mothers concerned about vaccines. They parrot the following phrase: "The poison is in the dose."

In their arrogance, their response will go something like this, "It is just ridiculous to worry about such a tiny dose of something so innocuous."

If you want to read how most medical personnel are putting your baby in jeopardy, read on.

"WHAT CAN THESE CHEMICALS DO TO MY CHILD?"

What can these chemicals do to your child? A parent would think finding information on the safety record of Triton X-100, Tween 20, and Tween 80 would be easily available – but this isn't the case.

WHAT I DISCOVERED WAS SHOCKING.

Tween 80 and Triton X-100 can:

- Be used in pharmaceuticals to deliver nano-particles to the brain because they cross or disrupt the Blood Brain Barrier – which protects the brain.
- Suppress the immune system
- Promote epileptic seizures in rats
- Accelerate the development of female organs in rats
- Trigger cell death or 'suicide' called apoptosis
- Cause cancer in rats at the injection site
- Damage and promote intestinal damage in rats
- Cause bleeding disorders, kidney failure, liver failure, and death in infants who received a vitamin E product combined with Tween 80
- Possibly promote viral or bacterial infections
- Break down Red Blood Cells
- Cause damage to the heart when injected into rats

Read about them here:
http://vactruth.com/2011/08/23/vaccine-ingredients-non-ionic-surfactants-tween-80-triton-x-100-nonoxynol-9/

To minimize the above information, you may hear arguments about the chemicals being safe because they are in hand soaps, ice cream, and in our lungs (natural surfactant).

For the record, I've never seen a mother feeding or injecting a newborn with soap or ice cream. My word of advice to mothers is follow your intuition and ask a lot of questions.

"DO PHARMACEUTICAL COMPANIES REALLY CARE ABOUT MY CHILD?"

After many parents read vaccine ingredients, they may ask, "Pharmaceutical companies really care about my child's health, don't they?"

Pharmaceutical companies have yet to explain how injecting such toxic substances into a baby actually makes them healthier. You'll see how they have known about this information for some time.

Consider page 71 of the handbook cautioning, "It should be clearly kept in mind that most of the substances under consideration are poisonous. If they were not, they would probably be useless against the insects for which they are recommended. Therefore, the recommendations for the proper use of these substances should be followed. Careless, unnecessary exposure and misuse is [sic] fraught with hazard."

HERE IS THE TWIST I PROMISED.

Using the chemicals in vaccines is easily understood by looking at who owns the patent for DDT.

On page 3 of the handbook it states, "The Geigy company holds the patents on the use of the compound [DDT] as an insecticide. The United States patent is No. 2,329,074, issued September 7, 1943, to Paul Müller."

Geigy company is now known as Novartis Pharmaceuticals, a vaccine manufacturer.

WHAT DOES IT ALL MEAN?

In a nutshell, the same companies who formulated and patented DDT, are putting the same industrial chemicals in childhood vaccines. To add insult to injury, their public relations campaigns brainwash doctors and the scientific community into believing that injecting babies, even in small amounts with these chemicals, is somehow okay. Even more bizarre are claims chemicals such as Triton X-100 or Tween 80 are involved in promoting health!

Mothers should carefully read the vaccine inserts and investigate vaccines before allowing physicians to inject their children with toxic chemicals that could permanently injure their children for life.

Pneumococcal meningitis is gaining ground in France

INFO LE FIGARO
10/10/11

A WORRYING development while paradoxically 85% of infants are vaccinated with Prevenar, in prevention.

In France, the pneumococcus is one of the main bacteria responsible for meningitis. For this reason since 2003, Prevenar vaccine was recommended against 7 different types of pneumococcus for children under 2 years of age.

In 2008, 85% of infants in this age group had received the vaccine. However Professor Didier Guillemot (pharmaco-epidemiologist, Institut Pasteur, INSERM, University of Versailles) and his team have presented a French survey on the 3rd October at the World Congress on Infectious Disease (ICAAC) in Chicago, which shows that far from disappearing as a result of vaccination, the incidence of pneumococcal meningitis has increased in France.

These data due to be published in a specialist journal, raise many questions. In particular, what is the cause of the increase in cases of meningitis? Has the vaccine contributed to selecting strains of pneumococcal disease (pathogenic) against which it does not protect? Or is it a result of the campaign against the excessive use of antibiotics launched in 2002, which resulted in a 25% reduction in its prescribing against rhinitis, tonsillitis and ear infections in particular.

Still, it is now urgent to address the public health issues raised by the use of Prevenar. French health authorities have received the results of the French study and are thinking about the problem it raises.

There are 90 different types of Pneumococci bacteria and they are widespread. Children are often healthy carriers. They are easily spread by droplets when coughing or sneezing. For mysterious reasons, some pneumococci may enter the blood stream, causing pneumonia and in some cases serious meningitis which can cause death in 10% of cases or serious sequelae. For these reasons, a vaccine against 7 different types are offered to all children under 2 years of age, and since June 2010, this vaccine protects against 13 different types.

"According to data from the PMSI, there were in France in 2002-2003, just under 600 cases of pneumococcal meningitis each year. This figure rose to just over 800 per year in 2008-2009" said Professor Guillemot in Chicago. The national reference centre for pneumococci found a similar pattern, with a real upward trend from 2006. "The number of cases of meningitis was 0.93 per 100.000 in 2002-2003. It is 1.25 per 100.000 in 2008-2009. In absolute terms, we see an increase of 200 cases per year between these 2 periods."

ALL AGES

Didier Guillemot's research group will now work to try and understand the reasons for this paradoxical increase while the vaccination cover is going up. "We observed a decrease in the cases of pneumococcal meningitis against which the vaccine protects. On the other hand, there appears to be an increase in these cases of meningitis linked to non-vaccinal serotypes and sensitive to antibiotics," says the researcher." Yet everybody was expecting a decrease in pneumococcal meningitis thanks to the vaccination program."

This increase affects all age groups, children under 2 and older people who become contaminated by contact with their grand-children. Similar results were found elsewhere in Europe, especially Spain.

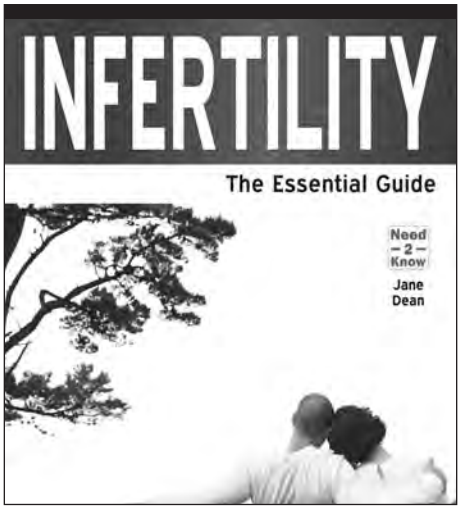
How does one explain this evolution? "At the start of the vaccination program, some experts were worried, wondering whether non-vaccine serotypes might grow and take over vaccine serotypes. The vaccine was made to prevent the most pathogenic and antibiotics-resistant pneumococci," adds Professor Guillemot.

Two hypothesis are offered to explain the present situation: either non-vaccine strains (and sensitive) have become more epidemic and are spreading widely in the population with the decrease in antibiotics use. Or under the effect of vaccination itself, the non-vaccine strains have gained ground and become more pathogenic, which will explain the upward trend of meningococcal meningitis.

Admittedly, the 2010 vaccine against pneumococcus protect against 13 serotypes and not only 7. But given the many strains, other adaptative phenomena cannot be excluded. Hence the urgent need to keep a close watch on pneumococcal meningitis. And launch a thorough examination of the vaccine itself.

NEW BOOK:
INFERTILITY – The Essential Guide

INFERTILITY AFFECTS 1 IN 7 COUPLES IN THE UK AND THAT RATIO IS EXPECTED TO RISE TO 1 IN 4 DURING THE NEXT DECADE. THE INABILITY TO HAVE A BABY UNDERSTANDABLY CAUSES CONSIDERABLE DISTRESS AND ANXIETY FOR THOSE AFFECTED.



INFERTILITY – The Essential Guide aims to help couples discover what they can do to improve their natural fertility and how to prepare the body for pregnancy to improve the chances of conception, either by natural or medically assisted methods.

The book covers all aspects of infertility including the possible causes, natural and alternative remedies, and assisted reproductive technologies such as IVF. The advantages and disadvantages of each method are explained and consideration is also given to the costs of such treatment.

The author, Jane Dean, is a nurse, midwife and part-time lecturer at the British College of Osteopathic Medicine. She has many years experience of working within the NHS but is also a qualified Naturopath with experience in alternative therapies that can be used to enhance or assist fertility.

Published by Need2Know, Infertility – The Essential Guide is the 74th in the series and is available now from the Need2Know website www.need2knowbooks.co.uk, by calling 01733 898103 or emailing need2knowoffice@gmail.com. The book is also available from all good bookshops. Infertility – The Essential Guide is available in large print format and as an eBook from the Need2Know website.

Notes for Editors:
ISBN: 978-1-86144-110-2

For more information or interviews with Jane Dean contact Need2Know on 01733 898103

or email: need2knowoffice@gmail.com
Website:www.need2knowbooks.co.uk

Why Brabant of the BBC has been off the air more than on

BY ROY GREENSLADE
16 Nov 2011
http://www.guardian.co.uk/media/greenslade/2011/nov/16/bbc-greece?newsfeed=true

One of my greatest delights over recent years has been receiving emails from Malcolm Brabant.

I could guarantee that a message from the BBC's award-winning Athens-based stringer would be an excellent read - informative, funny and often scathing about those with whom he disagreed.

It was also a pleasure to listen to his reports. He is the kind of journalist who brings subjects alive with wit and insight.

So I was surprised when the riots broke out in Greece that I didn't see or hear much, if anything, of Malcolm on TV and radio. And it's also been a long time since I've heard from him anyway.

The reason, I now discover, is because he has been unwell - extremely unwell - after taking a vaccine that was supposed to protect him from yellow fever.

Aside from his journalism, Malcolm works for UNICEF and he had the jab in advance of going to Pakistan on behalf of the organisation in April this year.

Within 24 hours he was admitted to hospital with a fever and suffering from psychotic effects. And, as Cintia Taylor reports, "he was in a limbo between life and death." He has been in and out of hospital ever since.

Taylor writes: "Doctors suspect the Stamaril vaccine he took in April was contaminated. But both its producer, Sanofi Pasteur, and its Greek distributor, Vianex, have told his family there was nothing wrong with that batch of Stamaril."

Though it is now impossible to establish whether the Stamaril vaccine Malcolm took was contaminated, doctors have found no other evidence that could have caused his illness.

Two days ago (14 November), Sanofi Pasteur's UK communications manager Paul Hardiman told Taylor that the company had investigated Malcolm's case. But it could not find any evidence linking his condition to Stamaril.

The company had tracked the batch of Malcolm's vaccine and says it passed the quality checks.

In an official statement expressing sympathy for Malcolm's plight, the company said:

"The observation of an adverse event after vaccination does not automatically mean that vaccination has caused this event...

"The observation of adverse events after vaccination, including disease, is inevitable since disease can occur irrespective of whether people have been vaccinated or not."

Anyway, I sincerely hope Malcolm recovers soon. He is much missed.

Sources: Cintia Taylor/Sanofi Pasteur

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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