THE informed PARENT
ISSUE THREE 2015 A NEWSLETTER ON VACCINATION ISSUES AND HEALTH

HERD IMMUNITY: Truth or Lie?

BY MERYL DOREY

http://www.thevaccinereaction.org/opinion/

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I REMEMBER when it all started. 1978 - two years after high school. While I was riding the subway to college or to work, I would see the billboards and signs - No Shots, No School! I remember asking myself, "Why would anyone not want to vaccinate their children? How many crazy people are there in this world?" And I was totally disgusted with the fact that such irresponsible, selfish and most likely stupid people existed.

Fast forward ten years to the vaccine injuries of my first child and, not right away, but after years of research, investigation and exhaustive reading, I answered the questions about why anyone would not want to vaccinate their children. And those reasons were scientifically valid and morally responsible.

I answered that question in the firm knowledge that my decision would have no effect on anyone else. Except for the fact that I believe my unvaccinated children are far healthier than their fully-vaccinated peers and therefore, we cost the country a fraction of what other families do in healthcare.

BUT I DIGRESS…

I was interviewed recently by Radio 4ZZZ in Brisbane (Australia) about the rallies occurring across Australia to protest against the No Jab, No Pay legislation supposedly being enacted [by the Australian government] in January 2016. In that conversation, we spent a lot of time discussing the fact that the government and the medical community are using herd immunity as the reason for insisting that the vaccinated be protected from the unvaccinated.

"And whilst many in the community have become sheep-like in regards to this issue, bleating about how our unvaccinated children gave their fully vaccinated little darling the measles, informed parents on both sides of the vaccination divide are refusing to accept such unscientific, illogical nonsense.."

Herd immunity is a myth. It does not exist. And in fact, the origin of the term had nothing to do with vaccines, disease eradication or even protecting people from infectious diseases.

In the 1930s, herd immunity was used to explain why epidemics were cyclical in nature so they could be predicted. The pivotal researcher into this issue described how when a certain percentage of children had contracted and recovered from measles (approximately 66%), there would be a period of 3-4 years before another outbreak occurred. And this was because measles infection gave you something no vaccine ever can - lifelong immunity.

How can you possibly have herd immunity from vaccines when vaccines don't convey immunity? It makes no sense!

But the government today is saying that our unvaccinated children are somehow maintaining these diseases in the community - diseases that would have been wiped out if it weren't for us refusing to 'do the right thing' and vaccinate. That we are preventing Australia from reaching levels of herd immunity that would see these diseases wiped out. That level being 95%.

WHERE DID THAT 95% FIGURE COME FROM?

When my son was little, the herd immunity figure that we were aiming for was 80%. But we reached 80% pretty quickly and outbreaks were still occurring. Obviously 80% must not have been enough (very scientific, don't you see?) so, hey-presto, it went to 90%. A few years ago, we exceeded 90% but those pesky outbreaks were even worse (especially if we are talking about pertussis, or whooping cough). Once again, the level needed to reach herd

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Editor's note

Magda Taylor

WELCOME TO ISSUE 3 - THE LAST ISSUE FOR 2015.
A very big thank you for subscribing and also for your additional donations, in particular one subscriber's generosity helped towards having more of the booklets by Ian Sinclair and Trevor Gunn printed, which was greatly appreciated!

As most of you know I have run TIP on almost a shoestring at times and managed to keep it going for what is now over 23 years. This is all thanks to you and those who have subscribed in the past.

I mentioned in the last edition about a film documentary made in Germany, 'We Don't Vaccinate'. DVD copies should be available by the time this edition reaches you and some of you have already placed an order for a copy. Details will feature on the website or contact me by email or phone if you wish to order a copy.

A couple of cases of so-called 'Shaken Baby Syndrome' (SBS) have come to my attention recently in the UK. It is truly shocking to discover how a parent or child-minder can find themselves accused or even found guilty and imprisoned on very little actual evidence – it seems that the police are overly-determined for a conviction, and social services don't waste a second with the adoption/fostering of the child in question, and/or it's siblings. Families are pulled apart, sometimes permanently, despite the accused carer's pleas of innocence, pleas of innocence from family and friends and no actual evidence that the infant was physically injured.

I recently watched a video featuring the 'originator' of what became known as SBS, Dr Norman Guthkelch (now aged 100 years old!) where he warns of miscarriages of Justice and the imprisonment of innocent parents. SBS which Guthkelch stated is thoroughly unscientific "because it's a situation in which we're assuming we know what it is before we even define it. That's no way to practise science is it?"

Dr Guthkelch has become involved in a number of so-called cases of SBS in recent years.

In the video interview he states:

"A lot of babies have been ill, sometimes partly treated, sometimes not even taken to the doctor. They're in a serious state of health and sometimes perhaps they have spluttered, coughed, whatever and a caregiver has perhaps either not noticed until the child has stopped breathing, or perhaps the caregiver has quite reasonably tried to clear the airway or whatever and because nobody can figure any other explanation this child is labelled as having been brutally assaulted by the caregiver. I don't think this is good enough. Do you?"

Earlier this year Dr Guthkelch, along with a number of other international experts, has signed an open letter expressing deep concern over the links between Shaken Baby claims and Miscarriages of Justice. The letter states that it can be shown in many such instances that the evidence of the prosecution experts alleging death or serious injury from SBS is demonstrably flawed. (Open Letter on Shaken Baby Syndrome and Courts: A False and Flawed Premise)

"I want to do what I can to straighten this out before I die, even though I don't suppose I'll live to see the end of it,"
- Dr Guthkelch.

Let's hope he lives on for a few more years then!
MAGDA TAYLOR, EDITOR, NOVEMBER 2015

› *cont from p01*

immunity was increased. Now, we needed to reach 95% before the protection would kick in.

The first year we reached that Nirvana level of 95% for whooping cough vaccination was in 2008 - the same year that our current whooping cough epidemic started - an epidemic which is still ongoing and is affecting any country that uses the whooping cough vaccine routinely.

There is talk now about herd immunity not being effective until the vaccination rate is 100%. Does the phrase 'moving the goal posts' mean anything to you?

So the pollies and health officials who have been out there, pointing the bone at unvaccinated children and telling everyone that 'vaccines only work if everyone does them' are really just trying to cover up the fact that their multi-billion dollar vaccination programs are failing.

And whilst many in the community have become sheep-like in regards to this issue, bleating about how our unvaccinated children gave their fully vaccinated little darling the measles, informed parents on both sides of the vaccination divide are refusing to accept such unscientific, illogical nonsense.

Herd immunity does not exist. It is not a 'thing'. It is a lie.

On the radio program, I said that I would post some articles that demonstrate the myth of herd immunity (and coincidentally, a doctor from NSW just posted a comment on this blog the other day trying to convince me that vaccines induce natural immunity!) as well as the fact that those who are vaccinated against pertussis may be more susceptible to pertussis infection than their unvaccinated peers.

So here goes. And remember - for those who are reading this and have chosen to vaccinate your children, I support your choice 150%! Just as I expect you to support my right not to vaccinate by the same amount. Freedom only works if everyone gets to use it.

Note: This article was reprinted with the author's permission. It was originally published at nocompulsoryvaccination.

HPV VACCINES: Public Acceptance or Psychological Manipulation?

BY NORMA ERICKSON

http://sanevax.org/hpv-vaccines-public-acceptance-or-psychological-manipulation/

Oct 12 2015

WHAT HAPPENS when a potential blockbuster vaccine (Gardasil, Cervarix, or Gardasil 9) is simply not accepted by the public on the same level as other recommended vaccines?

DO THE MANUFACTURERS AND INTERNATIONAL HEALTH AUTHORITIES RE-EXAMINE THE PRODUCT TO ASSESS WHETHER OR NOT PUBLIC CONCERNS ARE VALID?

Not often, and when they do it is pretty much a cursory 'investigation' where they are quite careful to NOT look in the direction needed to expose any potential problems. What is wrong with this picture?

Could it have anything to do with the fact psychologists and psychiatrists have been studying how to manipulate public behavior for over 35 years?

Could the results of these studies be used by HPV vaccine promoters to manipulate the public, medical professionals and/or politicians to increase the uptake of HPV vaccines?

Think back a few years. Before HPV vaccines were released for public consumption advertisements appeared aimed at creating fear of HPV infections. It didn't matter that 90% of these infections cleared on their own without medical intervention or symptoms of any kind. It didn't matter that cervical cancer was under control in most developed countries. Mothers and daughters were told this dreaded infection was likely to doom them to death by cervical cancer. Remember the "One Less Girl" and "Armed for Life" commercials? Were these commercials good marketing, or psychological manipulation?

Many health authorities went out of their way to convince medical professionals who would be administering this new wonder drug that any medical conditions experienced by the recipients after HPV vaccines were most likely psychosomatic or coincidental. Was this protecting the public health, or psychological manipulation?

What is wrong with this picture?

"...It didn't matter that 90% of these infections cleared on their own without medical intervention or symptoms of any kind. It didn't matter that cervical cancer was under control in most developed countries. Mothers and daughters were told this dreaded infection was likely to doom them to death by cervical cancer."

CONSIDER THIS QUOTE FROM THE UK MHRA DRUG SAFETY UPDATE ON CERVARIX DATED 1 OCTOBER 2009:

As part of the Cervarix pharmacovigilance strategy, at the start of the immunisation programme we wrote to healthcare professionals involved to encourage use of the Yellow Card Scheme to report suspected side effects.

Psychogenic events include vasovagal syncope, faints, panic attacks, and associated symptoms. These can occur with any injection procedure, not only vaccination, and can be common in adolescents. Such events can be associated with a wide range of temporary signs and symptoms, including: loss of consciousness; vision disturbance; injury; limb jerking (often misinterpreted as a seizure or convulsion); limb numbness or tingling; and difficulty in breathing or hyperventilation. These are due to fear or anticipation of the needle injection and are not side effects of Cervarix vaccine as such.

Here is another example but more blatant. Let's examine part of a 2013 teleconference held by Israel's Advisory Committee on Infectious Diseases and Inoculations as a case in point. One of the topics scheduled for discussion at this meeting was the proposed introduction of HPV vaccines into Israel's school inoculation program targeting 14 year-old girls.

Dr. Ron Dagan was Professor of Pediatrics and Infectious Diseases at the Ben-Gurion University of the Negev in Beer-Sheva, Israel, and Director of the Pediatric Infectious Disease Unit at the Soroka University Medical Center, also in Beer-Sheva at the time. His expert advice to Israel's Advisory Committee regarding HPV vaccine implementation was as follows (translation provided-emphasis added):

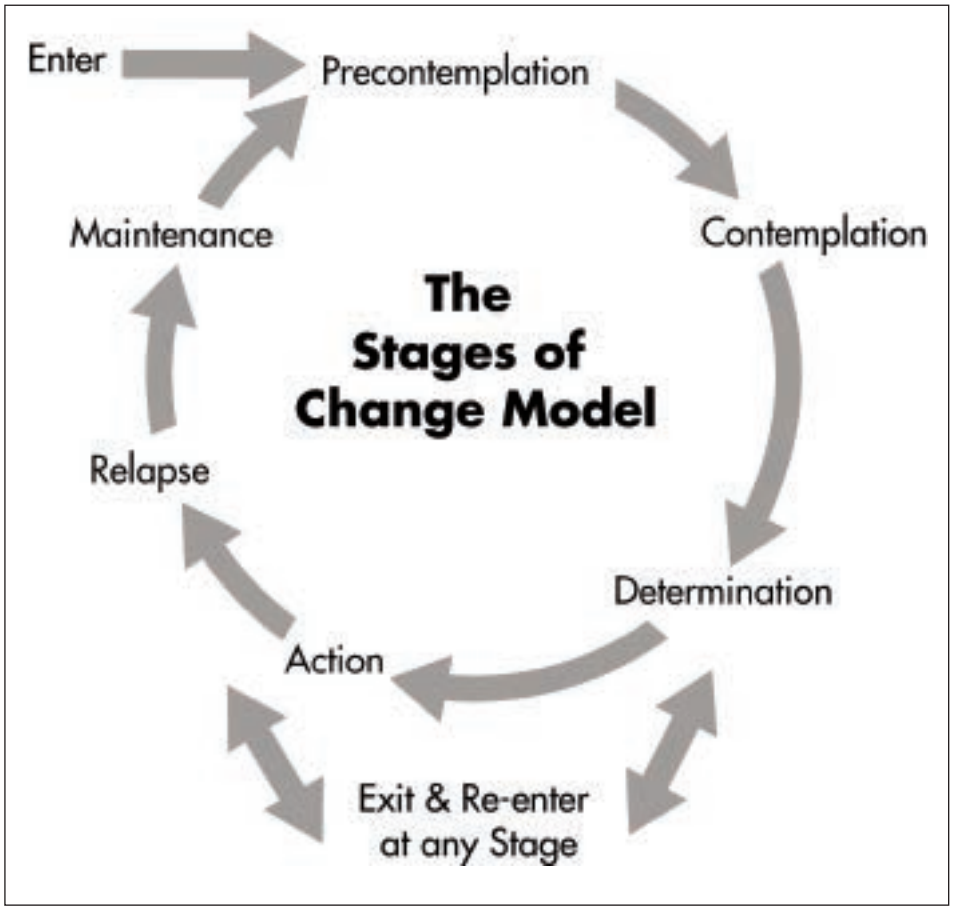
We are dealing with injections, some of which are given in 3 [separate] doses, which are delivered to teenage girls. **Many side effects are to be expected.** During the week following the delivery of the injections many serious events which are not related to the vaccination are expected: **fainting, deaths and convulsions/fits.** This needs to be taken into account. Even if it is not rational, **if these events happen in class they may damage the general reputation of vaccinations.** This is happening all over the world all the time. We have already dealt with a similar issue in relation to the delivery of MMR with TD and Polio and we have accepted the nurse's proposal to split these between grades 1 and 2. The nurses are suitable to make recommendations to the committee in relation to this issue. **In relation to the side effects, we need to be prepared in advance** and not simply react after the fact. **I propose we consult with the English representatives as to how they've gone about this.**

NOT SURE THIS QUALIFIES AS PSYCHOLOGICAL MANIPULATION?

Take a look at the following excerpt from an article published in The Australian Journal of Pharmacy by Ben Basger, lecturer and tutor in pharmacy practice, Faculty of Pharmacy at the University of Sydney. This article addresses what pharmacists can do to increase vaccine uptake among 'vaccine-hesitant' families.

Vaccine communication strategies that build rapport and trust need to be incorporated into healthcare encounters. Unfortunately, attempts to persuade carers using graphic narratives (that is, frightening people) or by simply providing more information often fail or backfire.

Vaccine discussions with healthcare providers should occur early, as studies have shown that the vaccine decision making process begins prenatally. And so we turn to a behavioural "stages of change" model. You may be familiar with the 'pre-contemplator', 'contemplator' model.



WHAT IS THE STAGES OF CHANGE MODEL?

The "Stages of Change Model" was developed over the last 35 years as a result of over $80 million worth of grants to a single organization from agencies like the CDC, the National Institute of Mental Health, and the National Cancer Institute to name a few. Who knows how many other organizations have been working on similar projects.

Nevertheless, this model is currently in use by professionals around the world.

The model provides suggested strategies for public health interventions to address people at various stages of the decision-making process allowing public health officials to create specific, effective programs, messages and interventions that are tailored for each target population's level of knowledge and motivation.

According to the Boston University School of Public Health's document on behavioral changes, the Stages of Change (or Transtheoretical Model/TMM) operates on the assumption that people do not change behaviors quickly and decisively. Rather, changes in behavior occur continuously through a cyclical process. For each of the six Stages of Change in the diagram above, different intervention strategies have been found to be most effective at moving the person to the next stage of change and subsequently through the model to maintenance, the ideal stage of behavior.

"For each of the six Stages of Change in the diagram above, different intervention strategies have been found to be most effective at moving the person to the next stage of change and subsequently through the model to maintenance, the ideal stage of behavior."

Ten of these Processes of Change (POC) have been identified as strategies to help people move through the Stages of Change to result in the desired behavior or decision. They are as follows:

1. CONSCIOUSNESS RAISING: Increasing awareness about the healthy behavior.

2. DRAMATIC RELIEF: Emotional arousal about the health behavior, whether positive or negative arousal.

3. SELF-REEVALUATION: Self reappraisal to realize the healthy behavior is part of who they want to be.

4. ENVIRONMENTAL REEVALUATION: Social reappraisal to realize how their unhealthy behavior affects others.

5. SOCIAL LIBERATION: Environmental opportunities that exist to show society is supportive of the healthy behavior.

6. SELF-LIBERATION: Commitment to change behavior based on the belief that achievement of the healthy behavior is possible.

7. HELPING RELATIONSHIPS: Finding supportive relationships that encourage the desired change.

8. COUNTER-CONDITIONING: Substituting healthy behaviors and thoughts for unhealthy behaviors and thoughts.

9. REINFORCEMENT MANAGEMENT: Rewarding the positive behavior and reducing the rewards that come from negative behavior.

10. STIMULUS CONTROL: Re-engineering the environment to have reminders and cues that support and encourage the healthy behavior and remove those that encourage the unhealthy behavior.

Now, go back and read through the processes of change (POC) inserting the

words 'HPV vaccines' in place of 'the healthy behavior'. Think about everything you have ever seen or heard about HPV vaccines from an 'official' source.

HOW MUCH OF WHAT YOU RECALL FITS NICELY INTO ONE OR MORE OF THESE CATEGORIES?

Still not convinced society is the victim of psychological manipulation?

The Cancer Prevention Research Center Faculty at the University of Rhode Island has summed it all up in a paper entitled, Disease Prevention without Relapse: Processes of Change for HPV Vaccination. According to the abstract:

Although the HPV vaccine appears in the US immunization schedule during adolescence, a large percentage of women reach adulthood without being vaccinated. The Transtheoretical Model's (TTM) Processes of Change (POC) construct provides an assessment of participants' experiences with HPV vaccination and is a central component of computer-tailored interventions designed to increase compliance with medical recommendations, such as vaccination.

This study describes development and validation of a POC measure for increasing HPV vaccination among young adult women.

Everyone who is or might be considering submitting to or administering HPV vaccines needs to read the entire paper. But, one should pay particular attention to Figure 1 HPV vaccine acquisition processes of change structural mode on page 306 of the Open Journal of Preventive Medicine (3, 301-309. doi: 10.4236/ojpm.2013.33041). ach

The figure referenced above clearly states what the subject should be thinking at each stage of the 'processes of change." Let's go through them one at a time in the order listed above.

This is what you are supposed to do after exposure to each 'process of change'

AFTER EXPOSURE TO: YOU ARE SUPPOSED TO:

- **CONSCIOUSNESS RAISING:** Recall seeing advertisements for HPV vaccines; seek out facts about HPV vaccines; pay attention to stories about the benefits of receiving HPV vaccines; and think about the information you have seen about HPV vaccines
- **DRAMATIC RELIEF:** Be scared you could get cervical cancer from HPV; be disturbed knowing you could get HPV; be scared you could get genital warts from HPV; and be scared that people can spread HPV without knowing it.
- **ENVIRONMENTAL REEVALUATION:** Think about how getting vaccinated makes your social environment safer; think about how getting vaccinated reduces the spread of HPV; think about how getting vaccinated makes your sexual relationship(s) safer; and consider the healthy example you are setting for others by getting vaccinated.
- **SELF REEVALUATION:** Feel empowered knowing you can protect yourself from HPV; feel you would be doing something good for yourself by getting the HPV vaccine; feel you would be more comfortable sexually if you got the HPV vaccine; and think about how getting the HPV vaccine makes you healthier.
- **SOCIAL LIBERATION:** Feel that society has made the HPV vaccine readily available; recognize that people support you getting the vaccine; believe society is making HPV vaccination a priority; and notice that many people your age have chosen to be vaccinated.
- **COUNTER CONDITIONING:** When having second thoughts about getting vaccinated, remind yourself that you will be helping to stop the spread of HPV; find ways to feel good when others question your decision to get vaccinated; remind yourself of the benefits of HPV vaccines when you are having second thoughts about your decision; and remind yourself that vaccination is safe when you are afraid of being vaccinated.
- **STIMULUS CONTROL:** Keep information around you to remind you of the reasons to be vaccinated; use reminders in your calendar or planner so you remember to get the shots; make efforts to schedule appointments to get your shots at a convenient time; and arrange to receive reminders from your provider for your HPV vaccination appointments.
- **HELPING RELATIONSHIPS:** Talk to your healthcare provider about the HPV vaccine; have a person in your life you can count on to discuss HPV vaccination with; have at least one person you can be open with about your decision to get the vaccine; and seek out others who support your decision to get the HPV vaccine.
- **REINFORCEMENT MANAGEMENT:** Feel personally rewarded for getting the vaccine; remind yourself that HPV cancer prevention is a big reward for getting vaccinated; reward yourself when you take steps towards getting vaccinated; and have people in your life who make you feel good about getting vaccinated.
- **SELF LIBERATION:** Feel you have control over getting the full series of vaccinations; remind yourself that getting vaccinated is YOUR choice; feel committed to keeping yourself healthy by getting vaccinated; and tell yourself you can follow-up with your commitment to get all three shots.

HOW MANY OF THESE STATEMENTS HAVE CROSSED YOUR MIND, OR YOUR DAUGHTER'S MIND?

Think about all of the information about HPV vaccines you were exposed to before you had these thoughts. How much of your HPV vaccine decision was a result of planned psychological manipulation?

Whether HPV vaccines are a good health choice or not appears to be irrelevant to those promoting their use. The only goal seems to be HPV vaccine compliance! Apparently those promoting HPV vaccines will utilize whatever means necessary to achieve that goal.

One question remains - If HPV vaccines are so great, why are such extensive psychological manipulations necessary?

Think about it - if HPV vaccines were actually Safe, Affordable, Necessary and Effective - there would be no need to 'create' a demand for them!

CIRCULATING VACCINE-DERIVED POLIOVIRUS – UKRAINE

DISEASE OUTBREAK NEWS

http://www.who.int/csr/don/01-september-2015-polio/en/

1 September 2015

IN UKRAINE, 2 cases of circulating vaccine-derived poliovirus type 1 (cVDPV1) have been confirmed, with dates of onset of paralysis on 30 June and 7 July 2015. Both are from the Zakarpatskaya oblast, in south-western Ukraine, bordering Romania, Hungary, Slovakia and Poland. One child was 4 years old and the other 10 months old at the time of onset of paralysis. Ukraine had been at particular risk of emergence of a cVDPV, due to inadequate vaccination coverage. In 2014, only 50% of children were fully immunized against polio and other vaccine-preventable diseases.

PUBLIC HEALTH RESPONSE

Discussions are currently ongoing with national health authorities to plan and implement an urgent outbreak response. An outbreak response of internationally-agreed standard, as adopted by the World Health Assembly in May 2015, requires a minimum of three large-scale supplementary immunization activities with an appropriate oral polio vaccine, to begin within two weeks of confirmation of the outbreak and covering a target population of 2 million children aged less than five years, and the public declaration of the outbreak as a national public health emergency.

WHO RISK ASSESSMENT

Circulating VDPVs are rare but well-documented strains of poliovirus that can emerge in some populations which are inadequately immunized. A robust outbreak response can rapidly stop such events. Given substantial vaccination coverage gaps across the country and subnational surveillance deficits, the risk of further spread of this strain within the country is deemed to be high. The emergence of cVDPV strains underscores the importance of maintaining high levels of routine vaccination coverage. WHO currently assesses the risk of international spread from Ukraine to be low, but notes that the infected oblast shares borders with four countries (Romania, Hungary, Slovakia and Poland).

WHO emphasises the need for a full and complete implementation of an outbreak response of the internationally-agreed standard. WHO will continue to evaluate the epidemiological situation and outbreak response measures being implemented.

WHO ADVICE

It is important that all countries, in particular those with frequent travel and contacts with polio-affected countries and areas, strengthen surveillance for cases of acute flaccid paralysis (AFP) in order to rapidly detect any new virus importation and to facilitate a rapid response. Countries, territories and areas should also maintain uniformly high routine immunization coverage at the district level to minimize the consequences of any new virus introduction.

WHO recommends that all travelers to polio-affected areas be fully vaccinated against polio. Residents (and visitors for more than 4 weeks) from infected areas should receive an additional dose of oral polio vaccine (OPV) or inactivated polio vaccine (IPV) within 4 weeks to 12 months of travel.

Editor: How is it that 2 cases of vaccine-derived polio equate to setting up further vaccination drives? Why would the WHO hold the opinion that vaccine-derived polio cases are as a result of inadequate vaccination coverage? These cases are as a result of vaccination campaigns!

Pertussis vaccine not protective against B. parapertussis

http://www.healio.com/

September 21, 2015

SAN DIEGO - Although Tdap vaccination protects against whooping cough infection from Bordetella pertussis, it was not effective against a similar infectious species, B. parapertussis, according to data presented at ICAAC 2015.

"Bordetella parapertussis is a different species than Bordetella pertussis," study researcher Robin Patel, MD, director of the infectious diseases research laboratory at Mayo Clinic, Rochester, Minnesota, told Infectious Diseases in Children. "The former is less common than the latter, and appears to affect a younger group of patients. The pertussis vaccine does not appear to protect against Bordetella parapertussis. Also, not all tests for pertussis detect Bordetella parapertussis."

The researchers analyzed pediatric patients, aged younger than 1 year to 11 years, admitted to a hospital during a 2014 outbreak of B. parapertussis in Minnesota. The patients who tested positive for B. parapertussis (n = 31) were reviewed to determine pertussis vaccination status.

Of the 25 patients with B. parapertussis who consented to record review, all were current on their pertussis vaccination and exhibited pertussis-like symptoms.

The researchers noted that five of the patients reported "exposure to pertussis," including two pairs of siblings.

"Our finding is consistent with other research previous to ours," Vytas P. Karalius, MPH, of Mayo Clinic, said in a news release. "The pertussis vaccine and its efficacy have been under recent scrutiny; it may be beneficial to consider targeting Bordetella parapertussis in the development of future vaccines." – by Dave Costill

Reference:

Karalius V, et al. Bordetella parapertussis Outbreak, Southeastern Minnesota, 2014. Presented at: Interscience Conference on Antimicrobial Agents and Chemotherapy; Sept. 17-21, 2015; San Diego.

Disclosure: Patel reports holding patents on B. pertussis/parapertussis PCR, an anti-biofilm substance, and a device/method for sonication.

POLIO VACCINES:
Causing worldwide surge in childhood paralysis cases

BY J. D. HEYES
http://www.naturalnews.com/051247_polio_vaccines_paralysis_India.html
Friday, September 04, 2015

NATURAL NEWS - In April 2012, Aaron Dykes of Truthstream Media reported that statistically speaking, polio had been eradicated in India, but the statistics don't tell the whole story.

In fact, he noted, there was a spike in "non-polio acute flaccid paralysis (NPAFP) - the very types of crippling problems it was hoped would disappear with polio but which have instead flourished from a new cause." How could that happen in a nation where polio had ostensibly been eradicated?

Quite simply, Dykes noted, the new spike was actually coming from the oral polio vaccine.

HE FURTHER REPORTED:

There were 47,500 cases of non-polio paralysis reported in 2011, the same year India was declared "polio-free," according to [Dr. Neetu Vashisht and Dr. Jacob Puliyel of the Department of Paediatrics at St Stephens Hospital in Delhi]. Further, the available data shows that the incidents tracked back to areas were doses of the polio vaccine were frequently administered. The national rate of NPAFP in India is 25-35 times the international average.

CASES ARE SPREADING

Dykes further reported that it had been established that vaccines were causing the uptick in vaccine-associated polio paralysis (VAPP).

Now, he says, cases are occurring in other countries. The Washington Post noted that cases of polio paralysis have cropped up in Ukraine, which is involved in a bitter conflict with Russia-backed separatists in the eastern portion of the country.

The Washington Post reported that the World Health Organization said the small outbreak, which has affected just two children thus far, is directly attributable to the vaccine:

> *"The Washington Post reported that the World Health Organization said the small outbreak, which has affected just two children thus far, is directly attributable to the vaccine: cVDPV is a rare, mutated form of the virus that comes from the vaccine itself."*

cVDPV is a rare, mutated form of the virus that comes from the vaccine itself. Oral polio vaccines contain a weakened form of the virus that activates an immune response in the body so that it builds up antibodies to protect itself. But it takes some time for this to happen, and meanwhile the virus replicates in the intestines and can be excreted by the person immunized and can spread to others in the community.

Dykes reports that new outbreaks are still occurring in India as well as Madagascar and South Sudan, according to the WHO.

"In South Sudan, 2 cases due to cVDPV type 2 (cVDPV2) have been confirmed. The strains were isolated from 2 acute flaccid paralysis (AFP) cases in Unity state, with onset of paralysis on 9 September and 12 September 2014, respectively," the WHO reported in a press release.

"In Madagascar, cVDPV type 1 (cVDPV1) has been confirmed after the virus was isolated from 1 case of AFP (onset of paralysis on 29 September 2014) and 3 healthy contacts."

Dykes says that the truly alarming thing is that oral polio vaccines of the type still being distributed by WHO and supported by the Bill and Melinda Gates Foundation were discontinued in the West some 15 years ago for the same reason: WHO and other health officials knew that it was causing VAPP!

DID BILL GATES KNOW?

"They know that this vaccine will - statistically anyway - harm some children and could potentially spawn outbreaks, but they use it anyway, supposedly because less developed regions are not equipped to handle refrigerated vaccines that don't contain the live virus," he wrote.

Truthstream Media has been tracking the rising incidents of vaccine-caused polio for years. In 2013, the site questioned whether billionaire Microsoft founder Bill Gates knew his polio vaccine push through his foundation would actually harm the very children he claimed to be trying to help:

The Bill and Melinda Gates Foundation created the GAVI alliance to push vaccinations on the poorest parts of the developing world in the name of "saving lives" and stopping disease.

In particular, Bill Gates expects to take credit for wiping out polio worldwide by making it one of his primary issues. But at what cost?

If Gates didn't know, Dykes wrote, he "certainly OUGHT to have" known.

Do unvaccinated children pose a higher threat to the public than the vaccinated?

Tetyana Obukhanych

BY TETYANA OBUKHANYCH, PHD
April 17 2015
http://thinkingmomsrevolution.com/

BRIEF EXTRACTS from a letter written to US senators in support of vaccine legislation.

It is often stated that those who choose not to vaccinate their children for reasons of conscience endanger the rest of the public, and this is the rationale behind most of the legislation to end vaccine exemptions currently being considered by federal and state legislators country-wide. You should be aware that the nature of protection afforded by many modern vaccines – and that includes most of the vaccines recommended by the CDC for children - is not consistent with such a statement. I have outlined below the recommended vaccines that cannot prevent transmission of disease either because they are not designed to prevent the transmission of infection (rather, they are intended to prevent disease symptoms), or because they are for non-communicable diseases. People who have not received the vaccines mentioned below pose no higher threat to the general public than those who have, implying that discrimination against non-immunized children in a public school setting may not be warranted.

Tetanus is not a contagious disease, but rather acquired from deep-puncture wounds contaminated with C. tetani spores. Vaccinating for tetanus (via the DTaP combination vaccine) cannot alter the safety of public spaces; it is intended to render personal protection only.

Tetyana Obukhanych earned her Ph.D. in Immunology at the Rockefeller University in New York, NY with her research dissertation focused on understanding immunologic memory, perceived by the mainstream biomedical establishment to be crucial to vaccination and immunity.

CASE STUDIES: Concerns over cervical cancer vaccine in Ireland

BY LIZ DUNPHY
www.irishexaminer.com
Thursday, July 16, 2015

BRIEF EXTRACT

FIANNA FÁIL has called for a review of suspected cases of serious side effects from the HPV vaccine, after Senator Darragh O'Brien raised concerns about reported cases of severe side effects from the vaccine.

"I have spoken to a number of parents whose daughters became seriously ill after receiving the vaccine. These were happy, active girls who now struggle to get out of bed due to severe dizziness, seizures, lethargy, headaches and joint pain. While the parents suspect that the illness may be linked to the vaccine, they want concrete answers about any possible links," he said.

Diane Harper, who helped develop Gardasil for Merck has said that there is no data to substantiate that the benefits outweigh the risks.

"The truth is that we know very little about the side effects of the HPV vaccine," said Dr Harper.

However, establishing a causal link between a vaccine and its possible side-effects can be difficult, according to consultant oncologist John Crown.

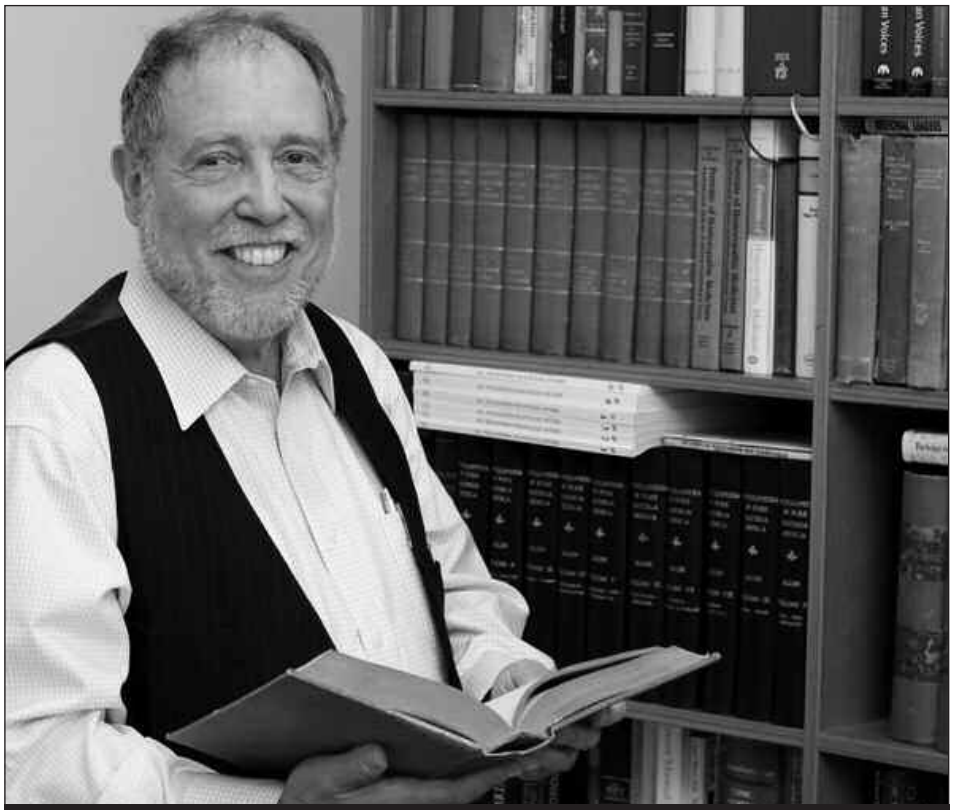
"The risk may be zero. We have no evidence that there is any risk. There is no proven evidence at this stage that there is any serious side effect that is clearly caused by this vaccine," he said.

THE CURRENT MEASLES CRAZE

BY RICHARD MOSKOWITZ, M. D. (ADVOCATE)

TAKEN FROM: OPEN MEDIA BOSTON

http://openmediaboston.org/content/current-measles-craze-3086
28 February 2015



Richard Moskowitz, M. D

BECAUSE I keep getting frantic calls from parents about this, and even such usually sensible sources as NPR and National Geographic are calling out "anti-vaxxers" as irrational, deluded, or even anti-scientific, the worst insult of all, hitherto applied only to climate deniers and those other yahoos and neanderthals of the Republican persuasion, I feel compelled to throw my own two cents in, and to try to inject at least a modicum of common-sense and sanity into the mix, so I don't need to repeat the same things over and over, even though I have to admit that I've been doing just that for the past several decades to the few who would listen.

So first let me begin with something so obvious that it's almost embarrassing to have to say it out loud, namely, that what we're talking about is a few hundred cases of a disease that I like almost all of my contemporaries caught and recovered from as children. Granted, a few people continued to develop encephalitis or pneumonia and die from them; and it was still a killer disease in isolated populations encountering it for the first time.

But from the point of view of public health, pediatricians in that pre-vaccine era counted it among the "normal diseases of childhood," not only because it attacked almost everybody, and almost everybody recovered from it without complications, but also and especially because the immunity that resulted from it was thorough, virtually absolute, and lifelong. That meant, first of all, that children recovering from it would never get it again, no matter how often they were re-exposed to it. Second, and if anything even more important, recovery also conferred on them a non-specific immunity that resulted from the concerted mobilization of the immune mechanism as a whole, like a graduation ceremony for the entire system, in effect a certificate of the body's readiness and capacity to respond acutely and vigorously to whatever other viruses and bacteria might threaten it in the future. I am reasonably certain that I owe the good health I enjoy today, at the age of 76, in no small part to having contracted and recovered from this week-long illness, with fever and so much else, seventy years ago.

"But from the point of view of public health, pediatricians in that pre-vaccine era counted it among the "normal diseases of childhood," not only because it attacked almost everybody, and almost everybody recovered from it without complications, but also and especially because the immunity that resulted from it was thorough, virtually absolute, and lifelong. . "

So part of what I'm saying is that we didn't really need the measles vaccine at all, because after several hundred years of experience with the virus the developed nations of Western Europe and the United States at least had learned how to deal with it quite safely and effectively, and even extracted from it huge, profound, and lasting benefits for the health of every individual and indeed of the race as a whole, such that nursing mothers gave a borrowed immunity to their infants through the milk at their most vulnerable time of life.

In short, the decision to vaccinate against the measles was not made in response to a genuine public health emergency, but rather simply to showcase the efficacy of the vaccination concept. And this it has done quite brilliantly, it must be said, at least on the surface; for in perhaps ten years it reduced the incidence of the acute disease from about 400,000 cases annually to only a few thousand, and to considerably less than a thousand at present. This is a truly remarkable achievement, albeit with a significant downside, as I will presently relate. So it's interesting and rather curious why the medical and vaccine establishments don't simply claim victory at this point, and let it go at that; it's a claim that few

would argue with, and everybody would be happy. After all, everybody knows that infectious diseases come and go: new outbreaks comprising a few hundred cases from time to time are hardly surprising and certainly don't qualify as an appreciable threat to the population as a whole.

So as we listen to the news stories, we need to ask ourselves what all the fuss is about, to say nothing of the hysteria and the fanaticism that everybody seems to be caught up in around them. The one thing I can say for sure is that it can't be about the disease, for the reasons I've already given. A moment's thought is sufficient to provide the real answer, which lies in what the vaccine and medical establishments want to do about this major non-problem. The punch line of all the stories consists of two clearly-articulated and closely-intertwined political agendas, which actually they have already been pushing for for decades:

1) to blame the outbreak on the unvaccinated kids; and therefore
2) to drum up support for new legislation to eliminate the very few across-the-board exemptions that still exist in some states.

New laws of this type have already been proposed in three states that I know of Pennsylvania, California, and New Mexico and probably will soon be in others as well.

Purely from the viewpoint of logic, this strategy makes no sense, not least because the few hundred cases are so insignificant in the scheme of things, as I've said. In addition, the best way to blame the unvaccinated kids would be to broadcast as widely as possible the disproportionately large preponderance of cases in people claiming a religious or philosophical exemption. The curious fact that they fail to provide such statistics strongly suggests that in fact the numbers point in the opposite direction, that the preponderance of cases are in the vaccinated group, just as has been true in past outbreaks in the '80's, '90's, and since; once again, it's strangely difficult to extract this information, which is exactly what you would expect state health departments to be doubly eager to give out, if their argument were correct. In other words, by bullying the folks who are simply exercising their rights to refuse treatment for their children, they are certainly deflecting attention away from the very evidence they would need to back up their argument.

"In other words, by bullying the folks who are simply exercising their rights to refuse treatment for their children, they are certainly deflecting attention away from the very evidence they would need to back up their argument. "

Moreover, the vaccination rates are already well over 90% in the United States for most vaccines, and over 95% in many areas, among the very highest in the world; so it would be only natural to expect that most of the cases would occur in this group. The obvious way to dispel such doubts would be for the reluctant health departments to simply divulge the number of vaccinated and unvaccinated cases, rather than expecting the public to accept their unsupported claim as fact. What they are really asking is for everyone to be vaccinated, with no exceptions: here we get into the area of civil rights, namely, the right of every patient to refuse treatment, and the right of every parent to determine the health care appropriate for their children, which is why these very few and seldom-used exemptions were created in the first place. They could of course be waived temporarily in the event of a genuine public health emergency, which these small clusters of an ordinary childhood illness most certainly are not.

Which brings me to another equally obvious point. If the vaccine were effective in conferring a genuine immunity, similar to that acquired by coming down with and recovering from the natural disease, then the unvaccinated kids would be a threat only to themselves, which would be perfectly OK, since they made that choice. But if the vaccine-mediated immunity falls far short of that standard, such that the immunity conferred by it is not genuine, powerful, or long-lasting, then by all means admit it, and let the people make their choice. You can't have it both ways: simply scapegoating the people who are exercising their right to choose, and bulllying them to conform with your ideal society of perfect obedience, isn't going to wash, and it wouldn't work even if people submitted to it. Vaccination is a trick, a simulation of immunity that is partial, temporary, and with other major downsides that I've written about elsewhere and don't even need to discuss right now.1

The immediate issue is preserving the frail remnant of personal liberty that is embodied in these tiny windows of exemption, and that the vaccine manufacturers and the doctors who serve them are bent on taking away. I hope and pray that the American people will not let that happen.

NOTE.

*1. Cf. "**The Case Against Immunizations**" (1983), "**Vaccination: a Sacrament of Modern Medicine (1991), and "Hidden in Plain Sight: the Role of Vaccines in Chronic Disease" (2005), all of which have been reprinted in my book, Plain Doctoring: Selected Writings, 1983-2013, CreateSpace, 2013, $25.00, available from Amazon***

"VACCINATION IS A BARBAROUS PRACTICE, AND IT IS ONE OF THE MOST FATAL OF ALL THE DELUSIONS CURRENT IN OUR TIME, NOT TO BE FOUND EVEN AMONG THE SO-CALLED SAVAGE RACES OF THE WORLD.~ MAHATMA GANDHI"

Holyrood urged to take lead on cancer vaccine issue

THE SCOTSMAN

www.scotsman.com

21/07/2015

A PETITION has been lodged at Holyrood urging support for a summit to look into the safety of the cervical cancer vaccine amid growing fears over reported side-effects.

Campaigners are calling on the Scottish Government to take a UK lead by staging a summit with experts from both sides to determine how safe it is for schoolgirls.

Every girl at secondary school in Scotland is offered the human papilloma virus (HPV) jab which can help guard against the disease.

Medical and government chiefs see the programme as a key tool in fighting the most common cancer among the under-35s and insist no causal link has ever been established between it and any illnesses.

But the European Medicines Agency recently launched a review into the HPV vaccine.

And Freda Birrell of the UK Association of HPV Vaccine Injured Daughters (AHVID) says there is a growing "pattern" of illness emerging among young girls since the jab was introduced in 2008.

"Many UK girls have become seriously ill after being inoculated," she states in the petition which has been lodged at the Scottish Parliament.

"We feel that serious concerns regarding the safety and efficacy of Gardasil and Cervarix have not been addressed.

"Previous health ministers advised that these new medical conditions were simply a coincidence, underlying health condition or related to their age. Many health officials have tried to identify the problem as being psychosomatic."

Birrell says her organisation has been contacted by more than 130 families since 2008; more than half of these have come forward since the start of last year, indicating the rate is accelerating.

She added: "They were all saying the same thing – that after they had the jabs they suddenly started feeling very unwell and these illnesses were never going away. They were staying with them."

The symptoms vary, but include nausea, vomiting and pain throughout the body. Birrell said there is a "pattern emerging" and claimed auto-immune conditions among some have been triggered. The European Medical Agency review will focus on links to two rare conditions. These are complex regional pain syndrome - a chronic pain condition affecting the limbs - and postural orthostatic tachycardia syndrome (PoTS), which causes abnormal heart rate.

MSPs are now being urged to back a summit of scientists and medical professionals, from various countries and both sides of the debate, to be held in Edinburgh under the auspices of the Scottish Government to explore the issue.

Supporters of the jab say that 90 per cent of all UK girls now receive it and the fact that some become unwell does not establish any causal link with the vaccine itself.

The UK vaccine was provided through Cervarix, manufactured by GSK, between 2008 and 2012, and since then by Gardasil, which is made by Merck.

A spokesman for GSK said: "As with all vaccines, the safety and effectiveness of Cervarix has been rigorously tested in clinical trials and we remain confident in the benefit-risk profile of Cervarix to help prevent cervical cancer."

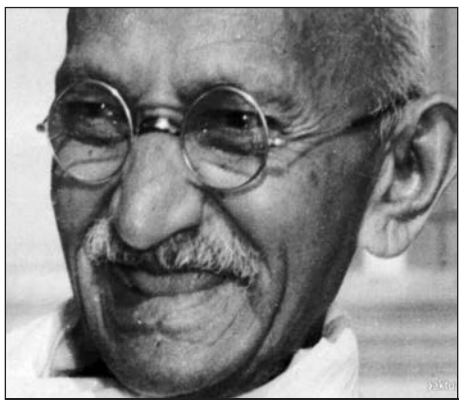
The Scottish Government says the Medicines and Healthcare products Regulatory Agency (MHRA) monitors and provides advice on the safety of the HPV vaccine in the UK.

A GUIDE TO HEALTH BY MAHATMA GANDHI

PUBLISHED IN MADRAS IN 1921 AND REPUBLISHED AS A PROJECT GUTENBERG EBOOK.

EXTRACT:

WE HAVE GOT INTO the habit of calling in a doctor for the most trivial diseases. Where there is no regular doctor available, we take the advice of mere quacks. We labour under the fatal delusion that no disease can be cured without medicine. This has been responsible for more mischief to mankind than any other evil. It is of course, necessary that our diseases should be cured, but they cannot be cured by medicines. Not only are medicines merely useless, but at times even positively harmful. For a diseased man to take drugs and medicines would be as foolish as to try to cover up the filth that has accumulated in the inside of the house. The more we cover up the filth, the more rapidly does putrefaction go on. The same is the case with the human body. Illness or disease is only Nature's warning that filth has accumulated in some portion or other of the body; and it would surely be the part of wisdom to allow Nature to remove the filth, instead of covering it up by the help of medicines. Those who take medicines are really rendering the task of Nature doubly difficult. It is, on the other hand, quite easy for us to help Nature in her task by remembering certain elementary principles,-by fasting, for instance, so that the filth may not accumulate all the more, and by vigorous exercise in the open air, so that some of the filth may escape in the form of perspiration. And the one thing that is supremely necessary is to keep our minds strictly under control.



Mahatma Gandhi

DEAR MAINSTREAM MEDIA, WE'VE HAD ENOUGH OF THE WHOOPING COUGH LIES AND PROPAGANDA

BY: NATURALHOLISTICMUM
www.naturalholilsticmum.org

THE WHOOPING cough vaccine propaganda is everywhere.

It's on the news. It's on social media on almost every parenting page on Facebook. It's on the wall at the Doctors surgery and even in the blue book that new mothers take home after their baby is born. Chances are you haven't gone more than a few days without some article popping up on your news feed urging children, pregnant women, parents, grandparents and anyone else who will listen to run out and get their booster shot asap.

There are some important facts that have been left out of the whooping cough epidemic drama. In their hurry to convince everyone from pregnant women to grandparents that they must get the vaccine some vital information is unfortunately being ignored by the media.

The vaccine doesn't work. Maybe they just "forgot" to alert the public to a pretty major fact, that the whooping cough vaccine currently in use doesn't work, since 80% of cases being seen in Australia are a mutated strain not covered by the vaccine. In fact, several recent studies have found that those who had had the vaccine were more likely to develop Para Pertussis.

What is most alarming though, especially for those thinking about getting the vaccine to visit a newborn, is the fact that recently vaccinated individuals can be asymptomatic carriers, ie. they can carry the pertussis toxin in their throats and spread it without showing any symptoms. In fact, it's been suggested that asymptomatic transmission could explain the recent surge in whooping cough rates being seen in many countries such as the USA and Australia.

So without having any symptoms a vaccinated individual can potentially visit a newborn baby and infect them without even knowing it. Pretty scary considering that the recent trend being pushed by doctors and the media is the practice of "cocooning" where nobody is allowed to visit a newborn without having their booster shot.

"Maybe they just "forgot" to alert the public to a pretty major fact, that the whooping cough vaccine currently in use doesn't work, since 80% of cases being seen in Australia are a mutated strain not covered by the vaccine. In fact, several recent studies have found that those who had had the vaccine were more likely to develop Para Pertussis"

Whooping cough rates were steadily declining in Australia for over 100 years until measures began in 1991 and 1997 to increase vaccination coverage in infants and children. In 1991 less than 71% of Australian children were fully vaccinated yet there were only 347 cases, while in 2011 with over 90% fully vaccinated there were over 38000 cases reported. Something is clearly wrong and it's not the unvaccinated children causing this "epidemic" since the highest number of cases are occurring in areas with high vaccination rates. A 2012 study by Dr Witt, Professor of Infectious Diseases found the highest incidence of the disease was in previously vaccinated individuals. Another study found that 85% of cases of whooping cough in schools occurred in vaccinated children.

When a women is pregnant she is told to avoid certain types of fish due to the high mercury content (which can damage a baby's developing nervous system), yet she is now being encouraged to have the Whooping cough DTPa vaccine, which contains aluminium, polysorbate 80, formaldehyde and glycerine. There has been no testing of the safety or the effectiveness of giving this vaccine to women during pregnancy, and it is still unknown whether it can cause fetal harm. The side effects listed on the Whooping Cough vaccine package insert include; headache, fatigue, fever, nervous system disorders, convulsions and Immune system disorders.

Straight from the DTPa package insert: "adequate human data on use during pregnancy are not available."

It has been pertussis vaccines containing bioactive toxins such as aluminium that have been responsible for more than half of the awards for vaccine injury and death totalling $2 billion made under the US Vaccine Injury Compensation Program.

Natural treatments for Whooping Cough do exist The work of Suzanne Humphries shows that vitamin C when administered in high doses, can be an effective treatment for whooping cough. Although not an instant cure, it can offer great relief, as vitamin C addresses the issue of toxin neutralisation. According to Dr Humphries, most parents reported a significant decrease in cough severity within the first 24 hours of correct dosing of vitamin C.

Vaccines are not safe, and they don't provide effective protection for newborns, children or adults.

I won't be getting vaccinated for whooping cough and If I have another baby I'll be telling everyone not to have a booster shot before visiting my newborn, because the safest way to be when visiting a mother and her new baby is vaccine-free.

"THE ONLY REAL VALUABLE THING IS INTUITION."
~ ALBERT EINSTEIN

Gardasil Firestorm in Denmark

BY NORMA ERICKSON

www.naturalblaze.com

23/06/2015

Still from Danish documentary "De vaccinerede piger"

IN MARCH 2015, a Danish national television station (TV2) aired a documentary focusing on girls who suspected they had been injured by the HPV vaccine Gardasil. Immediately after the airing of the show, girls with similar experiences started coming out of the woodwork. Virtually all of the girls had the same story to tell. They began to have serious new medical conditions shortly after using Gardasil, so they would go to the doctor. According to Luise Juellund, the vast majority of doctors would tell them the HPV vaccine has no serious side effects and offer psychological problems as an alternative reason for the new symptoms.

Luise should know, her daughter is one of the seriously injured and cannot be left home alone because of daily seizures and hour-long periods of unconsciousness. After disclosing the new symptoms she was experiencing after Gardasil, she was referred for psychological evaluation. Psychiatrists cleared her and she has now been diagnosed with POTS (postural orthostatic tachycardia syndrome) a suspected side effect of HPV vaccines.

According to Peter la Cour, Head of the Center for Functional Disorders in Copenhagen, the practice of refusing girls the opportunity for medical examination and treatment on the grounds that psychological problems can cause similar symptoms is terrible. He states:

The handful of girls I've seen has not been mentally ill, but very physically sick and disabled. We simply cannot have sick people rejected under the assumption that they are mentally ill. None of us know anything about why they are so sick. Alleged knowledge of psychological reasons is scandalous character assassination of the young women.

SERIOUS ADVERSE REACTIONS REACH ONE IN 500

Denmark is divided into five healthcare regions. On June 1, the government established a single point of entrance in each one of these regions to accept and examine anyone suspected of having a negative reaction to Gardasil. The response was overwhelming.

"Only two days later, on June 11th, Dr. Jesper Mehlsen had to revise his estimate of the number of injured girls stating: A realistic estimate is that one in 500 girls – or 1,000 of the 500,000 vaccinated experience serious side effects. "

The influx of girls seeking care was 60% higher than expected, suggesting the harmful effects was greater than Danish health authorities had foreseen. By June 9th, the waiting list to be evaluated was at least six to nine months long. Two of the five centers did not know how long the girls would have to wait.

Jesper Mehlsen from Synkopecenteret at Frederiksberg Hospital is one of the specialists who takes care of the girls. He stated:

We thought it (the serious adverse event rate) was about one in 10,000 people who had side effects. Now it turns out that there are at least two per 10 000. Suddenly it was doubled.

Unfortunately, the avalanche of girls seeking medical diagnoses and treatment after their HPV vaccinations continued to increase.

Only two days later, on June 11th, Dr. Jesper Mehlsen had to revise his estimate of the number of injured girls stating:

A realistic estimate is that one in 500 girls – or 1,000 of the 500,000 vaccinated experience serious side effects.

Dr. Mehlsen helped to research the HPV vaccine and personally vaccinated 3,000 girls. Now, he operates the regional intake center in Frederiksberg and will be in charge of coordinating work across the country. He noted that as of June 11th, 360 girls had been referred for study.

Dr. Stig Gerdes fears this is only the tip of the iceberg. He stated:

It will not it surprise me if we end up reaching several thousand who have been sick. I even stopped administering Gardasil a few years ago, after vaccinating about 100 patients.

More than a handful of them became ill after the vaccine. Several of them very, very seriously and completely devastated.

IS HPV VACCINE SAFETY BASED ON MERE GUESSWORK?

Danish Health Minister, Nick Haekkerup, and the National Board of Health continue to defend the use of the HPV vaccine Gardasil despite the more than 600 young girls suspected of becoming seriously ill from the vaccine. Both still claim the vaccine is safe and the benefits outweigh the risks.

Experts who are working with the injured girls disagree. Coordinator of the Danish Society of Obstetrics and Gynecology's national guidelines for HPV vaccination, Gynecologist Jeppe

Schroll states:

We can simply not say because we do not know. There is so much uncertainty in the studies that were made on the vaccine – so it is a pure guess. It may well be that they (the health authorities) are right, but it could just as well be the opposite.

His opinion is reinforced by Dr. Diane Harper, who helped develop Gardasil for Merck and stated:

There is no data to substantiate that the benefits outweigh the risks. The truth is that we know very little about the side effects of the HPV vaccine.

Dr. Schroll suggests that Merck's own analysis of possible serious side effects is based on a questionnaire which clinical trial participants completed two weeks after the vaccine was given. In the years since, women are asked whether they have received "new medical conditions."

According to Dr. Schroll, this provides a high degree of uncertainty. Some may get sick during the first 14 days, but women who become ill later may not connect it to the vaccine.

Dr. Schroll stated another source of error is that in the last major Danish/Swedish study among a million girls only looked at those with a diagnosis; not necessarily those with a list of symptoms such as debilitating paralysis of the arms and legs, pain, chronic fatigue, sudden daily fainting, daily migraines and dizziness – like the more than 600 Danish girls currently referred for evaluation.

According to Dr. Jeppe Schroll:
I think the reason why they have not found the side effects in the studies is that they have not been looking for them.

EXPERTS WEIGH IN ON HPV VACCINATION POLICY

Danish GP's believe one should examine the many sick girls who are suspected to have had adverse reactions to Gardasil before even considering implementing Gardasil 9.

Deputy Chairman of the PLO and member of the Board of Health's vaccination committee, Niels Urich Holm agrees, stating:

Sufferer Laura Hoffman

"No healthy young woman should have to sacrifice her health to see if a cancer prevention experiment will work!. "

We know too little about the side effects. We fear first, that it (Gardasil 9) might have more side effects than the current one (Gardasil), which has greater side effects than other vaccines. And secondly, we believe that it would be prudent to await the investigations currently going on in all regions to find out about the disease and symptoms we have seen in a number of girls, maybe caused by the vaccine. Therefore, one should wait to introduce the new HPV vaccine, which is being approved for use in Denmark until the five new regional HPV centers have studied the sick girls who received the current vaccine properly.

SF (Socialist People's Party) spokesperson Ozlem Cekic also backed up the GP's request that the cautionary principle be applied when she stated:

I do not understand why the National Board of Health is so eager to launch a new HPV vaccine. I think overall that the Agency has behaved foolishly in this case, where they have been too slow to react. We can see that many girls may have become ill by severe side effects. It shall be fully investigated.

She also stated that the Socialist People's Party will take HPV vaccine issues up politically after the election and shall require deeper insight into the documentation underlying the vaccine.

Health Rapporteur Liselott Blixt of the Danish People's Party was one of the people who led the effort to get the HPV vaccine Gardasil introduced in Denmark in 2008. She now wants it abolished. She states:

The fact that we have so many, perhaps up to 5,000 young women who suddenly become so sick must have the consequence that we simply stop the vaccine. I was the first who said a big 'yes' to it, but now I will also be the first to abolish it, because we politicians must take responsibility for ensuring that we have adopted it. Not least in light of the fact that we do not actually have any treatment options to offer the most sick.

Let's hope the authorities in Denmark follow expert advice and make sure that young women's health is no longer sacrificed for the promise of a benefit fifteen to twenty years from now.

No healthy young woman should have to sacrifice her health to see if a cancer prevention experiment will work!

Norma Erickson is the President of Sanevax.org

EDITOR: If you visit the noticeboard on The Informed Parent there is a link to a Danish documentary "De vaccinerede piger" – The Vaccinated Girls

This documentary highlights questions surrounding the HPV vaccine and a large number of young women who appear to have been affected since receiving this vaccine.

English Subtitles. (39 mins approx.)
https://www.youtube.com/watch?v=GO2i-r39hok

"HAPPINESS IS WHEN WHAT YOU THINK, WHAT YOU SAY, AND WHAT YOU DO ARE IN HARMONY ~ MAHATMA GANDHI"

SYLVIE SIMON (26/10/1927- 8/11/2013)

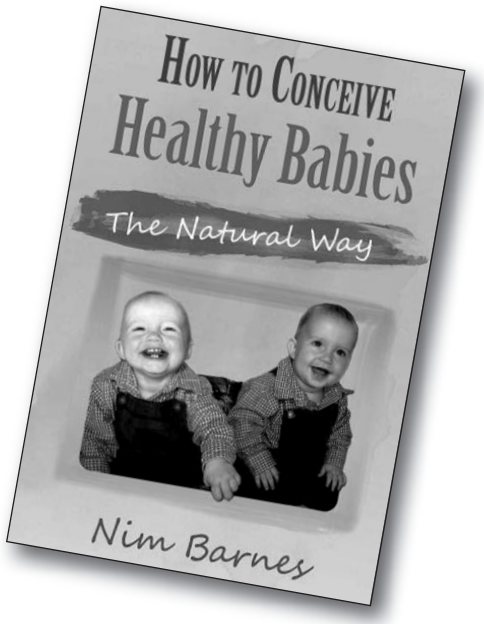
PUTTING THIS EDITION TOGETHER it came to me that it is now 2 years since French writer, health researcher and campaigner for the truth about vaccination, Sylvie Simon, sadly passed away at the age of 87. Sylvie was a tireless campaigner on the subject of vaccination and also over the years had numerous books published on this subject. She was also well used to being interviewed on TV and radio and lecturing around France as well as further afield.
I had the good fortune to meet Sylvie on a number of occasions and also stay with her for a few days back in July 2007 at her beautiful home in Portugal. Sylvie had enormous energy for her age and such enthusiasm for exposing the truth about the vaccination issue. Sylvie's mother had not allowed Sylvie and her brother to be vaccinated back in the late 1920s and Sylvie had told me that both her and her brother had experienced good health throughout their lives. Of course Sylvie's books, and lectures/interviews featured on youtube are in French, but if your French is reasonable then I would urge you to take a look at her research – she had an enormous knowledge on the subject.
So I dedicate this edition in memory of Sylvie and all the tremendous work, time and help she gave to so many on the truth about vaccination.

Dedication to Sylvie Simon

MAGDA TAYLOR, NOVEMBER 2015

BOOK NEWS:

HOW TO CONCEIVE HEALTHY BABIES
The Natural Way - By Nim Barnes



MOTIVATED by a need to help couples who had otherwise given up hope of having children, Nim Barnes founded the organisation Foresight in 1978.

During her time overseeing Foresight they had an 89% success rate amongst couples with a history of difficulty conceiving. The approach adopted was simple, ensuring that the prospective parents neither had deficiencies in essential minerals and vitamins and/or were exposed to substances which prevent conception. This book highlights the safest, surest and most natural ways to conceiving and having a healthy baby.

Copies are available from: Foresight www.foresight-preconception.org.uk/ or via Amazon.

CO-ORDINATING ACTION IN EUROPE WITH THE EFVV

http://www.efvv.eu/

WE ARE WITNESSING strong actions in Australia and the US, California especially, as they face mandated vaccines next year. In Europe, however, as much as 40% of EU countries already have mandatory vaccination for kindergarten or school and the collaboration for action is growing. This year people took to the streets, up to 600 at a time in Slovenia, Serbia, Bulgaria, Macedonia, Croatia and then in Poland.

These countries already suffer around 10 mandatory vaccines that in practice means up to 30 mandated shots including the boosters. Medical exemptions are non-existent in some eastern European countries because there is no active reporting system for adverse events and therefore no injury payments!

The tide of public opinion, about the safety of vaccines, is definitely changing. For example, France has seen nearly a million citizens signing a petition against aluminum in the mandated DTP and half a million against Gardasil. And in Denmark Gardasil has been stopped entirely with the government calling for an independent inquiry into the possible injury caused by this vaccine.

There is growing strength in Europe, the time is right to challenge these old vaccine policies and the European Forum for Vaccine Vigilance (EFVV) is now acting together more effectively. Considering that our combined membership reach is 100,000 in 20 European countries, we have huge potential to collaborate and co ordinate!

The EFVV is in its 17th year, and I have been a member for the last 5. Last year we were 12 countries strong, with several new members from the previous year. This year we have 20 countries represented, with each country sending one or more members. 2 Lawyers, 4 doctors, 1 pediatrician, 1 researcher, 5 homeopaths and many amazing campaigning parents. We all came together over 3 days to discuss how best we could work together to challenge mandatory vaccine laws in Europe and

ARNICA
UK PARENTS' SUPPORT NETWORK
Promoting Natural Immunity

"Slovenia has the most severe with the fines for both parents and repeating every quarter until the child is vaccinated. This report shows how tough it is not to vaccinate even if the child suffered injury and how informed consent doesn't respect the spirit of consent!"

support parents with good information on legal matters and vaccine side effects.

I represented Arnica, accompanied by Eleana Needham, Naturopath and Arnica leader, and Helen Kimball-Brooke, Homeopath, who has attended for over a decade! Catherine Weitbrecht from the Irish group RESPECT also attended and she told us how she contacted all secondary schools in Ireland with information about Gardasil. As I write she is supporting a mother in court who is challenging the use of Gardasil in Ireland.

This year the EFVV honoured Dr Loibner of Austria who fought successfully in 2013 to be reinstated after being struck off for fully informing parents about vaccination. He founded Pathovacc, a symposium for doctors critical of vaccination, which was held annually and wrote "Impfen – das Geschäft mit der Unwissenheit" Vaccination – a Matter of Ignorance.

Dr Loibner is just one of many people in Europe who work bravely to share information but who are not widely known outside of their own countries. He gave a wonderful talk to the public organised by the EFVV near Vienna. He concluded, "In my 30 years of researching vaccines, I find them to be cruel and crude'. His award was a glass sculpture of a syringe with a knot in the middle.
http://www.efvv.eu/index.php/honorary-members/johann-loibner

The European Forum for Vaccine Vigilance will try to be more active to share information about key people, their work and events in a new face book page. We aim to make this the hub for vaccine freedom of choice in Europe.
www.facebook.com/EFVV.eu

Every country experiences the mandated vaccine policy differently in terms of fines and possible imprisonment (although prison is rare). I have taken this report from the Czech group and prepared by their lawyers who attended our meeting. Many Eastern European countries are in similar situations, with mandated vaccines and similar fines for kindergarten. Slovenia has the most severe with the fines for both parents and repeating every quarter until the child is vaccinated. This report shows how tough it is not to vaccinate even if the child suffered injury and how informed consent doesn't respect the spirit of consent!

LIGA LIDSKÝCH PRÁV / LEAGUE OF HUMAN RIGHTS SITUATION IN CZECH REPUBLIC

- The vaccination is mandatory for kindergarten against 9 diseases – Hexa 3+1 and MMR vaccine 1+1.
- Vaccine cannot be applied without informed consent.
- If parents deny giving informed consent, public health authorities can charge both of them with a 380 Euro fine (10.000 Czk).
- If child is not vaccinated against all

diseases, it cannot be accepted to kindergarten, neither to summer camps and school trips.

- If kindergarten accept unvaccinated child, it can be charged with fine up to 18.500 Euro (500.000 Czk).
- The only legal exemption from the obligation is contradiction to the vaccines or immunity from the diseases.
- There is possible exemption based on religion conviction. It is not very clear if there is possible philosophical exemption. We are waiting for decision of Constitutional court.
- There is no law that regulates responsibility for vaccine injury. Ministry of health is now preparing a law to regulate vaccine injury compensation.
- If parents deny vaccination, they are usually contacted by the child protection authority.
- Public health authorities provide incorrect legal information to doctors and kindergarten directors who are under big pressure to refuse unvaccinated children.

So you can see that there is huge contradiction between each European country concerning the different vaccine policies and still even more contradictions within each country.

HOW CAN WE MAKE A DIFFERENCE?

We agreed to continue promoting the petition, nearly 30,000 at time of writing, but we have much more work to do to reach its potential.

Please sign and share from our link from the EFVV website!

We need to follow up our leads in Europe next year to challenge in the ECHR (European Court of Human Rights). We have set up a legal action team with lawyers from several countries in Europe to work together for the same goal. However, Brussels have not even replied to our ECI (European Citizen Initiative) logged at the beginning of the year! The system is crumbling and not one ECI has been successful.

WE MAY NEED TO BE MORE RADICAL…

We will collectively work on shared action for April 2016 to challenge the messages put out by the WHO during their EIW (European Immunisation Week). Our focus, may be to Poland via the Polish embassies in each country and the Polish Press, where they will be the first country to mandate the HPV vaccine planned for 2017.

We are also working on a leaflet which can be translated and edited so each country can add the legal position in their country and how their group can help.

Collectively, members in the EFVV have a wider membership reach of nearly 100,000, so we have such potential if we work well in collaboration. The aim is to give the EFVV a higher status in Europe and focus on freedom of informed choice as a legal right throughout Europe. Our new FB page in the first week reached 20,000 people so we are really gearing up. Please like and share our page www.facebook.com/EFVV.eu

Vaccine Protest Poster

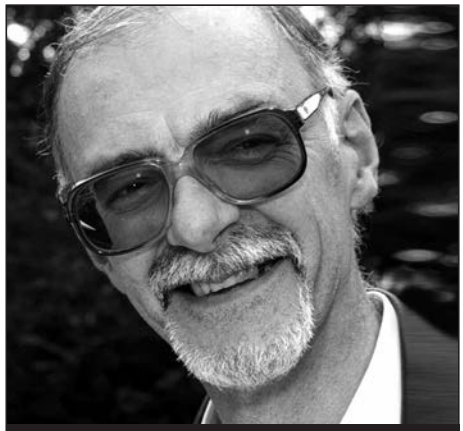
"There is growing strength in Europe, the time is right to challenge these old vaccine policies and the European Forum for Vaccine Vigilance (EFVV) is now acting together more effectively. Considering that our combined membership reach is 100,000 in 20 European countries, we have huge potential to collaborate and coordinate!"

This year we successfully raised funds and were able to support members coming from Eastern Europe. Next year we would like to print a leaflet about the EFVV and the vaccine situation in Europe to share during EIW but we need you help. Please use the donate button on our EFVV website to support us, sign our petition and like our page!
Thank you so much
Anna,
Arnica Parents Support Network

The Quanten Theory

VACCINE COMPENSATION - What can we learn from figures?

by Patrick Quanten MD



Patrick Quanten MD

LAST TIME we highlighted how the compensation scheme for damage caused by vaccination was set up. We are now well aware of the fact that a special tax is added to the price of the vaccine which feeds directly into the compensation scheme. Hence, the tax paying citizen funds the compensation for mistakes made by the industry! Also bear in mind that paying out compensation is in no way an admission of guilt. The setting up of the scheme is in recognition of the fact that irreparable damage is being done but because this is an "unavoidable", part of the life-saving benefits of vaccination, the industry delivering these vaccines should be protected and therefore exempt from carrying the responsibility for the damage. Persons affected by this damage should be grateful that the group is benefitting and they should accept that their suffering and loss is a gift to the group. Hence, it would be best for everyone concerned if these persons would graciously shut up about it!

By silencing the voices of discontent via the means of money – under different circumstances this would be could a bribe – the matter has been dealt with. However, it does leave a trail of figures that, over time, paints a picture of the scale of the bribery. While there is no official statistical evidence of any wrong-doing, because nothing is wrong, we now do have a way of viewing the problem from the inside. The real extent of the damage done still remains a mystery and is wide open to speculation, but we can evaluate what the system itself views as bad enough to be silenced. Only the worst cases will be compensated. Only when it cannot be argued that there isn't a link between the administration of the vaccine, within the recommended protocol, and the damage done, will compensation be forthcoming. The system only exists to protect the industry and the system will therefore do whatever is necessary to achieve this, and only what is necessary.

Looking at those official figures it strikes us once again that there is a huge difference between the statistics published in the USA and those of the UK and Europe. For some unexplained reason, it appears that the same practice is a million times less damaging in Europe than it is in the USA. Or could it be that in America citizens are much more aware of their rights? Maybe Americans are not so tolerant with regards to being damaged due to other people's actions? Maybe Europeans have a more deeply rooted belief that authorities protect them, look after them and care for them?

Let's have a look at some facts. Let's use the American information to give us a first view on how the system works. The European setup is exactly the same and was copied from the USA where the compensation scheme was called for by the industry itself. They were allowed to write their own laws on how to deal with this nasty, but "unavoidable', side effect.

Compensation can be achieved through a concession by the U.S. Department of Health and Human Services (HHS), or through a decision on the merits of the claim by a special master or a judge of the U.S. Court of Federal Claims (Court), or as a settlement between the parties. In other words, a possible compensation can be achieved either by the government, by the court or by negotiation with the government.

"The system only exists to protect the industry and the system will therefore do whatever is necessary to achieve this, and only what is necessary."

- CONCESSION: HHS concludes that a petition should be compensated based on a thorough review and analysis of the evidence, including medical records and the scientific and medical literature. The HHS review concludes that the petitioner is entitled to compensation, including a determination either that it is more likely than not that the vaccine caused the injury or the evidence supports fulfilment of the criteria of the Vaccine Injury Table. This should, in fact, be an admission of guilt but it isn't because the law allows them to "admit" that the damage was done by the vaccine without the industry having to admit that it was the direct result of the product itself or the administration protocol. In fact, the authority has published a list of "admitted" damage and that does not constitute an admission of guilt either, it only serves as a guideline for those wanting to make a claim. What isn't on the list stands no chance! By the way, shaken baby syndrome is not on the list!
- COURT DECISION: A special master or the court, within the United States Court of Federal Claims, issues a legal decision after weighing the evidence presented by both sides. HHS abides by the ultimate Court decision even if it maintains its position that

the petitioner was not entitled to compensation (e.g., that the injury was not caused by the vaccine). For injury claims, compensable court decisions are based in part on one of the following determinations by the court: either the evidence is legally sufficient to show that the vaccine more likely than not caused (or significantly aggravated) the injury or the injury is listed on, and meets all of the requirements of, the Vaccine Injury Table and HHS has not proven that a factor unrelated to the vaccine more likely than not caused or significantly aggravated the injury. An injury listed on the Table and meeting all Table requirements is given the legal presumption of causation. It should be noted that conditions are placed on the Table for both scientific and policy reasons.

- SETTLEMENT: The petition is resolved via a negotiated settlement between the parties. This settlement is not an admission by the United States or the Secretary of Health and Human Services that the vaccine caused the petitioner's alleged injuries, and, in settled cases, the Court does not determine that the vaccine caused the injury. A settlement therefore cannot be characterized as a decision by HHS or by the Court that the vaccine caused an injury. Claims may be resolved by settlement for many reasons, including consideration of prior court decisions, or a recognition by both parties that there is a risk of loss in proceeding to a decision by the Court making the certainty of settlement more desirable (both benefit from settling out of court), or a desire by both parties to minimize the time and expense associated with litigating a case to conclusion (a desire by both parties to resolve a case quickly and efficiently).
- NON-COMPENSABLE/DISMISSED: The injured person who filed a claim was ultimately not paid money. Non-compensable Court decisions include the following:

1. The Court determines that the person who filed the claim did not demonstrate that the injury was caused (or significantly aggravated) by a covered vaccine or meet the requirements of the Table (for injuries listed on the Table).
2. The claim was dismissed for not meeting other statutory requirements (such as not meeting the filing deadline, not receiving a covered vaccine, and not meeting the statute's severity requirement).
3. The injured person voluntarily withdrew his or her claim.

Fiscal Year	Compensable	Dismissed	Total
FY 1989	9	12	21
FY 1990	100	33	133
FY 1991	141	447	588
FY 1992	166	487	653
FY 1993	125	588	713
FY 1994	162	446	608
FY 1995	160	575	735
FY 1996	162	408	570
FY 1997	189	198	387
FY 1998	144	181	325
FY 1999	98	139	237
FY 2000	125	104	229
FY 2001	86	87	173
FY 2002	104	103	207
FY 2003	56	99	155
FY 2004	62	232	294
FY 2005	60	121	181
FY 2006	69	191	260
FY 2007	82	123	205
FY 2008	147	134	279
FY 2009	134	231	365
FY 2010	180	293	473
FY 2011	266	1,371	1,637
FY 2012	263	2,439	2,702
FY 2013	367	628	995
FY 2014	370	167	537
FY 2015	323	77	400
Total	**4,150**	**9,912**	**14,062**

Figures published by the authorities

THAT'S THE SETUP. WHAT DOES THAT MEAN IN REAL FIGURES PUBLISHED BY THE AUTHORITIES THEMSELVES?

On average, it takes 2 to 3 years to adjudicate a petition after it is filed.

Let's have a look at these figures. Obviously, and not surprisingly, they vary over the years. As with everything in life it goes up and down. However, the numbers of paid claims have risen from 100 in 1990 to over 300 over a period of 25 years, an increase of more than 300%. From 1991 onwards the ratio of dismissed cases to compensated cases is roughly 4:1, until the last two years where there are more compensated cases than dismissed ones, with a ratio of 1:2 in 2014 and 1:4 in 2015. A complete reversal!

"...the numbers of paid claims have risen from 100 in 1990 to over 300 over a period of 25 years, an increase of more than 300%."

Over the period covering fiscal years (FY) 1989 to 2013, there were 3,387 compensable claims - meaning those claims that received compensation or money -, and 9,651 claims that were dismissed, which in itself constitutes an awful miscarriage of the original intent of the National Vaccine Injury Compensation Program created by Congress and Public Law 99-660. The U.S. Court of Federal Claims (the vaccine court) paid out $2,569,336,538.59 for compensable claims and $104,202,681.85 for attorneys' fees representing those claims. The court paid another round of attorneys' fees for dismissed claims totaling $56,375,431.34, plus

Year	Compensable	Dismissed	Total
1999/00	4	86	90
2000/01	2	200	202
2001/02	3	143	146
2002/03	5	412	417
2003/04	5	160	165
2004/05	4	107	111
2005/06	5	101	106
2006/07	4	56	60
2007/08	2	51	53
2008/09	0	62	62

Department of Works and Pensions figures

$15,190,454.29 for interim attorneys' fees. Judging by attorneys' fees paid out, it looks like attorneys do pretty well, instead of injured claimants. The legal profession gets paid much more through the compensation programme than the damaged party for which this scheme supposedly has been set up for!

AND WHAT IS THE SITUATION IN THE UK?

Here there is no adjustable compensation payment. Instead they operate a fixed payment scheme set at £120,000 for serious disability or death. You cannot claim this for children of less than two years of age and the injury or damage has to be on the list. You will also have to prove that there is no doubt the vaccine caused the damage. This leads to the following figures that can be obtained from the Department of Works and Pensions on special request. In the UK the government is very reluctant to make these figures public.

These figures show that over a period of 10 years in the UK compensation payouts have never risen in numbers. In fact, over 2008 and 2009 the authorities managed not to accept a single claim! No wonder the actual application numbers dropped from a peak of 417 in 2003 back down to a yearly rate of around 60. What's the point if you do not get heard anyway? On top of this, the courts in Britain simply follow the recommendation of the authorities which means that you have nothing to gain, and a lot to lose, by taking your claim to court. The trend for compensation payments in the UK is downwards, thereby discouraging anyone to start the process. Economically this appears an ideal situation whereby the tax on every vaccine sold is collected but is no longer needed to settle compensation claims. The last few years have been exactly the same whereby each payout has reached the national news. That is how rare they have become!

"These figures show that over a period of 10 years in the UK compensation payouts have never risen in numbers. In fact, over 2008 and 2009 the authorities managed not to accept a single claim!."

Let's return to the USA in order to learn more about the official figures on vaccine damages. It shows that the vaccines that cause the most damage, as noted by the claims that were supported by the authorities, are Influenza, DPT, Hepatitis B and oral Polio. The vaccine that caused the most deaths is DTP and out of the 32 vaccines listed only 5 had no deaths attributed. To get the full force and effect of vaccines, one has to access the VAERS reporting system for adverse events. Some of the explanatory statements do help to put things into perspective. It reads:

- More than 10 million vaccines per year are given to children less than 1 year old, usually between 2 and 6 months of age. At this age, infants are at greatest risk for certain medical adverse events, including high fevers, seizures, and sudden infant death syndrome (SIDS). Some infants will experience these medical events shortly after a vaccination by coincidence.
- These coincidences make it difficult to know whether a particular adverse event resulted from a medical condition or from a vaccination. Therefore, vaccine providers are encouraged to report all adverse events following vaccination, whether or not they believe the vaccination was the cause.

Readers will notice how adverse events surrounding vaccines always seem to be a "coincidence". Furthermore, if infants are at greatest risk for certain medical adverse events between 2 and 6 months, why not wait to vaccinate until later and save themselves an awful lot of trouble? The department for Health Resources and Services Administration (HRSA) states that VAERS is a passive reporting system, and that underreporting is one of the main limitations of passive surveillance systems, including VAERS. The term "underreporting" refers to the fact that VAERS receives reports for only a small fraction of actual adverse events. That last sentence is a factual statement. Former FDA Commissioner David Kessler estimated in 1993 that less than one percent of doctors reported prescription drug adverse events. Vaccines and vaccinations are listed as pharmaceutical drugs too!

Maybe we can draw two main conclusions from this. One is that the compensation programme was set up to protect the industry and to increase the government's tax revenue. A second conclusion is that we should stop holding heated debates over the vaccination issue and simply allow everyone to view the figures. If we are unimpressed by the number of people that believe serious damage was done by vaccination, we will have to accept that even the authority "admits" that serious damage has been done. And if that kind of number were people killed in air crashes or through shootings or from a drug overdoses we all would deem them to be unacceptable. Something needs to be done about it to stop it. November 2015

Expert witness on "shaken baby syndrome" faces misconduct charge

https://www.newscientist.com/
6/10/2015

Dr Waney Squier, consultant neuropathologist

A SENIOR BRITISH pathologist whose research has identified innocent causes for symptoms previously thought to be caused solely by child abuse is facing a disciplinary hearing over her work. The charges relate to her role as an expert witness in court cases involving non-accidental head injury (NAHI), formerly known as "shaken-baby syndrome".

Waney Squier, a consultant neuropathologist at the John Radcliffe Hospital in Oxford, is the second "shaken baby" expert witness in five years whose work has been called into question by the UK General Medical Council. Hearings examining Squier's case began on 5 October in Manchester. Marta Cohen, a pathologist at Sheffield Children's Hospital, was summoned in 2010 and later cleared of any wrongdoing.

Squier appeared as an expert witness in several court cases between 2007 and 2010 involving allegations of NAHI. She is one of several researchers worldwide who have challenged a long-standing assumption in such cases: that a triad of symptoms – haemorrhages on the surface of the brain, haemorrhages in the retinas, and a swollen brain – is unequivocal evidence of abusive behaviour.

INNOCENT CAUSES

Through their research on the brains of dead infants, Squier and her colleagues have discovered that these symptoms can occur through innocent causes, including difficulty breathing and **infections. (Our emphasis.)**

Squier is now being brought before the UK Medical Practitioners Tribunal Service's fitness to practise panel. The summary of her charges alleges she gave evidence outside her field of expertise, failed to be objective and unbiased when delivering evidence in court, and failed to pay "due regard to the views of other experts".

"It is alleged that Dr Squier's actions were misleading, irresponsible, deliberately misleading, dishonest, and were likely to bring the reputation of the medical profession into disrepute," says the summary. The hearing began yesterday and is expected to last six months.

Squier has not spoken publicly about the hearing, but other pathologists have described the case as a "witch hunt" aimed at preventing her appearing as an expert witness in future.

POLICE FRUSTRATION

The GMC would not disclose its reasons for pursuing the case against Squier, but transcripts of a talk in 2010 at the Eleventh International Conference on Shaken Baby Syndrome/Abusive Head Trauma in Atlanta, Georgia, by Detective Inspector Colin Welsh of the Metropolitan Police reveal the Met's deep frustration at losing child abuse cases, listing defence expert witness testimony as the "top of the list" of reasons for losses in 2008 and 2009. ***(EDITOR: So the police seem more concerned about finding the accused guilty – have they got targets to meet for the number of convictions? How many innocent parents and carers have been convicted when there is no proper scientific evidence that they actually did any harm?)***

A spokeswoman for the Metropolitan Police said this week that following a high-profile acquittal of a defendant in a "shaken baby" case in 2008, prosecution bodies met with the Metropolitan Police to discuss how to manage the impact of contradictory expert witness evidence. Following these discussions, a now-defunct body called the National Policing Improvement Agency sent a report "regarding two doctors" to the GMC.

"The Metropolitan Police Service cooperated with a request from the GMC in June 2010 to provide any relevant information," said the spokeswoman.

NANNY FREED

Since then, in March 2011, the UK Crown Prosecution Service issued new guidance on the investigation of non-accidental head injury cases, which states that its "policy is to resist challenges to the triad diagnosis" of NAHI.

Controversy over the validity of the triad remains. In August, an Irish nanny called Aisling McCarthy was freed by a court in Massachusetts, having spent two-and-a-half years in jail for the alleged murder of Rehma Sabir, a 1-year-old infant in her care. The charges against her were dropped after a state medical examiner reviewed the medical evidence and reversed the original verdict that she had shaken the child to death.

MENINGITIS PART ONE: Meningococcal Ecology and the rise of Invasive Disease in teenagers

BY DR JAYNE LM DONEGAN
GP & HOMOEOPATH

MENINGITIS is an inflammation of the lining of the brain (meninges). It can be due to infection with bacteria, viruses or fungi; from cancerous conditions and other tumours as well as allergic drug reactions and chemical irritation. This series of articles will concentrate on meningitis of infectious origin.

The UK vaccination schedule continues to expand, with a meningococcal B (MenB) vaccine for babies at 2, 4 and 12 months-of-age and a quadrivalent meningococcal ACWY vaccine for 13-18 year-olds at school and 19-25 year-old students at college and university being added in the summer of 2015.

The first meningococcal vaccine in the routine UK schedule was the Meningococcal C (MenC) vaccine introduced in 1999 for babies at 2, 3 and 4 months-of-age with a catch-up campaign to vaccinate everyone under the age of 18 years. It was hailed as an unqualified success by the Department of Health with reductions of up to 75% of expected disease (whatever that means) even though disease caused by meningococcus B (MenB) continued to rise in England & Wales from 1400 cases in the 1998/1999 mid year total to 1686 in 2000/2001 and other groups also began to rise [(1)]. Just ten years later in 2009, meningococcal Y (MenY) disease, almost unheard of in the UK, was increasing [(2)], as well as cases of meningococcal W (MenW) disease. Cases of MenW have risen year-on-year with 23 cases confirmed in 2009, 119 in 2014, and an acceleration in 2015 to more than 150 cases in England by the end of April 2015, compared to 80 cases in the same period of 2013/2014. This has lead to another meningococcal vaccination campaign, this time with the MenACWY vaccine. [(3)]

Parents are queueing up to get their babies vaccinated with the MenB vaccine and students are being spooked by menacing black and white smiley posters telling them they are at high risk of meningitis and septicaemia that "can kill very quickly - "You may have heard of MenC and MenB as causes of meningitis and septicaemia – now there's an increase in MenW infection as well"

Is this a real threat? Another killer bug, along with the "Nightmare strain of TB", that means, "We must vaccinate all the children in London"? [(5)]

When considering vaccination as an intervention, it is not scientific or rational to look at one thing in a vacuum, the whole point of vaccination is to promote 'health', or certainly, absence of 'disease'. But if you don't know what factors promote health – and doctors don't study 'health' in medical school, only 'disease' - you can't make a valid appraisal of the evidence.

It's a bit like the story of the blind men and the elephant.

A group of blind men each touch the elephant to learn what it's like, but each person only touches one part – the tusk or the ears or the flank, and then when they all get together to discuss what they've found, they have a violent disagreement.

So one part of looking at vaccination scientifically is to take a step back to be able to see the whole picture and to take into account the factors that determine our natural immunity to disease.

Crucial to understanding the interplay between bacteria, viruses, fungi and ourselves is understanding the difference between the invasive and the normal/ non-invasive form of a disease. No-one dies or becomes disabled due to the normal course of an infectious disease. They die or become disabled from the complications of an infectious disease and these are all invasive.

Children acquire infections when they need to initiate a clean out of accumulated rubbish in order to go up their next developmental step; adults do it because they are exhausted: if they had a rest first they would not need to have the illness (try telling that to your boss!). The normal course of an acute

DR JAYNE L.M. DONEGAN

childhood infection is: FEVER to speed up the chemical reactions in the body, LOSS of APPETITE – no point filling yourself up with more chemicals that need processing when you are trying to clean yourself out, perhaps DIARRHOEA and VOMITING and/ or a RASH. These are all pushing out or externalising processes. Fever is the fast way, lasting a few days, mucus production is the slow way and may take weeks or months.

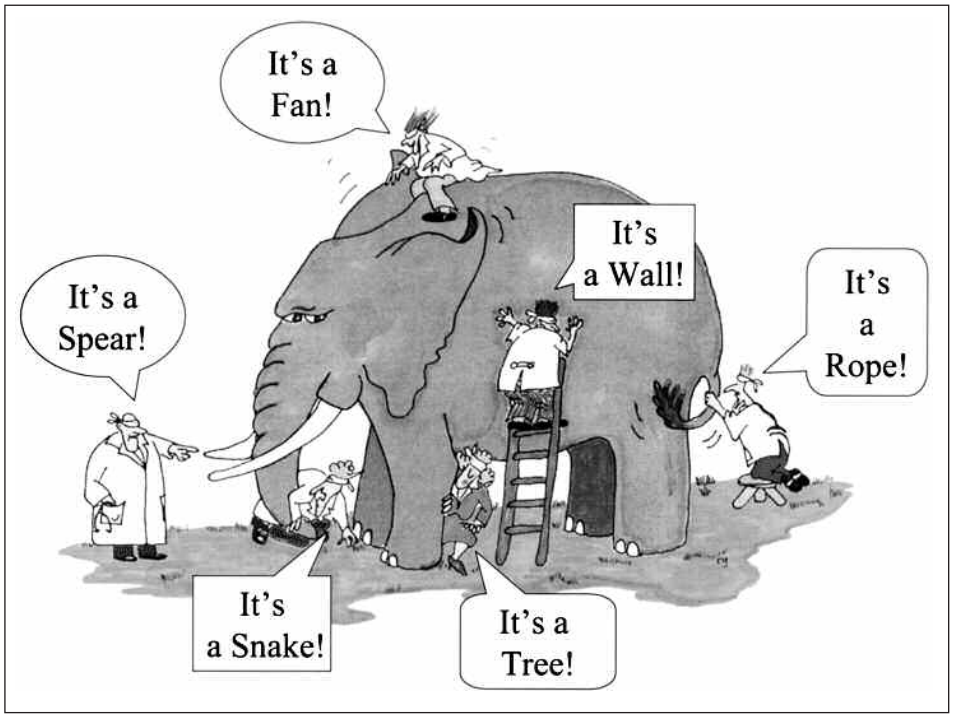
HOW DO YOU MANAGE CHILDHOOD FEVERS?

In a nut shell: open the window, put your child to bed, don't feed them unless they are starving and give them lots of pure, clean water to drink - for more details please see reference [(6)]. The opposite of this externalising process is suppression. Suppress the fever with paracetamol & ibuprofen; dry up the cough with antihistamines and adrenaline like compounds; take non indicated antibiotics – which wipe out the nice bugs and leave the nasty ones to overgrow; keep the window closed; stuff them up with food - especially formula, cow or soya milk - when they are not hungry and you push the process in: into the ears causing ear infections, into the lungs causing pneumonia, into the kidney causing nephritis, into the brain causing meningitis or encephalitis, or into the blood stream causing septicaemia, which is more deadly than meningitis. These are all forms of invasive disease.

Understand that there are no 'killer' bugs or 'nightmare' strains. All bacteria and viruses are potentially pathogenic and capable of casing invasive disease. It

is as easy to die from diseases for which there are vaccines as it is to die from diseases for which there are no vaccines. It all hinges on your general level of health when you meet the organism and crucially, how you treat fevers – suppressively or supportively. Do you help the body to externalise disease, or do your suppress all the symptoms and cause invasive disease?

In university students, regarding invasive meningococcal disease: "strong associations were found with cigarette smoking, intimate kissing, pub or club patronage, and antimicrobial (antibiotic) drug use. The association with pub or club attendance showed a clear dose-response relationship. The association with passive smoking was not as strong but remained significant." [7] Encouraging your children not to smoke, and not smoking yourself are both sensible measures to promote the health of the family, as well as that of the family purse!



IS IT TRUE THAT YOU CAN HARBOUR LOTS OF INFECTIOUS ORGANISMS IN YOUR BODY AND NOT GET AN INFECTION FROM THEM?

Yes, certainly.

A team of doctors in Copenhagen, Denmark conducted a study to see whether finding so-called 'pathogenic' (disease causing) bacteria in the larynx or pharynx (down the throat behind the tonsils) of healthy children aged 3 months – 13 years, undergoing non acute surgery, could be used to diagnose pneumonia in sick children.

If they found no pathogenic bacteria in the healthy children then finding them in sick ones could be used as a diagnostic test, more sensitive then just relying on X-rays and clinical signs. These were not bacteria in the mouth or the nose, but in the 'lower respiratory tract' which is normally regarded as sterile (no bacteria).

They found Streptococcus pneumoniae (the pneumococcus) in 33%, Haemophilus influenzae in 80% and Moraxella catarrhalis 27% of children, and in some instances haemolytic Steptococcus group A and Staphylococcus aureus. They said, "These results indicate that the majority of healthy children carry potential pathogenic (disease producing) bacteria, not only in the larynx but also to a certain extent in the trachea." [8] And in their discussion, " It has often been documented that the upper respiratory tract is colonised with potentially pathogenic bacteria"

I see countless patients who have been given antibiotic creams, tablets and capsules and a variety of other forms of Domestos just because a swab has come back growing one of these so called pathogens.

So when is a germ not a pathogen? - When it's a COMMENSAL - a species living with another species but not dependant on it. From the Latin cum – with, and mensa – table, so, 'sharing a table'

Carriage of bacteria is important in producing immunity to potentially pathogenic bacteria. Haemophilus influenzae, Streptococcus pneumoniae (the pneumococcus) and Neisseria meningitidis (the meningococcus) are all organisms that may live in the nose and oropharynx of healthy children and adults repeatedly throughout their entire lives without harming them. Furthermore they are capable of stimulating cross reacting antibodies that protect against other organisms. This is a very important fact.

Looking at meningitis, which is undoubtedly a very scary disease: it was scary before there were vaccines for it and it is still scary afterwards.

In the UK childhood vaccination schedule there are five vaccines that are said to be against 'meningitis'. There is a bigger uptake of vaccines if they are called anti-meningitis rather than anti-snot - at least this used to be the case. People are becoming so much less confident in their ability to look after children who have even the most minor illnesses and are less tolerant of any kind of aberration from what is regarded as normal, that it may soon make no difference.

- UK 'Meningitis' Vaccines Introduced (UK)
- Haemophilus influenzae b vaccine ('Hib') 1992
- Neisseria meningitidis C vaccine('MenC') 1999
- Streptococcus pneumoniae vaccine ('Pneumococcal') 2006
- Neisseria meningitidis ACWY vaccine ('MenACWY') 2015
- Neisseria meningitidis B vaccine (MenB') 2015

The meningococcus is a bacterium that is carried in the nasopharynx (nose and past the back of the tonsils) of humans. It is spread by droplets - coughs and sneezes, not by fomites - clothing or bedding. Asymptomatic carriage is common, up to one in six people in non

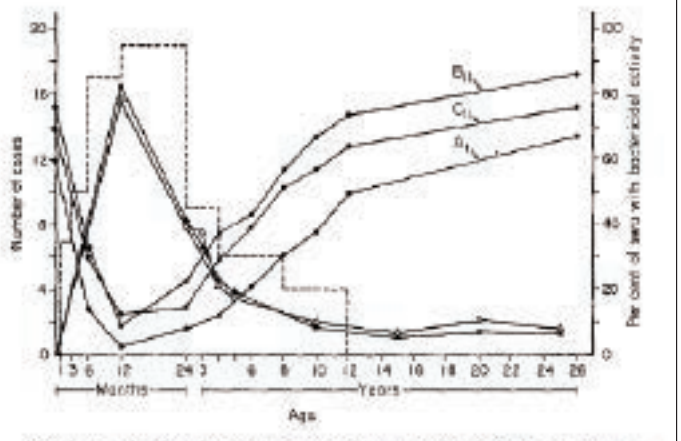


Figure 1

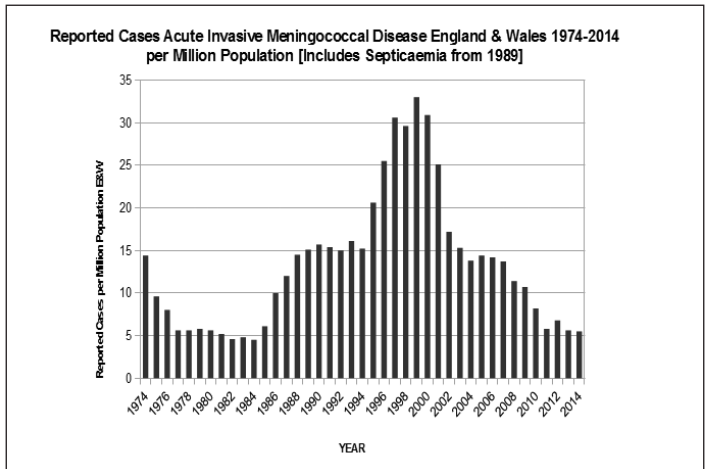


Figure 2

epidemic periods have it up their nose. With the periodic occurrence of invasive meningococcal disease, as opposed to carriage, this 'carrier' rate may rise to one in two; in times of epidemic disease, everybody may carry it up their nose. Carriage is usually for a period of months but may be for years in some individuals. [9]

Meningococci are classified into groups or strains based on differences in the outer coating or capsule from A – Z. Those associated with disease in humans are groups A, B, C, W135 and Y. Once any of the meningococci have been 'carried', protective antibodies are said to be developed to all of the groups. In cases of invasive disease, when the meningococcus leaves the nose or throat and invades the brain or spinal cord (meningitis) or the blood stream (septicaemia – causing the red spots that don't go pale when you press a glass against them), if you survive, immunity is only gained to that particular group or strain.(Harrison's, 1987)

The state of the immune system is the greatest factor in determining whether this harmless nasal carriage of the organism progresses to invasive disease. Other, lesser factors are said to be strain virulence, conditions that spread the meningococcus from the throat and nose (eg a 'flu epidemic), overcrowding associated with poverty [10], young military recruits and university halls of residence. [11]

Most people who contract invasive disease do so not from an individual with invasive disease (meningitis/ septicaemia), but from an asymptomatic carrier. [12]. This makes it very difficult to know whom to treat with antibiotics to stop spread of invasive disease. Indeed, unbridled use of antibiotics in schools and communities during outbreaks may impair the body's ability to develop immunity to the meningococcus (similarly to diphtheria) as well as creating widespread resistance.(Bjorn-Erik, 1996).

"In view of the recent findings that serogroup B and C strains can exchange capsular genes..., there may be a risk of forcing such escape mechanisms on hypervirulent strains as a result of the increased level of herd immunity generated by mass vaccination..[19] *"*

The highest incidence of meningococcal disease used to be in children – boys, aged six months to one year - in the winter. Most adults had protective antibodies but now this is not the case with another big peak in young adults. Earlier in the 20th century a large proportion of disease was caused by group A. From the 1960s most disease was caused by group B (Harrison's, 1987). In the 1990's group C disease increased, now it is groups Y and W.

HOW DANGEROUS IS IT TO HAVE A MENINGOCOCCUS UP YOUR NOSE?

In the 1960's a group of doctors at the Walter Reed Army Institute of Research in Washington DC carried out ground breaking research into the ecology of the meningococcus which is still quoted today. They found that:

"Meningococcemia and meningococcal meningitis in man appear to be infrequent complications of the host-parasite relationship. Ordinary exposure to a strain of Neisseria meningitidis results in carriage of the organism in the nasopharynx for weeks or months, producing either a mild pharyngitis or no symptoms at all".[13]

They also measured the relationship between serum 'bactericidal' (bacteria killing) activity against the meningococcus and the incidence of invasive disease in the population by analysing blood from newborn to 26 year-olds from various hospitals in Washington DC, Boston, Miami and Bethesda, Maryland, USA, and army recruits. They found: "Even during an epidemic, the great majority of individuals exposed to the epidemic strain of meningococcus become asymptomatic carriers rather than clinical cases with systemic diseases. Viewed in this light, the occurrence of meningococcal disease is related more to the unique susceptibility of the individual host than to the innate virulence of the infecting organism." As is the case with polio.

Fig.1 Age related incidence of meningococcal disease in the United States and prevalence of serum bactericidal activity against three pathogenic strains of N meningitidis (Meningococcus). [14]

❒ ---- ❒ Number of cases/ 100 000 age-specific population, 1965
△ ---- △ Number of cases/ 100 000 age-specific population, 1966
---- Age distribution if 72 case admitted to Los Angeles Children's Hospital, 1944-53
•---•---• % of sera in each age group having a bactericidal titre of 1:4 or more against meningococcal strains A1, B1, C11.

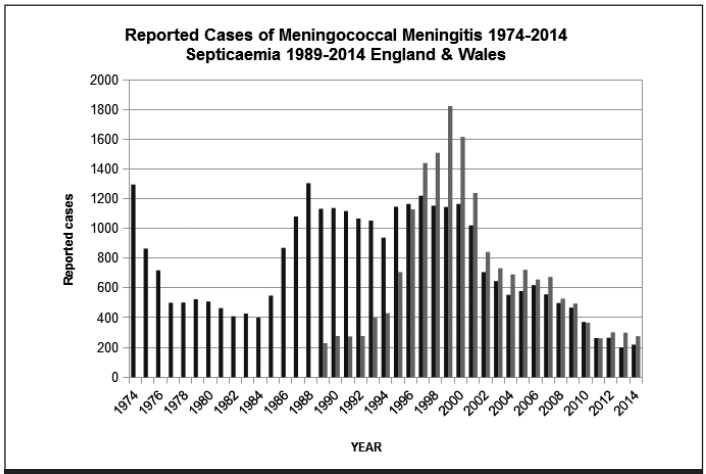


Figure 3

Looking at the graph in Fig.1, the main peak of disease can be seen at 12 months-of-age with a slight peak in 20 year-olds and these were "almost entirely due to cases of meningococcal disease among military recruits." This is very interesting. It has been observed for a long time that being in crowded conditions is a risk factor for invasive meningococcal disease. Military recruits not only live, work and play in close proximity to each other, they are also given vast number of vaccinations on entry, more than the general population in those days.

Consider how many more vaccinations are in the today's schedule than even what US army recruits in the 1960s were given and look at the increase (Fig.2)[15] in invasive meningococcal disease starting right after 7 million doses of measles rubella vaccine were administered to five to sixteen year-olds in the nationwide Measles Rubella (MR) Campaign of 1994, many of whom were going through university over the next 5 years and made up a large proportion of the university population that was most affected. There was not just an increase but also a change to serotype to group C, and this occurred on a background of already high incidence of invasive disease with more cases of septicaemia than before. (Fig. 3)

Fig.3 Black lines is meningococcal meningitis (PHE, 2015, ONS 2005)

Grey lines is meningococcal septicaemia.

COULD MR VACCINATION AFFECT LEVELS OF INVASIVE MENINGOCOCCAL DISEASE?

Both measles the disease and measles the vaccine reduce cell mediated immunity – the type of immunity used especially to deal with viruses and tuberculosis. This was why experimenters using a high potency measles vaccine in Guinea Bissau found that there was a higher death rate in girls under the age of two years in the vaccinated group from diseases other than measles (increased susceptibility). In order to be sure, they tried it out again in a different country, Senegal, with the same tragic results. This lead to the vaccine's being withdrawn from use, not without some regret, as it had been such a promising vaccine, producing good antibody levels, [16,17] though not too many tears shed for the little girls.

"the occurrence of meningococcal disease is related more to the unique susceptibility of the individual host than to the innate virulence of the infecting organism"

In 1999 the MenC vaccine was rushed in for vaccination of 2, 3 & 4 month-old babies and all children and adolescents up to the age of 18 years in a two year catch-up campaign. In 2002 when the rate of invasive meningococcal disease had still not returned to the levels of the late 1970's, the MenC campaign was extended to include up to 25 year-olds.

Since 2002, rates of MenC disease have dropped, but cases of invasive MenY and MenW disease have risen. Why?

The MenC vaccine only stimulates the production antibodies against MenC. As with the Hib vaccine, it is to be expected that as disease with one group of meningococcus declines, there will be a drift to more disease caused by other groups or strains. This is just what has been observed recently, and was known to occur way back in 1970 with the old, polysaccharide MenC vaccine. When used on US forces the incidence of MenC acquisition (carriage in nose) was reduced two to three times but the total meningococcal acquisition rate (with all groups of meningococcus, not just C) was essentially the same regardless of vaccine status. Thus, the vaccinated recruits, although they seemed to be protected against group C organisms, acquired meningococci of other serogroups. The incidence of MenC disease was ten times lower in the group vaccinated against group C compared with unvacccinated recruits but the attack rate of group B meningococcal disease was higher. [18]

The capsules of the meningococci are what allow them to be put into 'groups' or 'strains'. Almost all invasive disease is said to be caused by capsulated forms. Noncapsulated and therefore nongroupable strains are supposed to be the ones associated with harmless carriage. That this is not the case and that the invasiveness or otherwise of the bacterium is determined by factors other than just the organism (the meningococcus) is shown in studies such as the one on Nottingham University students in 1997-98 where different strains of the meningococcus were found to be able to switch expression of their capsules on and off (bacteria are really smart), as well as swapping around their strains (the ABCW&Y markers).The authors add, in their discussion,

"In view of the recent findings that serogroup B and C strains can exchange capsular genes..., there may be a risk of forcing such escape mechanisms on hypervirulent strains as a result of the increased level of herd immunity generated by mass vaccination." [19]

Just what is happening today. Are there any other reasons for this increase? Have there been any other large scale influences on the immune system of the UK population since 1999?

Looking at the UK vaccination schedule for the sixteen years between 1999 and 2015: a Pertussis (whooping cough) vaccine was added to the pre-school booster in 2001. Tetanus vaccine was combined with Diphtheria for school leavers in 2004 so each time someone had a Tetanus shot they were now given two vaccines. In 2006 the MenC vaccine 2 month dose was changed to 12 months-of-age, a Hib booster was added at the same age and a 7-valent Pneumococcal vaccine was introduced for 2, 3 and 13 month-olds. In 2007 Polio was added to the Tetanus Diphtheria vaccine, so now it was three vaccines every time you had a Tetanus shot. Human Papilloma virus (HPV) vaccine was introduced for 12-13 year-old girls in 2008 with a catch up campaign for up to 18 year-olds , the 7-valent Pneumococcal vaccine was changed to a 13-valent version in 2010 – more injected antigens. Children 2-16 years-of-age have been offered yearly 'Flu vaccine since 2012. In 2013 the 4 month-old MenC dose was moved to a teenage dose and the live Rotavirus vaccine was introduced for 8 and 12 week-old babies.

The 2015 vaccination schedule is, indeed, significantly more crowded than its 1999 counterpart which was already a lot more extensive than the simple Diphtheria, Tetanus & Pertussis 'triple' shot which was given with the oral Polio vaccine in the original 1961 universal schedule.

So some of the rise in MenY and MenW invasive disease is because when carriage of one serotype of an organism is lowered, other serotypes move in to take its place as 'nature abhors a vacuum (horror vacui)'. Some may be secondary to other large scale manipulations of children's and adults' immune systems.

Keep in mind what Dr Goldschneider and team said back in 1969: "the occurrence of meningococcal disease is related more to the unique susceptibility of the individual host than to the innate virulence of the infecting organism."

In the next article of this series, we will look at the Meningococcus , Babies, Breastfeeding and Other Invasive Bacterial Disease.

REFERENCES
All accessed 27-30 October 2015

1. Public Health Laboratory Service, Laboratory confirmed N. meningitidis England and Wales by Group 1989-2001 mid year totals
www.phls.co.uk/seasonal/meningococcal/meningitis

2. Ala'aldeen DA, Oldfield NJ, Bidmos FA et al Carriage of meningococci by university students, United Kingdom Emerg Infect Dis. 2011 Sep;17(9):1762-3. doi: 10.3201/eid1709.101762
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3322062/pdf/10-1762_finalL.pdf

3. Public Health England (PHE) Complete immunisation schedule 2015
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/465866/9406_PHE_2015_Complete_Immunisation_Schedule_A4_20.pdf

4. Public Health England Promotional material Meningitis and septicaemia: poster for new university entrants 2015
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/457391/PHE_9427_MenACWY_A3_poster_05a_web.pdf

5. Lydall Ross, Nightmare strain of Tb means we must vaccinate all children in London, Evening Standard 27 Oct 2015 p10
http://standardonline.newspaperdirect.com/epaper/viewer.aspx

6. See free A4 download Dr J Donegan: 'General Measures for Nursing Children' & ebook 'Nursing Children Supportively through Acute Illness http://www.jayne-donegan.co.uk/articles

7. MacLennan J, Kafatos G, Neal Ket al United Kingdom Meningococcal Carriage Group Social behavior and meningococcal carriage in British teenagers Emerg Infect Dis. 2006 Jun;12(6):950-7
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3373034/pdf/05-1297.pdf

8. Hjuler IM, Hansen MB, Olsen B, Renneberg J. Bacterial colonization of the larynx and trachea in healthy children Acta Paediatr. 1995 May;84(5):566-8

9. Harrison's Principles of Internal Medicine 11th Ed, McGraw-Hill Inc 1987 pp574-6

10. Rees Jones I. et al. Social deprivation and bacterial meningitis in NE Thames region: three year study using small area statistics. British Medical Journal 1997;314:794-795

11. Neal KR, Nguyen-Van-Tam J, Monk P, O'Brien SJ, Stuart J, Ramsay M. Invasive meningococcal disease among university undergraduates: association with universities providing relatively large amounts of catered hall accommodation Epidemiol Infect. 1999 Jun;122(3):351-7
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2809627/pdf/10459636.pdf

12. Bjorn-Erik K. et al. Which contacts of patients with meningococcal disease carry a pathogenic strain of Neisseria meningitidis? A population based study. British medical Journal 1998;317:621-625

13. Goldschneider I, Gotschlich EC, Artenstein MS. Human immunity to the meningococcus I The role of humoral antibodies J Exp Med. 1969 Jun 1;129(6):1307-26
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2138650/

14. from: Goldschneider I, Gotschlich EC, Artenstein MS. Age related incidence of meningococcal disease in the United States and prevalence of serum bactericidal activity against three pathogenic strains of N meningitidis J Exp Med. 1969

15. Data for graphs Figs.1&2 Disease incidence: Public Health England Notifiable diseases: annual totals from 1982 to 2014, 2015
https://www.gov.uk/government/publications/notifiable-diseases-historic-annual-totals , Public Health England Notifiable diseases: annual totals from 1912 to 1981, 2015
https://www.gov.uk/government/publications/notifiable-diseases-historic-annual-totals
Population data: Jefferies J, People and Migration, The UK population: past,

present and future, Office for National Statistics UK 2005 (can be googled to get pdf)
16. Aaby P et al 'Long-term survival after Edmonston-Zagreb measles vaccination in Guinea-Bissau: Increased female mortality rate' The Journal of Pediatrics 1993;122:904-8
17. Aaby P et al Sex-specific differences in mortality after high-titre measles immunization in rural Senegal Bulletin WHO 1994;72(5)761-770
18. Artenstein MS, Gold R, Zimmerly J, Wyle FA, Schneider H, Harkins C, Prevention of meningococcal disease by group C polysaccharide vaccine, New England Journal of Medicine 1970;282:417-20
19. Ala'aldeen DA, Neal KR, Ait-Tahar K et al Dynamics of meningococcal long-term carriage among university students and their implications for mass vaccination. J Clin Microbiol. 2000 Jun;38(6):2311-6 http://www.ncbi.nlm.nih.gov/pmc/articles/PMC86789/pdf/jm002311.pdf

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FLU JABS – doing more harm than good?

BY CARING TIMES EDITOR GEOFF HODGSON
http://www.careinfo.org/
02/11/2015

I REGARD people who mindlessly oppose all forms of vaccinations as being similar in outlook to creationists and climate change deniers, but close experience of the potential adverse effects of some vaccinations makes me a little sceptical of claims by some health leaders that all vaccines are safe, effective panaceas.

When working as a nurse in the 1980s, I looked after an attractive lady in her thirties who, along with other neurological signs, had permanently lost all control of her bladder as a consequence of an adverse reaction to the smallpox vaccine – her case notes supported this, noting that it was a recognised, but very rare occurrence (something like one in 20,000).

My own mother-in-law developed a permanent debilitating neurological condition within weeks of receiving a flu vaccination – her doctors neither confirm nor deny a possible link.

At the beginning of winter, at the end of 2005, Cannon Capital chief executive James Flaherty described flu vaccination for elderly people as 'euthanasia by the back door'. Speaking to attendees at a Caring Times Christmas Lunch, Mr Flaherty asked providers if they had noticed an increase in post-flu-jab mortality – all of them had.

Amid calls for care providers to pay for their staff to have flu jabs, I would suggest that, while it is clear that the decision to have a flu vaccination rests solely with the individual, where the responsibility lies in the advent of a demonstrable adverse effect is less clear. Employers who offer to take the financial sting out of a flu jab may be wise to ensure that disclaimers are signed beforehand. The same of course applies in respect of residents.

Vaccinations have undoubtedly been responsible for global improvements in public health and have reduced much human heartache and misery but, while I am no immunologist, I do know that the flu viruses can reconfigure themselves in very short time-frames, and that developing effective, safe vaccinations against them is very problematic.
There's no way I'd consent to having one – I'd rather take my chance against the flu.

AIMS & OBJECTIVES OF THE *informed* PARENT GROUP

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

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