THE informed PARENT
ISSUE THREE 2013 A NEWSLETTER ON VACCINATION ISSUES AND HEALTH

FLU NASAL SPRAY... An improvement on the jabs?

BY NICOLA ADOLPHE
October 2013

A FRIEND ASKED ME to conduct some research for her on the new flu vaccine for children. I set to work gleaning the information in the following way:
1) Find the package insert and read carefully;
2) Check out any side effects and look up the medical sounding terminology;
3) Check the VAERS database carefully for any further side-effects;
4) Search other health websites for additional sources of concerns.

SO HERE'S MY RESULTS

Many pre-school children will be offered a vaccine in the form of a nasal spray this winter in anticipation for the health difficulties that lie ahead. Over the next few years flu vaccines may become commonplace for all children. "Nasal spray?", I hear you say, "Gotta be better than the painful jabs, surely..."... I remain sceptical as always. "Test everything" says the Bible.

OK, "so what" it uses GM technology and has a conflict of ethics if you are Jewish or vegetarian (use of pig gelatin as a protein medium) and is made on chick eggs... but those of us involved in vaccine research have been aware of this for years. Most vaccines use something with protein, such as eggs (e.g. MMR) and either pig or bovine/cow blood products to manufacture the product. Monkey kidneys are used and have been used for decades in the polio vaccine. Newer vaccines invest loads into GM engineering (HPV). Some people are bothered by it, but the majority simply do not know. Whether you personally are concerned is completely up to you. Personally, it bothers me. Yes, it does.

Anyone with a sensitivity to antibiotics should avoid this by the way - don't expect the doctor or nurse to warn you of an allergic link. Also bear in mind the egg allergy risk due to the manufacturing process using egg protein.

MORE FROM THE INSERT:

"Vaccine recipients should be informed that FLUENZ is an attenuated live virus vaccine and has the potential for transmission to immunocompromised contacts. Vaccine recipients should attempt to avoid, whenever possible, close association with severely immunocompromised individuals (e.g. bone marrow transplant recipients requiring isolation) for 1-2 weeks following vaccination. Peak incidence of vaccine virus recovery occurred 2-3 days post-vaccination in clinical studies. In circumstances where contact with severely immunocompromised individuals is unavoidable, the potential risk of transmission of the influenza vaccine virus should be weighed against the risk of acquiring and transmitting wild-type influenza virus."

"In circumstances where contact with severely immunocompromised individuals is unavoidable, the potential risk of transmission of the influenza vaccine virus should be weighed against the risk of acquiring and transmitting wild-type influenza virus."

OK, this sounds long winded.... Basically, a live vaccine has the potential to spread (called 'shedding') the illness it is supposed to prevent. This is more severe where there are people without properly functioning immune systems. The insert claims it cannot 'cause' the flu, but this is counter to what is stated here, which states that anyone with weakened immunity could become vulnerable. This isn't rocket science. If you are on a poor diet, have high stress levels, do not get enough fresh air and sunshine etc, then your immune system is compromised. We are not just dealing with young babies, AIDS victims or cancer patients. Immune deficiency is on a scale and often fluctuates with seasons, moods, etc. Therefore a person may be more at risk on a different day/week than at others and no-one can know. As far as I am aware, any person can act as any carrier for any disease they happen to be in contact with. Thus anyone in the house can be a carrier for both the vaccine and natural disease at any point in time. For example:
1) The mother comes into contact with the vaccine virus 'shedding' and then potentially passes that to other parents she is in contact with.
2) Those parents then have children who then become carriers too;
3) Siblings then transport the virus thus taking it to school;
4) Parents take the virus to work and around their daily lives, around people who may be more susceptible to flu.
5) Children carry vaccine virus to young babies or foetus and so on...

This is normally the argument FOR vaccinating. But few people will actually turn the arguement on its head and look at the other possibilities. So, look at things on a more equal level - with natural flu, there is absolutely no way of knowing how 'probable' it is that someone, even if they are a carrier, will actually come down with the illness itself. And how does one differentiate a flu from a heavy cold? A heavy cold may still be contracted even if the person was vaccinated. Real, proper 'flu' may be much much more rare than we are led to believe. If the flu vaccine is designed to DELIBERATELY infect people which leads to the spread of the illness, no matter how mild it is, that is an

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Editor's note

Magda Taylor

IT ONLY SEEMS LIKE A FEW WEEKS AGO WHEN I WAS WRITING THE PREVIOUS EDITORIAL – time appears to be flying full steam ahead at the moment. It is likely that this last issue for 2013 has arrived slightly late and may be hitting your doormat early January 2014. My apologies for the delay – it is a tricky time of the year to get things out with all the demands of Christmas. So wishing you a happy and healthy new year ahead!

Many thanks to those who made their way to Worthing for the talk by Dr Patrick Quanten in October – it is likely that he will be doing further talks in 2014. If you are interested in organising a talk in your area please contact me. My email is m.taylor960@btinternet.com or phone the office on 01903 212969.

The Daily Mail, 8/12/13, reported on the death of a scientist, Dr Anne Szarewski, who, in their words, 'pioneered the cervical cancer vaccine' and 'has saved thousands of lives.' Dr Szarewski's husband was also quoted as saying of his wife: 'Her discovery of the cause of cervical cancer led to the first-ever vaccine against any form of cancer. Women all over the world are now getting the vaccine and thousands owe their lives to Anne's work.

Whilst it is always sad to learn about untimely deaths I could not help thinking that to state that the HPV vaccine had 'saved thousands of lives' was hardly a factual comment. Those involved in trying to educate the public about this particular vaccine and all the side-effects and damage that has emerged since its introduction must be particulary frustrated when these kind of comments and headlines are made.

Statements such as these are only 'beliefs' by some and yet when published in a mainstream newspaper come across as scientific facts. This they are certainly not and only time will tell what long term damage may occur as all these thousands of young women and teenagers move through adulthood.

As usual 'thank you' for your subscriptions and renewals, I am managing to keep The Informed Parent going, but I would much rather it was growing in numbers. So please let others know, or maybe give them a gift subscription, to allow me to continue with this hard copy publication – it will be much appreciated!

ALL THE BEST FOR 2014
Magda Taylor, Editor, December 2013.

› *from p01*

additional risk that some people may not have necessarily had. Is there a possibility that, say, if you don't vaccinate then you only have the risks of normal flu to deal with, instead of vaccine side effects in addition to natural flu (vaccines are not a guarantee and they can in some cases make things worse), then one could see the risks of not vaccinating as slightly lower...??? Depends on your view I guess. For me, I personally do not want the increased risks of a vaccine together with the chance of contracting flu anyway. I'll take the more likely risk (contracting a cold) and deal with it with plenty of rest, fluids and proper nutrition. Thank you very much.

WARNING:

Consider the rather bizarre and untested method of administration. I think the theory is better than injectable ones. That is, the 'mucous membranes', the areas where the body is likely to encounter an infectious illness and fight it immediately such as nasal passage, mouth, throat, etc, is much more realistic when vaccines are administered as a nasal spray. There is a catch, a real real problem. Mucous membranes are where bacteria/viruses spread very rapidly. I have a feeling that despite the less 'painful' injectable one (and I believe that injectible flu vaccines are incredibly unreliable, 0-30% protective at the most), putting a virus into every child's nose is likely to make each flu vaccine clinic a breeding ground for flu... imagine, kids breathing the viruses out, touching their faces after being vaccinated, putting a hand on the door, mum or dad strapping a child into the car and going to the shops... shudder. Injectable vaccines are less likely to spread as widely. I'm not convinced that the method is accurate as it does not stimulate the mucous membranes - the first point of call for the body's defense system - but it is better 'contained'. MMR is a live vaccine, and can shed in the faeces. Not quite as instant as wiping a hand across a face and touching the door as another person walks in (an elderly person or cancer patient?)... perhaps this is my own opinion, you have to decide for yourself.

VAERS DATA:

I searched reports of side-effects with the nasal spray in the USA based Vaccine Adverse Event Reporting System (VAERS) database. There were hundreds of reports although some of these were not clearly related to the nasal spray. Some reports included flu vaccine spray with other vaccines given (which must not be done as reactions will be more likely!) A summary of side-effects that were certainly related to the flu spray vaccine is as follows:

- Squint
- Memory loss
- Narcolepsy (sleeping excessively)
- Joint pain
- Vertigo
- Tics
- Bells palsy
- Severe weakness/unable to stand up
- Ear pain/infection

- Wheezing/croup
- Persistant headache
- Anaemia
- Strep

Few of these are mentioned in the side effects list in the package insert. Two other reactions listed in the insert include nosebleeds and fever. Nosebleeds are a common issue for some children, but not all children. There is no way of knowing whether children who would not normally suffer nosebleeds would then develop them and continue to have them following vaccination. OK, I know a nosebleed is not serious but can be extremely worrying for a child. Fever and joint pain is not normal for some children. How do we know that these side effects are ones only temporarily experienced and not the cause of lengthy unnessecary suffering upon our children? There are too many questions and gaps to this experiment.

CONCLUSION

So with all this mind I have decided to write this note and share it for the world to see. I believe this vaccine is dangerous and should not be used. I was appalled at the possible side effects being listed and there is no way that anyone should be deliberately infecting young children with something like this. There is so little satisfactory information that I cannot ignore what I have uncovered and must share this research with others.

Please make yourself aware of the hazards associated with the vaccine and share this information!
Thank you

NO POLIO IN THE PHILIPPINES SINCE 1993, BUT MASS POLIO VACCINATION PROGRAM TARGETED FOR 500,000 TYPHOON VICTIMS UNDER AGE 5

BY BRIAN SHILHAVY
Health Impact News Editor
http://healthimpactnews.com
December 13, 2013

EXTRACT

UNICEF has purchased over $2 million dollars worth of vaccines for typhoon victims in the Philippines. Western pharmaceutical companies look to make huge sales from aggressive campaign to vaccinate over 500,000 children in typhoon affected areas.

In the aftermath of one of the strongest storms to ever strike land, the most dangerous place for children in the Philippines to be right now could very well be the evacuation centers, or living near one. This past week, the World Health Organization (WHO) and UNICEF began an aggressive program to vaccinate more than 500,000 children with the measles and polio vaccines in the typhoon affected areas of the Philippines. They have already vaccinated more than 30,000 children in Tacolban, one of the worst hit areas.

"It is virtually unprecedented that within two and a half weeks of a disaster of this scale, with this level of devastation and these logistical challenges, that a mass vaccination campaign is already rolling out," reported Dr. Julie Hall, WHO representative in the Philippines.

The children are being vaccinated for measles and polio, in spite of the fact that measles rates are very low and declining in the Philippines, and that there has not been a single case of polio in the Philippines since 1993. Heather Papowitz, a senior advisor for UNICEF, states that they are vaccinating children for measles even though they have already been vaccinated for the disease, because previous vaccine campaigns were, "not enough to protect them, so we need to get them vaccinated as soon as possible."

Is this a statement to the ineffectiveness of measles vaccines that they need to be vaccinated repeatedly, or that somehow typhoon disasters like this require higher doses of the vaccine? By either reasoning, it allows pharmaceutical companies a larger market for their products.

Regarding their goal to vaccinate 500,000 children with the very dangerous oral polio vaccine, she states, "As far as polio, it was already eradicated in the Philippines, so we just want to make sure it doesn't come back."

VACCINES: A descent into madness

BY TRINE VILLEMAN

www.sanevax.org

18 October 2013

TRINE VILLEMANN, published author and wife of long-time BBC correspondent Malcolm Brabant, has agreed to write articles for SaneVax.

This article talks about her rude awakening to the fact that vaccines carry risks for the recipient, as well as the family which is left dealing with the consequences of vaccine injuries. Malcolm suffered severe mental illness after a 'routine' yellow fever vaccine. He was institutionalized for 8 months. Although he has been released and is improving, both he and Trine now live life one day at a time - never knowing what the next day will bring. They live a constant battle for recovery and justice.

Until April 15th 2011, I was a great believer in vaccines. My son was born prematurely and very ill and in order to protect him he had every vaccination available because I trusted the doctors and the pharmaceutical companies when they told me that vaccines are safe and prevent diseases and death.

Now I know better - because on that April afternoon disaster struck. My husband, BBC Correspondent Malcolm Brabant, went across a busy road to a vaccination-centre in a suburb of Athens, Greece, where we lived, to have a yellow fever vaccination in order to go on a business trip to the Ivory Coast in Africa.

20 minutes later he was back. I didn't know it at the time, but the vaccine had already begun its devastating journey through his body towards his brain.

The alarm bell sounded less than 24 hours later, when I found my husband in our living room burning up with fever. We both instantly knew it was a reaction to the vaccination. My husband had been told to expect "flu like symptoms" but his fever was above 40 degrees (104 F) and his shivers were so violent that our big double bed rocked so much that things fell off the bedside table next to it. I kept the fever down to a bearable 38 degrees by plying my husband with Ibuprofen, but as soon as I didn't, the fever shot up again.

Michael Brabant

"Sanofi Pasteur admitted to "fewer than 10 reports of mental disorders related to the vaccine, including Mr Brabant's", but I have investigated this and found hundreds more."

Then the insomnia started. My husband who usually passes out the minute his head hits the pillow, could not sleep. He became irritable and irrational. He began to do things that I found very hard to put into a normal context - like the afternoon he decided to go and sit in the sunshine on our patio dressed in his thick winter coat, a huge woollen scarf, shorts and slippers because "he was going to sweat the fever out".

My husband was hospitalized and his treating physician knew him very well having treated him for pneumonia two years earlier. We recently saw this doctor again and she went over the notes she wrote on his admission.

"Confused, animated and aggressive", was how she described my husband's mental state.

The morning after his admission it became even more obvious that something was terribly wrong with my gentle giant of a husband as he chased a doctor out of his hospital room apparently - or so my husband said - because he had been asking inappropriate questions.

My husband's biochemistry results were abnormal. His liver enzymes were elevated and continued to head north over the coming days.

And the fever persisted. The doctors ran an abundance of tests, but there was nothing that could explain the high fever and the abnormal blood results – apart from the yellow fever vaccine.

Mentally he was disappearing into a place where it was becoming more and more difficult to follow him. He told me his electronic e-reader flew across the room. He started firing off crazy emails and he cried a lot.

He began thinking that he was the Messiah and explained to me how dear, departed friends would "buzz" him – that's how he described the messages he said he received - to tell him what to do.

On April 28th 2011 - 13 days after my husband had the vaccination – the Greek doctors broke the fever using steroids, but by then he was so far gone mentally that he was transferred to a psychiatric clinic a few days later.

The psychiatrist diagnosed my husband with an "acute, organic psychosis" a condition which ended up haunting my husband more than a year after the vaccination. He has spent over 8 months in locked-up psychiatric wards and has suffered beyond belief.

Sanofi Pasteur, the maker of the yellow fever vaccine, denies any link between the vaccine and my husband's illness. However in May 2013 the vaccine-maker for the first time admitted that my husband is not the only one who has been sent mad by the yellow fever vaccine. Sanofi Pasteur admitted to "fewer than 10 reports of mental disorders related to the vaccine, including Mr Brabant's", but I have investigated this and found hundreds more.

At the WHO Monitoring Centre in Uppsala they have gathered at least 400 reports of yellow fever vaccine-related adverse events involving mental disorders over the past ten years.

Only about 3-10 percentage of all

drug-related adverse events are reported, so there are bound to be thousands of people around the globe who have been sent mad by the yellow fever vaccine. I am in touch with people from several countries who have all suffered psychotic episodes after having Sanofi Pasteur's yellow fever vaccine.

With so many reports of yellow fever vaccine-related events involving mental disorders, it is fair to say that Sanofi Pasteur and the relevant regulatory agencies have known for years that the yellow fever vaccine can cause these problems. Yet, they have done absolutely nothing to investigate the vaccine and the psychiatric complications it can cause.

There is, however, a growing realisation that the yellow fever vaccine is unsafe and unstable. Doctor Thomas Monath is considered to be one of the world's leading experts on the yellow fever vaccine. He recently appeared in a PBS-programme called "The Great Fevers" and said this about the yellow fever vaccine:

"This vaccine was considered one of the safest vaccines ever developed. And there were no real concerns about safety. That has now changed in the last decade and we now recognize that there are some really severe and significant, serious adverse events."

The issue of how safe all of Sanofi Pasteur's vaccines really are has also surfaced recently. In 2012 the FDA issued a stern warning letter to Sanofi Pasteur after inspections found numerous safety breaches at their vaccine-manufacturing plants in France and Canada. And just a few weeks ago I was contacted by a whistleblower who shared some very disturbing internal Sanofi Pasteur documents with me.

The whistleblower alleges that Sanofi Pasteur is involved in illegal behaviour in order to cover up recurring safety issues with their vaccines.

As soon as Sanofi Pasteur became aware that I was in possession of this material they sent their legal attack dogs after me, but I am not afraid of Sanofi Pasteur and have handed over these documents to the relevant authorities.

Sanofi Pasteur has done nothing to help my husband. We have shared all his medical records with them. They refuse to share any of the findings of the investigation they say they have carried out. Sanofi Pasteur asked for and received a list of my husband's treating physicians, but they have not contacted any of the doctors on the list we provided – the maker of the yellow fever vaccine is simply not interested in finding the truth.

My husband is finally doing better, but he is still medicated and his mental prognosis is uncertain. As a family we are slowly trying to claw our way back to a normal existence after my husband's vaccine-injury, but life has changed dramatically. We take one day at a time. We dare not plan and we dare not hope.

One thing, however, is certain. I will keep on fighting for justice and I will not give up until Sanofi Pasteur acknowledges that its yellow fever vaccine sent my husband mad.

THE ROLE OF HEALTH ECONOMIC ANALYSES IN VACCINE DECISION MAKING

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EXTRACT

COST EFFECTIVENESS analyses are being increasingly used in vaccine policy decision making and have been proposed at a criteria for future vaccine development.

At the time of licensure of a new vaccine, the information available for a reliable cost-effectiveness analysis can be incomplete or unreliable.

The use of cost effectiveness analyses as "gating" criteria for vaccine development and use could be detrimental.

ABSTRACT

Beginning in the 20th century with the consideration of the seven-valent pneumococcal conjugate vaccine in the US, the cost effectiveness became a topic of discussion when this vaccine was being considered for universal use by the US Advisory Committee on Immunization practices (ACIP). In 2008, the ACIP began using formal criteria for the presentation of such data and their inclusion in ACIP discussions. More recently, the US Institute of Medicine has recommended that health economic considerations play a primary role in the prioritization of future vaccine for development. However, such analyses can be biased towards vaccines that provide economic benefit rather than those that reduce severe morbidity and mortality. This is because the economic impact of minor common events that result in medical utilization or time lost from work for parents can outweigh the economic impact of severe morbidity and mortality. Thus diseases with a low mortality and morbidity but with a common clinical manifestation such as the common cold could be prioritized over vaccines against diseases such as meningococcal sepsis where the morbidity and mortality associated with each case is very high, but there is no associated common clinical syndrome. Thus the use of cost effectiveness analyses as a 'gating criteria' to decide which vaccines should be developed or routinely used runs the risk of transforming vaccines into primarily a tool for achieving cost savings within the health care system rather than a public health intervention targeting human suffering, death and disability. It is the purpose of this article to review the framework under which health economic evaluations can be undertaken, to review the experience with and reliability of such analyses, and to discuss the potential negative implications of the use of health economic analyses as a primary decision making tool.

The unfortunate story of 37 deaths from a 'good vaccine'

BY JACOB PULIYEL

Oct 19, 2013

Source: IANS

www.news.yahoo.com

ON OCTOBER 11, two children died in Kashmir after receiving the Pentavalent vaccine, taking to six the total deaths there in one week and to eight the deaths over the last three weeks. According to reports appearing in local newspapers, the deaths were said to be an allergic reaction to the vaccine. These deaths come on the heels of a press release from the health ministry on October 10 that a committee that looked into the 15 deaths in Kerala after vaccinations has said they were not caused by the vaccine but were coincidental deaths. The press release also announced that the Pentavalent vaccine is to be rolled out nationwide. A week earlier, another ministry spokesperson had admitted there had been 29 deaths all over the country following the vaccine. The figure has now ballooned to 37.

The 29 deaths had happened when 82 lakh doses (a lakh = 100,00) had been administered (and about 27 lakh children had been immunized). This works out to more than one death per 100,000 vaccinated and that 300 children would die each year from the vaccine when the birth cohort is vaccinated. It must be borne in mind that the adverse events are picked up by a system of passive surveillance which according to the US FDA picks up only a tenth of the real number of adverse events.

CO-MORBIDITY AS CAUSE OF DEATH

It has been suggested that some of the deaths in Kerala had happened in children with an underlying heart disease. Many children who died in Sri Lanka after receiving the same vaccine also had a similar heart condition. Had they not been vaccinated, the death rate from the vaccine would have been less.

However this is no practical proposition. Vaccinations are given in distant rural areas by health workers who are barely literate. The detection of heart murmurs by auscultation is a skill that many pediatricians have to hone over many years of training. In the absence of such training for all vaccinators, can we justify continuation of the vaccination programme?

In Sri Lanka vaccination was stopped after five deaths. Under pressure from international organizations the programme was restarted. After that, there have been 12 more deaths. Dr. Yogesh Jain, who has filed a PIL in the Supreme Court, has sought the court's oversight to prevent such pressures from influencing decision-making in India.

The deaths from vaccine must be seen in the context of hard data from the best study on Hib (Haemophilus influenzae type b bacteria) in the country called the Minz study which suggested that some 175 children die from Hib meningitis in the birth cohort over five years and perhaps an equal number from Hib pneumonia. These figures from this large, meticulous community based study done in a population of 600,000 with house visits every two weeks and conducted over two years are clearly inconvenient. This is a case of the cure (vaccine deaths) being worse than the disease. The government seldom quotes the Minz study data, but relies instead on estimates that are not based on empirical evidence.

CENTRAL TEAM DECLARES VACCINE SAFE IN KASHMIR

With practiced efficiency, after the eight deaths in Kashmir, a central team under Dr. N.K. Arora, who works for Inclen Trust, went to the state, visited the hospital and the homes of the dead children and issued a press release that there was no conclusive evidence that the deaths were due to the vaccine. Septicemia, pneumonia and meningitis were blamed, without explaining how children who were completely asymptomatic and well enough to be given routine preventive vaccination by healthcare personnel, could die of septicemia or pneumonia immediately afterwards. In other words, how could children gasping for breath with pneumonia or in shock due to septicemia and about to die in the next few hours be given Pentavalent vaccine by the healthcare personnel?

To be sure that the vaccine is the cause of a reaction, the same reaction must recur in the same person if he/she is given the same vaccine a second time. As this type of re-challenge is impossible when the reaction results in death, the expert team declares that "causative relation to immunization cannot be established with certainty". It is nearly as if we are saying we will not believe the vaccine is "causative related" unless one child is resuscitated from the dead and then re-challenged to see if he will die a second time!

We need to use the same strict criteria and apply the same burden of proof when we say the deaths are due to Sudden Infant Death Syndrome (SIDS) or due to co-morbidity or due to pre-existing septicemia or pneumonia. This we do not do.

POSERS FROM THE INDIAN ACADEMY OF PEDIATRICS

The Indian Academy of Pediatrics (IAP) recently held a meeting to look into the deaths and posed the following questions to the health ministry:

- As the peak incidence of SIDS occurs in early infancy, a close temporal relationship between this and receiving Pentavalent vaccine is expected by simple chance and, therefore, it may not be right to attribute the deaths in Kerala to SIDS.
- The deaths attributed to SIDS in Kerala are five times greater than the all-cause mortality rate in the state. What is the possible explanation for this spurt of deaths after introduction of Pentavalent vaccine?
- The peak age of SIDS is the third month (corresponding to the second dose), but the majority of deaths were reported after the first dose.
- The co-morbid conditions resulting in death following vaccination have not been clarified.
- Why the vaccine is being given to sick children is not explained.
- Underlying congenital heart diseases used to explain away the deaths

were not serious enough to cause cardiac failure and death.

- Some children had high fever and excessive crying; some had convulsions after vaccination which can definitely be attributed to adverse events following immunization.
- Autopsies suggested hypersensitivity and shock - how should that be interpreted? Does it mean hypersensitivity to the vaccine?

The IAP discussed these with Dr. Ajay Khera, deputy commissioner (Maternal and Child Health) at the health ministry, who was unable to give any clarifications saying the final report of the enquiry committee on the deaths was awaited. Yet an IAP press release after the meeting endorsed the vaccine in spite of the unanswered questions!

If answers to these straightforward questions are not known to the health ministry, how can we push the vaccine in the rest of the country?

We need to understand that the mandate of the health services and doctors is to protect the lives of children and not to promote vaccines of doubtful utility and safety.

*(10.10.2013 - **Jacob Puliyel is Head of Pediatrics at St Stephens Hospital, Delhi. He is a member of the National Technical Advisory Group on immunization and has published extensively on vaccines. He can be reached at** puliyel@gmail.com)*

23 SENIORS DIED AFTER RECEIVING THIS YEAR'S FLU SHOT SOLD BY PHARMACIES

16 September 2013

www.undergroundhealth.com

EXTRACTS

PACKAGE INSERT for Fluzone flu vaccine marketed to seniors reveals 23 seniors died during drug trial.

The annual marketing campaign pushing people to receive flu vaccinations is in full force. CVS Pharmacies is offering a 20% off shopping pass if you purchase a flu vaccine.

Package inserts for flu vaccines show a multitude of side effects, including death, and yet they are marketed the same as over-the-counter drugs with no prescription needed. Why? Because in the United States vaccines enjoy complete immunity from lawsuits in the market place. If you are injured or die from a vaccine, you or your family cannot sue the manufacturer of the vaccine. This law enacted by Congress, was upheld by the U.S. Supreme Court in 2011. Therefore, they are marketed with the same marketing techniques as any other high-profit product. With the baby boomer generation moving into their senior years, today's seniors are seen as an especially lucrative market.

The high-dose Fluzone vaccine being marketed this flu season to seniors, which has four times the amount of antigens than the regular flu shot has, as well as the non-high dose version, had 23 seniors die during drug trials.

PACKAGE INSERT

In the section documenting adverse effects, this is what is written:

'Within 6 months post-vaccination,

"One of these other adverse side effects (besides death) is Guillain-Barré syndrome, which has symptoms similar to polio.."

156 (6.1%) Fluzone High-Dose recipients and 93 (7.4%) Fluzone recipients experienced a serious adverse event. No deaths were reported within 28 days post-vaccination. A total of 23 deaths were reported during the period Day 29–180 post-vaccination: (0.6%) among Fluzone High-Dose recipients and 7 (0.6%) among Fluzone 1 recipients. The majority of these participants had a medical history of cardiac, hepatic, neoplastic, renal, and/or respiratory diseases. No deaths were considered to be caused by vaccination.'

This statement stating that 23 seniors died, which really should be headline news but is buried in a package insert on the FDA website, begs several questions:

1. By what basis can they conclude that "No deaths were considered to be caused by vaccination"??
2. If, as it is implied, these 23 deaths were all caused by pre-existing conditions, why were there no deaths in the first 28 days? Shouldn't the deaths, if not attributable to the vaccine but pre-existing conditions, be equally spread out through all time periods?
3. How does the medical history for these 23 seniors compare to the medical history of those who did not die? Were there any significant differences? The range of symptoms given in the package insert can very well cover almost all seniors during the flu season.

Besides death, which is just one "serious adverse event," there were 226 other "serious" adverse events, for a total of 249 serious adverse events, out of only 3,833 participants.

One of these other adverse side effects (besides death) is Guillain-Barré syndrome, which has symptoms similar to polio. If you are brought into an emergency room with the paralyzing effects of Guillain-Barré syndrome (GBS), the first question the doctors will ask you is if you just received the flu shot. The CDC would like you to believe that the risk of GBS from the flu shot is only one out of one million. But if that is the case, why is there a warning on package inserts of flu vaccines, and why is it the first question EMTs ask when dealing with GBS emergencies?

The package insert for Fluzone states: "If Guillain-Barré syndrome (GBS) has occurred within 6 weeks of previous influenza vaccination, the decision to give Fluzone High-Dose should be based on careful consideration of the potential benefits and risks."

I wonder how many vaccine sales people at these pharmacies give "careful consideration" to this adverse side effect, or any others, before injecting you?

FEBRILE CONVULSIONS: Part One
What are they and what to do if your child has one?

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

I VERY RARELY come across patients whose children have had a febrile convulsion and then suddenly, I heard from two in as many weeks. Unfortunately, in addition to the frightening experience of their child having what appeared to be a life or death event, they did not have a very good experience with the paediatric team in the respective hospitals.

One family has kindly agreed to share their experience with you so that you will be more prepared than they were (names have been changed and I am not their GP):

"Annie was ten months old and still mostly breast fed, not being that keen on solids. She had been a little under the weather during the week but on Friday morning was seemingly very well - outdoors and playing. On returning home at lunchtime she didn't want any food but gladly took some breast milk only to sick it back up.

She was a little listless intermittently while playing and became increasingly quiet. She started to get warmer when I felt her so I undressed her, put a fan on and walked around with her, and gave her some PULSATILLA.

She vomited another breast feed and then when her Dad came home at 6pm he noticed she had a glazed look about her. A while later, I took her to the bedroom and fed her again, this time she kept it down and sat up and clapped so I decided to call it a day and put her to bed with me. I was just settling her down when her 19 month old brother ran into the room to find out where we were, jumped on the bed squealing delightedly, proudly pee'd on the bed covers and then announced he might do a poo! Their dad rushed in after him and managed to scoop him up in his arms and remove him before this happened!

This must have unsettled Annie as moments later she was nursing again but then suddenly screamed, arched back, her eyes rolled back into her head and she seemed to stop breathing, slowly turning blue. We panicked and ran downstairs with her to call an ambulance thinking our daughter was no longer with us. We held her, laying her flat on her side across my lap and gently blowing on her face, desperately praying for the ambulance to come soon.

DR JAYNE L.M. DONEGAN

"Certainly it is my experience that it is not the height of the fever but the speed with which it rises that increases the likelihood of a convulsion occurring."

When the ambulance arrive, the ambulance men put her on their bed where she came round and was crying.. They then immediately gave her a dose of paracetamol and recorded her temperature, which was 39.7°C. The ambulance men said that she would most likely be fine but as it was a first convulsion that she should go to hospital to be assessed by the paediatric team.

On arrival at hospital the admitting paediatric consultant explained that this was a simple febrile convulsion and although terrifying was harmless. Annie would be fine but he would like us to stay overnight for observation to which we agreed. Her temperature had by now dropped to 36.3°C.

On arrival in our room I was shown my separate bed where I would sleep. I had to explain that we had always co-slept and now would not be a good time to change this. I asked for a bed that we could share to which I was told that the hospital had changed its policy and it would not be possible because of the risks. I replied that if that were the case, then reluctantly I would have to go home, which being only a mile away was not too far in case things took a turn for the worse and we needed their help again. They then threatened me with calling social services and the police if I tried to leave without the hospital's permission! I was so taken aback and upset that the nurse went away to check again and returned with a larger bed for us to co-sleep. It had gaps all around it so I had to ask for some blankets/pillows to stuff around the edges to make it safe so Annie wouldn't fall out.

I also asked for a fan which they brought and they opened the window at my request so I could keep the air moving. I asked them for lots of water and they brought me a tiny jug.

When they took Annie upstairs they said that they needed to insert a cannula to take blood for tests. This was not what we had agreed to when we said that she could stay in for observations' but we said, "OK," because we wanted to co-operate. They took the bloods which involved inserting a cannula into Annie's arm causing great distress to our daughter and us.

After all this Annie's temperature started to rise - which was not surprising as 36.3°C (after the paracetamol in the ambulance) was below normal and surely not the level it should be while she had an infection that needed to be sorted out by her body. However the paediatric team began to get concerned, telling me that they would give paracetamol or ibuprofen if it reached 38°C.

There was quite a debate. They wanted to know at what exact level I would allow them to give antipyretics. I told them that there wasn't a figure that I had in mind, it would depend on

Annie: if she were well and feeding well/ taking fluids and sleeping comfortably, I would be happy with that. I would not want to intervene at an arbitrary number. When I made it clear that I felt it was necessary for Annie to have a fever, the staff became concerned and chose to have a meeting with me at that point to negotiate treatment plans before it became urgent.

They wanted for me to agree to further dosing of paracetamol should Annie's temperature reach 38.5°C regardless of whether she was coping well or not. By this time she had had another breast feed which she had kept down well. She was crying but calmly and I was walking and rocking her gently.

Because I refused to agree to their 38.5°C cut off point, this was, in their eyes, unacceptable. They told me, "You're harming your child". They told me that I would be risking her having another febrile convulsion which might tun into 'status epilepticus' whereupon they would have to take her off me and call social services to enforce treatment of inserting anti-convulsants anally.

I was horrified. I asked why they were so scared of a benign thing such as a febrile convulsion. It was very hard for me to do this, being on my own with my little daughter with the whole of the paediatric team - doctors and nurses - all ranged against me, and I seemed to be the only one who believed this. They seemed to have no conception of what I was talking about. I was backed up by my partner but only by phone. He was at home looking after our little boy, doing lots of background reading, and confirming that even NICE recommends not to try to prevent febrile seizures with antipyretics.

When I told them about the NICE Guidelines, they didn't respond to this piece of information except to reiterate the need for me to agree to a temperature level at which antipyretics should be given and how I should respect this particular nurse as she had worked in London and, "seen all sorts of things".

It was about 11pm by now. Annie's blood test results then came back showing high CRP (measure of inflammation in the body) indicating that she had an active infection, which was obvious - it was, after all, why she had the fever. She also had a non-blanching reddish purple rash (petechiae) on one forearm which the medical staff were not concerned about, saying it was probably from the trauma of putting the cannula into Annie's arm

However, soon after and with Annie's temperature rising to about 38.5°C they were becoming more anxious and the paediatric doctor came in to talk with me. Firstly they wanted to give paracetamol even though Annie had had the dose in the ambulance only about three hours before. I asked how they could do that seeing as it was three hours before she would be allowed another dose. I was told " that's okay, we can overrule that, or otherwise we will give her Ibuprofen instead" I wondered why the doctor hadn't noticed that Annie would not be due paracetamol for another three hours? The paediatric doctor again tried to enforce giving the paracetamol which, she said, would take 20 minutes to work so if we waited any longer we wouldn't have 20minutes before Annie's temperature was unsafely high. I still queried, "What is wrong with her having a high temperature?" I apparently didn't understand.(I am a qualified chiropractor so I do know how the body works).

"I still queried, "What is wrong with her having a high temperature?" I apparently didn't understand. (I am a qualified chiropractor so I do know how the body works)"

They asked me why I had come to the hospital if I didn't want their help, I said we were only there because we called an ambulance because we thought our daughter was dead and we wanted the help of the ambulance men.

They seemed to be really fed up with me now, so when they suddenly came along and announced, out of the blue, that Annie must have intravenous antibiotics - when she had no sinister symptoms and was feeding and responding well - it felt an awful lot like they had decided that if I wouldn't let her have the paracetamol or ibuprofen that they were so insistent on, they would make sure that she had something that I couldn't argue with - but I did anyway.

The doctor became insistent that I allow them to administer antibiotics, waving his finger and telling me threateningly that Annie had:

"Three out of four signs of severe infection!
ONE: fever!
TWO: high CRP!
THREE: non-blanching rash!
That all point to meningitis!"

And I was UNBELIEVABLE not to want to give my daughter antibiotics.

I wondered how this previously harmless rash had now become meningitis when they had already told me on a number of occasions it wasn't, that she didn't have the picture of the disease - in fact they actually told me about five times previously that she didn't have meningitis - and they hadn't even done a lumbar puncture. After all we had been in the hospital for three hours by now so they'd had plenty of time to do one if they were that concerned - but I was only told that, "Now," they felt it could be meningitis.

They told me:"Purpura begin as petechiae and by the time they become purpura it is too late so you have to act sooner."

I asked, "Even if the rash is localised and stable/not changing?"

They said,"YES! "

"And what if this is just a viral infection," I asked, "Then reducing temperature and disabling the gut immunity with anti-biotics is taking two very powerful defences away from her".

They seemed perplexed and said rather irritatedly, "But you must administer the drugs, especially as she is unvaccinated and therefore we have to look out for all kinds of diseases we otherwise wouldn't".

I told them I would need to consider this information so they must leave me a short while.

All this was happening while I was exhausted, traumatised by the whole experience of thinking I had lost my daughter and while I was desperate to be

left to care for her without threats and distractions.

Instead, I was on the phone consulting with my devoted partner, my very kind and helpful GP and dear friends who were trying to support me being otherwise on my own in this hospital.

Five minutes later the doctor returned to ask if I had made a decision and I told him I needed some more time to which he replied,

"Well you have just a few minutes as I have somewhere else to be/something else I have to do".

Shocking. I was now very cross while trying to remain calm. A good friend had travelled to babysit my son so my partner could come in to the hospital to support me. Another friend had kindly brought me some flower remedies and BELLADONNA but I was told I was not allowed to use them on hospital property. (I did in fact get permission the next day but that didn't stop me using them as soon as I had them)

I continued to refuse paracetamol, a further consultant was consulted who conceded that it was okay not to administer it but perhaps, as Annie was likely to be dehydrated, we could give her fluids through her cannula. We agreed to this.

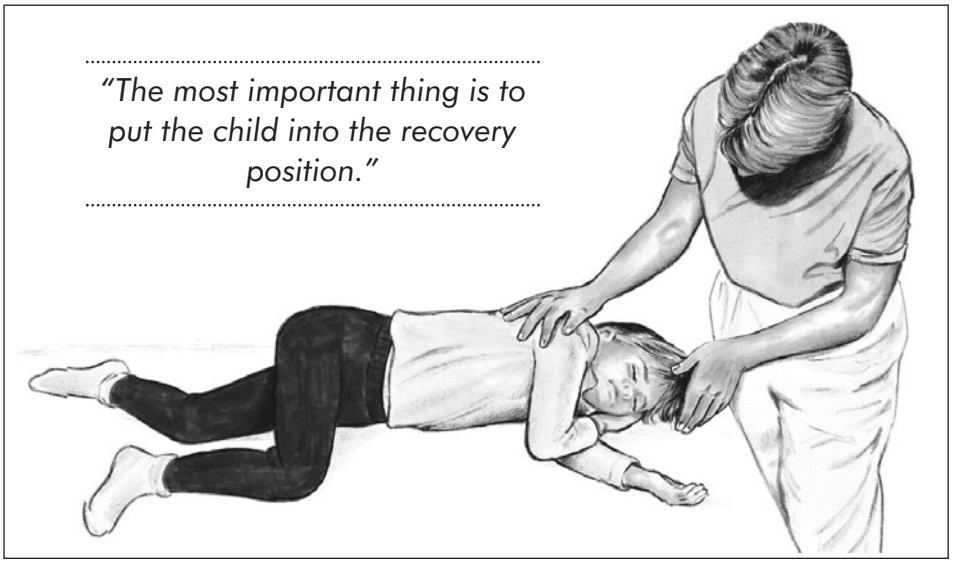
Ultimately we conceded to a dose of antibiotics, through exhaustion, or perhaps through some fear that perhaps they did know better than we felt they did. My kind GP reassured me that I could give probiotics which might reverse, to some extent, the harmful effects of the antibiotics on the gut.

The night passed with homoeopathic remedies on occasion when her temperature reached over 39°C and Annie was not able to sleep so well, and breastfeeding on demand.

The next day she was a lot better and coping well with her fever. We were both offered toast for breakfast but as Annie is dairy and wheat free and they had no grapes/ fruit left we relied on food brought in by my partner - If only they had a juice bar at the hospital!

Annie was given more antibiotics that night as the bloods were not back yet to which we conceded reluctantly as we had started that route. Come the second morning she had a rash which

"The most important thing is to put the child into the recovery position."



was then diagnosed as hand foot and mouth disease rather spuriously as she had no mouth ulcers and no rash on her feet or hands.

A rash came up on my chest that they said was because her spots had rubbed off on me, which I thought was a strange explanation

For her last dose of antibiotics, the cannula in her arm had fallen out and she was sleeping peacefully, so they woke her up to inject it into her intramuscularly, which obviously upset her a lot and was painful.

ALL THE BLOOD CULTURES CAME BACK NEGATIVE.

On returning home Annie made a swift full recovery and her developmental leap has been to be really keen to eat solids and plenty of them.

She remains unvaccinated.

She is walking, starting to talk, healthy and happy and we are reassured as to what we will do should this happen again:

We shall call the ambulance for our peace of mind but once she is conscious again we will thank them for their help, go back indoors into the peace and quiet of our own home and nurse our child ourselves."

WHAT ARE FEBRILE CONVULSIONS?

Febrile convulsions or seizures are not the same as epilepsy. They occur in children who are neurologically normal who have a raised temperature. They are associated with infection or inflammation outside of the central nervous system (brain and spinal cord). There seems to be no direct connection between the height of the fever and the occurrence of a convulsion. Certainly it is my experience that it is not the height of the fever but the speed with which it rises that increases the likelihood of a convulsion occurring. So it can happen when your child has only a mildly raised temperature and not occur when the temperature is really high - over 40°C. They are classed as 'Simple' or 'Complex'.

SIMPLE FEBRILE CONVULSION

Simple febrile convulsions are generalised. This means that they involve all of the brain, not just one part. They are 'tonic-clonic'. 'Tonic' seizures are when all of the muscles become stiff and 'clonic' seizures involve twitching in the arms, legs and face. There may be arching of the back, eye rolling or staring. The convulsions last less than 15 minutes, generally five minutes after which the child may be frightened, crying or dazed. They may be sleepy for up to an hour afterwards but are completely back to normal within one hour of the convulsion and there is no recurrence within either 24 hours, or the same episode of fever.

COMPLEX FEBRILE CONVULSION

Complex febrile convulsions may be 'focal' - involving only one part of the brain, or last longer than 15 minutes, or be repeated in one episode of illness, or the child may not have recovered within one hour.

In both cases the child may arch their back, foam at the mouth or vomit, soil

or wet themselves. They may hold their breath, there may be mottling of the face and loss of consciousness.

Febrile convulsions are not common, occurring in between 2-5% of children in Western countries. They occur between the ages of 3-6 months and five years - after that, the child's nervous system seems to have matured enough to not convulse when their temperature rises.

Nobody knows the mechanism by which they occur, although they appear to run in families. They are frequently associated with viral infections which are a common cause of fever in young children, particularly human herpesvirus 6 infection (HHV-6), which children tend to get during the first two years of life. It is commonly known as Roseola Infantum or Sixth Disease. It is possible that children who are low in iron and zinc may also be more prone.

When a child has had one febrile convulsion, one in three of such children are likely to have another. The chances are increased if the child is less than 18 months old when they have their first one; if there is a family history of febrile convulsions or epilepsy; if the convulsion was complex and if it was preceded by only a short time of fever (less than one hour) or a fever less than 40°C. They are also considered to be more common when children attend day nurseries - the theory being that they come into contact with more children with infections. Those who have heard my lecture 'Nursing Children Supportively through Acute Illness' will know that I believe other factors to be operating.

Febrile convulsions can be extremely frightening, especially if you don't know what is happening, it may seem as if your child is going to die, as we saw in the above account, but they are mostly harmless: there is no increased risk of death or neurological damage with either simple or short complex febrile convulsions.

WHAT SHOULD YOU DO IF YOUR CHILD HAS A FEBRILE CONVULSION?

The most important thing is to put the child into the recovery position.

- For babies: cradle them in your arms with their head titled downwards and to the side so that if they vomit it comes out of their mouth and they don't inhale it.
- For children over 12 months of age: lay the child on their side on a soft surface with their head turned to one side for the same reason.
- Cushion their head with your hands or something soft to protect them from injury.

Don't put anything in their mouth while they are convulsing or restrain them.

Full details of how to put babies, children and adults may be found on the Made for Mums website: 'How to put a child and baby in the recovery position' (see REFS)

If this is the first time your child has had a febrile convulsion it is recommended that they should be admitted for assessment by the paediatric team, mainly because of anxiety about overlooking meningitis. However, there is no evidence to guide this decision if the child appears well; and the experts themselves are divided on this subject.

The factors thought to be important to take into account when making the decision to admit or not are: if this first convulsion was complex; if the child is less than 18 months of age; where there is more than usual parental anxiety; or the parents feel unable to cope. However all the experts agree that the child should be sent for specialist assessment at the local paediatric unit to rule out another underlying diagnosis and the inevitable parental anxiety. So many children will not require admission.

WHEN SHOULD YOU CALL AN AMBULANCE?

- If it is your child's first convulsion
- If the convulsion lasts longer than five minutes
- If you child has anything else wrong - floppiness, mottled skin, breathing too fast or with difficulty, difficulty feeding in babies, a swollen joint
- For help and reassurance

If you are staying with you child at home or you have been assessed and sent home, you should ensure that your child gets enough to drink and look out for signs of dehydration

SIGNS OF SEVERE DEHYDRATION:

- Sunken fontanelle in babies
- Dry mucus membranes - absence of the usual dribbling or moisture in the mouth
- Skin that stays pinched after you have let it go
- Finger nail beds that don't become pink again more than 3 seconds after you press on them
- Sunken eyes
- No tears or wet nappies
- Poor appearance overall

GO IMMEDIATELY TO HOSPITAL

DRUG TREATMENT OF FEBRILE CONVULSIONS

The NICE Guidelines (2007 & 2013) for the Treatment of Feverish Illness in Children state (p30):

- Antipyretic (fever lowering) agents (paracetamol, ibuprofen) do not prevent febrile convulsions and should not be used specifically for this purpose.
- Consider using either paracetamol or ibuprofen in children with fever who appear distressed.
- Do not use antipyretic agents with the sole aim of reducing body temperature in children with fever.

When using paracetamol or ibuprofen in children with fever:

- continue only as long as the child appears distressed
- consider changing to the other agent if the child's distress is not alleviated
- do not give both agents simultaneously only consider alternating these agents if the distress persists or recurs before the next dose is due.

In other words, reducing a high temperature may help to make your child feel more comfortable, but does not affect the chances of having a first or another convulsion.

Treating a child without giving them medicines to suppress their symptoms does not mean doing nothing - it means supporting the body's processes of elimination by making sure that there is plenty of fresh air and fluids.

This will allow the liver, the major detoxifier, the kidneys and lungs to work efficiently. A child's ability to regulate their temperature is immature.

If the room is hot, the child cannot radiate their excess heat into their

surroundings.

It is important, therefore, that the temperature in the room is low enough to provide a temperature gradient to allow this to happen.

I recommend that the room temperature is kept at 15°-18°C and that the child is stripped down to their nappy after the convulsion has finished to assist this process if that is what their body needs to do. However any intervention that causes shivering should be avoided as this acts to heat the body up.

The window should be opened to allow fresh air into the room and it is very important that the child is offered regular drinks of clear fluids or breast milk. In the unlikely event that they vomit the breast milk then it's best to stick to clear fluids.

While this elimination is occurring, it makes sense not to fill the child with food that they then need to process.

MEASURING TEMPERATURE

I recommend that parents measure their child's temperature with the back of their hand on the back of the child's neck. This will tell you if the temperature is a little or a lot raised. If the temperature is raised you will then need need to alter your routine - keep your child away from playgroup or nursery, maybe cancel your holiday to the Seychelles, implement 'General Measures' as above (for full details, see REFS).

WHY NOT USE A THERMOMETER?

Because it is so easy to then treat the numbers not the child. You may have a child who is drinking and sleeping, responding appropriately to you, so you are happy with them, they are just boiling hot. You measure their temperature and it's 39.5°C and suddenly all your coping mechanisms are gone.

Conversely, you may have a child you are really quite worried about who is pale, clammy, hot, lying limply on the sofa and not responding well to you. You measure their temperature and it's maybe 37.5°C or normal or even low. You were worried about them but their temperature is almost normal so you don't act on your instincts.

That child is the one who has meningitis - they are so ill that they don't even have the energy to raise their temperature. So always look at the child - not the numbers; and always follow your instinct - never fail to get a second opinion if your gut tells you there is something to be worried about - better safe than sorry.

"So always look at the child - not the numbers; and always follow your instinct - never fail to get a second opinion if your gut tells you there is something to be worried about - better safe that sorry."

SIMPLE HOMOEPATHIC TREATMENT OF FEVER

These remedies are not given to reduce the fever but to support the body to go through the processing it needs to accomplish and to help keep the child comfortable so that they can drink and sleep.

For any SUDDEN fever, give ACONITE 30c, one dose every 15 minutes for up to three doses. For any sudden fever where the child also has a red face and may have glazed eyes, give BELLADONNA 30c in addition to the Aconite every 15 minutes for up to three doses. If the child settles down to sleep or appears comfortable, this means that the remedy was the correct one. If the child then becomes less settled (maybe starts to get shiny faced and toss uncomfortably in their sleep, or doesn't want to drink) then you may repeat the three doses of one or both remedies

It is very important that whenever any terrifying event is happening to your child such as an acute asthma attack, croup, injury or febrile convulsion that you speak in a low, calm voice, no matter how hysterical you may be feeling while you manage them appropriately. It will help you to think more clearly as well - you can have a nervous breakdown later when the acute situation has passed!

This is the first of two articles on Febrile Convulsions. Part Two will be in the next issue of The Informed parent

NICE - National Institute for Health & Care Excellence - provides independent, authoritative and evidence-based guidance on the most effective ways to prevent, diagnose and treat disease and ill health, reducing inequalities and variation. CRP - C reactive protein. It is produced by the liver and the levels rise when there is inflammation through out the body

© ***Dr Jayne LM Donegan MBBS DRCOG DCH DFFP MRCGP MFHom.*** 06 Dec 2013

REFERENCES

These are all excellent sources of information and are worth reading

NICE Clinical Knowledge Summary Febrile Seizures, last revised in Octo 2013
http://cks.nice.org.uk/febrile-seizure#!topicsummary

NHS Choices Febrile seizures, last revised October 2012
http://www.nhs.uk/conditions/Febrile-convulsions/Pages/Introduction.aspx

NICE traffic light system for identifying risk of serious illness in children Octo 2013
http://www.nice.org.uk/nicemedia/live/14171/63914/63914.pdf

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http://www.madeformums.com/for-mums-and-dads/how-to-put-a-child-and-baby-in-the-recovery-position/26504.html

'General Measures For Managing Acute Childhood Illness or Infection' free download
http://www.jayne-donegan.co.uk/articles

Donegan JLM Nursing Children Supportively Through Acute Illness 2008
http://www.jayne-donegan.co.uk/articles

Forthcoming Lectures by Dr Jayne Donegan

'VACCINATION - THE QUESTION'

19 January 2014, Sunday Afternoon, 1.45 for 2-4pm, North West London NW4

**For further information see http://www.jayne-donegan.co.uk/lecturesworkshops
and to book tickets please email jaynelmdonegan@yahoo.com or phone 020 8632 1634
(please leave a clear message)**

MEASLES MANAGEMENT & NURSING CHILDREN SUPPORTIVELY THROUGH ACUTE ILLNESS – FEVER MANAGEMENT

26 January 2014, Sunday Afternoon, 1.45 for 2-4.15pm Leamington Spa, Warwickshire

**For further information see http://www.jayne-donegan.co.uk/lecturesworkshops
Advance Booking Essential - to book tickets contact Felicity Rock on 01926 774583
or email: felicityhomeopath@phonecoop.coop**

'VACCINATION - THE QUESTION'

27 January 2014, Monday, please arrive 6.15pm for 6.30-8.30pm, CNM London

**Book on line or call 01342 410 505
http://www.naturopathy-uk.com/shop/vaccination-jan2014.html**

MEASLES MANAGEMENT & NURSING CHILDREN SUPPORTIVELY THROUGH ACUTE ILLNESS – FEVER MANAGEMENT

9 February 2014, Sunday Afternoon, 1.45 for 2-4pm North London NW4

**For further information see http://www.jayne-donegan.co.uk/lecturesworkshops
and to book tickets please email jaynelmdonegan@yahoo.com or phone 020 8632 1634
(please leave a clear message)**

MMR - WHICH IS BETTER: The disease or the vaccine?

2 June 2014, Monday, please arrive 6.15pm for 6.30-8.30pm, CNM London

**Book on line or call 01342 410 505
http://www.naturopathy-uk.com/shop/vaccination-jan2014.html**

FORCED VACCINATION IN THE UK: EXPERIENCES PLEASE?

ANNA WATSON
WWW.ARNICA.ORG.UK

WE SEE MANY INSTANCES whereby individuals are coerced into vaccinating their children against their wishes and this is largely achieved by bullying tactics, which are particularly powerful when the people concerned do not have accurate legal information or peer support. Parents, often single parents on benefits or parents for whom English is not their first language, have been threatened with social services for non vaccination by GPs and health visitors, even though this is beyond the law. Families have been asked to de-register from doctors' surgeries and told to find another practice and/or told that Social Services will be informed if they don't vaccinate. Some health professionals infer that vaccination is mandatory in the UK. Some GPs ask the parent to sign a medical disclaimer if they refuse. These are not directives from the General Medical Council or the Department of Health but sadly these bodies do nothing to deter the practice.

Anna Watson

WE WOULD LIKE THE LAW CLARIFIED AND SHARED WITH PARENTS AND HEALTH PROFESSIONALS.

Another area that desperately needs challenge, is where an ex-partner requests that the children be vaccinated, and the other parent has been forced by a judge to have their child/children vaccinated. The Courts always favor vaccination and their expert witnesses will nearly always back the medical policy. One mother took her lost case to the court of European Human Rights who ruled that, as the main carer, the legal choice of vaccination was hers. However, the child was vaccinated anyway. We would like to clarify the Human Rights element and see it strengthened in UK practice in the cases of forced vaccination where there is conflict between parents.

There is a glimmer of hope however - in cases where children-in-care are considered for vaccination by the court as requested by Social Services, where the parent/s do not want vaccination, there have been varying outcomes. The individual health of the child and the risk of disease is considered, and there have been some cases whereby the judge did not consider vaccination to be enforced - which is hopeful for any future legal challenge in this area.

WE NEED YOUR HELP

Have you, or anyone you know, been bullied or coerced into vaccination by a health professional, or received threats or have had actual experience of the court system either from an ex-partner or Social Services? We would really appreciate learning about your experience to support our campaign. We will use all information disclosed confidentiality and will always seek your permission on how we may use your story. Supporting other families going through similar experiences will be our first priority.

Many Thanks, Anna Watson
info@arnica.org.uk

We need truly independent bodies to carry out NHS investigations

WWW.HERALDSCOTLAND.COM
Saturday 11 January 2014

HAVING been a major whistle-blower I can fully appreciate the pressure and strain Dr Jane Hamilton is under ("Doctor risks sack by going public over whistle-blowing", The Herald, January 9).

She is correct to question the so-called independence of the inquiry carried out by Dr Margaret Oates into NHS Lothians perinatal psychiatry service.

In my own case at NHS Ayrshire and Arran (NHS A&A) I recall a meeting with the then chair of its board, Professor Bill Stevely. Prof Stevely stated that an independent investigation would be carried out by Price Waterhouse Coopers into the management of critical incidents at NHS A&A after I had raised concerns about this. This report turned out to be inadequate in my opinion. PWC only interviewed senior managers at NHS A&A whilst not one member of the workforce who had been involved in a critical incident was interviewed or asked to contribute to the report. Unsurprisingly, the PWC report concluded that NHS A&A's management of critical incidents presented "no critical risks to the organisation" and that "they did not have a significant impact in terms of patient safety".

It later transpired that there had been 20 deaths. This is typical of the sort of "independent investigations" carried out by health boards. The practice of bringing in foxes to investigate the foxes needs to stop. We need truly independent bodies to carry out such investigations in our NHS.

As for the "gagging clause" allegedly imposed on Dr Hamilton, there is no doubt in my mind that this is an attempt to try to suppress the truth about matters pertaining to patient safety. Anyone who has signed an NHS compromise agreement would tell you (if they could) that these are gagging instruments. I believe the 697 compromise agreements in the NHS in Scotland over the past three years all contained confidentiality clauses, something which the Central Legal Office seem to have difficulty providing confirmation of.

All of these compromise agreements state (including mine and no doubt Jane Hamilton's) that the person signing the agreement cannot even divulge that a compromise agreement exists. Their families are gagged by extension also, as they cannot divulge its existence either.

This is a clear breach of human rights as defined in the European Convention on Human Rights.
Rab Wilson.

Gardasil: The Carnage Continues in France

DECEMBER 30, 2013
WWW.SANEVAX.ORG

Criminal complaints have been filed in France against yet to be named defendants regarding severe injuries after Gardasil vaccinations. The complaints were filed by Camille Krouchner on behalf of ten young women, ages 18 to 24, suffering from a variety of autoimmune disorders including lupus, Guillain-Barré, ADEM, idiopathic hypersomnia and multiple sclerosis after being injected with the HPV vaccine, Gardasil.

According to lead Counsel, Camille Kouchner, the reason Sanofli Pasteur MSD is not directly named as the only defendant is because:

"The one thing these young women have in common is they have all contracted severely debilitating diseases in the weeks and months following vaccination when they had no medical history. There are many stakeholders and (we) must seek everyone's responsibility."

Gardasil was launched in France in 2006 as a preventive measure against cervical cancer. Almost immediately, safety concerns began showing up in medical journals and news reports from the United States, Spain, Germany and Austria. These concerns are being echoed in countries around the world including India, the United Kingdom, Ireland, Japan, Israel, Mexico, Columbia, Peru, New Zealand, Sweden, and The Netherlands, just to name a few.

According to French philosopher and social scientist, Elena Pasca:

"You cannot kill the Gardasil based on singular stories, scientific demonstration is required; but there is circumstantial evidence against the vaccine."

Ms. Pasca is absolutely correct. Scientific validation should be required – if safety of the vaccine for some individuals was the only issue at hand. Unfortunately, that is not the case.

According to Dr. Spinosa, gynecologist from Switzerland, analysis of peer-reviewed studies of Gardasil's efficacy indicates:

"Even if we vaccinated 85% of girls aged 12 until 2060, assuming it (Gardasil) is 100% effective and immune for life – after 52 years, cervical cancer would decrease 10%; cervical cancer mortality by 13%…"

The SaneVax Team believes it is high time government health authorities take the concerns of medical/scientific experts seriously. The issue of side-effects and HPV vaccines should have never arisen.

When injecting a healthy population against one risk factor for cervical cancer – NO RISK TO CURRENT HEALTH IS ACCEPTABLE – particularly when said vaccine has not been proven to eliminate even one case of cervical cancer.

China investigates vaccine maker after baby deaths

BY GILLIAN WONG
24 December 2013
Associated Press
www.finance.yahoo.com

EXTRACT

BEIJING (AP) -- China sent health experts to investigate a drug maker Tuesday to see if several recent deaths of babies were related to a vaccine they received in a government immunization program. A team of government investigators was sent to Biokangtai, a drug maker based in the southern city of Shenzhen, state broadcaster China Central Television said, amid growing public concern about the safety of the vaccine.

The probe was launched after provincial and health authorities separately reported that since November, about a half-dozen babies died shortly after receiving hepatitis B vaccine made by Biokangtai. One case has been ruled out while the others are still being investigated.

Repeated calls to Biokangtai's Shenzhen headquarters were disconnected after a few rings. In a statement earlier this month, the company said it was confident of the safety of its products and that the deaths could be caused by underlying diseases that coincidentally began showing symptoms after the vaccinations.

"Coincidental diseases arise the most easily and are the easiest to misinterpret," the statement on Biokangtai's website said. A senior government expert on diseases said vaccine-related deaths could be due to coincidence, but that Biokangtai was not in a position to make an objective assessment.

"We should not treat the company's statement like a conclusion," Dr. Zeng Guang, chief epidemiologist with the China Center for Disease Control and Prevention, said in a phone interview. "They may be trying to protect their self-interest. Or they may have a lot of confidence in their product."

Hepatitis B is a chronic liver infection that is spread through the blood or bodily fluids of infected people. It can cause liver inflammation and jaundice.

The vaccine was given to children free of charge as part of the government's national immunization program. Chinese health authorities suspended the use of Biokangtai's hepatitis B vaccine last Friday after the first deaths of babies were reported. Four babies reportedly died in the southern province of Guangdong, although one was said to have died from pneumonia. The National Health and Family Planning Commission reported that two babies in Hunan province and another in Sichuan had also died in a similar way.

One more child in Sichuan died on Monday, less than 24 hours after receiving a hepatitis B vaccine made by a different company, the official Xinhua News Agency said. Autopsies were being conducted and results were expected in a few weeks, reports said.

Public confidence in Chinese health authorities and the country's drug safety regime is shaky at best, though improvements have been made in recent years since government agencies withheld information about the spread of SARS and bird flu. Concerns over vaccine safety have surfaced in recent years after media reports of problems with vaccines for encephalitis, hepatitis B and other diseases, though the health ministry said the vaccines had been improperly stored but were unrelated to subsequent illnesses that were reported.

HIGH COURT ORDERS TWO SISTERS MUST RECEIVE MMR VACCINE

http://www.bbc.co.uk/news/health-24493422
11/10/2013

A JUDGE HAS RULED that sisters aged 15 and 11 must have the MMR vaccine even though they and their mother do not want it, BBC Newsnight has learned.

The High Court decision, made last month, came after the girls' father brought a case seeking vaccination.

The parents, now divorced, had agreed when married not to vaccinate the girls in the wake of the MMR controversy.

But the discrediting of concerns about an MMR autism link and recent measles outbreaks changed the father's view.

THIS IS THE THIRD TIME THIS ISSUE HAS COME BEFORE THE COURT.

In 2003 a mother was ordered to have her child immunised against measles, mumps and rubella after the court ruled the benefits of vaccination outweighed the risks. In 2011, children in care were ordered to have the MMR jab against the wishes of their parents.

'END OF MMR DEBATE'

When outlining her decision in the latest case, Mrs Justice Theis emphasised it was a specific case "only concerned with the welfare needs of these children", but lawyers say as one of a series it confirms there is no longer any debate about the benefits of the vaccine. Measles is a highly contagious disease characterised by a high fever and a rash.

In one in 15 cases it can lead to severe complications, such as pneumonia, and in a very small number of cases it can cause encephalitis - inflammation of the brain - which can cause brain damage or even death.

MMR is a combined vaccine against measles, mumps and rubella, three common infectious diseases of childhood. It was introduced in the UK in 1988 to replace single vaccines for each disease.

The first MMR vaccine is given as a single injection to babies as part of their routine vaccination schedule, usually within a month of their first birthday, then a second injection of the vaccine, known as the MMR booster, is given before starting school.

The first gives about 95% protection against measles, while two doses give 99-100% protection.

VEGAN CONCERNS

In 1998, a study by Dr Andrew Wakefield was published in the respected medical journal The Lancet raising the possibility that the MMR jab was linked to autism and bowel disease.

"The children were particularly concerned about the ingredients in the vaccine, which include animal-based materials; one of the girls is a vegan."

The report and the media furore that followed prompted many parents to decide against having their children vaccinated with the three-in-one injection, including the parents of the two girls at the heart of this case.

The elder daughter was given the first injection, but not the booster vaccine; the younger daughter did not receive any vaccinations at all - decisions made jointly by both parents at the time.

However, in 2010 Dr Wakefield's research was found by the General Medical Council to have been "dishonest" and has since been entirely dismissed.

The father of the two girls says that this change, combined with an outbreak of measles in Swansea late last year, changed his mind in January 2013 about whether his daughters should be given the MMR jab. He says he was worried these diseases could have serious consequences.

According to the text of the court decision, seen by BBC Newsnight, the father's solicitor wrote to the girls' mother in January seeking her agreement that they should now be vaccinated, and saying that if she did not agree he would take the matter to court.

The mother did not agree and the matter eventually came before the Family Division of the High Court.

'CHILDREN'S UNDERSTANDING'

A court-appointed welfare officer who spoke extensively to the girls said that neither of them wanted the vaccination.

The children were particularly concerned about the ingredients in the vaccine, which include animal-based materials; one of the girls is a vegan.

However, the officer said that when she asked them what would happen if they became ill with measles, mumps or rubella and needed medicine, they clearly had not thought about what the ingredients in that medicine might be.

The welfare officer said both children had been strongly influenced by their mother, who was very anxious about the jab.

Mrs Justice Theis decided that it was in the best interests of the children that they were vaccinated.

"I am aware that this is against the girls' wishes but that it is not the only factor," she wrote. "The court also has to consider their level of understanding of the issues involved and what factors have influenced their views. I do not consider there is a balanced level of understanding by them of the issues involved."

The mother's lawyer Philippa Dolan told Newsnight that the girls had not yet been vaccinated despite the deadline to do so having passed on Thursday.

She said: "There are practical difficulties in enforcing the order and that is at the moment an ongoing issue. There's not a legal deadline that's a serious issue the parents are in discussion and everyone hopes it will be resolved without any more litigation."

What is the deadliest of all vaccines according to the data?

BY DAVE MIHALOVIC

November 14, 2013

THE STANDARD DTP or DPT (diphtheria, pertussis (whooping cough) and tetanus) vaccine is acknowledged to be the deadliest of all vaccines, causing more disability, illness and the highest risks, even exceeding MMR (measles, mumps and rubella).

The U.S. Department of Health and Human Services set up the National Vaccine Injury Compensation Program (NVICP) in 1988 to compensate individuals and families of individuals injured by covered childhood vaccines. The VICP itself was adopted in response to a the pertussis portion of the DTP vaccine.

Since 1988, the program has been funded by an excise tax on every purchased dose of a covered vaccine. To win an award, a claimant must show a causal connection; if medical records show a child has one of several listed adverse effects soon after vaccination. The burden of proof is the civil-law preponderance-of-the-evidence standard, in other words a showing that causation was more likely than not.

As of May 2013, the VICP has paid out $2.7 billion for cases involving injury amongst all vaccines.It obliges drug companies that produce vaccines to contribute to the program by paying an excise tax on each dose of vaccine, based on potential risk.

Although the taxes raised by the vaccine tax go into a "trust fund," this trust fund, like most government trust funds, is on paper only. According to the most recent report on the fund, November 2012, the balance in the fund is nearly $3.5 billion.

EPIDEMIOLOGISTS ADMIT PERTUSSIS (WHOOPING COUGH) IS SPREADING AND VACCINES ARE THE CAUSE

Whooping cough, or pertussis, is spreading across the entire US at rates at least twice as high as those recorded in 2011 and epidemiologists and health officials are even admitting that the vaccines may be the cause.

The cause could very well be due to multiple loads of toxins delivered through the DTP vaccine which include, (but not limited to): formaldehyde, aluminum hydroxide, aluminum phosphate, thimerosal, and polysorbate 80. That means that every DTP vaccine contains carcinogenic, neurotoxic, immunotoxic and sterility agents just like many of this year's flu vaccines. These chemicals then bioaccumulate in the child with each successive vaccine, further introducing an additional load of toxins with each injection.

"The cause could very well be due to multiple loads of toxins delivered through the DTP vaccine which include, (but not limited to): formaldehyde, aluminum hydroxide, aluminum phosphate, thimerosal, and polysorbate 80. That means that every DTP vaccine contains carcinogenic, neurotoxic, immunotoxic and sterility agents just like many of this year's flu vaccines. "

Dangerous new strains of whooping cough bacteria are now evading Australia's vaccine against the disease and entrenching a four-year epidemic that could soon spread overseas, Sydney scientists have found in research that raises questions about the national vaccine program.

The dangerous new strains of whooping cough bacteria were reported in March 2012. The vaccine, researchers said, was responsible. The reason for this is because, while whooping cough is primarily attributed to Bordetella pertussis infection, it is also caused by another closely related pathogen called B. parapertussis, which the vaccine does NOT protect against. Two years earlier, scientists at Penn State had already reported that the pertussis vaccine significantly enhanced the colonization of B. parapertussis, thereby promoting vaccine-resistant whooping cough outbreaks.

According to the authors:

"… Vaccination led to a 40-fold enhancement of B. parapertussis colonization in the lungs of mice. Though the mechanism behind this increased colonization was not specifically elucidated, it is speculated to involve specific immune responses skewed or dampened by the acellular vaccine, including cytokine and antibody production during infection. Despite this vaccine being hugely effective against B. pertussis, which was once the primary childhood killer, these data suggest that the vaccine may be contributing to the observed rise in whooping cough incidence over the last decade by promoting B. parapertussis infection."

Pertussis whooping cough is a cyclical disease with natural increases that tend to occur every 4-5 years, no matter how high the vaccination rate is in a population using DTP or Tdap vaccines on a widespread basis. Whole cell DTP vaccines used in the U.S. from the 1950 s until the late 1990s were estimated to be 63 to 94 percent effective and studies showed that vaccine-acquired immunity fell to about 40 percent after seven years.

In the study cited above, the researchers noted the vaccine's effectiveness was only 41 percent among 2- to 7-year-olds and a dismal 24 percent among those aged 8-12.

The fact that many vaccines are ineffective is becoming increasingly apparent. Merck has recently been slapped with two separate class action lawsuits contending they lied about the effectiveness of the mumps vaccine in their combination MMR shot, and fabricated efficacy studies to maintain the illusion for the past two decades that the vaccine is highly protective.

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HISTORY OF ADVERSE EVENTS ASSOCIATED WITH THE DTP VACCINE

The whole-cell pertussis component is associated with a range of adverse events, including serious neurological consequences. Concerns about the safety of whole-cell pertussis vaccine date back to the 30s and 40s. By the 1950s, concern about potential adverse events led some researchers to begin searching for a more refined, acellular version of pertussis vaccine with less reactogenicity.

Fertility has been declining rapidly since the 1950s in all countries of the world and the start of the change coincided with the introduction of the first mass vaccination programs. For instance, in the UK in 1947, a mass DPT vaccine campaign was initiated and in 1958, the first polio and diphtheria vaccines were brought in on a mass scale for all people under 15 years old.

In the early to mid-1970s, the safety of whole-cell pertussis came under increasing scrutiny both in the U.S. and abroad. Newly heightened concerns were in part related to reports published in Great Britain and Germany linking whole-cell pertussis vaccine to long term neurologic effects.

In 1975, in response to the deaths of two infants within 24 hours after DTP vaccination, Japanese health authorities temporarily suspended the routine use of pertussis vaccine in infants, and soon after recommended that vaccination against pertussis start instead at age two years.

In Britain, while health authorities continued to recommend routine DTP immunization for infants, the public became increasingly wary of potential adverse effects, and many parents chose not to immunize their children.

From 1978 through 1981, a total of nine product liability lawsuits were filed against DTP manufacturers in the U.S.. For the single year 1982, however, 17 DTP lawsuits were filed; and by 1986, the number of pertussis product-liability suits filed during the year reached an all-time high of 225. During a six-month period in 1984, in response to the growing liability crisis, two of the three manufacturers distributing DTP in the U.S. market B Wyeth and Connaught B dropped out.

In 1997, the DTP vaccine was taxed at the highest rate per dose - $4.56 - compared with $0.29 for polio and $0.06 for DT (without pertussis). Only the MMR vaccine, at $4.44 per dose, approaches the DTP in 'taxation'. This is tacit acknowledgement by the government that the pertussis vaccine carries the highest risk of them all.

NO PLACEBO-CONTROLLED TRIALS OF WHOLE-CELL VACCINE SINCE 1950 - ALL POST-VACCINATION RESEARCH IN THE LAST 60 YEARS SHOWS HEALTH DAMAGE

No randomised placebo-controlled trials of whole-cell vaccine have been performed since the 1950s, when diagnostic methods were different. Indeed, in the early 1990s, the Institute of Medicine (IOM), which spent 20 months studying all the available data on vaccinations, confirmed that no controlled clinical trials have ever been conducted to rule out whether the vaccine can cause chronic neurological damage, blood disorders, juvenile diabetes, Guillain-Barre paralysis and learning disabilities. With the most controversial vaccine in history, most questions about safety have never been asked.

The only large-scale study ever conducted in the US, at University of California at Los Angeles in 1979, found that one in 875 doses of DTP is followed by convulsions, or an episode of shock or collapse, leading to death in the case of two babies (Pediatrics, 1981; 68: 650-60). As for brain damage, a Swedish study showed a rate of brain damage or death of one in 17,000 children (BMJ, 1967; 4: 320-3).

The IOM report concluded that: the triple shot definitely causes anaphylactic shock and extended periods of inconsolable crying or screaming evidence is consistent with a causal relationship between acute encephalitis (inflammation of the brain) and shock and unusual shock-like (hypotonia/hyporesponsive) reactions, causing total collapse (Stratton K, Adverse Events Associated with Childhood Vaccines; Evidence Bearing on Causality, Washington, DC: National Academy Press, 1993).

In 1993, The National Childhood Encephalopathy study: a 10-year follow-up reported on the medical, social, behavioural and educational outcomes after serious, acute, neurological illness in early childhood. The analysis found a four-fold increase in the estimated risk of encephalitis from the pertussis vaccine. The analysis showed the risk of encephalitis with the vaccine have been grossly underestimated.

Diphtheria and tetanus toxoids and whole-cell pertussis vaccine (DTP) and pediatric diphtheria and tetanus toxoids (DT) are not recommended for individuals 7 years of age or older due to increased adverse reactions. Yet in 1994, a study in the Family Practice Research Journal found that children 7 years of age or older are inadvertently receiving DTP or DT and were unnecessarily experiencing adverse reactions.

In another study in the The Journal of the American Medical Association, children vaccinated with pertussis vaccine were six times more likely to develop asthma. In 2004, a study in the British Medical Journal found that the prevalence of asthma and wheezing in non-vaccinated individuals was approximately 50% less at age 69-81 months than children who had 3 or more doses of with the Diptheria and tetanus vaccine.

Researchers reported in the OSMA Journal that the pertussis vaccine may cause lasting and permanent brain damage. Physicians are required to warn all responsible parties of vaccine recipients that pertussis vaccine may cause "lasting brain damage", but rarely if ever do Physicians inform parents of this fact.

In the Journal of Pediatrics researchers found an association observed between the DTP vaccination of preterm infants and a transient increase or recurrence of apnea where they would stop breathing.

New England Medical Journal reported in 2001 that the DTP vaccine increases the risk of febrile seizures fivefold on the day of vaccination and that there are significantly elevated risks.

According to the Anti-Aging Manual: The Encyclopedia of Natural Health, DTP vaccines may cause Sudden Infant Death Syndrome (SIDS) – 85% in 1 -6 months, same as the 2-4-6-month DTP vaccinations risk; the death rate increases eight times within 3 days of injection; in one study 70% of SIDS deaths occurred within 3 weeks of DTP vaccinations causes reported adverse reactions in 100 per 1000 vaccinations (10%).

In a hard hitting editorial in the Indian Journal of Medical Ethics (IJME), Dr. Jacob Puliyel, head of pediatrics at St Stephens Hospital in New Delhi, reports on detailed investigation into the deaths of children in Bhutan, Sri Lanka, India and Vietnam following use of Pentavalent vaccine. This vaccine combines the Diphtheria, Pertussis, Tetanus or DTP vaccine. (See WHO Caught Falsely Stating Pentavalent Vaccine Was Safe After It Was Discontinued In Some Countries Due To Deaths In Children)

Several other research citations linking the DTP vaccines to disease claim they cause complications in neurological; systems, the central nervous system, sudden death, cervical lymphadenitis and convulsions.

Former FDA Commissioner David Kessler wrote in the Journal of the American Medical Association that "only about 1% of serious adverse events are reported to the FDA." This study confirms the systematic under-reporting bias against vaccine adverse reactions. So we could reasonably multiply the incidence in VAERS reports by 100 to get a better handle on the magnitude of the problem. Apparently, no number of VAERS vaccine adverse reaction reports is sufficient to cause the FDA or CDC to raise a red flag or withdraw a vaccine from the market.

SOURCES:

iom.eduhealthy.netvaccinenewsdaily.com

ABOUT THE AUTHOR:

Dave Mihalovic is a Naturopathic Doctor who specializes in vaccine research, cancer prevention and a natural approach to treatment.

CANCER VACCINE POINTLESS

THE SCOTTISH MAIL ON SUNDAY
17 Nov 2013

ONE MILLION TEENS 'needlessly' given injections to guard against HPV bug.

MORE than a million Scottish schoolgirls have been vaccinated against cervical cancer 'unnecessarily', new figures show.

An official report has sparked fresh doubts over the campaign to vaccinate schoolgirls against the sexually transmitted virus that causes cervical cancer.

Around 1.5 million girls aged 12-13 have received vaccines against the human papilloma virus (HPV).

But figures show fewer than a quarter of Scottish women were infected with the 'high risk' virus strains targeted by the vaccine.

The vast majority of infected women clear the virus naturally before it poses any risk of cancer.

Last night, campaigners said the disclosure cast serious doubts over whether or not the £64 million mass vaccination campaign, which has already faced safety questions, is justified.

Jackie Fletcher, founder of Jabs, a campaign group helping vaccine-damaged children, said: 'This is like using a sledgehammer to crack a nut. The HPV campaign is expensive and there is a risk of side-effects.

'This new report raises questions about whether we should be having this campaign at all. Signs of cervical cancer can be picked up during routine smear tests.'

"This is like using a sledgehammer to crack a nut. The HPV campaign is expensive and there is a risk of side-effects."

Every year cervical cancer affects 300 women in Scotland, one of the first countries to begin a national campaign to vaccinate schoolgirls.

Since 2008, around 1.5 million have received the three-jab HPV course.

When it was launched, former Health Secretary Nicola Sturgeon fought off criticism by claiming it could 'potentially save thousands of lives'.

But the latest study, by Health Protection Scotland, took a snapshot of HPV infection among women aged 20-21 who visited health centres and GPs' surgeries for their first smear test.

The figures were collected prior to the introduction of the immunisation campaign to give an accurate picture of how many women might benefit.

They show only 23 per cent were infected with the two strains of HPV the vaccine is designed to prevent. A further 32 per cent were infected with other 'high risk' strains.

But Dr Kevin Pollock, a senior epidemiologist at Health Protection Scotland, defended the vaccination campaign. He said: 'If we immunise 91 per cent of girls and ensure they are screened, the combination of those measures will have a dramatic impact upon cervical cancer.' Dr Mae-Wan Ho, director of the ethical campaign group the Institute of Science in Society, said girls were being vaccinated 'unnecessarily'.

She added: 'The new study confirms HPV strains associated with cervical cancer targeted by the vaccine are present in less than a quarter of the young women, whereas other "high risk" strains not targeted by the vaccine are far more common.

'Most worrying of all are the high rates of adverse events caused by the vaccines.'

A spokesman for the Scottish Government said: 'Gardasil, the recommended vaccine, protects against the HPV types that cause more than 70 per cent of all cervical cancers.

ANTI-VACCINATION MOVEMENT: It's time for doctors to take a stand

BY SUSAN ROHWER, GUEST BLOGGER
http://www.latimes.com/opinion
November 5, 2013

EDITOR: This pro-vaccine article appeared in the L A Times in November. I have reproduced it here, followed by a response from a Belgian Health Watchdog organization concerned about vaccination and the effects.

ARE DOCTORS INADVERTENTLY FUELING THE ANTI-VACCINE MOVEMENT?

A study published Monday in the Journal of Pediatrics analyzed more than 100 vaccine discussions involving 16 healthcare providers and found that how the doctor phrased the vaccine question had an impact on swaying parents who were hesitant about whether to vaccinate their children.

The study found that when doctors told parents it was time to vaccinate ("It's time for Bobby to have his shots") rather than presenting it as a question ("What do you want to do about Bobby's shots?"), parents were much more likely to accept vaccination. As the study by Dr. Douglas Opel, assistant professor of pediatrics at the University of Washington School of Medicine in Seattle, suggests, doctors need to stop presenting vaccination as a question and more assertively advocate for the potentially lifesaving vaccination of young children.

Of course, parents should not be pressured into vaccinating. They should have questions answered and should make decisions based on informed consent. But from a public health perspective, vaccination should not be presented as a choice, implying equally valid options, especially in the context of rampant vaccine misinformation.

From the moment of conception, today's parents are swamped with information overload and an endless barrage of choices. The Internet is teeming with information on every conceivable choice a parent may encounter. Parents don't need to go very far to find opposition to vaccination, whether in play groups or online.

Though suspicion about vaccines is not new, a now widely discredited study published in 1998 linking the measles, mumps and rubella vaccine to autism kicked the panic over vaccines into overdrive. And anti-vaccination zealots like Jenny McCarthy continue to fire up the "debate."

While the scientific and medical communities overwhelmingly support vaccination, skepticism over vaccine safety and effectiveness has become way too common. Not unlike climate-change deniers, the anti-vaccine movement continues to sow doubt by presenting scientific consensus as debate.

"Of course, parents should not be pressured into vaccinating. They should have questions answered and should make decisions based on informed consent. But from a public health perspective, vaccination should not be presented as a choice, implying equally valid options, especially in the context of rampant vaccine misinformation."

Parents usually try to do what is best for their families. Still, the decision on whether to vaccinate affects not just the individual family but the broader community. With outbreaks of whooping cough and measles linked to vaccine refusal, public health officials, doctors, scientists and parents need to rethink how we talk about vaccines. There are too many loopholes for people to opt out of vaccinating either for religious or philosophical difference, and the consequences of choice can be fatal.

Doctors and health professionals need to take a stand in the fight against the anti-vaccination movement by taking back some of their expertise. Patient and doctor relationships have changed significantly from a 1960s model of "doctor knows best" to a more partnership-oriented customer service model. Though in many ways this shift has been good, allowing parents to take ownership of health decisions for their families, an unintended consequence of the partnership model is that it creates an opening for misinformed parents to make medically unsound decisions. The abundance of information available online has instilled a sense that we are all experts just by Googling. But let us not forget that a search session on a Web browser cannot replace the years of training and research that come with scientific and medical expertise.

Doctors have the influence to sway parents who are unsure about vaccination, and this study shows that influence is powerful. The individual parent may think he or she is making a choice for his or her child alone, but the decision impacts all of us.

Susan Rohwer is a freelance journalist.
Follow her on Twitter @susanrohwer.

THE RESPONSE

From Initiative Citoyenne (Belgian health watchdog), Marie-Rose Cavalier, Sophie Meulemans, Muriel Desclée.
Namur, Belgium, November 13, 2013.

VACCINE BENEFIT/RISK RATIO: TIME FOR PATIENTS TO CHOOSE BETWEEN BELIEFS AND KNOWLEDGE

We would like to respond to Susan Rohwer's recent article on vaccines* because unfortunately, the fairytale picture she paints is a far cry from reality.

We live in an era of vaccine fever in which the medico-pharmaceutical establishment is doing everything in its power to persuade us that "more (vaccination) must be better". [1] Most research today is geared to finding the best possible argument for persuading people to get vaccinated, regardless of the consequences, rather than making a serious effort to assess the real risk/benefit ratio. Instead, the benefits are always automatically assumed to outweigh the risks, as if vaccination were an unquestionable dogma.

Against this backdrop, there is of course no room for any neutral and objective understanding of the subject or for consideration of alarming confessions and data finally being released by the vaccine manufacturers themselves, each more incredible than the next. Ms. Rohwer appears to be totally unaware of this information; perhaps she is not familiar with the internet?

How infuriating when Ms. Rohwer tries to convince us that there is unanimous agreement among doctors about vaccination! The truth of the matter is that it is more a case of "Do what I say, not what I do": an official 2005 INPES (French National Institute for Health Prevention and Education) survey of a representative sample of 400 French pediatricians and general practitioners revealed that 58% of them questioned the usefulness of childhood vaccines and 31% questioned their safety. [2]

Strange, isn't it, that these results, which must have dismayed the establishment, were never published! The public must of course be kept in the dark.

Ms. Rohwer feels that doctors must take a stand with their patients when speaking of vaccination and take back some of their expertise, but what expertise are we talking about when we consider the shocking confessions made by Dr. Jean-François Saluzzo, Viral Vaccine Production Director at Sanofi Pasteur and also WHO consultant, who stated in an online Vaccinology course that they "simply do not know how vaccines work" and that "if we want to develop other new vaccines in the future, we'll have to start by studying the immune system!" [3] Vaccinology then showed its true colours: a false science geared to generating profit but totally void of substance.

"The truth of the matter is that it is more a case of "Do what I say, not what I do": an official 2005 INPES (French National Institute for Health Prevention and Education) survey of a representative sample of 400 French pediatricians and general practitioners revealed that 58% of them questioned the usefulness of childhood vaccines and 31% questioned their safety."

We could mention other comments like those of Dr. Nathalie Garçon, GSK Global Vaccine Adjuvant Center Director, who confessed in 2002, at a symposium in the USA : "Actually, the adjuvant, the only one that is licensed for human use, is the one which is the most empirical. I mean, nobody knows how it works, nobody knows the biodistribution. I mean, it has really not much known about this one. Actually, I believe that if alum was coming now, it won't be accepted." [4]

How does Ms. Rohwer explain the fact that vaccines are not tested for their carcinogenicity and mutagenic potential while for cosmetics, the use of which is never mandatory, such analyses are required? Most vaccines contain formaldehyde, labeled a carcinogen back in 2004 by the IARC (Chemistry in Cancer Research Working Group), a unit overseen by the WHO. [5] So please tell us: why are we turning our backs on knowledge and Science?

Why are we so hesitant to conduct a comparative study over several years of vaccinated individuals and children on the one hand and unvaccinated (i.e. 0 vaccines) on the other? Using a totally unvaccinated population would be the only way to eliminate bias and prevent vaccines being shown to be safer than they really are.

How can we possibly talk of 'informed consent' when there is so much uncertainty, deliberately perpetuated by the establishment, around the short-, medium- and long-term effects of vaccines? Perhaps Ms. Rohwer feels that consent is already free and informed because side effects are no more than a slight pain or redness at the site of injection? If so, she might be surprised to learn that in December, 2012 and January, 2013, we published a number of absolutely shocking, confidential GSK and Pfizer documents on our website: more than 800 different possible side effects were listed for Infanrix hexa, including cases listed by the company as autism, sudden infant death, diabetes and even shaken baby syndrome, to name only a few [6]! The officials are also aware of the fact that co-administration of the Infanrix hexa and the Prevenar vaccines triples the risk of neurological side effects [7], but in spite of this, we continue vaccinating as if there were no problem at all!

How can we claim that we vaccinate "in the interest of children and the broader community" when thousands of healthy children are becoming ill, and we simply ignore the fact that underneath it all, before they were vaccinated, they already had a marvelously functioning immune system? Where is the 'greater good' when public freedom is so restricted that children are removed by the courts, as was the case in Maryland, to be forcibly jabbed with chicken pox and Hepatitis B vaccines [8]? Where, Ms. Rohwer is the 'greater good' when researchers' funds are withdrawn because we are uncomfortable with the fact that they are looking into the risks of vaccination, or when they are not allowed to organize a press conference, as was the case for French neuro-pediatrician Pr. Marc Tardieu, because he had discovered a high risk of multiple sclerosis linked with the Hepatitis B vaccine (French publication Libération, October 14, 2008) [9]?

Where is the 'greater good' when misinformed journalists take great pleasure in trying to tarnish the reputation of Dr. Wakefield, neglecting to remind us (knowingly or not) that his works have been confirmed and replicated several times[10] over by other research teams whose work has not been discredited the same way? And that's not even mentioning all the other research incriminating vaccination as a contributing factor in the triggering of autism by other mechanisms or even by other vaccines (autism not being the exclusive side effect of any one vaccine). [11]

Ms. Rohwer's aspiration is a society which substitutes beliefs for knowledge, a society which brandishes altruism in an attempt to sway parents into vaccinating out of guilt but which in reality offers a totally false support system which only works in one direction because shamefully, most serious vaccine victims are abandoned and left to their own devices. Remember that only 1-10% of serious vaccine adverse effects are actually reported. In 1993, Dr. Kessler quoted only 1% in the JAMA. [12] In November, 2011, the French publication Revue Française du Praticien specified that only between 1 and 10% of serious adverse effects are reported. [13] Think about it.

Our aspiration is different: we want real Science and freedom of choice. Without real Science, the imposition of anything on anyone is ethically indefensible. Lastly, let us remind you of some powerful statistics: according to Milgram's experiments in the Sixties, 65% of submissive people will blindly obey orders from an outside authority capable of 'impressing' them. Here's another one for you: according to the October, 2012 French Auditors' Office Report, vaccination represents 12.6% of French general practitioners' and 33% of French pediatricians' annual incomes. [14]

Please take time to think about that one, too.

"In November, 2011, the French publication Revue Française du Praticien specified that only between 1 and 10% of serious adverse effects are reported. [13] Think about it."

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MY PERSONAL BATTLE AFTER GARDASIL

BY JENNIFER GULDIN, BELL BUCKLE TENNESSEE

November 20, 2013

www.sanevax.org

GARDASIL NIGHTMARES for all of us.

My name is Jennifer Guldin, and I am 27 years old. Gardasil has impacted the lives of everyone I care about. I am married to the most wonderful man, Dustin. God truly knew what He was doing when He had our paths cross seven years ago. He has been such a blessing in my life, and I truly do not know what I would do without him. I have the most amazingly beautiful and smart little girl, named Gracyn. She is my motivation and the reason I am able to get up every single morning, and fight this battle. My story would not be complete without my mom. She is my rock and my hero; words cannot describe how truly amazing she is.

I am unique from a lot of the girls that have been injured by Gardasil, because I did not receive the vaccine until I was 25 years old. I was already happily married and had a beautiful 3-year old daughter, prior to receiving the Gardasil vaccination. Gardasil has not only affected me, but it has also affected my loved ones who have had to witness me suffer on a daily basis for the last two years. I truly believe it has been equally difficult for them, just in a different way.

LIFE BEFORE GARDASIL

In high school I was very active. I was a cheerleader, which I absolutely loved! I also enjoyed dance, gymnastics, and exercising, among many other activities. After graduating high school, I went on to college where I met the love of my life, Dustin. We were married in July of 2007 on the beautiful beach in Perdido Key, Florida. God then blessed us with a beautiful and amazing little girl named Gracyn in August of 2008. Life was near perfect in my eyes! Other than two knee surgeries, from previous cheerleading injuries, and being fatigued as a new mother, I was in very good health. This all changed in September of 2011.

I visited my OB/GYN for my annual pap smear in September of 2011 and was approached about the Gardasil vaccination. The nurse explained to me that Gardasil was to prevent against a sexually transmitted disease, HPV, and that there were absolutely no side effects. I told her that I was happily married and was not concerned about sexually transmitted diseases.

She then proceeded to present various scenarios to me: what if my husband has an affair or what if he passes away, and I remarry. I was starting to get annoyed with her at this point because she was not addressing the reason I was there, and now I even felt like she was attacking my marriage. I once again expressed my disinterest in the vaccine. She threw the words "cancer prevention" out there! The nurse continued and mentioned that I was about to turn 26 years old, and once I did my insurance would no longer pay for me to receive the very expensive Gardasil vaccine. If I changed my mind later, I would have to pay for it out of pocket.

"Gardasil has not only affected me, but it has also affected my loved ones who have had to witness me suffer on a daily basis for the last two years. I truly believe it has been equally difficult for them, just in a different way."

After taking into consideration that my mom had breast cancer not too long ago and that it would probably be silly for me to pass up something that could protect me from going through what she did, I reluctantly agreed to get the Gardasil vaccine. That single moment has negatively impacted the past two years of my life and quite possibly may affect the rest of my life.

LIFE AFTER GARDASIL

Although I was very sick after the first two Gardasil injections, the third injection was the most debilitating. After my third Gardasil vaccination, I was bedridden for approximately six months, which is especially difficult when you are a stay-at-home mom with an active preschooler. Preparing meals for my daughter or even doing a simple load of laundry was a huge task, and afterwards, I was wiped out with fatigue and even more nauseous than when I first woke up. The abdominal and pelvic pain was excruciating. Many times while walking across the floor, the sharp shooting pains would instantly bring me to my knees.

In addition to abdominal and pelvic pain, I also suffer from non-epileptic seizures since being injured by the Gardasil vaccine. We had saved money to take our daughter to Disney World in Orlando, Florida for her 4th birthday in 2012; of course I wasn't planning on being sick. I didn't want to let my family down, so even though I was reluctant to go on our trip, I did. I thought I was very prepared with motion sickness patches, Zofran, and Phenerghan to hopefully "get me through" the trip. I hated to have the attitude of trying to just "get through" our Disney World trip, because it was a special time since it was my daughter's first time to go. However, that was exactly how I felt. Not only did I have to be pushed around in a wheel chair the majority of our vacation due to extreme weakness, but I also experienced my first non-epileptic seizure. I was lying in our hotel bed one night when my entire body began to shake uncontrollably. I was overcome with extreme nausea, and although I was aware of what was happening, I was unable to effectively communicate with my husband. It was terrifying not being in control of my body. The paramedics arrived to our hotel room, after the "episode" had passed, where they determined I probably had a panic attack.

The nausea and abdominal and pelvic pain were extremely debilitating for me; thankfully it subsided, for the most part, after a very long six months. I was then greeted with what has been labeled as "migraines with aura, hemiplegic migraines, ocular migraines, and menstrual migraines." These were very frightening for me, as they mimic strokes.

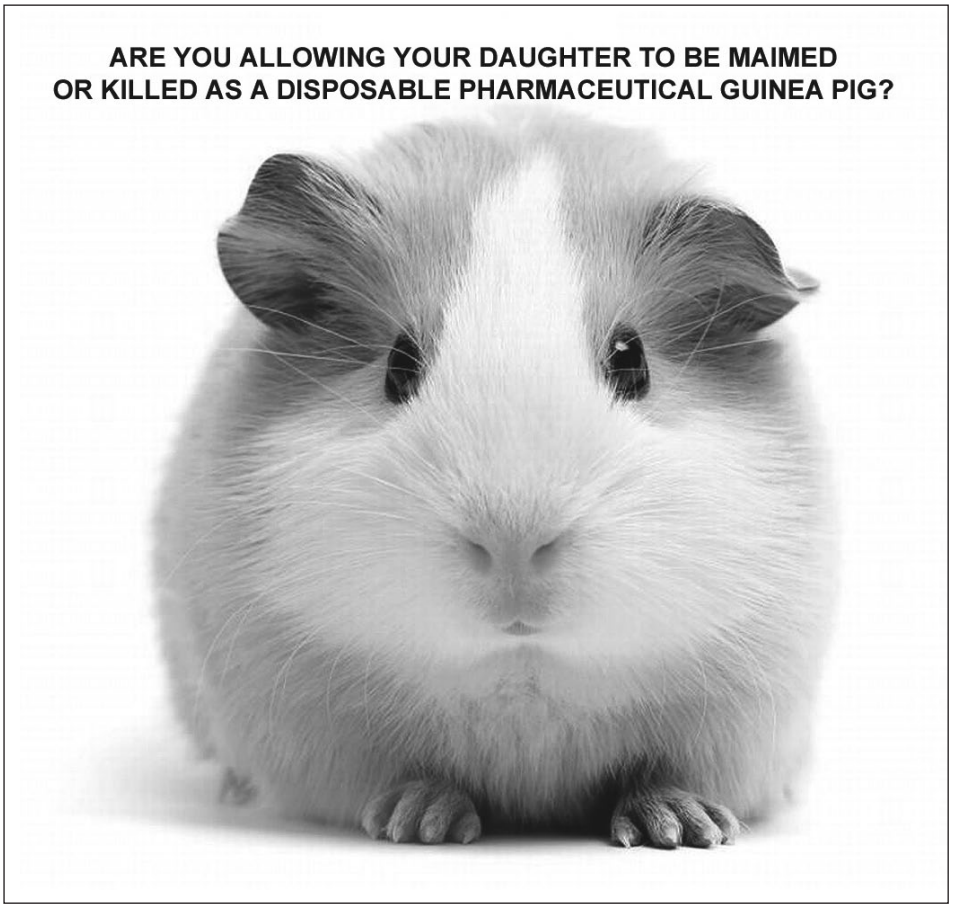
One morning I was sitting at my dining room table making hair bows for my daughter. My daughter came in the room to ask me a question, and when I looked up to answer her, it was as if her face was a puzzle, and the center piece was ›

missing. I immediately went into panic mode, thinking I was going blind. Moments later my peripheral vision disappeared. It was terrifying! Thankfully, my husband was home for his lunch break from work, so he rushed me to the hospital. On the way to the hospital, my vision returned to normal, but then the left side of my body began to go numb. First, my fingers and left hand went numb, and then the numbness migrated up my left arm and to the left side of my face. Once the numbness wore off, I had the most horrific head pain, apparently a migraine. This was one of the times since being injured by Gardasil that I was quite certain I was actually going to lose my life. I have never been more terrified.

I have since had three major "episodes" of this nature that consist of temporary vision loss and distortion, numbness in my left hand, left arm, and left side of my face, followed by the most excruciating head pain I have ever experienced in my life.

In addition to the migraines, non-epileptic seizures, abdominal and pelvic pain, and severe nausea, I have also experienced:

- Extreme brain fog
- Internal tremors (I can feel them throughout my body, however they are not visible),
- Extreme temperature intolerance
- Food allergies
- Extreme light, smell, and noise sensitivity
- Dizziness
- Joint pain and stiffness
- Tingling in hands and feet
- Hair loss
- Lightheadedness
- Extreme fatigue
- Blurry vision
- Chest pains
- Muscle weakness, especially left-side (all three injections were given in the left arm)
- Out of body experiences
- Heavy menstrual cycles
- Flu-like symptoms
- Abdominal bloating
- Mouth sores
- Constipation/diarrhea
- Gait disturbances
- Pressure in head
- Feelings of intense electric shock or sensation in my head



When I get up each morning and look into the mirror, I have to tell myself that it's really me looking back. I do not feel like "me" anymore. I feel like a stranger living in this body. I watch in envy as others' lives continue on, I want so badly to have my "normal, near perfect" life back again.

I refuse to accept that this is my new "normal." I have to overcome this, if not for myself, then for my beautiful daughter. She is growing and changing every single day, and although I'm here physically with her, mentally I feel as if I am elsewhere; I am lost.

Gardasil has already stolen so much from me and my loved ones. My family, especially my husband and my mom, miss the girl that they once knew…I miss her too. I know that their love for me has not changed, but I hate knowing how difficult this has been for them. I feel like a burden to those around me, not because they make me feel that way, but because I have lost so much of my independence since Gardasil. I have to rely on others to help me with things that I was once able to do on my own. Every time I have an "attack" it sets me back several weeks to months in my recovery process; it's very frustrating and discouraging.

I am writing my story for a couple reasons. One reason is for me. I feel like this is an important step in my recovery process. I have been going through the grieving process since finding out that I was injured by the Gardasil vaccine…denial, anger, bargaining, and depression. I'm hoping that by writing my story, I will be able to move on to acceptance and begin to heal from what I have lost, which is my health and the person I used to be.

Secondly, I am writing my story in hopes of helping other girls, and boys, not have to go through the horrible experiences that I have had to endure, along with thousands of other innocent girls. Is everyone going to have the same outcome from Gardasil as I have? No, thankfully. Some will and have tolerated it fine, while others are far worse than me, or not alive to share their stories.

I am here to urge you to educate yourself before you choose to vaccinate, something I wish I had done because if I had researched, my outcome would have been very different.

The Quanten Theory

ANTIBODIES - What are they? by Patrick Quanten MD

ANTIBODIES are the revered heroes of our immune systems. The more the better, so it seems. If you don't have any, you are in grave danger. If you don't have any, you need all the protection you can find. You are a sitting duck!

Antibodies, not only heroes by definition, they also are being presented as the most ingenious of armoury mankind has ever come across. They are so sophisticated that they are specifically targeted to all the possible enemies you may get involved with. A precise weapon made to measure, made to only take out those specific unwanted elements, leaving the rest completely unaffected and intact. What could be more beautiful in terms of warfare? A story of efficiency and of splendour, unrivalled by anything we know.

AND HOW DOES THE MEDICAL PROFESSION ARRIVE AT SUCH A SUCCESS STORY IN BIOLOGY?

Based on scientific evidence we can put the story together bit by bit.

When cells of our immune system come into contact with "alien" invaders of the body, or even with parts that don't belong to the system itself, it scans these, creates an impression of the enemy and on the basis of this intelligence information the body creates a specific weapon, the antibody, that, when the invader is sighted again, will attack and without fail destroy the enemy. In other words, through recognition the body creates a weapon that very specifically targets this enemy and annihilates it. Finding a high level of such antibodies in the bloodstream would then, per definition, demonstrate a high level of protection against this specific enemy. You are fine. You are well protected and have nothing to worry about, even when your environment is flooded with these dangerous bodies.

WHAT ELSE DOES SCIENCE TELL US REGARDING ANTIBODIES?

First of all, scientists have always struggled with the statement of specific antibodies as they have always had what they call "false negative" and "false positive" test results. "False negative" means that the test has shown no antibodies against a certain disease and yet it turns out that the person is protected, has immunity. "False positive" means that the tests show specific antibodies but it turns out that the person has little or no immunity against the said disease. In other words, the results of tests showing us whether or not you have antibodies do not correspond to the status of your immunity.

Secondly, doctors have, under certain circumstances, interpreted high levels of specific antibodies not as a high level of protection but as a sign of infection. They, evidently, decide when a high level of antibodies, a positive test result, actually means whether you are being well protected against that disease or whether you will need treatment for that disease. This could lead to the conclusion that even in their experience the level of antibodies does not connect to a certain level of resistance.

Thirdly, medical studies have always shown that blood levels of specific antibodies against one disease may rise in the presence of another disease. In other words, the antibodies that are said to be specific for a certain disease, and their level indicating a protection specific against that disease, are not really specific at all. There are numerous known, what they call, crossovers. These are acknowledged when it suits the doctor and ignored when it doesn't. This leads to the conclusion that a high level of certain antibodies doesn't tell you anything about a possible immunity against that specific disease, nor does it serve as an indicator to prove you have been infected by that certain disease; it could have been a reaction to something completely different.

Patrick Quanten MD

"For life to evolve, for things to happen in life, there doesn't necessarily need to be physical contact."

Furthermore, scientists acknowledge that the body shows immunity against diseases one has never encountered. This means that the body does not need to first find the invader in order to create an impression and from that build an appropriate weapon against it. Scientists simply state this fact as an observation. They serve us no explanation of how this is possible. Meanwhile their famed colleagues brightly continue to tell the story as presented at the start of this article, completely ignoring scientific facts and accepted conclusions.

WHAT CAN WE CONCLUDE TAKING INTO ACCOUNT THE ABOVE?

1. That there is no reliable test result.
2. That there is no direct link between levels of antibodies and levels of protection.
3. That there is no such thing as specific antibodies to specific diseases.
4. That the body shows immunity without having contacted the disease.

The last point is, once again, confirmation that life is not about material stuff. For life to evolve, for things to happen in life, there doesn't necessarily need to be physical contact. Life is an energetic thing. All exchanges in the universe are energetic exchanges, some of which result in materialisation.

This means, amongst other things, that when a person's environment offers a very strong and adamant protection against certain influences then that person will have protection. The physical system of that person will have received the energetic message of protection and in the matter of that person, the body, we will find signs of protection. This is also the way animals and humans (plants too) learn without being shown. Observations of the behaviour of monkey tribes in the wild and the learned processes in laboratory rats and the transference of that knowledge to others of the same species have confirmed this. Somehow animals know what their compatriots have learned elsewhere. The transference of this information is energetic.

WHERE DO WE FIND ANTIBODIES?

They are usually tested for in the blood, occasionally in diseased tissue. When tests are done on tissue the antibodies are found in the extracellular space, in other words outside the cells. Blood is taken from a vein, usually from the arm. A vein is a blood vessel that takes the "dirty" blood away from the cells. This blood carries cellular waste products back to the liver for detoxification and then on to the lungs for revitalisation. When we intercept a small sample we specifically take blood that is devoid of nutrients and is stuffed with rubbish. In this blood we find antibodies. Could it be that antibodies are part of the cellular waste that is dumped into the blood and is being carried away for recycling? This would mean that antibodies are being produced by all the cells themselves, not by specific cells in the blood stream only, and that the

"Observations of the behaviour of monkey tribes in the wild and the learned processes in laboratory rats and the transference of that knowledge to others of the same species have confirmed this. Somehow animals know what their compatriots have learned elsewhere. The transference of this information is energetic."

antibodies found in the venous blood are leftovers, used and discarded products from specific cellular activities. Do we know that cells produce their own stuff? Yes, we do. Since the 80's scientists have proven that all cells produce everything they require themselves: all sugars, fats, proteins, enzymes, hormones, insulin, water, the whole lot. When the product is used it gets released into the blood stream. We have known this for thirty years. However, our illustrious professors continue to tell the story as if these facts did not exist.

This would, nevertheless, also explain why there is no specificity in antibodies. Cellular activity will have similarities with regard immune actions taken, because certain threats will be of a similar nature, although differing in details. This might then result in the same antibodies being discarded by the cells, even when we believe the diseases are being caused by different entities, as the antibodies would then be an indication of a certain cellular activity rather than having a link to a certain specific microorganism.

However, what is the trouble with this version? The trouble is that this version actually indicates that in the first place you can't and don't have to test to find the causing agent for the infectious disease. Saves money. That, secondly, antibodies are no indication of immunity and that you therefore don't need to try and "create" them; in other words, no need for vaccinations. Saves money. And thirdly, that the basis on which you sell your healthcare system, which is "fix the physical" is totally wrong and nonsensical. If you want to understand and help then look for answers in the energy that creates that human being. So, no more need for large expensive machines to test and visualise your internal matter. Saves money.

And that is the trouble with it!

All I can say is this: If doctors are not prepared to embrace scientific facts, then don't let that stop you from doing just that.

December 4, 2013

HPV VACCINES EXPOSED: SUBTERFUGE IN A SYRINGE?

BY NORMA ERICKSON
http://sanevax.org/hpv-vaccines-exposed-subterfuge-syringe/
NOVEMBER 8, 2013

EXTRACT

THE NATIONWIDE Liaison Association of Cervical Cancer Vaccine Victims and Parents in Japan, assisted by some of Japan's best medical scientists, and a few politicians with strong morals are doing everything they can to get HPV vaccines banned from their country. These people see Gardasil and Cervarix as vaccines with an unacceptable safety profile and very little proven benefit.

Japanese safety advocates have already succeeded in getting their government officials to order both manufacturers (Merck and GlaxoSmithKline) to change the HPV vaccine package inserts to include stronger safety warnings to medical consumers regarding the possibility of ADEM, Guillain-Barre and neurological problems.

Unfortunately, that is not enough. The citizens of Japan are tired of watching their young girls suffer from convulsions, seizures, partial paralysis, severe pain and a host of new medical conditions after being subjected to HPV vaccinations.

Consequently, the Nationwide Liaison Association of Cervical Cancer Vaccine Victims and Parents has started a public petition to ban HPV vaccinations in Japan.

WHY ARE JAPANESE CITIZENS AGAINST HPV VACCINATIONS?

Merck and GlaxoSmithKline marketing experts have done an outstanding job of creating a universal fear of being 'infected' with HPV, Human Papillomavirus. Unfortunately, the promotional materials for Gardasil and Cervarix as cervical cancer preventatives are filled with half-truths at best – perhaps even out and out lies.

Gardasil and Cervarix are promoted as cancer vaccines. They are not! Both vaccines are designed to combat two HPV types associated with cervical cancer. Even if these vaccines do exactly what they are meant to do – eliminate the two high risk types of HPV, no one will know if the vaccines have any impact on cervical cancer for decades.

Prior to the marketing push for HPV vaccines, CIN1/2/3 were known as abnormal cells – something that needed to be observed until treatment was required. Now, they are almost always referred to as 'pre-cancerous' lesions. This serves no purpose other than to strike fear into the heart of almost any woman on the face of the planet. The nature of the abnormal cells has not changed, simply the terminology. No mention is made of the fact that CIN1, CIN2 and often CIN3 abnormal cells revert to normal cells without medical intervention.

It's easy to see why everyone so afraid of being 'infected' with HPV. The pharmaceutical companies' marketing experts have done their job so well that no one is able to see the simple truth.

The truth is 99.85% of those exposed to carcinogenic HPV will never develop cervical cancer!

In light of this revelation, why would anyone subject themselves or their child to the potential risks of vaccination? Consider the adverse event analysis below for those in the age group 7 to 18:

This chart compares the percentage of reports to the US Vaccine Adverse Event Reporting System after HPV vaccines versus the 13 other vaccines used in the same age group.

Why do HPV vaccines account for such a high percentage of the total reports? What is so different about Gardasil and Cervarix?

PAP SCREENING VERSUS HPV VACCINES

Pap screening and the prompt treatment of abnormal cervical cells has never caused convulsions, partial paralysis, severe neurological damage, autoimmune disorders, seizures, chronic fatigue syndrome or death.

The Vaccine Adverse Event Reporting System (VAERS) was established in 1990. There are 80 vaccines FDA-approved for use in the United States. HPV vaccines account for 25% of the entire VAERS database despite the fact they have been on the market for less than seven years. This is no small 'accomplishment' considering Gardasil and Cervarix have been on the market such a short time.

Why add the risk of using Gardasil or Cervarix to a cervical cancer prevention program when pap screening has been proven safe and effective, particularly when the need for pap screening is not eliminated by HPV vaccine administration?

YOUR CHOICE: MEDICAL CONSUMER OR GUINEA PIG

We live in a world where few women, if any, need ever die from cervical cancer. Why don't governments simply concentrate on providing the already proven safe and effective means of controlling cervical cancer?

Are you willing to put pharmaceutical manufacturers and government health officials in the driver's seat when it comes to your health or that of your children? Are you willing to trust the words of advertising campaigns built on half-truths and questionable research? Are you willing to blindly trust government health officials who get their advice from 'experts' with a financial stake in the vaccine game? Are you willing to put your life in the hands of people other than yourself?

If the answer to any one of the above questions is "no," then it is high time to let the world know that you are a medical consumer – not a guinea pig.

Show the pharmaceutical companies you are willing to be an educated medical consumer. Let health officials know you and your family are not guinea pigs for the vaccine industry!

Visit our website and sign one, or all, of the petitions listed below:
Help Japan halt HPV vaccinations (Japanese version)
Help Japan halt HPV vaccinations (English version)
End HPV Vaccine Approval, sponsored by KP Stoller, MD
Lift the ban shielding drug companies from lawsuits related to vaccine-related injuries or death
Gardasil, the human papillomavirus vaccine: Demand Justice!

www.sanevax.org

AIMS & OBJECTIVES OF THE *informed* PARENT GROUP

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

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

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