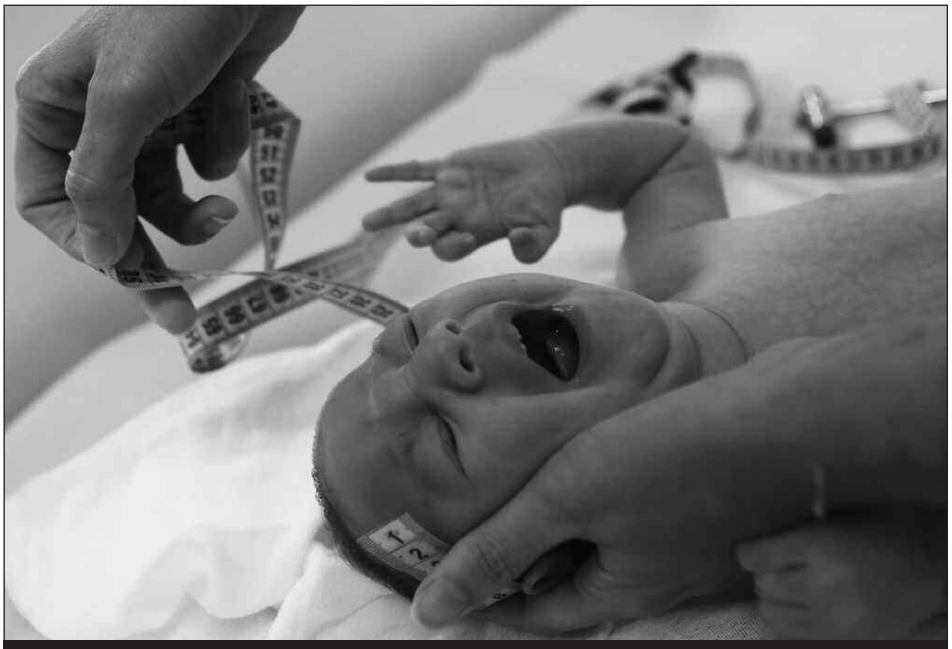
THE informed PARENT
ISSUE ONE 2016 A NEWSLETTER ON VACCINATION ISSUES AND HEALTH

WHAT IS THE ZIKA VIRUS EPIDEMIC COVERING UP?

JAGANNATH CHATTERJEE,
GREEN MED INFO
http://www.greenmedinfo.com
5 February 2016



Two-month-old baby with microcephaly is measured - Recife, Brazil.

CORRELATION does not mean causation. Is the Zika virus being used as a scapegoat for Pharma's dangerous adverse effects?

The world of modern medicine has since its inception been one of controversies, scandals and cover ups. Each such episode has bettered the other and is done with a finesse that appears clearly criminal in intent. The Zika virus episode is one of the best examples of this and hides a very cruel agenda behind it.

On February 1st 2016, the WHO declared the Zika virus epidemic a global public health emergency. This was even before it formally sat for a Skype meeting on February 2nd. What caused this urgency? The Zika virus, WHO claimed, had caused an epidemic of microcephaly in Brazilian children around 4000 of who had been affected since October 2015. Microcephaly is a condition where children are born with a small sized of the skull and sometimes with under developed brains.

Experts cautioned that the virus was spreading fast and Latin America was threatened. Soon cases were reported from the USA, spread through sex, concretizing the official narrative on the "ferocious spread" of the virus. In the UK the public was reminded that the virus was only a plane ride away. Ireland advised condom use. Zika was also linked to a kind of paralysis called the Guillain Barre Syndrome, an auto-immune disorder where the body attacks its own nerve cells. The WHO put Zika in the same category as the Ebola; both belong to the same category of a virus family called Flavoviridae. The priority, it was said, was to protect pregnant women and babies from harm.

"Brazil is a country that is reckless in the use of pesticides in its agricultural fields. Many of them are banned and are linked to congenital defects (defects to fetuses in the womb). Brazil also cultivates GM crops and uses the dangerous herbicide Glyphosate which has also been linked to birth defects in experiments with laboratory animals.."

Even before this declaration by the WHO, on January 22nd the Government of Brazil had gone into an overdrive to contain the epidemic. The Health Minister requested women to avoid pregnancy, asked the pregnant women to report to doctors for a checkup, and employed 200,000 soldiers in a fumigation drive to kill mosquitoes. Pregnant women were heart broken in the country. Many considered aborting and some even went ahead and conducted illegal abortions, as abortions are not legal in the country. The media was flush with news and every TV channel and print media highlighted this global crisis. Experts suggested that genetically modified mosquitoes used against the dengue carrying mosquitoes in Brazil should also be used against Zika as the vector, the Aedes aegypti variety was the same.

In a public health debate on France 24 TV channel on 26th January however the experts were cautious. Through their body language and careful choice of words they opined that the epidemic was perhaps not so serious. Brazil was probably overreacting to the crisis as it was hosting the Olympics in August 2016 and also the Paralympics in September. Clearly it had to show action on the ground to prove that strong steps were being taken to curb the epidemic.

›

Editor's note

Magda Taylor

WELCOME TO THE FIRST EDITION OF 2016
As usual the first edition for 2016 features a mix of vaccine articles from around the globe. The internet certainly provides such a vast array of articles to glean from as well as assisting individuals and awareness organisations to network and exchange information and experiences on this subject.

Once again I would like to thank you for subscribing to this publication and also to those of you who have sent generous donations – these are always greatly appreciated! I am presently in the position of trying to purchase a new computer for The Informed Parent. Unfortunately around 2 years ago my computer was completely frazzled, along with the printer and router by a freak lightening strike in Worthing. Since then I have been sharing a computer due to insufficient funds. So any donations, no matter how small, towards helping TIP with a new computer would be welcomed enormously. Alternatively please let others know and encourage them to take out a subscription.

As I mentioned earlier the internet provides a wealth of information, which is to be applauded however over the last 10 years it has had an impact on the number of people taking out an annual subscription. Any help will be gratefully received!

It is ironic that we are presently witnessing more of a push for penalties and restrictions on the freedom of choice in so-called 'democratic' countries - such as Australia and the US. Whereas in January this year the Czech Republic's Constitutional Court ruled that 'Not only religion, but also freedom of conscience in the broadest sense can be a reason for parents to refuse the mandatory inoculation of their children'.

Presently in the UK there has been a petition with over 770,000 signatories (apparently the most-signed online petition in parliamentary history) calling for all children under 11 years of age to receive the meningitis B vaccine.

The petitions committee has yet to schedule a date for a debate in parliament. (At the time of writing this editorial.) Meanwhile there has been a lot of attention in the media concerning cases of meningitis – it seems like the scaremongering tactics are once again being used as a marketing tool to incite the general public into a state of fear leading to a demand for the vaccine!

Keep informed and keep healthy!

MAGDA TAYLOR, EDITOR. MARCH 2016

"THERE IS A GREAT DEAL OF EVIDENCE TO PROVE THAT IMMUNIZATION OF CHILDREN DOES MORE HARM THAN GOOD." – DR. J. ANTHONY MORRIS, FORMERLY CHIEF VACCINE CONTROL OFFICER AT THE FDA."

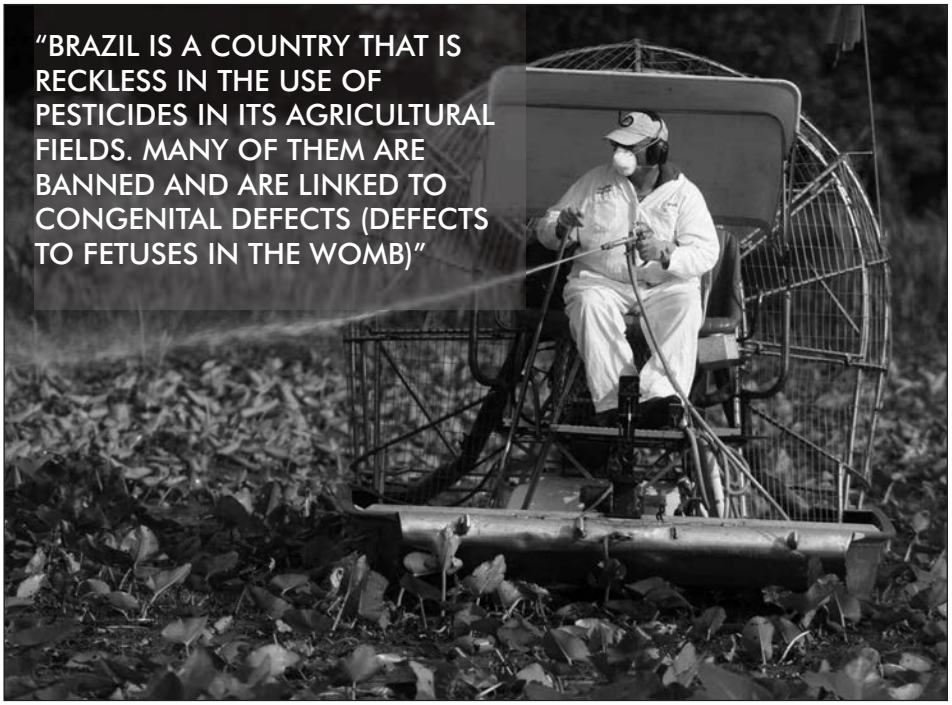
› *from p01*

As they became more and more uncomfortable dealing with the subject of the interview, the Zika virus, the author had to wonder if this was another swine flu scare that had led to vaccine stockpiling worldwide and that had to be destroyed later leading to huge losses to Governments and profits to the manufacturer. An expert then conceded that common sense measures at the point of origin were usually enough to contain the spread of vector borne diseases.

Even as the hysteria mounted and the Health Minister of India called an extraordinary meeting to discuss India's response to the public health emergency and the WHO predicted a global disease burden of 4 million with outbreaks in 20 countries, crucial information began to emerge in the independent media that shocked well read and educated people throughout the world. There was something very wrong in the way the WHO, Governments, other medical agencies and the media were fanning the issue.

The Zika virus was discovered in the year 1947 by the Rockefeller Foundation when it was isolated from monkeys from the Zika forest in Uganda in a laboratory. Since then the Foundation owns the patent to this virus. The first human case being detected in the year 1954 was found to cause a very mild form of disease involving low fever, sore body, headaches, and a mild rash in very few people. The rest did not show any symptoms at all. The symptoms were resolved in a few days. Prior to 2007 only 14 cases were recorded. Even as a bigger spread was recorded in French Polynesia in 2014 (338 cases) nobody took the virus seriously. So what changed in 2015? Why did 4,180 babies come down with microcephaly in Brazil? What about the cases of Guillain Barre Syndrome? These were never associated with the Zika since its discovery almost 70 years ago.

Experts in the field of genetics observed something very curious. The Zika virus had currently emerged exactly from those areas where the GM mosquitoes were released in 2015 to contain the dengue! The mosquitoes were released by a company called Oxitech in collaboration with the Bill & Melinda Gates Foundation (BMGF). Could one virus have been replaced with another?



"BRAZIL IS A COUNTRY THAT IS RECKLESS IN THE USE OF PESTICIDES IN ITS AGRICULTURAL FIELDS. MANY OF THEM ARE BANNED AND ARE LINKED TO CONGENITAL DEFECTS (DEFECTS TO FETUSES IN THE WOMB)"

As Brazil started scrutinizing the 4180 cases of microcephaly more surprises emerged. Alerted by a circular to report cases of microcephaly pediatricians in the country had clearly exceeded their brief by reporting every child that appeared to have small skulls. Having small skulls is not unusual in Brazil. As on February 4th only 404 of those cases were confirmed to be microcephaly. Worse, the Zika virus was found in only 17 of them! In other words, only 4.2% of microcephaly cases in Brazil have been shown to have any connection to Zika. That means 96% of microcephaly cases have no link to Zika. There was evidently no epidemic, and the role of the Zika virus is severely questioned. And yet the WHO went ahead with the global public health emergency declaration. Again, why?

What can cause microcephaly? According to medical texts, the condition can be genetic, fusing of bone sutures (gaps) in the skull preventing growth of the brain, due to complications in pregnancy or faulty delivery leading to deprivation of oxygen in the brain, exposure to drugs, alcohol or toxic chemicals in the womb, infections in the womb due to rubella or varicella viruses etc, severe malnutrition, inability of the body to break down a chemical, and any other insult or injury. Researchers than began investigating what could have happened to pregnant mothers during their pregnancy.

Brazil is a country that is reckless in the use of pesticides in its agricultural fields. Many of them are banned and are linked to congenital defects (defects to fetuses in the womb). Brazil also cultivates GM crops and uses the dangerous herbicide Glyphosate which has also been linked to birth defects in experiments with laboratory animals. Combined with rampant malnutrition in Brazilian women, pesticide and herbicide poisoning was a deadly mixture. The agency behind pushing GM crops into Brazil was once again the BMGF.

While investigating the procedures directed at pregnant women in the year 2015, shocking facts emerged. Acting as per a WHO decision to inject pregnant women with vaccines despite contraindications the Brazilian Government had allowed its pregnant women to become the equivalent of guinea pigs. Besides the tetanus vaccines (provided as Diptheria Tetanus vaccines), the women had also received the Measles Mumps Rubella (MMR) vaccine in pregnancy. What is worse a DTaP vaccine was mandated for pregnant women in 2014. Citing a shortage of the DTaP vaccine the highly reactive DTP vaccine was also administered. Clearly huge risks had been inflicted on the unsuspecting women. None of these

›

vaccines are known to be safe during pregnancy and the MMR and the DaPT/DPT vaccines are lapses that cannot be condoned. The rubella virus in the MMR vaccine and the pertussis component in the DPT vaccine are known to cause microcephaly. In the USA alone, where the DaPT is administered to pregnant women, 25000 cases of microcephaly are likely to occur every year.

The DTaP vaccine initiative to vaccinate pregnant women was financed by BMGF funds. BMGF also heavily funds vaccination programmes in developing nations through its funded ally, the GAVI which receives the second largest funding from the BMGF. This BMGF is therefore coincidentally linked with all that could have gone wrong in the entire picture. The agency is also the third largest donor to the WHO which declared an emergency in great haste. If a vaccine to prevent Zika emerges, and GM mosquitoes are released globally to contain Zika, the gainer once again would be the BMGF. What an interconnected net of coincidence! If the GM mosquito, herbicides, pesticides and vaccines link to microcephaly in children can be covered up under the Zika protest, the beneficiary once again would be the BMGF which would not be questioned for its failings even as it continues to gain from these dangerous ventures.

In the future we can expect the Zika to be blamed for more and more conditions as the mere presence of the virus is being linked to illnesses and conditions in the patient. This is like blaming the firefighters present in the fire scene for the fire as they are present

GM mosquitoes, released in 2015

"Experts in the field of genetics observed something very curious. The Zika virus had currently emerge exactly from those areas where the GM mosquitoes were released in 2015 to contain the dengue! The mosquitoes were released by a company called Oxitech in collaboration with the Bill & Melinda Gates Foundation (BMGF). Could one virus have been replaced with another?..."

whenever there is a fire! Called 'correlation does not mean causation', this principle is not being applied here for obvious reasons. There have to be scapegoats for medicine's dangerous adverse effects. It would be wonderful if those scapegoats can call for further interventions that result in more business and more profits. Already there is a call to legalize the banned DDT as a mosquito repellant.

Thus even before the emergency was declared, the truth was out. There is no epidemic. The Zika virus is not the culprit. There has been a cover up to crimes of immense proportion at ground zero. An entirely new market has been opened up for drug and vaccine manufactures and research agencies will receive enough funding to clinch a faulty link. There will be a vaccine for a probable vaccine induced disorder. Vaccination of pregnant women can continue throughout the globe with the blame being shifted to the Zika virus for adverse effects. Countries that object to abortions will be asked to frame laws to legalize them. Pregnant women will be frightened into abortions and to stay away from sex. Large scale vaccinations of adults will become mandatory opening up new markets as the childhood vaccination market is getting saturated.

Modern medicine has gained in this entire episode as it has once again been able to expand its markets, cover up its criminal pursuits, further its de-population agenda, and strengthen the fear of disease in populations. The common man has lost his family freedom and choices, health, and is now fearful of an imaginary enemy.

ABOUT THE AUTHOR

Jagannath Chatterjee is a vaccine researcher and author of a number of articles on the subject that have appeared in newspapers and journals in India. He also writes for websites. A campaigner of 30 years standing against vaccines he is a vaccine victim being affected severely by a vaccine in 1979 when he was 17 and preparing for a career in medicine. He blogs at www.currenthealthscenario.blogspot.in.

Ground-breaking ruling in Czech Republic undermines mandatory vaccination!

SECRETARY EUROPEAN FORUM FOR VACCINE VIGILANCE (EFVV)
LONDON, UNITED KINGDOM
22 Jan 2016

A STEP IN THE RIGHT direction for human rights in the Czech Republic:
'Not only religion, but also freedom of conscience in the broadest sense can be a reason for parents to refuse the mandatory inoculation of their child, the Czech Republic's Constitutional Court said in a ground-breaking ruling on Wednesday the 20th January 2016.

The decision concerned parents who were recently fined for having refused to inoculate their child on the grounds of possible health complications.'

MAINSTREAM MEDIA BLACKOUT: Physicians In France Join Growing List Of Doctors Who Question Vaccine Safety

ARJUN WALIA
COLLECTIVE EVOLUTION
http://www.collective-evolution.com/
Tue, 05 Jan 2016

EXTRACTS:

There have been a number of articles floating around the internet claiming that France is opting out of vaccines. I could not find a credible source to back up this information, however, and from what I've examined, it does not seem to hold true. There is, nevertheless a demonstrably harsh resistance to vaccines among the general population and a significant portion of their doctors, as noted in a recent study published in 2015 that goes into more detail.

Before going into detail about France and vaccines, it's important to note the following prior to reading:

Questioning vaccine safety can be met with sharp criticism in return, despite the fact that a number of countries have a very limited vaccine schedule compared to the Western world. Critics also seem to ignore the fact that many scientists and doctors around the world are presenting information and publishing papers (in reputable, peer-reviewed journals) which outline the science behind these concerns. On the other hand, we have a number of doctors and scientists publishing papers in the same journals which completely support the mass administration of vaccines. It remains a divisive issue to be sure.

One example out of many where concern is raised (about adjuvants) comes from a fairly recent Meta-Analysis published in the journal Bio Med Research International. The study found that:

As seen in this review, the studies upon which the CDC relies and over which it exerted some level of control report that there is no increased risk of autism from exposure to organic Hg in vaccines, and some of these studies even reported that exposure to Thimerosal appeared to decrease the risk of autism. These six studies are in sharp contrast to research conducted by independent researchers over the past 75+ years that have consistently found Thimerosal to be harmful. As mentioned in the Introduction section, many studies conducted by independent investigators have found Thimerosal to be associated with neurodevelopmental disorders. . . . Considering that there are many studies conducted by independent researchers which show a relationship between Thimerosal and neurodevelopmental disorders, the results of the six studies examined in this review, particularly those showing the protective effects of Thimerosal, should bring into question the validity of the methodology used in the studies. [(1)]

"After repeated vaccine controversies in France, some vaccine hesitancy exists among French GPs, whose recommendation behaviours depend on their trust in authorities, their perception of the utility and risks of vaccines, and their comfort in explaining them.."

FRANCE & VACCINES

A number of experts in various countries have also expressed their concern over the safety of several vaccines. As mentioned above, Gardasil is a great example, having been banned in Japan and in multiple countries in Europe.

If there are problems with vaccines, rest assured they are not going to be televised by corporately owned media. After all, it's not like you are going to bash your own products on your own television stations, are you?

This is why most of you reading this might not know how deep the vaccine controversy actually goes, especially if you rely on mainstream media as your only source of information, without doing any investigation for yourself.

A new study published in the journal EbioMedicine outlines this point, stating in the introduction:

Over the past two decades several vaccine controversies have emerged in various countries, including France, inducing worries about severe adverse effects and eroding confidence in health authorities, experts, and science (Larson et al., 2011). These two dimensions are at the core of the vaccine hesitancy (VH) observed in the general population. VH is defined as delay in acceptance of vaccination, or refusal, or even acceptance with doubts about its safety and benefits, with all these behaviors and attitudes varying according to context, vaccine, and personal profile, despite the availability of vaccine services (Group, 2014,Larson et al., 2014, Dubé et al., 2013). VH

presents a challenge to physicians who must address their patients' concerns about vaccines and ensure satisfactory vaccination coverage. The study concludes with the observation that "after repeated vaccine controversies in France, some vaccine hesitancy exists among French GPs, whose recommendation behaviours depend on their trust in authorities, their perception of the utility and risks of vaccines, and their comfort in explaining them."

As a result, the study outlines how "up to 43 % of GPs sometimes, or never, recommend at least one specific vaccine to their patients."

The percentages differ because the study was broken down as to which vaccines, and whether they are recommended never, sometimes, often or always. You can refer to the study for more details.

The authors' overall findings "suggest that VH [vaccine hesitancy] is prevalent among French GPs. It may make them ill at ease in addressing their patients' concerns about vaccination, which in turn might reinforce patients' VH."

Again, this isn't a secret, another study (out of many, cited in the France publication) outlines how "more research is needed to understand why some health professionals, trained in medical sciences, still have doubts regarding the safety and effectiveness of vaccination." [2]

WHY PHYSICIANS ARE HAVING TROUBLE TRUSTING HEALTH AUTHORITIES

"The medical profession is being bought by the pharmaceutical industry, not only in terms of the practice of medicine, but also in terms of teaching and research. The academic institutions of this country are allowing themselves to be the paid agents of the pharmaceutical industry. I think it's disgraceful." – [3] Arnold Seymour Relman (1923-2014), Harvard Professor of Medicine and Former Editor-in-Chief of the New England Medical Journal.

Dr. Richard Horton

"much of the scientific literature, perhaps half, may simply be untrue. Afflicted by studies with small sample sizes, tiny effects, invalid exploratory analyses, and flagrant conflicts of interest, together with an obsession for pursuing fashionable trends of dubious importance, science has taken a turn towards darkness."

It's good to see a paper like this finally officially acknowledging the trust issues that some physicians are starting to have when it comes to pharmaceutical grade products. This would have been virtually unheard of just a few short years ago, and it is refreshing to see so many influential and big names in medicine starting to openly question the industry.

Dr. Richard Horton, the current Editor-in-Chief of the Lancet - considered to be one of the most well respected peer-reviewed medical journals in the world - recently stated that the "case against science is straightforward: much of the scientific literature, perhaps half, may simply be untrue. Afflicted by studies with small sample sizes, tiny effects, invalid exploratory analyses, and flagrant conflicts of interest, together with an obsession for pursuing fashionable trends of dubious importance, science has taken a turn towards darkness." [4]

Dr. Marcia Angell, a physician and longtime Editor-in-Chief of the New England Medical Journal (NEMJ), which is considered to be another one of the most prestigious peer-reviewed medical journals in the world, expresses the same view:

It is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgment of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as an editor of the New England Journal of Medicine. [5]

There are countless examples of this type of fraud, the most recent having to do with the anti-depressant drug Paxil. I just wanted to emphasize that we have real-world proof that goes beyond these types of statements. Medical fraud is a huge topic on its own and hopefully I have provided a small base for you to further your own research.

REFERENCES

1. BioMed Research International,Volume 2014 (2014), Methodological Issues and Evidence of Malfeasance in Research Purporting to Show Thimerosal in Vaccines Is Safe

2. Human Vaccines & Immunotherapeutics. Vol. 9, Iss. 8, 2013 - Vaccine Hesitancy

3. Relman A, Angell M. America's other drug problem. New Republic 2002. December 16: 27.

4. www.thelancet.com *Vol 385 April 11, 2015*

5. Angell M. Drug companies and doctors: A story of corruption. January 15, 2009. The New York Review of Books

"FOR THIRTY YEARS KIDS DIED FROM SMALLPOX VACCINATIONS EVEN THOUGH NO LONGER THREATENED BY THE DISEASE."
– DR. ROBERT MENDELSOHN, MD

VACCINE HESITANCY AMONG GENERAL PRACTITIONERS AND ITS DETERMINANTS DURING CONTROVERSIES: A National Cross-sectional Survey in France

VERGER P, FRESSARD L, ET AL.
VOL 2, ISSUE 8, PAGES 891-897
August 2015
www.Ebiomedicine.com

ABSTRACT

Background
This study aimed to assess: 1) vaccine hesitancy (VH) prevalence among French general practitioners (GPs) through the frequency of their vaccine recommendations, and 2) the determinants of these recommendations.

METHODS

Cross-sectional observational study in 2014 nested in a national panel of 1712 randomly selected GPs in private practice in France. We constructed a score of self-reported recommendation frequency for 6 specific vaccines to target populations.

RESULTS

16% to 43% of GPs sometimes or never recommended at least one specific vaccine to their target patients. Multivariable logistic regressions of the dichotomized score showed that GPs recommended vaccines frequently when they felt comfortable explaining their benefits and risks to patients (OR = 1.87; 1.35–2.59), or trusted official sources of information highly (OR = 1.40; 1.01–1.93). They recommended vaccines infrequently when they considered that adverse effects were likely (OR = 0.71; 0.52–0.96) or doubted the vaccine's utility (OR = 0.21; 0.15–0.29).

INTERPRETATION

Our findings show that after repeated vaccine controversies in France, some VH exists among French GPs, whose recommendation behaviors depend on their trust in authorities, their perception of the utility and risks of vaccines, and their comfort in explaining them. Further research is needed to confirm these results among health care workers in other countries.

CONCLUSION

Overall our findings suggest that VH is prevalent among French GPs. It may make them ill at ease in addressing their patients' concerns about vaccination, which in turn might reinforce patients' VH (Gowda and Dempsey, 2013). More research is warranted to assess VH among GPs and other health care workers for an extended set of vaccines, target populations, and countries. Better understanding of the determinants of VH among physicians is also necessary, in particular to assess the extent to which patients' VH contributes to physicians' VH (Peretti-Watel et al., 2015, McRee et al., 2014). Our findings also call for the development and evaluation of interventions and tools targeting GPs to contain and restrain their VH and help them cope with patients' VH. GPs would benefit from tools and training focusing on communication skills to address their patients' concerns about vaccination (European Centre for Disease Prevention and Control, 2012).

Another important aspect lies in addressing their distrust of the health authorities: this is not a simple task, as it necessitates changes far beyond the vaccination field.

ARE YOU BRINGING YOUR CHILD UP NATURALLY AND WANT TO MEET OTHER PARENTS DOING THE SAME? … Join an Arnica group near you!

FOR THOSE that have not heard of Arnica, it is a not-for-profit support group for parents, led by parents, who believe in a holistic approach to health, not a mass vaccination programme, which means that natural approaches and non-vaccination are our preferred route.

Arnica's aim is to promote Natural Immunity by supporting parents and practitioners with a network of community groups and on-line discussion, as we recognise a grass roots need to debate, practice and campaign: www.arnica.org.uk

There are over 80 local Arnica groups now in the UK that meet up regularly and they have their own FB pages. We are one of those groups – Arnica Sussex. We are based in Brighton and we meet the second Friday of each month, 10.30-12.30. It is a very friendly and informal group.... We usually have a theme for the meeting and occasionally a speaker will come and share information about an aspect of supporting natural health and immunity.

We ask for a donation of about £3 for those that can, to cover the cost of the room... and all are welcome, including all small ones!

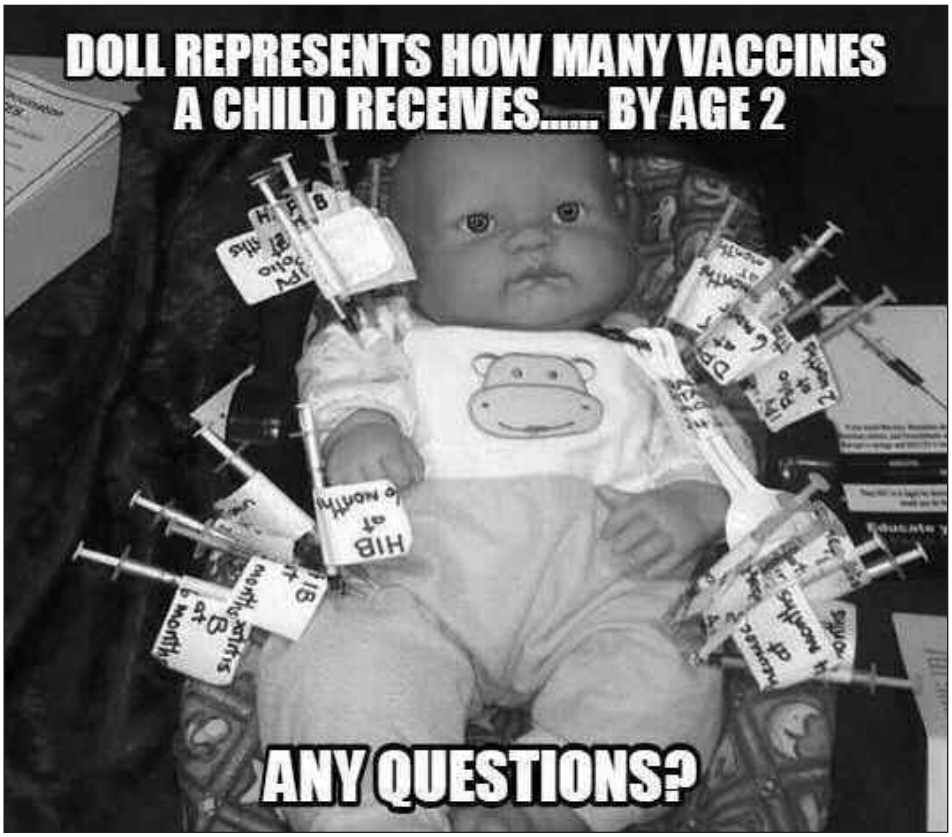
ARNICA
UK PARENTS' SUPPORT NETWORK
Promoting Natural Immunity

If you would like to find out if there is an Arnica group near you, have a look at: www.arnica.org.uk/arnica-groups and for more information:
www.facebook.com/groups/arnica/

If you live in Sussex and would like to come along and meet us, full information is at
www.facebook.com/groups/Brightonarnica

VOODOO SCIENCE: The Myth of Vaccine Efficacy

GARY NULL, PHD AND RICHARD GALE
December 5, 2015
www.garynull.com



EXTRACTS:

The two pillars upon which the entire edifice of vaccinology rest are that vaccines are safe and effective. We are told by our medical and federal authorities, physicians, pharmacists and health care practitioners that vaccines work by stimulating the body's immune system to create specific antibodies. These antibodies in turn will protect us from the infectious disease specific to a given vaccine.

This central premise is virtually never challenged. Hundreds of millions of Americans simply accept that all vaccines are scientifically proven to confer immunity against disease. In a previous article, Uncovering the Cover-Up: Scientific Analysis of the Vaccine-Autism Connection, Deeply Flawed US Vaccine Policies, we examined the myths about vaccine safety and presented the actual science demonstrating vaccines' toxic ingredients and adverse neurological effects. This report investigates the medical industry's claims that vaccines are effective. Moreover, the independent research presented for each major vaccine raises serious questions that challenge the concept of antibody generation as a reliable factor to assure viral and bacterial immunity.

MEASURING VACCINE EFFICACY: JUNK SCIENCE AT ITS WORST

Every flu season, millions of Americans visit their physician's office or local pharmacy to receive a flu shot. Recipients are given one of a handful of influenza vaccines on the market. The same vaccine will be injected into a 14 pound infant, teenage athletes weighing 200 pounds, and frail, immunocompromised elderly patients. Regardless of age, weight, medical history, previous compromised immune system and any other health factor, they are all given the same exact chemical cocktail. Furthermore, we are told to accept that this one-size-fits-all approach will predictably result in the production of a number of protective antibodies that will ward off a flu infection. Once the flu season concludes, vaccinated persons who made it through the season without contracting a diagnosed flu infection are categorized by our health officials as having been successfully immunized. And these statistics then stand as living proof of the vaccine's efficacy. Meanwhile, very little if any attention is paid to the numerous other factors that have been shown to influence immunity, including, quality of diet, additional nutrient profile, vitamin D, A and C status, exercise, stress management, exposure to environmental toxins, sleep patterns and biochemical and genetic makeup.

A person who chooses to be vaccinated and follows a healthy lifestyle by eating a balanced wholesome diet, minimizing environmental toxins, engaging in regular exercise and practicing de-stress techniques is far less likely to fall sick. It is therefore impossible and completely unscientific to make any absolute claims that vaccines are the sole protective cause for not contracting an infectious illness. On the other hand, an unvaccinated individual who eats the standard American diet, suffers from multiple nutrient deficiencies, and leads a sedentary, high-stress lifestyle, has a higher risk of developing a significantly compromised immune system condition. If such a person comes down with an illness, how can it be blamed on the absence of a vaccine and not the unhealthy lifestyle?

"Regardless of age, weight, medical history, previous compromised immune system and any other health factor, they are all given the same exact chemical cocktail.."

When assessing the impact of vaccines, removing the body's many other biomolecular principles and functions from the equation is completely unscientific, The claim that a vaccine can prevent disease without looking at many other critical health factors in a person's life is contrary to a scientific gold standard for assessing

health and illness. It is no different than if a person took vitamin C and subsequently didn't come down with a cold, that it was exclusively the vitamin C intake that deserves all the credit also being unscientific.

There is very strong evidence suggesting that all clinical trials carried out by vaccine manufacturers fall short of demonstrating vaccine efficacy accurately. And when they are shown to be efficacious, it is frequently in the short term and offer only partial protection. According to an article in the peer-reviewed The Journal of Infectious Diseases, the only way to evaluate vaccines is to scrutinize the epidemiological data obtained from real-life conditions. In other words, researchers simply cannot - or will not - adequately test a vaccine's effectiveness and immunogenicity prior to its release onto an unsuspecting public. (1)

Based upon our research a study has yet to be undertaken that evaluates the long-term progress of both fully vaccinated and unvaccinated children of comparable biochemistries, ages, and lifestyles. Since immunity hinges on more than vaccination status, it stands to reason that the only way to make a fair determination about the effectiveness of the current vaccine schedule would be to carry out such an analysis using gold standard scientific methodology and protocol. Why has this never been done? To understand this unanswered question we must look back at vaccinology's history and the scientific evidence that would implicate our national vaccine campaign as a dangerous and deceptive experiment upon the public.

DECONSTRUCTING THE SCIENCE OF ANTIBODIES

The manufacturing methodology in vaccine development involves taking a disease agent and rendering it gradually weaker so that the body's own immune response is triggered and antibodies are generated (referred to as humoral immunity). However, the body's immune system is far greater than that targeted by a vaccine. In addition to humoral immunity, there is also cell-mediated immunity. Cell-mediated immunity activates macrophages, natural killer cells, antigen-specific cytotoxic T-lymphocytes, and the release of various cytokines in response to a viral antigen. Current vaccine science lacks a way to stimulate the entire immune response instead of just a portion of it. Normal exposure to disease-causing agents always begins in the nasal, ear, throat, and respiratory passages - less so through injection. Once primary immunity has been established by infection, the antibody response follows. This allows the immune system to grow stronger and to bestow natural and permanent immunity to an ever-increasing number of pathogens. Vaccines injected into the body bypass cell-mediated immunity and overstimulate humoral immunity. This confuses normal immune response maturation and skews the functioning of the immune system. Humoral immunity becomes dominant and the crucial cell-mediated immunity is suppressed: the result can be autoimmune disease and frequent infections. According to RM Zinkernagel at the University Hospital of Zurich Institute of Experimental Immunology: "We have not succeeded in generating truly protective vaccines against persisting infections because we cannot imitate 'infection immunity' that is long-lasting, generating protective T- and B-cell stimulation against variable infections without causing disease by either immunopathology or tolerance." (11) The weak correlation between antibody count and immunity is not a new discovery. Walene James, author of Immunizations: The Reality Beyond the Myth, explains that increased antibody production may not be the most important aspect of the immune process: Vaccines isolate antibody function, and allow it to substitute for the entire immune response. Scientific evidence questioning the role of antibodies in disease protection can be found in research, published in a study by the British Medical Council in May 1950. ***(Editor: This may be the study that is being referred to - A Study of Diphtheria in Two Areas of Great Britain, Medical Research Council 1950)*** The study investigated the relationship between the incidence of diphtheria and the presence of antibodies. Since diphtheria was epidemic at, or just prior to, the time of the study, the researchers had a large number of cases to investigate. The purpose of the research was to determine the existence or nonexistence of antibodies in people who developed diphtheria and in those who did not. It looked at patients and people who were in close proximity to patients, such as physicians, nurses in hospitals, family, and friends. The conclusion was that there was no relation whatsoever between antibody count and incidence of disease. The researchers found people who were highly resistant with extremely low antibody counts, and people who developed the disease who had high antibody counts. Dr. Alec Burton, MSc, DO also points out that children born with agamma globulin anemia (an inability to produce antibodies) develop and recover from measles and other infectious or contagious disease almost as spontaneously as other children. One of the foremost issues surrounding vaccine-induced immunity is that infants are biologically incapable of producing antibodies, other than immature IgM antibodies, until 6-12 months of age. The antibodies the infant acquires, such as immunoglobulins, are passed down from mother to child through breastmilk.

Nevertheless, the current CDC schedule calls for more than a dozen injections during the first six months of life. If the immunological function of a fully grown adult is disrupted so significantly by vaccines, what sort of harm can we expect these same vaccines to inflict upon the delicate physiology of an infant?

"Since immunity hinges on more than vaccination status, it stands to reason that the only way to make a fair determination about the effectiveness of the current vaccine schedule would be to carry out such an analysis using gold standard scientific methodology and protocol. Why has this never been done?"

NORWAY: Force-vaccinated with Gardasil

BY MOTHER STINE-MARIE BUER HASVOLD. SKIEN, NORWAY
December 14 2015
www.sanevax.org

CAROLINE was born in 2000 and is now 15 years old. My daughter was very sociable, full of energy and always together with her many friends - running, cycling and playing football. She always had a good appetite.

The only information we were given when the Gardasil vaccine was offered was that it may cause influenza like symptoms which were temporary, just like other vaccines for children.

Even though I had written in the notice book and given information that if she did not want the vaccine, then she MUST NOT be given it - Caroline was held by one nurse whilst another nurse administered the vaccine!

A few days later, half of Caroline's face became paralyzed. She was admitted to the local hospital where tests were done but they found NOTHING wrong. I told them I was sure Gardasil was the cause, but they did not listen.

This was the only examination Caroline has had since Gardasil administration. We have not had any follow up because the hospital and doctor say that the problems are mentally caused. They maintain that the symptoms occurred six months after Caroline's grandmother died; therefore, the sorrow of her death triggered it all!

Needless to say, Caroline only had the first injection of the three that are recommended.

No doctor will listen. They say that Caroline needs mental therapy for her sorrow after my mother's death. She has had no more tests or treatment because no one believes us. Now she feels pain in her whole body and just wants to sleep. She feels ill all the time. She hardly manages to do anything, has poor memory, heart palpitations, stabbing pain in her chest, and sometimes has breathing difficulties. She often has headaches and now has a poor appetite. She gets tired just by going to the toilet. She can't walk or cycle any particular distance - her legs go weak and lose feeling. She is bedridden most of the time.

There has not been any medical help and no support or understanding from Caroline's new school. She now goes to school as long as she can but on the days when her legs are too weak I drive her there. She has had eight days and 24 hours absence this spring. She has only attained 2 as her final grade. She was absent from school 15 days in the autumn. Her school work takes a long time, she finds it difficult to concentrate because of pain and she feels very tired both mentally and physically. Her sight in one eye has become weaker. Caroline has been told by her teachers that she is lazy, which adds to her suffering and is heartbreaking for us as we know how much pain she has and how hard she is struggling. If only the teachers would believe that Caroline is ill and would try to understand.

Some parents say that we should not tell others about the risks from Gardasil because they believe that the vaccine prevents cervical cancer, but we have heard that proof that the vaccine prevents cervical cancer will not be available for many years.

The nurse who administered Gardasil against my daughter's will came to our home and contacted us several times. She told us they were extremely afraid that we could scare other children about taking the vaccine and that we MUST NOT mention the vaccine in connection with our daughter being ill.

We hardly hear about other girls in Norway who are suffering after Gardasil, but there are reports of thousands in other countries across the world and many of them are ill with the same symptoms as Caroline.

We are very grateful that Caroline's story is being published so that it will reach out to many others to warn about the possible dangers of the vaccine.

I am beginning to lose hope for Caroline's future as she is gradually becoming more and more ill. Maybe HPV infections do take some people's lives; maybe they don't. All I know is I would rather have watched my daughter enjoy her teenage years instead of spending those years worrying about her future.

Please DON'T let your children be test subjects for a vaccine which has ruined the lives of so many.

Infant Dies After Routine Vaccination In Mumbai

MUMBAI PRESS TRUST OF INDIA
February 06, 2016

MUMBAI: A two-and-half-month-old girl died after allegedly being administered a vaccine at a private hospital in suburban Chembur.

According to the victim's family, a resident of Chembur, the infant was given HIB vaccine at the hospital around 1.30 pm yesterday and she was found dead this morning.

"The HIB vaccine was administered as part of routine vaccination. After that the baby was fine, but this morning we found that she had turned pale and was lying motionless. We realised that she was dead," a family member said.

"We took the baby to the same hospital again. However, the doctor and staff arrived one hour later and attempted to hush up the matter," the relative alleged.

The family lodged a complaint in this regard at the RCF police station.

A case has been registered and the infant's body has been sent to J J hospital for post-mortem, a police official said.

"***The family has alleged that the baby died as a result of the vaccination. However, we will get to know the real reason behind the death once we receive the post-mortem report," the officer added.***

ULTRA-RICH 'PHILANTHROCAPITALIST' CLASS UNDERMINING GLOBAL DEMOCRACY: Report

AS FOUNDATIONS AND WEALTHY INDIVIDUALS FUNNEL MONEY INTO GLOBAL DEVELOPMENT, WHAT "SOLUTIONS" ARE THEY PURSUING?
BY SARAH LAZARE,
15 January 2016
www.commondreams.org

FROM Warren Buffett to Bill Gates, it is no secret that the ultra-rich philanthropist class has an over-sized influence in shaping global politics and policies.

And a study just out from the Global Policy Forum, an international watchdog group, makes the case that powerful philanthropic foundations -under the control of wealthy individuals - are actively undermining governments and inappropriately setting the agenda for international bodies like the United Nations.

The top 27 largest foundations together possess assets of over $360 billion, notes the study, authored by Jens Martens and Karolin Seitz. Nineteen of those foundations are based in the United States and, across the board, they are expanding their influence over the global south. And in so doing, they are undermining democracy and local sovereignty.

Notably, foundation spending on global development is skyrocketing, jumping from $3 billion per year over a decade ago to $10 billion today. The Bill and Melinda Gates Foundation leads the way, giving $2.6 billion in 2012, the report notes. In addition, the Gates Foundation is the largest non-state funder of the World Health Organization.

Meanwhile, many of the wealthiest people on the planet are individually jumping into the fray, with 137 billionaires from 14 countries last year pledging large sums to philanthropy. Some among them, like former New York Mayor Michael Bloomberg and Facebook CEO Mark Zuckerberg, have been criticized for abusing their power and influence in pursuit of questionable policies.

"If these and more ultra rich fulfill their pledges, many billions of dollars will be made available for charitable purposes," the authors argue. "It must be noted, however, that the increase in philanthropic giving is just the other side of the coin of growing inequality between rich and poor."

As political scientist Gary Olson argued Friday in Common Dreams, "Just to be clear, some Big Philanthropists have done some good work. However, as Peter Buffet (Warren Buffet's son) has argued, philanthropy is largely about letting billionaires feel better about themselves, a form of 'conscience laundering' that simultaneously functions to 'keep the existing system of inequality in place...' by shaping the culture.

"there is a revolving door between the Gates Foundation and pharmaceutical corporations. Many of the Foundation's staff had held positions at pharmaceutical companies such as Merck, GSK, Novartis, Bayer HealthCare Services and Sanofi Pasteur.."

What's more, the report warns, "The influence of large foundations in shaping the global development agenda, including health, food, nutrition, and agriculture... raises a number of concerns in terms of how it is affecting governments and the UN development system."

The risks of "philanthrocapitalism" are manifold, the researchers argue, including: "fragmentation and weakening of global governance"; "unstable financing"; and "lack of monitoring and accountability mechanisms."

"What is the impact of framing the problems and defining development solutions by applying the business logic of profit-making institutions to philanthropic activities, for instance by results-based management or the focus on technological quick-win solutions in the sectors of health and agriculture?" the report poses.

A close look at the forces at work within the groups controlling the cash flow reveals numerous causes for concern.

Bill Gates in action

"Through their multiple channels of influence, the Rockefeller and Gates foundations have been very successful in promoting their market-based and bio-medical approaches towards global health challenges in the research and health policy community - and beyond," the authors state. Moreover, the report continues, "there is a revolving door between the Gates Foundation and pharmaceutical corporations. Many of the Foundation's staff had held positions at pharmaceutical companies such as Merck, GSK, Novartis, Bayer HealthCare Services and Sanofi Pasteur."

Looking at agriculture and farming, meanwhile, the Gates Foundation is undermining self-determination and local solutions in measurable ways.

"The vast majority of the Gates Foundation's agricultural development grants focus on Africa," the report notes. "However, over 80 percent of the U.S. $669 million to NGOs went to organizations based in the U.S. and Europe, with only 4 percent going to Africa-based NGOs. Similarly, of the U.S. $678 million grants to universities and research centers, 79 percent went to grantees in the U.S. and Europe and only 12 percent to recipients in Africa."

Both the Gates and Rockefeller Foundations have been slammed by international grassroots groups, including the global peasant movement La Via Campesina, for their international role in exporting big agricultural models, privatizing food policies, and expanding the power of companies like Monsanto.

NARCOLEPSY BOY WINS £120K SWINE FLU VACCINE DAMAGES

3rd February 2016
www.bbc.co.uk

A BOY WITH a rare sleeping illness caused by a swine flu vaccine has won £120,000 in damages.

Josh Hadfield, 10, from Frome in Somerset, developed narcolepsy after receiving the Pandemrix vaccine six years ago.

He was awarded the money after appealing against the government which had initially refused to pay as he was not "severely disabled" enough.

His mother Caroline Hadfield said winning was a "huge relief".

Families are entitled to £120,000 through the Vaccine Damage Payments Scheme, but only if they can prove "severe" disability.

Josh's narcolepsy was triggered after he was given the H1N1 2009 influenza vaccine, known as Pandemrix, made by GlaxoSmithKline, in January 2010.

He also suffers from cataplexy, which affects muscle control, but he had shown no symptoms of the illness before being vaccinated.

Ms Hadfield said: "It will help secure Josh's future. It's just a shame we had to jump through this amount of hoops to get this far."

She said her son was "coping" and had to have "one to two sleeps" during the school day.

"Josh has had to work incredibly hard because he misses lessons due to sleep and medical appointments," she said. She added he had also had a large weight gain caused by the condition and his medication.

The Hadfield's solictor Suzanne Williams said she was "incredibly pleased" for Josh: "To succeed in the appeal, we had to satisfy the tribunal that he had a 60% disablement or more and they, in fact, concluded that he was 72% disabled based upon his present symptoms.

"They were also critical of the medical evidence provided by the secretary of state which they considered had not taken into account the whole picture."

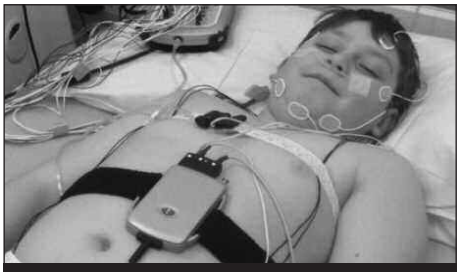
Pandemrix was most widely used in the UK during the 2009-10 flu pandemic and given to almost a million British children between six months and five years old.

A spokesman for GlaxoSmithKline said: "We remain committed to carrying out additional research into the potential role of Pandemrix in the development of narcolepsy.

"We are also supporting ongoing work from other experts and organisations investigating reported cases of the condition."

The vaccine, which is no longer used, has also been linked to narcolepsy in children from Finland, Sweden and Ireland.

Mother Caroline Hadfield and Josh



Josh "wired up" for a sleep study

"Josh's narcolepsy was triggered after he was given the H1N1 2009 influenza vaccine, known as Pandemrix, made by GlaxoSmithKline, in January 2010."

MATTHEW HILL, POINTS WEST HEALTH CORRESPONDENT.

The link between Pandemrix and narcolepsy was first suggested by studies in Finland and Sweden where a review of 75 children who developed the disorder had a tenfold increased risk of the condition within six months of having the jab.

This was confirmed by another study in 2012 in Ireland showing a 13-fold increase in youngsters between five and 19 years of age.

There are about 100 other cases in the pipeline, so it seems the awarding of £120,000 to Josh Hadfield is only the start.

NARCOLEPSY FACTS

- Narcolepsy is a rare illness, with around 10 new cases per million people every year
- The main symptom is falling asleep suddenly
- The cause of narcolepsy remains unclear
- Some people may be predisposed to the condition by their genetics
- Suggested initial triggers include infections such as measles or mumps, accidents and the hormonal changes that take place in puberty
- It most often begins between the ages of 15 and 30

Family seeks answers after they say daughter became paralyzed, lost vision after flu shot

HOUSTON, TEXAS
BY AMANDA RAKES
30/10/2015
http://cbs4indy.com/2015

A FAMILY IN TEXAS believes their daughter had a rare reaction to a flu shot, causing her to be paralyzed and lose her vision.
The parents of 9-year-old Brianna Browning say their daughter hasn't been able to move much of her body in almost two weeks.

The fourth-grader has been in the hospital since October 17, according to KTRK-TV.

Her parents said Brianna got the flu vaccine two days prior and then noticed her health began to deteriorate. Eight hours later, the girl began profusely vomiting, which continued into Friday. On Saturday, the girl was reportedly paralyzed from the waist down, blind and seemed to have what appeared to be a seizure, according to the report.

The girl's parents said doctors don't yet know what happened or why, but the parents believe it was caused by the flu vaccine.

Dr. Umair Shah, the executive director of Harris County Public Health and Environmental Services, has not treated Brianna, but says flu shots are extremely safe and encourages those over 6 months to get the vaccine. Reactions can occur, but they are mostly mild. There have been cases of more severe reactions, but those are rare. Brianna's parents believe she has fallen in that rare group.

Regarding the same case….the following extract is from althealthworks.com

9-YEAR-OLD PARALYZED AFTER A FLU VACCINE AND SHE IS NOT THE ONLY ONE NOVEMBER 18 2015

Brianna was diagnosed afterwards with Acute Disseminated Encephalomyelitis (ADEM), a rare infection of the brain, which has been previously concluded by the court as the disease that can be caused by vaccinations (Bailey Banks v. Secretary of the Department of Health and Human Services).

Like many kids injured by the vaccines, Brianna seemed "perfectly healthy" before receiving the vaccination.

PARALYSIS CAUSED BY ADEM AND GUILLAIN-BARRÉ SYNDROME LINKED TO VACCINATIONS?

Although most people still haven't connected the dots, there is a strong body of evidence that being vaccinated can increase the chance of paralysis and other serious injuries. Last year a 10-year-old Marysue Grivna was also paralyzed and lost the ability to speak. She was shortly diagnosed with ADEM after receiving a flu shot, according to multiple reports.

Research by the National Institutes of Health showed that about 5% of ADEM cases happen in the month following receiving a vaccination.

ADEM is not the only condition that can cause paralysis after a flu shot. Guillain-Barré Syndrome (GBS) is "a rare disorder in which a person's own immune system damages their nerve cells, causing muscle weakness and sometimes paralysis," according to CDC. In 1976 scientists concluded that people who have received the 1976 swine influenza vaccine had a higher chance of developing GBS.

Family demands change in law for 10-year-old made ill by swine flu jab

21 January 2016-02-07
itv.com

A NORTH YORKSHIRE MP is calling for a change in the law to help the family of a ten-year-old boy who suffered life-changing side effects from a swine flu jab.

Ben Foy developed narcolepsy which means he can fall asleep 20 times a day and sometimes collapses.

The government is appealing against handing over a vaccine damage payment to support Ben and more than 80 children like him.

Ben's mum Lindsey Foy said her son cannot lead a normal life and she's angry that the government is stalling.

"He can't have a bath on his own, he can't go off with his friends like other children, it's very hard."

Ben's two younger sisters also had the vaccination five years ago.

The York Outer MP Julian Sturdy says the current rules say that Ben isn't disabled enough. Mr Sturdy says the legislation should be brought up to date. ***The legislation is old and it needs to recognise that things are changing and on the very rare occasions that people do suffer from these adverse reactions, that they are compensated for that. – JULIAN STURDY MP***

Narcolepsy can be a heart-breaking condition, but decisions on the vaccine damage payment scheme are made based on advice by medical advisors, who are registered experts with training in disability assessment.– GOVERNMENT SPOKESPERSON

"IN MY MEDICAL CAREER I'VE TREATED VACCINATED AND UNVACCINATED CHILDREN AND THE UNVACCINATED CHILDREN ARE FAR HEALTHIER THAN THE VACCINATED ONES."
– DR. PHILIP INCAO, MD

WA mum's fundraiser to avert homelessness highlights vaccine scheme concern

7 January 2016

www.watoday.com.au

BEN HAMMOND, then a full-time mine site supervisor, received a whooping cough vaccination in 2012, told he needed one to see his baby son James, born eight weeks premature.

He began to feel ill two days later, his wife Tanya said, and twelve days after the vaccination his mother-in-law found him paralysed on the kitchen floor and called an ambulance. He was diagnosed with Acute Disseminated Encephalomyelitis, a central nervous system disease often following viral or bacterial infections or, more rarely, vaccinations, though the Australian Medical Association WA has previously called it impossible to prove or disprove such a link.

Very ill and unable to move from the chest down, Mr Hammond spent 10 months in hospital, including a lengthy stay at Shenton Park Rehabilitation Unit, receiving intensive treatment.

He was eventually taught to walk again and can travel a few metres at a time unassisted despite never regaining feeling below the chest. His bladder and bowels are not functional and his liver and kidney have minimal function. He can no longer sweat and so cannot regulate his body temperature, and his immune system is virtually nonexistent. These factors have rendered him housebound.

Tanya, previously a restaurant manager, is now a full-time carer for her husband of 10 years, James and her four older children. The family lives off a pension bringing in $1100 per fortnight, $350 of which goes on medical supplies.

Mrs Hammond has sold her husband's car, motorbike and camping gear in an effort to pay the bills but is no longer able to meet her mortgage payments and is facing having their house repossessed.

"He was a proud Aussie man, very active. We went camping with the kids every weekend. He has been a good husband and a great dad and now he cannot even buy bread and milk for us," she said.

"I am just a carer, no longer a wife."

She knows the online fundraiser she set up on the advice of a friend is at best a stopgap.

"I have power bills, gas bills, water rates piling up – it's just overwhelming," she said.

"As a parent, your priority is always to feed and look after your children. But now I have to give Ben his medical supplies or he will die. As a mum I have to cope with that choice between caring for my husband and my kids.

"I don't want people to think I am money-hungry. I am desperate. I don't know what avenues to take."

As a homeowner Mrs Hammond cannot join the public housing waitlist and has nowhere to go if she becomes homeless.

She has been told her husband will be back in a wheelchair within 18 months if she does not move to Perth to access better services for him.

"He is declining rapidly," Mrs Hammond said.

"They can't help him medically but they may be able to improve his quality of life."

Mr Hammond signed a standard waiver before the vaccination and efforts to gain compensation have been unsuccessful.

Mrs Hammond's mother has gathered nearly 800 signatures on a petition for Australia to implement a compensation scheme for people who have had severe adverse vaccination reactions but so far it has been unsuccessful.

A 2010 World Health Organisation bulletin estimated that 19 countries worldwide, including New Zealand, Germany, Japan, United States of America and Canada, had set up vaccine-injury compensation schemes recognising that individuals could bear huge costs after adverse events. The scheme acknowledges that there is usually no clearly attributable fault, making it difficult to sue for damages and that it "is fair and reasonable that a community that is protected by a vaccination programme accepts responsibility for and provides compensation to those who are injured by it."

Fairfax Media has previously reported that the chief executive of the Public Health Association of Australia, Michael Moore, backed the call for such a scheme.

Telethon Kids Institute director and children's infectious diseases expert Jonathan Carapetis said although he could not comment on Mr Hammond's situation, he also supported the implementation of a scheme.

He said most serious disease incidences that people believed were linked to vaccinations were in fact tragic coincidences and serious adverse vaccine reactions were extremely rare - though they could occur.

An example, he said, was the measles vaccine causing encephalitis, resulting in brain damage, which affected about one child every four years.

"Vaccines save thousands of lives every year in Australia and are incredibly safe but like any medication they are not without any risk at all," he said.

"The danger of not having a vaccine is far greater than the risks of having one. But should those incredibly rare events occur, it is important for people to have faith in compensation being provided.

"In the very, very rare cases in which there is a very clear damage done then I would absolutely support a no-fault compensation scheme."

He said the number of countries implementing such schemes was increasing and those that had begun them had continued them.

A spokeswoman for the federal Health Department said the Department of Treasury had a discussion paper publicly available on its website with respect to compensation for medical injury within a National Injury Insurance Scheme.

"In August 2011, the Productivity Commission recommended the establishment of two schemes: the National Disability Insurance Scheme and the NIIS. The NIIS includes people who suffer catastrophic injuries following medical treatment," she said.

"The government is currently working with the states and territories to develop the NIIS, which will complement the NDIS."

FROM THE ARCHIVES: Comment from 1867 on smallpox vaccination

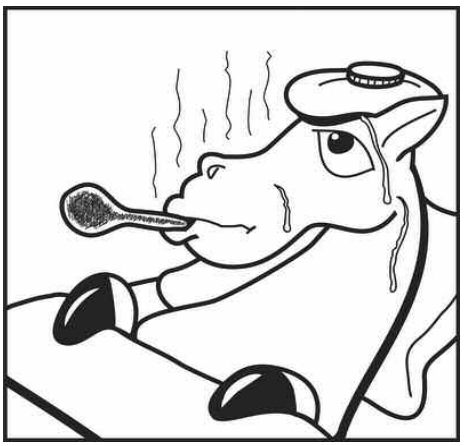
SHORT EXTRACT: TAKEN FROM THE VACCINATION PROBLEM BY JOSEPH SWAN, 1936

PAGE 322 -
DR WILLIAM J COLLINS, MD

DR COLLINS, after 20 years of service in London as a public vaccinator, felt compelled to renounce the practice as useless and injurious. He stated his conviction frankly and forcibly before the St Pancras Sanitary Committee in 1863 and published an essay against the practice in 1867, from which the following is an extract:

"Cowpox inoculation, whether performed from the original source, the greasy heels of a consumptive horse, or that still questionable practise of first giving the cow the smallpox, and then impregnating healthy children with this filthy disease, is a practise dangerous to the community at large, often the means, as I have said before, of conveying other diseases from one person to another, and no protection against smallpox."

"Cowpox inoculation, whether performed from the original source, the greasy heels of a consumptive horse, or that still questionable practise of first giving the cow the smallpox, and then impregnating healthy children with this filthy disease, is a practise dangerous to the community at large, often the means, as I have said before, of conveying other diseases from one person to another, and no protection against smallpox."



Paramedics called to secondary school as pupils fall ill and collapse after being given their vaccinations

BY RICHARD SPILLETT FOR MAILONLINE

27 January 2016

- PUPILS in Year 10 reportedly fainted after being given their jabs
- PARAMEDICS were called but all have reportedly now recovered
- SCHOOL is investigating whether faulty vaccines were to blame.

PARAMEDICS had to be called to a secondary school when pupils fell ill and fainted after being given their vaccinations.

Around 10 to 15 students from Year 10 reportedly keeled over after getting their jabs at Northampton School for Boys on Tuesday.

One parent, whose son saw the drama unfold, said children were seen 'on their backs on the floor with their legs up on chairs'. The woman, who didn't want to be named, added: 'Several different vaccines were being administered, and around 10 to 15 pupils keeled over and paramedics were called.

'The rest of the jabs were cancelled and a letter was sent home to the parents of pupils who had been given the jabs about what to do if they felt nauseous. Rumours say there may have been a duff batch of vaccines.'

"Several different vaccines were being administered, and around 10 to 15 pupils keeled over and paramedics were called...The rest of the jabs were cancelled and a letter was sent home to the parents of pupils who had been given the jabs about what to do if they felt nauseous. Rumours say there may have been a duff batch of vaccines"

The teenagers were later said to be 'well' but the school sent a letter home to parents warning them to seek medical advice if their sons started to feel ill.

In the note, the school said it is not known what caused the pupils to fall ill but said the vaccine was withdrawn 'as a precaution'.

The letter, sent by the nursing team, reads: 'Dear Parent/Carer, please be advised that the immunisation session your child attended today was suspended due to unforseen circumstances.

'Some of the vaccinated children have become unwell shortly after vaccination.'

The note continued: 'Your child has received their scheduled vaccination and, whilst we are not expecting him to become unwell, we are advising that if he experiences sensations of dizziness. nausea, skin rash or breathing difficulties to seek the appropriate medical advice.

'At present we are unclear regarding the reasons for the reaction to the vaccination and are completing an investigation with our immunisation colleagues. 'We can provide reassurance that the small number of children involved are currently well.

'***However, as a precaution, we have withdrawn the batch of vaccine that they had received. If you wish to discuss this further please contact the School Nursing team. 'An investigation has now been launched by the Northampton School Nursing Team at Northants Healthcare NHS Foundation Trust.***

Petitioning the government over the National Flu Vaccine school program

BY ANNA WATSON

Anna Watson

WE HAVE BEEN CONTACTED by many parents who have experienced breaches of rights and potential health issues arising from the nasal spray vaccine in primary schools.

Parents were met with hostility from many schools who didn't wish to authorise absence, claiming that the vaccine was safe, indeed some threatened fines for absence, and some schools, out of ignorance, denied that the vaccine was live, leaving some parents to home educate as a result of the terrible experience. Therefore, we wanted to respond to the Department of Education and the Department of Health (DoH).

A team of Arnica parents have researched a petition and I have copied it below. It should provide sound information for parents and schools on the flu vaccine – indeed the petitions office in Parliament spent over 2 weeks checking our references to ensure that we weren't making false claims!

To summarise, the nasal spray flu vaccine has 4 strains of GM virus, yet there are NO studies looking at long-term impact of GM viruses. Even Professor Hawkins is concerned about GM viruses. There is NO evidence looking at how the millions of droplets of the vaccine may spread during administration, potentially affecting non-consenting children. The vaccine sheds for up to 28 days (peaking at 2-3 days) and there is evidence of disease transmission in healthy children and adults, not just the immune compromised as claimed by the DoH.

We have made a two hour radio podcast discussing the issues surrounding schools and the flu vaccine program, as well as how we can support flu naturally.
https://www.mixcloud.com/kingstongreenradio/natural-health-show-national-flu-vaccine/

The Change petition site was able to accommodate the entire text and references but the Gov.Net site was not which is the reason we have two petitions. Please read our petition carefully so that you are informed, and please sign and share both.
tinyurl.com/zxb6387 and
https://petition.parliament.uk/petitions/119978

"Parents were met with hostility from many schools who didn't wish to authorise absence, claiming that the vaccine was safe, indeed some threatened fines for absence, and some schools, out of ignorance, denied that the vaccine was live, leaving some parents to home educate as a result of the terrible experience."

STOP IMMUNIZATION WITH THE INFLUENZA NASAL SPRAY VACCINE IN SCHOOLS

Schools are institutions for Education not places for Mass Vaccination.

- There have been NO SAFETY STUDIES of risk assessment from exposure to the GM strains of influenza used in the nasal spray flu vaccine.
- There may be a RISK OF INHALATION OF PARTICLES to those not consenting to the vaccine.
- There is RISK OF TRANSMISSION OF FLU from the vaccine strains.

Fluenz Tetra or Flumist (commonly known as nasal spray flu vaccine) administered to UK primary school children is a live, genetically modified (GM) vaccine containing four strains of live influenza virus estimated in advance. The nasal spray flu vaccine has a Black Triangle label meaning that it is new, and demands active surveillance. It should therefore be administered in medical establishments - GP surgeries/ community health clinics/ hospitals - NOT in our schools.

The Nasal Spray Flu Vaccine Programme is in direct violation of the Secretary of State's declaration in The Health Protection (Vaccination) Regulations 2009 which states there is no provision for imposing or enabling any restriction or requirement which has, or would have, a significant effect on a person's rights.

Doctors' surgeries are better placed for vaccination; parents are present during the procedure and they can seek specific advice on their child's health with full access to medical records.

Mass vaccinating of children in a school environment puts the health of staff, other pupils and their families at risk because most recipients will 'shed' the virus, peaking at two/three days. Public Health England claim that shedding from a recently vaccinated person is not a risk, but it has been proven in school and laboratory settings, that flu vaccine strains have been transmitted, to both children and staff.

The manufacturers advises that people who are immune-compromised should not come into contact with a recently vaccinated child and furthermore children with severe asthma or wheezing on the day should not receive this vaccine. The spread of particles from the nasal spray has not been studied, during such mass vaccination, so we do not know the effect on non-consenting children and staff present. As it contains gelatin made from pork this may have an impact on

those observing Halal practice. Therefore parents wishing to exercise the precautionary principle, by removing their children from school for the period of vaccination and vaccine shedding, should not be penalized.

AstraZeneca, the manufacturers of this product, have been fined on several occasions, for improper and illegal false drug claims and patent fraud. Whether the mass vaccination of children in schools even protects them from influenza is unknown.

Last year the flu vaccine was just 3% effective. Dr Tom Jefferson, the lead author of the Cochrane Review on Vaccine for Preventing Influenza in Healthy Children, states that "influenza vaccines are about marketing not science."

- WE OBJECT TO VACCINES BEING ADMINISTERED IN PLACES OF EDUCATION.

- THE MASS VACCINATION OF CHILDREN IN SCHOOLS IS A POTENTIALLY UNSAFE PROCEDURE.

- LET'S STOP THIS HAPPENING IN UK SCHOOLS.

Administration of flu vaccination nasal spray for kids

REFERENCES:

Each vial of Fluenza Tetra vaccine mist contains 10 million "genetically modified organisms" for each nostril of each of four strains of reassorted live attenuated. That's 80 million viruses per dose, designed to replicate inside a child's nasal passages.
http://www.medicines.org.uk/emcmobile/medicine/29112/spc

Be encouraged to report all side effects to the governments' yellow card scheme - https://yellowcard.mhra.gov.uk/

In accordance with section 45Q(3) of the Public Health (Control of Disease) Act 1984, the Secretary of State declares that he is of the opinion that these Regulations do not contain any provision made by virtue of section 45C(3)(c) of that Act which imposes or enables the imposition of a special restriction or requirement or any other restriction or requirement which has or would have a significant effect on a person's rights.
http://www.legislation.gov.uk/uksi/2009/38/pdfs/uksi_20090038_en.pdf

"*The highest proportion of subjects in each group shed one or more vaccine strains on Days 2-3 post vaccination*". *Although some of the children who received the Fluenz vaccine remained contagious for up to 28 days.*
http://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM294307.pdf

'With documented transmission of one Type B in one placebo subject and possible transmission of Type A viruses in four placebo subjects'
http://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM294307.pdf

However, the risk of transmission is not only to the seriously immunocompromised contacts. There has been confirmed transmission of a vaccine strain to a child in a school setting. This means that a non vaccinated child not consenting to the vaccine could potentially contract the vaccine strain anyway.
http://www.ncbi.nlm.nih.gov/pubmed/16804427

Whilst it is a weakened version of the virus, it is still possible to catch the flu from it. "Vaccine recipients should be informed that Fluenz Tetra is an attenuated live virus vaccine and has the potential for transmission to immunocompromised contacts."
https://www.medicines.org.uk/emc/medicine/29112

The company paid a fine of $520 million to the U.S. Department of Justice for illegally promoting Seroquel and settled thousands of lawsuits involving Seroquel for $647 million.
http://www.drugwatch.com/manufacturer/

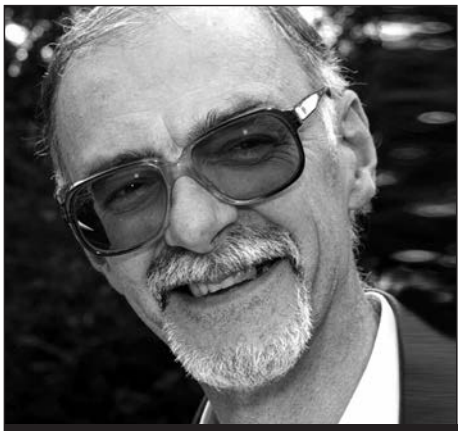
The Cochrane Review on Vaccines for preventing influenza in healthy children published in 2012 reviewed 75 studies on flu vaccines with about 300,000 observations. It found "extensive evidence of reporting bias of safety outcomes from trials of live attenuated influenza vaccines (LAIVs) {which} impeded meaningful analysis" and "evidence of widespread manipulation of conclusions and spurious notoriety of studies."
http://www.cochrane.org/CD004879/ARI_vaccines-for-preventing-influenza-in-healthy-children

Doshi, a postdoctoral fellow at Johns Hopkins University School of Medicine, argues that the vaccine might be less beneficial and less safe than has been claimed, and the threat of influenza appears overstated.
http://www.bmj.com/press-releases/2013/05/16/expert-questions-us-public-health-agency-advice-influenza-vaccines

The Quanten Theory

THE CONCEPT OF VACCINATION

by Patrick Quanten MD



Patrick Quanten MD

WE LIVE IN TIMES that were once our future and some of us can still remember what we were promised. By now, infectious diseases would be a thing of the past. Antibiotics and a vigorous vaccination campaign would ensure a total success in the fight against infectious diseases. It is an easy cop out to state that the reason for this obvious failure are people, people who refuse to vaccinate and those that are not committed enough to the project. Put the blame somewhere else if you can, why not? However, we have all been very committed to taking antibiotics and see what that resulted in: superbugs. The more we have tried to kill them the more powerful they have become. They didn't predict that one!

Predictions about vaccinations have a similar poor reality record. For the second year running the winter flu vaccination programme results deliver a very poor protection rate, told to us by the same medical authorities who are advocating this procedure. When it happened last winter they apologised to the public and they explained that the choice that was made in respect of one of the three viral ingredients turned out to be the "wrong" one. At that time they assured us that it would never happen again and that they were preparing a super-vaccine against flu for the coming winter, which would contain not three but four viral ingredients. And it is this winter we are being confronted with the true result of their actions. By their own admission it has been another failure. However, they have already announced that next winter the vaccine will be spot on. Ah well, that is all right then! They obviously know what they are doing!

WHAT IS BEHIND THESE COMPLETE FAILURES OF VACCINES, THE RETURN OF OLD INFECTIOUS DISEASES AND THE EMERGENCE OF A WHOLE BUNCH OF NEW ONES?

It appears as if nothing we have undertaken against infectious diseases has had a beneficial effect in the long run. When that is the case the answer to the question "why" must be: because of a faulty thinking pattern. Nothing works because our basic concept of what infectious diseases are is wrong. We need to regroup at the beginning of this fascinating story.

Two hundred years ago a choice was made. It was decided that the origin of all infectious diseases was an invasion of a germ. An outside germ penetrates the organism and is the cause of an infectious process, which manifests in illness. From that time on we have always looked to explain our ill health through outside causes. This attitude is solely based on a choice.

At that time, science had already proven that germs originated from within the diseased tissue and spontaneously disappeared again once the tissue had recovered. The germs are feeding on the diseased cellular debris and once this food source has dried up the germs diminish and disappear. The disease within the tissue was said to be caused by sustained imbalances in life, by ongoing excessive tension and continual poisoning of the system. In other words, diseases are caused by toxicity either as a result of material overload of waste that the body has difficulty dismantling or as a result of mental overload, which causes the system to break down under the strain.

Over the following two centuries scientists have independently confirmed and reconfirmed this scientific fact. Added to which they found that almost all disease germs actually live in the body and in most cases are essential to the functioning of that body. They don't need to be hampered in their activity as that would cause damage to the smooth running of the system. So on the one hand there is mounting evidence that germs are our best friends and that they assist us in staying alive. On the other hand scientists have a continual struggle to prove definite links between the occurrence of specific germs in specific diseases. In fact, up to now nobody has ever been able to scientifically link any germ to any specific illness. A fact that is buried underneath the repetition of scary stories of ravenous monsters killing anything on their path. Fear rules the population while scientific fact rules knowledge. Fear calls for protection in the battle; knowledge brings peace.

"...science had already proven that germs originated from within the diseased tissue and spontaneously disappeared again once the tissue had recovered. The germs are feeding on the diseased cellular debris and once this food source has dried up the germs diminish and disappear..."

Right at the beginning when the choice was made about what story to go with scientists had figured out how they were going to prove the story. Professor Koch, who lent his name to the bacilla that was deemed to be responsible for tuberculosis, publishes a theoretical scheme that will scientifically provide the proof that is needed to underwrite the story. This is known as the Koch's postulates. When all four are proven then, and only then, there is an established link between germ and disease.

1. Every person with the specific disease

should be found to harbour the said micro-organism.
2. The said micro-organism should never occur in another disease or in a healthy person.
3. The said micro-organism should be isolated from the diseased tissue and grown on its specific culture to prove it is alive.
4. When such a micro-organism is injected into a healthy person it must always produce the specific disease in that person.

These postulates were accepted within the scientific community as a sound way of proving the theory. It is a fact that right up to this day these four conditions have never been met with regards to any proposed link between disease and germ. **Never!** Is the scientific conclusion then that there does not exist a link between a specific germ and a specific disease? The answer to that question is a firm yes. But the medical authorities still persist in their original choice and heavily promote the fear factor amongst the people they care so much about. Why is that? Because the medical profession does not use science; it promotes ideas that are useful for the health industry, their industry. The medical authorities have never embraced scientific facts brought to us in the form of quantum physics and the relativity theory. The past one hundred years they have successfully managed to ignore the scientific fact that all matter is a result of energy interactions and that matter can change instantly when the energetic field from which that matter originates is changed. In simple terms this means that the structure of the body and its function is a manifestation of forces within the person's energetic field. Anything that is not going so well within the physical shape of a person is caused by disturbances within his/her energy field. "Fixing" the physical matter of the body is not going to make the person any better!

So we shouldn't be surprised that we are not winning the fight against infectious diseases, against cancer, against depression, against dementia, against obesity or diabetes or MS. We will never win the fight simply because it isn't supposed to be a fight; it is supposed to be a symbiosis. We need to work together with all that surrounds us and all other forms of life.

Energetic Field

"The past one hundred years they have successfully managed to ignore the scientific fact that all matter is a result of energy interactions and that matter can change instantly when the energetic field from which that matter originates is changed. In simple terms this means that the structure of the body and its function is a manifestation of forces within the person's energetic field. Anything that is not going so well within the physical shape of a person is caused by disturbances within his/her energy field. "Fixing" the physical matter of the body is not going to make the person any better!."

At the very early stages of an epidemic, one is unable to establish a contact in which the offending germs can be passed on between the persons involved in 98% of the cases. Almost never has there been the kind of contact that is required for the germ to be spreading from one person to another. This failure has lead to incredible stories of germ survival and ingenious germ trickery to establish a plausible jump from one diseased person to the next. Plausible to those that believe in fantastic storytelling, beyond the realm of nature. The more these stories are being told, strengthened by a language alien to people and brought to you by an obviously very clever person, the more engrained they become in the fabric of our lives without anybody having to prove their validity as, by now, everybody knows. Advertising is more important than truth. It is a shame that we have allowed this rule into our lives. It is criminal that they use this rule with regard to our health.

Not only is it not always possible to isolate from the diseased tissues the bacteria that are said to have caused the disease but with regards to viruses the truth is that in all those years of viral horror stories no one has managed to isolate and purify any virus at all. "Proof" of viral infections is delivered and accepted by the medical profession in a very indirect way. The occurrence of certain proteins or bits of RNA in a blood sample is all the evidence these highly intelligent people who claim responsibility for our health need. These proteins or RNA bits are said to belong to the virus although the authorities know that proteins are building blocks used in all living organisms and that RNA bits occur in all cells. There is no specificity that attaches them to specific structures. The same ones may occur under very different circumstances. In other words none of these tests are disease or viral specific! And the reality shows this. Your HIV-test is known to become positive under a variety of circumstances amongst which we note a bad cold. There is a known cross-over between positive tests and no specific scientific conclusion can actually be made on the basis of the test result. Yet they keep doing just that!

In the same way one cannot draw any conclusions from antibody testing. The occurrence of a high level of certain proteins within a blood sample - proteins that are said to be "specific" in targeting a specific virus - gives us no specific information about anything as,

once again, there is a multitude of overlapping results. Furthermore, this high level of antibodies is used as evidence for the existence of the infection and exactly the same high level is used as proof of **the existence of immunity**, of **protection against the infection**. To say the least, a little bizarre, no?

So, the problem with vaccination is a fundamental one. We have been thinking about the infectious process in the wrong way. The enemy is not lying in wait outside of us. The only identifiable enemy we have lies within each and everyone of us: it is you. The disease process is a manifestation of an imbalance within life itself. This creates debris within the tissues. This rubbish needs to be removed and micro-organisms, that will feed on this debris, might be generated within the tissue itself. The conclusion is that we do not have an enemy on the outside and that we therefore do not need protection. We cannot protect ourselves. When you think you do need to be protected, ***you are fighting windmills, Don Quichote dela Mancha!***

The concept of vaccination as a means of protection against disease is simply incorrect. If it isn't keeping you safe from infection, what makes you think it is going to prevent cancer? The promotion we are inundated with in respect of cervical cancer and the need for a vaccination programme against it is becoming ludicrous. Even specialists within their own medical field are pointing out that there has never been an established link between the Human Papiloma Virus and cervical cancer. It is a theory; read, a story. If the virus, even in their way of thinking, cannot be linked to the cancer how is a vaccine against the virus going to give you protection against developing cancer? Why try it then? Because you are 'oh so afraid'. A frequently repeated suggestion of hope is the straw you are clutching to. The thought that that straw could possibly harm you is not allowed to enter into your head. But even worse than that is the fact that it prevents you from looking for valuable answers. As long as you do not have a way forward, a possible solution to the problem, you are desperate. As soon as someone offers you

"If the virus, even in their way of thinking, cannot be linked to the cancer how is a vaccine against the virus going to give you protection against developing cancer? Why try it then? Because you are 'oh so afraid'."

that hope you cling to it for dear life and you believe. That is the end of your search, and you are choosing to remain in the dead end street they guided you in.

Science is not capable of delivering all the answers we need, not yet. But it is very foolish not to accept and live by the facts that are known. Only living the truth as we already know it can possibly project you in the direction of finding out some more bits about the truth. When you do not incorporate the truth we know, you can never find the truth you are looking for.

What we know is that we do not need to protect ourselves against infectious diseases. If vaccination is offering you that protection it must be a lie because protection against infectious disease does not exist. The concept that we need protection is plainly wrong, proven by science. It is definitely so!
February 2016

SILENCE OF ANTI-VACCINATION PARENTS CONSIDERED NEW 'THREAT' BY FASCIST REGIMES

GARY TRUTHKINGS
January 24 2016
www.truthkings.com

IT IS AMAZING, really, that an obvious cause and effect can play out right in front of everyone's eyes and yet somehow, the greater portion of government officials end up surprised by it? I'm talking about the cause (berating, humiliating parents who choose not to vaccinate their children) and the effect (those same parents who just stop telling anyone about their medical decision). It should be rather obvious that if you create an environment of hostility for people who choose to exercise a human right not to vaccinate their children, you could potentially alienate them and cause them to eventually become rather withdrawn.

However in Australia, government officials and health officials are somehow surprised that this has begun to occur in their country. So surprised that they had to carry out a research study to confirm it was actually happening, according to Border Mail. (www.bordermail.com.au)

Edith Cowan University researchers interviewed a group of parents from an anti-vaccination cluster area about their reasons for not immunising their children.

All the parents said they hadn't told their extended family and friends that their children weren't vaccinated.

"They don't want the confrontation, they're tired of people questioning their choices, and they don't want to justify their decision, so they just don't tell people," researcher Bronwyn Harman said, noting it was a very polarising and emotive issue.

"This is a huge problem if Australia-wide we've got a group of people choosing not to vaccinate their children and they're not telling people. We need to stop vilifying these people so they are able to identify themselves so we don't put people who do choose to vaccinate at risk."

The anti-vaccination parents were very mistrustful of the government and doctors, suspecting that they were in the pocket of the pharmaceutical companies. "They [question] if they can believe everything they're being told," Dr Harman said. "They think the government in particular, and doctors, are trying to scare people into vaccinating their kids."

The first baffling aspect of this excerpt is that a study was required in order for the government to grasp that if you stomp all over people for their beliefs, they might start hiding from you. They might stop communicating with you because you have created a hostile environment embedded deep in dogmatic concepts which aren't flexible in the least. You don't want a roundtable discussion, you don't want to meet in the middle, you want to cull out those who don't think like you do and humiliate them, legislate them and jail them. Your fascist regime hiding under the guise of free will and choice isn't fooling anyone.

"They don't want the confrontation, they're tired of people questioning their choices, and they don't want to justify their decision, so they just don't tell people," researcher Bronwyn Harman said, noting it was a very polarising and emotive issue."

The second important portion we should pay attention to here is that this study is really intended to help the government "identify" those who choose not to vaccinate their children. The actual concern here is not that they've alienated a portion of society, rather, that they've caused people to hide from them. Now they want to find them. Remember when Jews hid from Nazis? Of course, they hid from Nazis. But Nazis became frustrated and wanted them identified. So they found ways to identify them. What's all that different in this case? The fact is that this is overly transparent in terms of agenda. All you are saying here is that silence is a threat and that you need to find a way to solve it. That type of rhetoric can in no way be anything other than an attempt to identify groups of people based on their beliefs. What if we were worried about identifying atheists in the United States? Why would we do that? There is no good reason we'd ever do that and this is unquestionably the same thing.

Parents threat of chosen silence?

WHAT ARE THE OPTIONS FROM HERE?

Will Australian people eventually be subjected to forms when they get a driver license? Will health officials knock on their doors and ask for vaccine cards?

The future is not looking good for anyone when it comes to medical freedom. I doubt highly this "research" is for any philanthropic reasons or to bridge the gap between those who want vaccines and those who want the choice to refuse a vaccine.

MENINGITIS PART 2: Meningococcus, Babies, Breastfeeding and Other Invasive Bacterial Disease

BY DR JAYNE LM DONEGAN
GP & HOMOEOPATH

DR JAYNE L.M. DONEGAN

IN PART ONE OF THIS SERIES WE LEARNT SOME IMPORTANT FACTS ABOUT MENINGOCOCCAL DISEASE:

- "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."(Goldschneider et al, 1969) [1]
- "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." (Goldschneider et al, 1969)
- "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."[2] (Hjuler, 1995)
- Antibodies acquired through carriage of these commensals can protect against invasive disease by more virulent strains of the organisms and also stop colonisation of this area with less desirable organisms.

{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'}

We will now look in more detail at immunity to the meningococcus in babies and children, and factors affecting immunity to Haemophilus influenzae (Hib) and the Pneumococcus.

Returning to the ground breaking early work of Dr Goldschneider and his team at The Walter Reed Army Institute of Research we see {Fig1} that the maximum incidence of invasive meningococcal disease in their study was 6 months to 2 years-of-age. This was the same time that the levels of antibodies against the meningococcus (bactericidal {bacterial-killing} titre/ level) were at their lowest, having dropped rapidly from what had been transferred across the placenta from the mother before birth. The authors note the drop in antibodies and the increase in cases. They also say that antibodies cannot be the whole story or what would explain the absence of disease in the many children who do not have any antibodies and do not succumb to invasive disease.

"Significant risk factors for meningococcal disease included being breast-fed for less than 3 months; overcrowding; and age less than 4 years..."

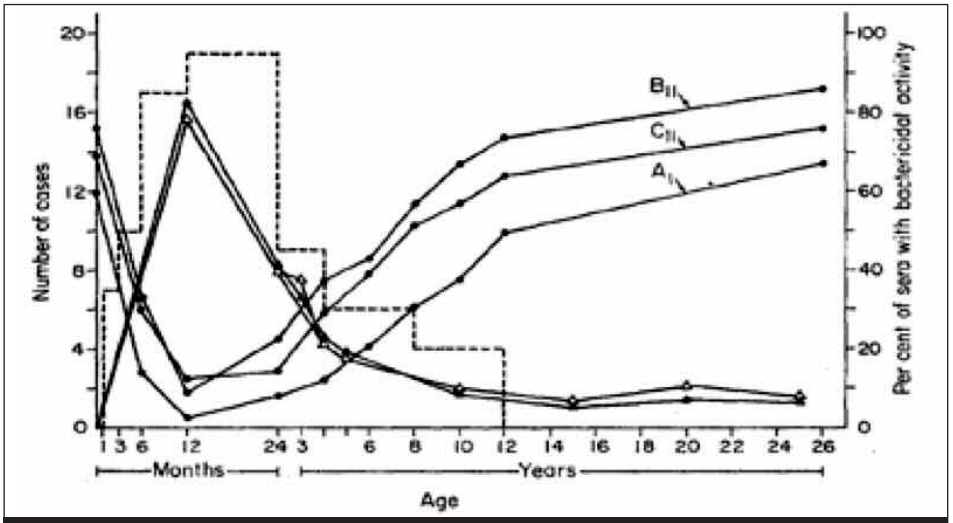


Figure 1

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) {3} (from Goldschneider et al, 1969b)
---- 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

WHAT ABOUT THE EFFECT OF BREASTFEEDING?

Does breastfeeding compensate for the loss of maternal placental antibodies? This factor is not addressed in the Goldschneider study nor, surprisingly, in any of the reviews of invasive meningococcal disease from1969 through to the present day, as can be shown by looking on PUBMED [4]. Searching for 'breastfeeding' and 'meningitis' brings up 58 papers, mostly about vaccines and safety in breast feeding; 'breast feeding' and 'meningococcal' brings up 8 papers; However, 'meningococcal' and 'vaccine' brings up 4798 papers, giving an

indication of the research priorities of doctors and scientists. Even of the eight papers on breast feeding and meningococcal disease, only one really covers the subject: a study from Cape Town by Dr Jennifer Moodley and colleagues at the Women's Health Research Unit, School of Public Health and Family Medicine, University of Cape Town, published in the South African Medical Journal. Dr Moodley found, "Significant risk factors for meningococcal disease included being breast-fed for less than 3 months; overcrowding; and age less than 4 years... "This is the first case-control study in South Africa examining risk factors for meningococcal disease. It provides further evidence for reduction of smoking, reduction of overcrowding and promotion of breast-feeding as important public health measures."[5]

If NOT being breast fed is a risk factor, it follows that breast feeding must be protective. 'The first case-control study in South Africa' – and the world! And, yes, smoking is a definite and modifiable risk factor – meaning that you can stop your children being in a smoking environment. Cigarettes smoke damages the lining of the respiratory passages and makes invasive disease more likely.

Often scientists and doctors talk about 'evidence', meaning, 'published in journals'. You can see here that if studies are not done on natural factors like breast feeding, - and someone has to pay for them - there will be no 'evidence' on whether it is any help or not.

HOW DOES NATURAL IMMUNITY TO THE MENINGOCOCCUS DEVELOP?

Professor Andrew Pollard and Dr Carl Frasch in a 2001 review on just this subject make the following important points:

"The immune response may vary depending upon the age of the child as well as the serogroup of the organism but the relative importance of each of the mechanisms of natural immunity is unknown. However, it seems, from the low incidence of disease that natural immunity is successful in preventing invasion in the majority of individuals."

Note: mechanisms of natural immunity are still unknown, and yet there are almost five thousand published studies on meningococci and vaccines and only eight on the effect of breast feeding.

"Bactericidal activity (the ability to kill bacteria), the presumed surrogate of immunity is acquired or boosted through nasopharyngeal carriage of N. meningitidis (the meningococcus) in adults, which induces some cross protection between strains."[6]

"Often scientists and doctors talk about 'evidence', meaning, 'published in journals'. You can see here that if studies are not done on natural factors like breast feeding, - and someone has to pay for them - there will be no 'evidence' on whether it is any help or not."

"Since carriage of meningococci is low in childhood, immunity to N. meningitidis is probably acquired through intermittent nasal carriage of other neisseria and antigenically cross reacting flora during the first two decades of life: eg E. coli, Streptococcus faecium, Bacillus pumilus and Neisseria lactamica "

"Carriage of N. lactamica, a non-pathogenic (non-disease causing) species of Neisseria, occurs especially during early childhood and is associated with a rise in antibody titres to pathogenic (disease causing) meningococci."

"Carriage of non-pathogenic organisms that induce immunity to meningococci are likely to be essential for the acquisition of natural immunity."

Another study by the indefatigable Dr Goldschneider and others showed indeed, that carriage rates of N lactamica are almost inversely proportional to those of the potentially pathogenic meningococci and that, "Of the children who acquired N. lactamica, 66% developed fourfold or greater rises in titers of IgG antibody to groups A, B, and/or C meningococci as determined by immunofluorescence compared with only 5% of control children." [7]

We see again how crucial the carriage of the microbes provide cross protection with the meningococcus – in all of its forms. Carriage of the lactose fermenting meningococcus, Neisseria lactamica, which is not a pathogen unless you are immuno-suppressed, stimulates antibodies to ALL groups of meningococcus.

It can be seen here how widespread use of antibiotics could interfere with the development of this natural immunity as it would wipe out such normal microbes as N. lactamica and other commensals of the child's respiratory tract and gut such as Haemophilus influenzae (Hib), Strep. Pneumoniae (pneumococcus), Moxarella catarrhalis and E. coli thus leaving them susceptible to invasive meningococcal, pneumococcal and Haemophilus influenzae disease.

NOT ONLY ANTIBIOTICS CAN CAUSE THIS PROBLEM.

When we vaccinate against a particular organism, if it is one which is often present as a commensal, we wipe out that organism from its usual niche in the body. In organisms that have different types – such as the Haemophilus that comes in A-F (the Hib vaccine is for the B variant) this causes selective pressure for the previously non invasive forms of the organism to cause disease.

Antibodies acquired through carriage of these commensals can not only protect against invasive disease by more virulent (disease producing) strains of the organisms, they also stop colonisation of this area with less desirable organisms both directly and indirectly.

What happened after the Hib vaccine was introduced in Finland? Maija Baer and colleagues from the Department of Paediatrics, Tampere University, Finland wrote to the Lancet in 1995 showing [Fig 2] that as cases of invasive Hib disease decreased after the vaccine was introduced in 1986, the cases of invasive pneumococcal disease increased to take their place.

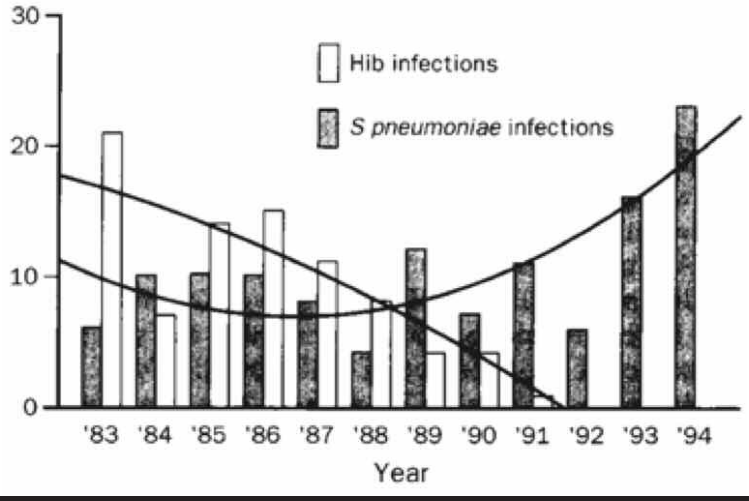


Figure 2

Fig.2 Annual Cases of invasive H influenzae type b infections and bacteraemic S pneumoniae infections in the 0 – 15-year-old children in Tampere University Hospital, Finland (from Baer et al 1995) [8]

Lines show development trends for Hib and pneumococcal infections. Looking at the graph you can see the fluctuating incidence of invasive Hib and pneumococcal disease – I stress invasive – when it has stopped being a commensal and decided to invade, usually for reasons to do with the host. Cases of Hib had been rising since the 1970s in Europe, but in the USA there was a FOUR fold increase between the 1940s and the 1970s. In Finland within eight years of introducing the Hib vaccine (1994), there were almost as many cases of invasive pneumococcal disease as there were of combined Hib and meningococcal diseases.

You can see the numbers clearly here...

Age/Date	1983-92	1993	1994
0 -16y	10.5	20	30
0 - 2y	53	70	110

Fig.3 Incidence of Bacteraemic (Invasive) Pneumococcal Infections in Children per 100 000 age matched population, Tampere University Hospital, Finland (Hib vaccination introduced 1986) (from Baer et al 1995)

WHAT DO THE AUTHORS HAVE TO SAY ABOUT THIS?

"It is tempting to speculate that the increase in invasive pneumococcal infections is causally related to the disappearance of Hib disease. "

"It is known that Hib vaccinations have reduced the carriage of H influenzae, and pneumococci may have found a new niche in colonising children."

"Even though the reason for the increase in bacteraemic pneumococcal infections is unknown, the increase is a clinical reality."

"Clinically most cases of pneumococcal infections run a benign course relative to that for invasive Hib.

"Nevertheless, an increase in systemic (invasive) pneumococcal infections emphasises the need for effective pneumococcal vaccines for young children."

Another vaccine to counteract the effect of another vaccine ?

IS THERE ANY EVIDENCE TO SHOW THAT REMOVING HIB COULD INCREASE INVASIVE PNEUMOCOCCAL DISEASE?

The possibility has been known for decades, a paper in the 1950's by JR May showed that the isolation rate of pneumococci in adults was inversely proportional to the isolation rate of H. influenzae [9]. More recently, in 2005, Elena Lysenko, a research scientist, and team at the University of Pennsylvania School of Medicine showed in a mouse model:

"Strains of both Haemophilus influenzae and Streptococcus pneumoniae pneumococcus) efficiently colonize the nasal mucosa when tested individually."

"Co-colonization (both together), however, results in rapid clearance of S. pneumoniae from the upper respiratory tract."

HOW?

"Components of H. influenzae (but not S. pneumoniae) stimulate complement-dependent phagocytic killing of S. Pneumoniae"

In other words, when the haemophilus is in the nose, it stops the pneumococcus from overgrowing by stimulating the body's defences to kill it, so when the haemophilus is gone, as in after Hib vaccination, the pneumococcus overgrows.

Crucially, she adds: "This study also demonstrates how manipulations such as antibiotics or vaccines, which are meant to diminish the presence of a single pathogen, may inadvertently alter the competitive interactions of complex microbial communities."

BUT IT DOESN'T MATTER DOES IT? THERE IS A VACCINE AGAINST THE PNEUMOCCOCUS.

Yes, however, there are more than 90 strains or serotypes of the pneumococcus and only 13 in the current vaccines used in children: Prevenar 13.

BUT THAT MUST BE BETTER THAN NOTHING?

Remember from Part One, 'nature abhors a vacuum (horror vacui)'

Ms Lysenko goes on to add: "A previously unrecognized competitive interaction between Strep. pneumoniae (pneumococcus) and Staphylococcus aureus could explain recent reports that children who receive the pneumococcal conjugate vaccine have lower rates of vaccine-type Strep. pneumoniae carriage, but higher rates of Staph. aureus nasal colonization as well as otitis media caused by Staph. Aureus"

Most of you will have heard of the MRSA that causes such devastation in hospitals – Methicillin Resistant Staph aureus."

So, vaccinating against Hib makes one susceptible to invasive pneumococcal diseases; vaccinating against the pneumococcus makes one susceptible to invasive Staph aureus disease.

As E.B. White said: "There's no limit to how complicated things can get, on account of one thing always leading to another." [10]

But that's OK as a vaccine is being developed against S. aureus in the USA.

Another vaccine to counteract the effect of another vaccine?

HOW CAN YOU PROTECT YOUR CHILD AGAINST INVASIVE HIB DISEASE IF THE VACCINE SEEMS PROBLEMATIC?

Dr Sven Silfverdal, now Senior Physician, Department of Pediatrics, Umeå University, Sweden, and colleagues, did a case control study looking at admissions for invasive H influenzae infection over the six years 1987 to 1992, before general Hib vaccination was introduced in Sweden. They found a significant association between invasive Hib disease and breast feeding of less than 13 weeks' duration, and a history of repeated infections. The effect was stronger when the child was12-months or older, the association was stronger when the child was 12-months or older.[11]

They followed this study with an ecological one looking at cases of invasive Hib diseases between 1956 and 1992 which showed quite clearly that as levels of breast feeding in Örebro county went down, cases of Haemophilus meningitis went up. Breast feeding rates were available from the 1940s. It is a salutary lesson in how childcare norms have changed : in 1944, 85% of mothers were breastfeeding at 2months and 53% at 6months; in 1972, these figures were 31% and 6% respectively.[12]

Lars Å Hanson, Emeritus Professor of Immunology at the University Of Gothenburg Sweden is an expert of the immune properties of breast milk. I urge you to read his paper: 'Breast milk and defence against infection in the newborn' which is available free on PubMed[13]

For those of you who are unable to breast feed you need to know that your baby will have more gut issues than a breast fed baby so please appreciate their efforts to correct such deficiencies by acquiring gut based illnesses (diarrhoea and vomiting) which simply need to be appropriately managed. You can also supplement them with acidophilus.

THE NEW VACCINE AGAINST THE GROUP B MENINGOCOCCUS

It has been difficult to develop a vaccine against the meningococcal B strain, not least because the serogroup B polysaccaride coating is antigenically identical to structures expressed on human fetal neural cells. The human body does not make antibodies to this coating or it would be attacking its own cells. "In addition, the recently published full genome sequence of the meningococcal group B strain MC58 showed the meningococcus to be a bacterium with unprecedented potential for antigenic diversity."(Pollard & Frasch 2001) – making it very difficult to put the correct antibody stimulating antigen in the vaccine to be effective in a high percentage of cases and over a long period of time.

This is the first vaccine for children that has made use of E.coli recombinant antigen and the doses of antigen are far in excess of those, for example, in the acellular whooping cough vaccine. This has made the vaccine very 'reactogenic' ie. a high incidence of adverse effects.[14] (Gorringe 2016). Listed as 'very common' (more that 1in ten) are: sleepiness, unusual crying, headaches, diarrhoea and vomiting, rashes, joint pain, muscle pain, injection site tenderness so severe that babies will cry when the injected limb is moved and older children will be unable to carry out normal daily activities. Fever over 38'C is very common but over 40' is less so.[15](Electronics Medicines Compendium (EMC), 2015)

IS THE VACCINE EFFECTIVE?

1. "The clinical efficacy (whether it actually stops you from getting meningococal B disease in real life) of Bexsero has not been evaluated through clinical trials. Vaccine efficacy has been inferred by demonstrating the induction of serum bactericidal antibody responses to each of the vaccine antigens." ie 'antibodies' which is not the same thing. Someone can have high levels of antibodies and still get that disease or no antibodies and not get the disease.

2. In a study in children 4 years of age who received a full priming and booster schedule as infants, levels of some antibodies were now as low as 9-10%, prompting the comment, "The clinical significance of this observation and the need for additional booster doses to maintain longer term protective immunity has not been established." It will be another vaccine that requires many boosters.

3. Compounding this is one aspect of vaccine administration that is designed to make the vaccine automatically less effective in producing an immune response: Advising that paracetamol should be given beforehand to reduce subsequent fever. Fever is part of the immune response, what the vaccine is supposed to be triggering. To give a fever suppressant is like tying someone's hands behind their back, and then expecting them to catch a ball when you throw it.

IS A MENINGOCOCCAL VACCINE NECESSARY?

Professor Andrew Gorringe of Public Health England, UK Centre for Applied Microbiology and Research, Porton points out that cases of Meningococcal B disease in England and Wales have fallen from 1688 in 2000/2001 to 445 in 2013/2014. Also, in the United States, rates of meningococcal disease are at an all-time low. This has made introducing the vaccine much less cost effective. Indeed, in 2013 the UK Joint Committee on Vaccination and Immmunisation (JCVI) recommended that the Department of Health did NOT introduce the meningococcal B vaccine in 2013, in the face of record low incidence of B disease, "the vaccine was highly unlikely to demonstrate cost-effectiveness at any vaccine price (i.e. even at £0 per dose the vaccine was unlikely to be cost-effective)".

This was followed by a sustained media campaign to overthrow the decision of the JCVI, and lead to a complete U-turn in March 2014 when theJCVI decided to introduce a 2,4 and 12 month dose in September 2015, after hammering out a larger discount, even though, "at £0 per dose the vaccine was unlikely to be cost-effective."(Dept of Health, 2014)[16]

I recommend reading in full: the Summary of Product characteristics from the Electronic medicines compendium (EMC), Professor Gorringe's 2016 paper meningococcal and pertussis vaccination, and the deliberations of the JCVI on introducing the Meningococcal B vaccine (links provided) before making a decision about your own child.

IMMUNITY IS COMPLICATED

A case history. A little boy who was jaundiced soon after being born was treated with gentamicin (an antibiotic). His hearing was probably damaged by the antibiotic or the jaundice as hearing loss is a recognised complication of both the drug and hyperbilirubinaemia. Although he was treated at a liver disease centre of excellence, no arrangements were made to test or monitor his hearing.

His parents thought their son could not hear properly and that he was not developing appropriate speech. When they told his doctors, they were repeatedly informed that his speech was within normal limits, and they would not send him for hearing tests. Eventually, his parents, who were not well off, scraped together enough money to have their son assessed by a speech and language therapist and to have the hearing tests done privately. He was found to have profound hearing loss. By now the little boy was three-years-old and almost too late to benefit fully, in terms of speech development, from cochlear implants.

On the basis of research and wide reading, his parents had decided not to have him vaccinated and, apart from his initial illness and the subsequent hearing problem, he had been well.

The doctors at the tertiary hospital where his parents managed to get him referred for the implant wanted him to have all his vaccinations but were adamant that he had to at least be vaccinated against the pneumococcus as there is a high risk of invasive pneumococcal disease with an implant. The child's father and mother brought in copies of studies showing increased incidence of invasive Staph aureus disease after pneumococcal vaccination, and increased incidence of infection with strains of the pneumococcus that are not in the vaccine, but the doctors refused to budge. Time was beginning to run out for the operation, so, reluctantly the parents went ahead with the pneumococcal vaccination. That afternoon the little boy had a high fever, became acutely ill, was admitted to hospital and treated with intravenous antibiotics. After three days he was sent home with tablets. He was given two more sets over the course of the next two weeks.

After he had recovered, he went for the preoperative assessment for the implant operation. Unfortunately the samples taken before the operation, which had previously been sterile, grew Staph aureus…so the operation was cancelled.

The boy had to take antibiotics for several more weeks until all the bacteriological samples were sterile again.

The father said to the medical team, "I told you we didn't want him to have the pneumococcal vaccination, in particular because of the increased incidence of invasive Staph aureus disease – and that is exactly what happened and the operation was cancelled for several weeks." The Ear Nose and Throat doctors said, "It was probably unrelated and anyway what matters is that he has had the pneumococcal vaccine."

In this confusing world of vaccines to correct the problems caused by the previous vaccine, and bacteria all intricately intertwined with each other, what can you do to keep yourself and your child safe?

Know that there are no 'killer' bugs or 'nightmare' strains. Crucial to a child's experience of meeting meningococcal and other organisms is the state of their immune system. Their immune system is supported, apart from by diet, fresh air, exercise and love, by supportive rather than suppressive treatment of childhood fevers. [17]

Great moderation in the use of antibiotics is very important in allowing commensal bacteria (organisms that live in animals and humans without harming them) to stimulate immunity to invasive disease by Hib, the meningococcus and the pneumococcus and all the others. Anything which wipes out these commensals, including vaccination, can upset the delicate ecological balance that allows a child or adult to host these organisms and remain healthy.

Fevers caused by infectious organisms, usually viruses, are how the child's immune system learns to respond appropriately to mild pathogens. This means that when potentially more serious ones come along, the immune system knows what to do. In the long run, this may provide more reliable and longer lasting protection against invasive bacterial disease than artificial immunisation.

29 February 2016

MBBS DRCOG DFFP DCH MRCGP MFHom

Telephone/Fax *0044 (0)20 8632 1634*
Email: jaynelmdonegan@yahoo.com
Website: www.jayne-donegan.co.uk/

{1} 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/
{2} Hjuler IM et al Bacterial colonisation of the larynx in healthy children Acta Paed 1995;84:566-8
{3} 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
{4} PubMed comprises more than 25

million citations for biomedical literature from MEDLINE, life science journals, and online books. Citations may include links to full-text content from PubMed Central and publisher web sites. http://www.ncbi.nlm.nih.gov/pubmed

{5} Moodley JR, Coetzee N, Hussey G.Risk factors for meningococcal disease in Cape Town S Afr Med J. 1999 Jan;89(1):56-9.

{6} Pollard AJ, Frasch C. Development of natural immunity to Neisseria meningitidis. Vaccine. 2001 Jan 8;19(11-12):1327-46.

{7} Gold R, Goldschneider I, Lepow ML, Draper TF, Randolph M. Carriage of Neisseria meningitidis and Neisseria lactamica in infants and children J Infect Dis. 1978 Feb;137(2):112-21

{8} Baer M, Vuento R, Vesikari T. Increase in bacteraemic pneumococcal infections in children Lancet. 1995 Mar 11;345(8950):661

{9} MAY JR. Pathogenic bacteria in chronic bronchitis. Lancet. 1954 Oct 23;267(6843):839-42

{10} Elwyn Brooks White QUO VADIMUS ? or The Case for The Bicycle 1939 ASIN B0018HBOPE

{11} Silfverdal SA, Bodin L, Hugosson S, Garpenholt O, Werner B, Esbjörner E, Lindquist B, Olcén P. Protective effect of breastfeeding on invasive Haemophilus influenzae infection: a case-control study in Swedish preschool children (1987 to 1992) Int J Epidemiol. 1997 Apr;26(2):443-50.

{12} Silfverdal SA, Bodin L, Olcén P.Protective effect of breastfeeding: an ecologic study of Haemophilus influenzae meningitis and breastfeeding in a Swedish population (1956-1992) Int J Epidemiol. 1999 Feb;28(1):152-6.

{13} Hanson LA, Winberg J. Arch Dis Child. 1972 Dec;47(256):845-8. Breast milk and defence against infection in the newborn. PMC1648417 pdf available http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1648417/pdf/archdisch00870-0013.pdf

{14} Gorringe, A. The difficult road to new vaccines for pertussis and serogroup B meningococcal disease JChemTechnol and Biotech 2016;91(1):9-15 Available from: http://onlinelibrary.wiley.com/doi/10.1002/jctb.4784/epdf [Accessed 8 Feb 2016]

*{15} Meningococcal Group B vaccine for injection in pre-filled syringe Electronic medicines compendium (EMC) {Online} Available from:*https://www.medicines.org.uk/emc/medicine/28407 [Accessed 28 Feb 2016]

{16} Department of Health and Public Health England Guidance Meningococcal B vaccine: JCVI position statement 21 March 2014{Online} Available at: {Accessed 29Feb2016} https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/294245/JCVI_Statement_on_MenB.

©2015 Dr Jayne L.M. Donegan MBBS DRCOG DFFP DCH MRCGP MFHom
Telephone/Fax 0044 (0)20 8632 1634
Email: jaynelmdonegan@yahoo.com
Website: www.jayne-donegan.co.uk/1of11

{17} 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

Forthcoming Lectures by Dr Jayne Donegan

'VACCINATION – THE QUESTION'
17 April 2016, Sunday afternoon, North West London NW4
19 May 2016, Thursday Evening, Bristol

HOMEOPATHY FOR CHILDREN – AN INTRODUCTION
05 June 2016 Sunday Afternoon, London NW4

See website for further information:
http://www.jayne-donegan.co.uk/lecturesworkshops

"My interest in vaccination stems from my concern for child – and adult – health safety issues. It is important that every parent has sufficient information to make an informed choice about vaccination that is right for them and their family."- Dr Jayne Donegan

"I AM NO LONGER 'TRYING TO DIG UP EVIDENCE TO PROVE' VACCINES CAUSE AUTISM. THERE IS ALREADY ABUNDANT EVIDENCE... THIS DEBATE IS NOT SCIENTIFIC BUT IS POLITICAL" – DAVID AYOUB M.D.

AIMS & OBJECTIVES OF THE *informed* PARENT GROUP

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

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

THE INFORMED PARENT, PO BOX 4481, WORTHING, WEST SUSSEX, BN11 2WH.
Tel: 01903 212969 web: www.informedparent.co.uk