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

BOOM: Another Vaccine Whistleblower Steps Out Of The Shadows

MMR VACCINE DANGEROUS VACCINE EMPIRE WOBBLES ON ITS FOUNDATIONS BY JON RAPPOPORT

www.activistpost.com

APRIL 7, 2016

Vaxxed highlights one whistleblower, researcher William Thompson

THE NEW FILM VAXXED highlights one whistleblower, researcher William Thompson, who publicly admitted he and his CDC colleagues lied, cheated, and committed gross fraud in exonerating the MMR vaccine and pretending it had no connection to autism.

Now we have another: Dr. Peter Fletcher.

The Daily Mail has the story (29/3/16): "Former [British] science chief: 'MMR fears coming true'".

"A former Government medical officer responsible for deciding whether medicines are safe has accused the Government of 'utterly inexplicable complacency' over the MMR triple vaccine for children."

"Dr Peter Fletcher, who was Chief Scientific Officer at the Department of Health, said if it is proven that the jab causes autism, 'the refusal by governments to evaluate the risks properly will make this one of the greatest scandals in medical history'."

"He added that after agreeing to be an expert witness on drug-safety trials for parents' lawyers, he had received and studied thousands of documents relating to the case which he believed the public had a right to see."

"He said he has seen a 'steady accumulation of evidence' from scientists worldwide that the [MMR] measles, mumps and rubella jab is causing brain damage in certain children."

"But he added: 'There are very powerful people in positions of great authority in Britain and elsewhere who have staked their reputations and careers on the safety of MMR and they are willing to do almost anything to protect themselves'."

"There are very powerful people in positions of great authority in Britain and elsewhere who have staked their reputations and careers on the safety of MMR and they are willing to do almost anything to protect themselves."

"In the late Seventies, Dr. Fletcher served as Chief Scientific Officer at the DoH [Dept. of Health] and Medical Assessor to the Committee on Safety of Medicines, meaning he was responsible for deciding if new vaccines were safe."

"He first expressed concerns about MMR in 2001, saying safety trials before the vaccine's introduction in Britain were inadequate."

"Now he says the theoretical fears he raised appear to be becoming reality."

"He said the rising tide of autism cases and growing scientific understanding of autism-related bowel disease have convinced him the MMR vaccine may be to blame."

"'Clinical and scientific data is steadily accumulating that the live measles virus in MMR can cause brain, gut and immune system damage in a subset of vulnerable children,' he said."

"'There's no one conclusive piece of scientific evidence, no "smoking gun", because there very rarely is when adverse drug reactions are first suspected. When vaccine damage in very young children is involved, it is harder to prove the links.'"

"'But it is the steady accumulation of evidence, from a number of respected universities, teaching hospitals and laboratories around the world, that matters here. There's far too much to ignore. Yet government health authorities are, it seems, more than happy to do so'."

The pressure is building on the medical establishment and their press lackeys. Of course, they will try to keep the lid on. But more and more people around the world—many through bitter personal experience with vaccines—are waking up.

The statements of establishment front men ring hollow.

"Well, of course these vaccines are safe, remarkably so. How could any sane person think otherwise?"

Sane people are thinking otherwise. They know they're being conned, and their health and the health of their

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Editor's note

Magda Taylor

WELCOME TO THE SUMMER EDITION OF THE INFORMED PARENT.

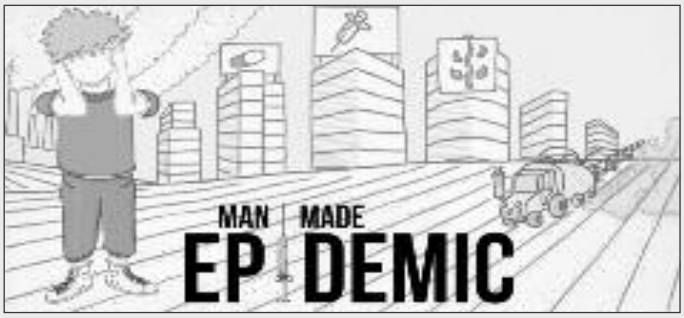
Firstly I would like to say a HUGE, HUGE thank you to those of you who generously donated some extra funds after my plea in the previous edition of the newsletter. I was very moved by the enormous generosity which has now enabled me to purchase a computer and other office equipment that was so greatly needed!

On 25 June 2016 I travelled to London's Curzon Soho cinema to watch the premier of a new film documentary 'Man Made Epidemic'. Like the film 'Vaxxed' which is presently being shown around the US, Man Made Epidemic was also pulled from a film festival in London in recent times due to 'intense outside pressure' according to Green Med Info.

Filmmaker Natalie Beer sets off on a journey around the world speaking to leading doctors, scientists and families to find out the truth about the autism epidemic and whether or not vaccines have a role to play. The film explores the common misconception that autism is solely genetic and looks into scientists concerns over recent years about environmental factors such as vaccination, medication and pesticides which continue to leave our children with physical and neurological damage. The film, running for one hour and twenty-four minutes, makes interesting viewing and it highlighted the huge influence that the pharmaceutical industry in medicine and governmental health departments.

Personally I had hoped for more questions surrounding vaccination in general however the filmmaker's main intention seemed to be to start some discussion/debate on this controversial subject.

Apparently, due to media criticism and the labelling of being an 'anti-vaxxer'director Natalie Beer has clarified that the



actual nature of her views are:

- *Pro safe vaccines*
- *Pro health*
- *Pro honest information*
- *Pro unbiased science*
- *Pro transparency concerning vaccine side effects*
- *Pro parental decision & rights regarding vaccination*

There was a Q&As session after the film and I did get the impression that Natalie still has a lot more to learn on the vaccination issue. This film was really about a new mother, Natalie, questioning the concerns of the possible MMR/autism link and what options she had in proceeding. Sadly the option of no vaccine was not really addressed – it was more about so-called 'safer' approaches such as giving separate vaccines. There was also mention of new safer vaccines by one of the 'experts' featured in the film. However it is certainly worth watching and perhaps in a few years time when Natalie Beer has dug deeper into the whole subject she may consider tackling this subject again. I do hope so! http://man-made-epidemic.com

This edition is dedicated to homeopath, and principal at the South Downs School of Homeopathy, Robin Hayfield who sadly passed away on July 4th - very unexpectedly. Robin had been a long term supporter and subscriber of The Informed Parent and I feel fortunate that I had the opportunity to meet him on a few occasions. As one of his friends stated: A kind and gentle man who lived by his beliefs and principles which were firmly connected to the natural world. RIP Robin.

Magda Taylor, Editor. August 2016

› *from p01*

children is under attack.

More whistleblowers are going to come out of the closet. The strange notion of having an actual conscience is making a comeback.

Even media androids, whose job it is to spread disinformation, are going to realize they're nothing more than dupes for the vaccine cartel. And some of them aren't going to like the realization, especially when it interrupts their sleep at night.

Especially as they come to understand they're aiding and abetting the lifelong infliction of brain damage on innocent children.

"There are very powerful people in positions of great authority in Britain and elsewhere who have staked their reputations and careers on the safety of MMR and they are willing to do almost anything to protect themselves."

Not everyone can blithely go on their way, doing their dirty work, in the face of that knowledge.

I've been working as an independent reporter for 30 years, and I can tell you that at this point, the whole vaccine propaganda apparatus is like a porcelain vase sitting on a table. And an earthquake is commencing.

Somewhere, right now, as I write this, a vaccine expert none of us yet knows about is sitting in his office thinking: "Thompson and Fletcher have come forward. It might be time for me to tell what I know, what I've been hiding all these years."

He isn't a hero. He's a chronic scientific liar who can't stand the conspiracy of silence any longer. He's remembering what a conscience is.

And he's calculating the relative consequences of voluntarily coming clean now vs. being exposed later. He's sniffing which way the new wind is blowing.

DIFFICULTIES IN ELIMINATING MEASLES AND CONTROLLING RUBELLA AND MUMPS: A cross-sectional study of a first measles and rubella vaccination and a second measles, mumps, and rubella vaccination.

WANG Z1, YAN R1, HE H1, LI Q1, CHEN G2, YANG S3, CHEN E1.

20 Feb 2014

INTRODUCTION

(EXTRACTS) Measles, mumps, and rubella are viral infections that are preventable through vaccination programs. Under a national Expanded Program on Immunization, a one-dose, single-antigen, live attenuated measles vaccine (MV) was used in a limited population aged 8 months for a short period in Zhejiang province, China between the late 1970s/early 80s. In 1985, the MV program was amended so that an additional dose could be administered at 7 years of age. This schedule was modified again in 2007, with the MV being replaced by a routine measles-containing vaccination providing a measles–rubella vaccine (MRV) at 8 months of age, followed by a measles–mumps–rubella (MMR) vaccine at 18–24 months of age. Since 2008, revaccination policy has been implemented with MRV for the secondary school students. In 2010, Supplementary Immunization Activity (SIA) was achieved throughout the whole country. This large-scale measles vaccination campaign was held September 2010, with providing a measles-mumps vaccine (MMV) to children aged from 8 months to 4 years old in the province.

However, despite the safe, free, and high uptake rate of the 2 doses of measles-containing vaccine (MCV) and rubella-containing vaccine (RCV) and one dose of mumps-containing vaccine (MuCV), measles, mumps, and rubella remain common diseases throughout Zhejiang province. Measles outbreaks continued in 2008, with 12,782 cases reported, which translated to 252.61 per million of the population. From 2009 to 2011, the incidence of measles remained high at 3.14–17.2 per million of the population. Similarly, the incidence of mumps increased from 394.32 to 558.26 per million of the population in 2007 and 2008, respectively. Finally, the reported cases of rubella increased from 3284 to 4284 in 2007 and 2011, respectively, representing a 30.45% increase or an increase from 65.94 to 78.71 per million of the population. Therefore, the elimination of measles and control of mumps and rubella are urgent public health priorities in local regions.

CONCLUSIONS:

A timely two-dose MMR vaccination schedule is recommended, with the first dose at 8 months and the second dose at 18-24 months. An MR vaccination speed-up campaign may be necessary for elder adolescents and young adults, particularly young females.

THE "GERM THEORY" OF DISEASE IS IT A FALLACY? "YES," SAYS NOTED AMERICAN PHYSICIAN

BY STANFORD CLAUNCH, M.D.
THE ADVERTISER, ADELAIDE.
Saturday March 1st 1930

THERE IS NOT a shred of evidence, scientific or otherwise, to support the claim that germs cause disease. Inspite of this, a great group of so-called scientists persist in flaunting their beliefs in the germ theory. The tragedy of this is that the public, whose ranks provide most of the victims to this palpable falsehood, looks on with indifference.

When I say there is not a shred of evidence, scientific or otherwise, to support the claim that germs cause disease. I mean just that. The truth of my assertion is everywhere apparent. Indeed, there is abundant evidence provided by laboratories, clinics, and by sound reason, to show that bacteria are no more related to the cause of disease than a dam is related to the cause of the waterfall that pours over it.

This radical statement is made purposely to arouse public interest sufficiently to demand a thoroughgoing, impartial investigation to determine the truth about the relation of bacteria to health and disease. Also for an equally searching investigation into the devastating effects on health brought about by the use of serums and vaccines injected into the human organism in support of the nonsensical "germ theory."

"THE SUBLIME THRILL OF REALISATION"

When Louis Pasteur, the French chemist, gave to the medical profession the germ theory shortly after the middle of the 19th century, medicine had been wholly at a loss in its efforts to discover a scientific cause for disease. For more than two centuries it had struggled to find such a cause. No extraordinary imagination is required to visualise the eager reception and hearty embrace this theory received. It was beyond the power of the laymen to investigate, and there face to question its validity. What more appropriate stage-setting for the ready reception of a much-needed theory could be imagined? Almost over night a forlorn hope was thereby translated into the sublime thrill of realisation.

There is no space here to trace the tedious and laborious experiments of Leeuwenhoek, Muller, Ehrenberg. And others who preceded Pasteur by many years in the study of microscopic life.

But did Pasteur's own work in the laboratory really uncover one of life's great mysteries? Did he reveal to an anxious world one of the greatest health secrets ever known? To answer these questions requires, more than loose thinking and superficial investigation. The premise on which the germ theory rests must be weighed in balances of reason and logic. Curiously enough, this was never done by any of his successors. By what logic do bacteriologists assume the prerogative to declare that the presence of bacteria in disease necessarily proves that they are the cause thereof? Incredible as it may seem, this is the only possible premise on which the germ theory can rest. Bacteria, like bacteriologists, must eat. Bacteria feed only on dead substances - filth - and all the evidence shows that filth is the cause of the diseases with which bacteria are associated.

CAN BACTERIA DESTROY LIVING TISSUE?

Before bacteria can produce fermentation they must have something to ferment. In concluding that the so-called anaerobic (capable of living without air) bacteria were the cause of fermentation, Pasteur had reckoned without his host. Instead of discovering, as he believed, that bacteria are the cause of fermentation, he merely discovered that they are one of the factors in fermentation. Quite naturally bacteria are likely to be found wherever filth is found, whether inside or outside the human body. It is the only substance on which they can feed; therefore, the only environment in which they can live. Bacteria cannot ferment or decompose living tissues. All biologists must admit that laboratory cultures of bacterial growth are possible only when dead tissue or non-living substance is supplied them for food. Nor can they live and propagate in the living body except by feeding on the filth (uneliminated waste) in that body.

This brings us to the question - Are bacteria capable of willing their own food, as bacteriologists claim? That is, are they of attacking and destroying other living cells? If it can be definitely shown that bacteria can attack and destroy living tissue under any circumstances, then it must be conceded that they are a primary cause of disease. But if it can be demonstrated that they have no inherent power to destroy other forms of life then we have the strongest possible evidence against the germ theory.

There is no end to laboratory evidence which may be adduced to discredit the germ theory. Even simple experiments which are sometimes used by bacteriologists to prove that bacteria cause disease actually prove the opposite when carefully investigated. One such is the placing of a rotten apple in a box of fresh apples and observing that the apples which come into contact with the rotten apple also rot. Careful analysis reveals that it is the chemical poisons in the rotten apple which must first poison and kill the cells of the fresh apples before the bacteria can move forward and appropriate the newly killed cells as food.

But by all odds the most damaging testimony against the germ theory to be found in the laboratory lies in the profound influence which the environment of bacteria exerts upon them. The lower the form of life the less able it is to conquer its environment, and the more it is moulded by the influence of its surroundings. Bacteria, therefore, are almost complete victims of environmental circumstance.

Thus a certain type of bacterium, when fed on food other than that to which it has become habituated, becomes an entirely different type in a short time. Dr. E. C. Rosenow, of the Mayo Biological Laboratory, Rochester, U.S.A, demonstrated through a long series of experiments that simple forms like streptocci (pus germs), especially hemolytic streptococci (the type that feeds

on decomposed blood or the early stages of pus), could be made to assume all the characteristics of pneumococci (pneumonia germs) simply by feeding them on pneumonia virus, and making other minor changes in their environment. And when he reversed the procedure and fed pneumonia germs on pus they quickly changed into pus germs. Other types were included in these experiments with similar results, and other bacteriologists also have demonstrated this remarkable transformation. Were no other evidence available, this alone would suffice to demolish the germ theory.

When we study bacterial life in the human body we find the same principle involved and the same laws governing that we find in the laboratory, the laws varying slightly in their operation to meet the changed conditions. The conception of modern bacteriologists that bacterial excretions are the cause of disease is the arch delusion of bacteriology, without scientific evidence to support it.

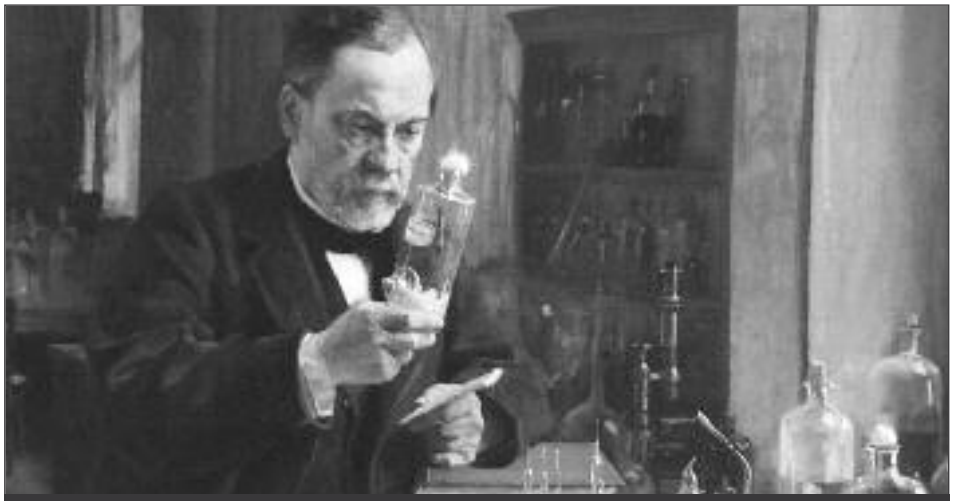
By resorting to intravenous injection of almost any organic substance into the blood of animals it is easy to demonstrate these substances will produce more violent and deadly diseases if they are relatively free from bacteria than if in a state of bacterial decomposition.

DEMOLISHING THE GERM THEORY

Perhaps a more impressive argument in support of this contention is to be found in some experiments conducted by officials of the United States Government. Detailed accounts of these experiments are related in Government Bulletin No. 57 published by the Department of the Navy, Bureau of Medicine and Surgery, Division of Sanitation.

Here are a few excerpts from Bulletin 57:-

"Experimental attempts to transmit influenza to the human subject were carried on at the United States Quarantine Station, Gallups island, Boston, Mass. The subjects of experiment were sixty-eight volunteers from the United States Naval Detention Camp, Deer Island. Boston. The experiments consisted of inoculations with pure cultures of Pfeiffer's bacillus



Louis Pasteur, the French chemist

"Instead of discovering, as he believed, that bacteria are the cause of fermentation, he merely discovered that they are one of the factors in fermentation. Quite naturally bacteria are likely to be found wherever filth is found, whether inside or outside the human body."

(influenza germ) with secretions from the upper respiratory tract and with blood from typical cases of influenza. Ten presumably non-immune volunteers were inoculated with negative results.

Three sets of experiments were made with secretions, both unfiltered and filtered (influenza bacilli will pass readily through all except the very finest filters) from the upper respiratory tract of typical cases of influenza in the active stage of the disease. In these experiments a total of thirty men were subjected to inoculation by spray, swab, or both of the nose and throat.

"In no instance was an attack of influenza produced in any one of the subjects. An experiment was made in which the members of one of the groups of volunteers which had been subjected to inoculation with secretions were exposed to a group of cases of influenza in the active stage of the disease in a manner intended to stimulate conditions which in nature are supposed to favor the transmission of the disease. Each volunteer conversed a few minutes with each of the selected patients, who were requested to, and coughed into the face of, each volunteer in turn, so that each volunteer was exposed in this manner to all ten cases.

None of these volunteers developed any symptoms of influenza following this experiment. Advantage was taken of the opportunity for making this study an attempt to confirm the reported positive results of transmission of influenza by Nicolle. Secretions from five typical cases of influenza were secured, filtered, and some of the filtrate inoculated subcutaneously into each of the group of ten volunteers. At the same time blood was drawn from the same cases and pooled, and some of the mixed blood was injected subcutaneously into each of another group of ten volunteers. None of the men subjected to these inoculations developed any evidence of illness."

Similar experiments were made with similar results on another fifty volunteers at Angel Island, San Francisco. Every possible means was employed, under conditions most conducive to the development of influenza to try to demonstrate that bacteria cause the disease.

These 118 sailors were inoculated, swabbed, sprayed, and dosed with cultures of the most virile strains of influenza germs possible to procure, and not one of them developed even a slight cold. These experiments knock the last prop from under the bacteriological superstition. They show beyond all question that foreign matter (filth or waste - dead cells) is more virulent and potentially harmful before than after bacterial decomposition.

WHY OUR CHILDREN SHOULD HATE US

https://www.laprogressive.com/children-should-hate-us/
17 April 2016

VAXXED, the controversial documentary alleging a direct causal relationship between vaccines and exponential increases in autism amongst children is a deeply disturbing and hence critically important piece of work that will cause many sleepless nights for parents of infants everywhere.

I had the honor of both watching the film and participating in a discussion afterwards with its Producer, Del Bigtree and Director, Dr. Andrew Wakefield. It is a must see film and deserves to serve as a catalyst for a national discussion of the role of mandatory vaccines for children and the role of the pharmaceutical industry in government decision-making.

What is equally disturbing, however, is that the film represents another in a cascade of documented allegations calling to task not only the corruption of government regulatory agencies but the corruption of science and scientific method itself. And to the extent that the current Presidential election contest has sparked virulent dissatisfaction with our elected leadership and the institutions of government, we must take this opportunity to seriously question what many had taken for granted: namely, that government has as its most solemn mission the protection of public health, safety and welfare. The film carefully documents decisions by the Centers for Disease Control that lend credence to systemic corruption.

As a father of two millennials, I have been bombarded with what has turned out to be a warranted cynicism, criticism, and rejection of government. As one who devoted nearly 40 years to the promotion of public service and government, I have come to reassess my initial reluctance to such criticisms. The kids have every right to be cynical and critical and as hard as it is for parents to accept it, probably know more than we do.

The corruption of science and scientific method has manifested itself most prominently in recent years with a spate of attempts to deny the existence of global climate change and the role that continued fossil fuel usage plays in accelerating it. This, of course, finds refuge in the stalling tactical maneuvers perfected by the tobacco industry over a half century ago. These "Merchants of Doubt" cast an effective smoke screen that effectively blurs rational thought by an unsuspecting public that would much rather leave it to the experts. And the experts on protecting the public are those we elect to steer the ship of state.

But of late we have seen spineless political chicanery, which I must sadly admit is totally bipartisan, when it comes to issues like fracking and the substitution of natural gas as a purportedly transitional fuel to bridge the gap between coal and renewables. What in essence we are doing is substituting one form of greenhouse gas, carbon dioxide with its long-term atmospheric consequences, with a far more potent heat-trapping gas, methane, in the short- and intermediate-term. This is fossil foolishness that will sentence our kids and grandkids to a lifetime of gut-wrenching and maybe irretrievably lesser quality-of-life choices. But the effects will not show up until after those making the decisions have long left their lofty perches within the government.

Fracking is contaminating water supplies and the air we breathe, is causing public health problems and facilitating earthquakes in places that have never even had earthquakes in recorded history, yet the regulatory responses are negligible. While New York State maintains a moratorium on fracking its neighbor Pennsylvania continues to put communities at risk. California - with its tough-talking Governor Jerry Brown loudly decrying climate change and promising to be a world leader on mitigation strategies - is essentially missing in action when it comes to regulating fracking in the Central Valley and even within the city limits of Los Angeles. The inadequacy of California's regulatory body to place the citizens' health and safety above industry considerations borders on criminal.

Lance Simmens

"Fracking is contaminating water supplies and the air we breathe, is causing public health problems and facilitating earthquakes in places that have never even had earthquakes in recorded history, yet the regulatory responses are negligible."

We all witnessed the BP disaster in the Gulf of Mexico, and its dastardly cousin in Porter Ranch, California, that has been described as BP on land, the release of nearly 100,000 metric tons of methane from a leaking natural gas storage well. Yet we merrily proceed to push forward with government-subsidized fossil fuel production policies that benefit the richest corporations known to mankind.

We see government failure and most likely criminal negligence if not outright prosecutable actions on behalf of government officials with regard to the contaminated drinking water in cities like Flint, Michigan, and evidently in cities all across the U.S.

There are crimes against humanity being perpetrated by chemical companies like Monsanto as glyphosates and genetically engineered foods find their ways comfortably into our kitchens and stomachs. Steven Druker, in his seminal book Altered Genes, Twisted Truth has meticulously documented systemic corruption in the

Food and Drug Administration.

In Malibu, there is a local effort to address the existence of PCB's in window caulking in schools yet the school board spends millions of dollars to fight its removal rather than simply remove it. Once again it seems to be far easier to spend money denying the evidence than in fixing the problem. This is obscene and unfortunately the problem extends to schools throughout the country. Why is it we have so little regard for the injuries we are inflicting upon our children?

Last but not least we are witnessing a monumental failure on the part of the Fourth Estate, the media. Bowing to the pressures of deep-pocketed advertisers, the media refuses to even make an attempt at investigative journalism. A glaring exception to this is the case of the Spotlight investigative team at the Boston Globe, which uncovered massive corruption within the Catholic Archdiocese in sheltering child molesters and pedophiles among the priesthood. We celebrate this as an act of great valor, when in essence it ought to be business as usual. This should not be the exception; it should be the norm and the media is abdicating its responsibility to expose the truth and instead prefers the safer course which is to be complicit in the cover-up. Richard Dreyfuss and I recently penned an article calling attention to this complicity here.

I have worked in numerous governmental agencies at senior levels where I attempted to defer to the scientific expertise when contemplating major policy decisions affecting millions of people. To see the systemic corruption that is occurring in government agencies like the Environmental Protection Agency, Department of Energy, Department of Health and Human Services including the Centers for Disease Control and the Food and Drug Administration not only makes me sad but it makes me mad.

There has always been an attempt in this nation to balance out the avarice of the private sector with a regulatory framework in the public sector that protects those most vulnerable in society. That balance has been totally upended and as the latest effort on behalf of those involved in Vaxxed shows, we as a society can no longer depend upon our government leaders and institutions to protect us.

We must begin by electing leaders who will restore the balance that is needed to protect at the very least our children. If we do not our legacy to our children will be one punctuated by scorn and anger. In this instance our kids actually know us better than we know ourselves. What a sad commentary on the state of affairs of the human race.

Lance Simmens.

Lance Simmens has spent nearly four decades in senior level public service positions. Follow him at LSimmens.com.

8-year-old boy dies of rare, vaccine-derived poliovirus in Laos

BY ARIANA EUNJUNG CHA

www.washingtonpost.com

October 12 2015

THE WORLD HEALTH Organization reported Monday that an 8-year-old boy in Laos became paralyzed from the poliovirus in early September and died five days later.

The case is believed to be the first infection in the country since 1993 and is part of an alarming re-emergence of polio around the world in recent months. Ukraine and Mali -- two other countries where the virus was thought to have been wiped out -- also reported new cases of polio.

WHO officials said that genetic sequence showed that the virus was derived from an oral vaccine and that it may have been circulating in Laos' Bolikhamxay Province for more than two years. The oral polio vaccine contains a weakened virus, and when a child is immunized the virus replicates in the intestine and is excreted by the individual. In places where there are sanitation issues, this virus can infect others in the community before dying out.

When a population is seriously under-immunized this virus can circulate for a long time and mutate into a form that can paralyze. The district where the child lived in Laos has chronically low immunization rates: 40 percent to 66 percent between 2009 and 2014 and 44 percent in 2015 to date for three doses of oral polio vaccine.

Before this most recent infection, Laos had been polio-free since 1993, when its last case of indigenous wild poliovirus was reported.

The WHO said that the country's ministry of health, in conduction with the WHO, UNICEF and the U.S. Centers for Disease Control and Prevention, sent a team to the boy's village to collect stool samples and that they have activated an emergency immunization effort for the province and several adjacent provinces.

Health officials said the risk of the virus spreading from Laos to other countries was low given the relatively limited travel to and from the area where the infection was found and given the emergency immunization effort.

In September, the WHO said poliovirus had returned to Europe after a five-year reprieve, paralyzing a 4-year-old and 10-month-old in the Ukraine. The two cases were in the southwestern part of the country -- bordering Romania, Hungary, Slovakia and Poland -- and the strain responsible, vaccine-derived poliovirus type 1 or cVDPV1, may still be a threat to the region.

The same month, Africa saw its first polio infections in a year when a 19-month old child of Guinean nationality became paralyzed.

The WHO has emphasized that the risk of vaccine-derived polio infection "pales in significance" to the health benefits associated with oral polio virus. It says that every year hundreds of thousands of wild polio cases are prevented with vaccines.

Doctors told teenage girl who died five days after having the cervical cancer jab that she was being a LAZY CHILD and dismissed it as a stomach bug

BY EMMA GLANFIELD
FOR MAILONLINE
PUBLISHED: 9 May 2016

- Schoolgirl Shazel Zaman suffered severe headache, vomiting and dizziness
- 13-year-old fell ill just hours after being given cervical cancer jab at school
- Family took her to hospital but doctors 'dismissed her with a stomach bug'
- They claim that medics also compared teen to 'lazy child' while treating her
- Teenager was sent home by doctors and collapsed and died four days later

A TEENAGE GIRL has died just five days after being given the cervical cancer jab after doctors dismissed her illness as a stomach bug and even branded her a 'lazy child' before sending her home.

Shazel Zaman, 13, was suffering with a severe headache, vomiting and dizziness after having the HPV vaccine and her symptoms became so severe that her family took her to Fairfield Hospital in Bury.

But the family claim that a doctor dismissed her condition was linked to the cervical cancer jab and sent her home citing a stomach bug.

She was found collapsed and unconscious with no pulse an hour later at her home in Bury, and died in hospital four hours later.

Now Pennine Acute NHS Trust, which runs the hospital, has launched an investigation into the standard of care Shazel received at the hospital.

Her family believe her death is linked directly to the cervical cancer jab.

Shazel had been given her second course of the HPV vaccine at Derby High School in Bury on April 13, and fell ill just hours later. Her condition rapidly worsened and she died on April 17.

Her sister, Maham Hussain, 19, said: 'She had the injection on the Wednesday. On Friday she was complaining of a sore arm - no swelling just redness.

'On the Saturday she complained of a severe headache, and by the evening she was throwing up. Come Sunday she was very pale, and my aunt took her to Fairfield.

'Whilst she was there she was in and out of consciousness. My aunt had to get a wheelchair for her.

'She had a blood test, and her heart rate checked, and everything was said to be normal.

'She was asked to provide a urine test and when my aunt took her to the toilet she fell to the floor, she was so drowsy.

'My aunt took her back to the doctor and that's when the doctor made the comment that Shazel "came across as a lazy child".

"Our own GP was really shocked that she had passed away. The reason we are speaking out is to raise awareness of what might happen."

Shazel's aunt, Saimah Naseem, who took her to Fairfield, said she was 'shocked' at the comment.

She said: 'That was a horrible thing to say. One of the nurses also made the comment "she's fine".'

Maham said: 'I was at home when Shazel returned. She was in a really bad state. As soon as she came home my aunt put her to bed.

'My aunt gave her water so she wouldn't dehydrate. My aunt and grandmother kept checking on her.

'An hour later she went blue. She had no pulse. The paramedics were here in seven minutes but she was not responding.

'At hospital it was just the machines that were keeping her alive.'

The family said that following her death she underwent a CT scan but it was unable to find a cause.

They then paid £670 for an MRI scan at Oldham Royal Hospital. That too was inconclusive and an autopsy has now been carried out. However, the results will not be available for several months.

Mahan said: 'The family strongly believe that there is a link between her death and the vaccination.

'Before that she was perfectly normal, and active. Our own GP was really shocked that she had passed away. The reason we are speaking out is to raise awareness of what might happen.

'I don't think the hospital took her seriously. If they had done more tests they could have picked something up.'

The family have praised staff from St Luke's C of E Primary School, where Shazel was a former pupil, for their support.

Maham said: 'Shazel had lots of friends. The support from St Luke's for our family has been fantastic, especially the headteacher. The whole community is shocked by Shazel's sudden death.'

Shazel leaves another sister, Amaima, eight, and two brothers, Aman, 11, and Zain, seven.

Investigations have been launched into Shazel's treatment at hospital and whether her death was linked to the HPV (human papilloma virus) jab.

In a letter to her mother, Rob Barrow, Assistant Directorate Manager at Pennine Acute NHS Trust, which runs Fairfield Hospital, said: 'In line with national and Trust policy, we will be undertaking an investigation looking at the care and treatment of your daughter whilst under the care of the Trust.

'I know there are questions you may wish to raise to be considered as part of the investigation.'

In a statement Gill Harris, Chief Nurse at The Pennine Acute Hospitals NHS Trust, said: 'Our thoughts are with the family and we offer them our sincere condolences for their tragic loss.

'We have started a full clinical review to examine the circumstances surrounding Shazel Zaman's death to understand what happened following her attendance at our A&E department in April.

'We intend to share the findings from our review with the family, with the

Coroner' office, as well as with our own staff.'

Deputy Bury Coroner Lisa Hashmi said she has also commenced an investigation but will assess evidence before deciding whether to have a full inquest if she deems Shazel's death 'unnatural'.

A spokesman for the Medicines and Healthcare Regulatory Agency said more than three million girls have been vaccinated so far in the UK with the HPV vaccine, and tens of millions more have been vaccinated globally.

'As with all vaccines, safety remains under continual review, and HPV vaccine has a very good safety record,' she said.

'We are aware of the tragic death of a young girl, and our thoughts are with her family. As with any serious adverse events, we will establish the facts, but there has been no suggestion from safety monitoring so far that the vaccine has been responsible for any deaths.'

Dr Mary Ramsay, Head of Immunisation at Public Health England, added: 'PHE continues to encourage all girls aged 12 to 13 to take up HPV vaccination when offered as part of the NHS childhood vaccination programme.

'The vaccine protects against cervical cancer, the most common cancer among women aged 15 to 34 years. There are 3064 new cervical cancer diagnoses each year in the UK, sadly causing death in around 919 of these cases according to latest figures.

'Fortunately, HPV vaccine uptake rates in England are amongst the highest in the world, with latest figures showing that around 87 per cent of eligible girls are fully immunised.

'We expect the major benefit of the vaccination programme - a decrease in cervical cancer, which peaks in women between 25 and 50 - will be seen in some years' time.

'It's estimated that around 400 lives could be saved every year in the UK as a result of the programme.'

GLAXOSMITHKLINE GIVEN SMALL FINE FOR KILLING BABIES DURING VACCINE TRIALS

BY SEAN ADL-TABATABAI

http://yournewswire.com/glaxosmithkline-given-small-fine-for-killing-babies-during-vaccine-trials/

March 3, 2016

GLAXOSMITHKLINE have been given a slap on the wrist and a small fine of $93,000 after being found guilty of killing 14 babies during a vaccine trial in 2012.

GSK were found guilty of conducting trials on human beings and faking parental authorizations in allowing them to experiment on babies in Argentina.

NATURALNEWS.COM REPORTS:

The judge handed down the ruling following a report by the National Administration of Medicine, Food and Technology (ANMAT) which concluded that the COMPASS trial conducted between 2007 and 2008 demonstrated "failures in the process of obtaining the necessary consent letters from participants, hence violating the patients' rights; as well the inclusion of patients that did not fully meet the required clinical conditions to be submitted into the program."

A total of 15,000 children under the age of one were recruited into the study from poor families attending public hospitals in three separate Argentinean provinces.

The scandal was broken by pediatrician Ana Marchese, who learned of the COMPASS study while working at one of the public hospitals involved. She reported the violations to the Argentine Federation of Health Professionals (FESPROSA), which later took the complaints to the government.

"GSK Argentina set a protocol at the hospital, and recruited several doctors working there," Marchese said. "These doctors took advantage of the many illiterate parents whom take their children for treatment by pressuring and forcing them into signing these 28-page consent forms and getting them involved in the trials."

"These sorts of practices are not legal and occurred without any type of state control, plus they don't comply with the minimum ethical requirements"

[Drug companies] can't experiment in Europe or the United States, so they come to do it in third-world countries," she said.

The COMPASS trial was conducted to test a new pneumococcal vaccine. Similar trials were conducted in Colombia and Panama. Marchese noted that the new vaccine is not significantly different from existing pneumococcal vaccines.

"There already exist very good vaccines for the same diseases, but we all know how laboratories work, they only care for their own business," she said.

CORRUPTION AND INTIMIDATION

Many of the complaints against GSK centered around its treatment of the children involved in the study.

"Once a picked patient [arrived], [he or she] would automatically disappear to be taken somewhere else in order to be treated by those doctors specially recruited by GSK," Marchese said. "These sorts of practices are not legal and occurred without any type of state control, plus they don't comply with the minimum ethical requirements."

"In various particular cases, the doctors who had conducted the trials avoided to answer the many phone calls made by worried parents after witnessing their babies' first reactions to the vaccines," she added.

"A lot of people wanted to leave the protocol but they were not allowed," said Julieta Ovejero, the great aunt of one of the babies who died. "They forced them to continue under the threat that if they leave they wouldn't get any other vaccines for their children."

In 2008, when FESPROSA first broke the story that 12 children had died, local GSK researcher Enrique Smith dismissed the deaths, calling it "a very low figure if we compare it with the deaths produced by the respiratory illnesses that the pneumococcal bacteria causes."

In the Santiago del Estero province, the COMPASS trial was approved by the provincial health minister — who also happened to be Enrique Smith's brother.

Editor: No deaths from HPV vaccine???? According to sanevax.org VAERS total number of deaths to May 2016 after HPV vaccine 261.

PARENTS SUE OVER VACCINE DEATHS

BY TUYEIMO HAIDULA
Namibian.com.na
5/8/2016

EXTRACTS: SIX parents whose babies died after they were vaccinated have approached the Legal Assistance Centre for help to sue the health ministry. The Namibian understands that 21 babies countrywide have died since 2006 after receiving the vaccines which are normally administered to children at six weeks and 12 weeks in what has been termed sudden infant death syndrome.

Five of these cases recorded in July this year in Windhoek alone were caused by complications arising from the ongoing measles/rubella vaccination exercise.

The Ministry of Health and Social Services has not responded to detailed questions sent to the public relations office a week ago.

Dr Theopolina Tueumuna, a veteran Namibian medical doctor with expertise in public health, specialising in maternal and child health, defended the campaigns, saying in Namibia's case, most children are malnourished and when they get the vaccination there is a likelihood that some might die. Dr Tueumuna said during the major measles outbreak treated at the Oshakati State Hospital from Oct 1986 – Jan 1987, out of the 554 children admitted to the hospital, 83 died from complications of measles, mainly pneumonia.

"None of the 83 deceased children had received measles vaccines beforehand. Of the survivors, 6 became permanently blind. In addition, virtually all the 554 children who were ill enough to require hospital admission had some degree of malnutrition.

One of the doctors, Yury Vasin, who did post-mortem examinations on some of the children in Windhoek, told The Namibian that the rate at which babies are dying from six and 12-week vaccination-related deaths is unacceptably high. Dr Vasin of the Windhoek Central Hospital's forensic mortuary services did a post-mortem examination on six-month-old Paulus Jonas, son of Denny Mwanyekange, one of the parents who approached the LAC for help. Jonas died in his father's arms within four hours of receiving a vaccination in January last year.

Although Dr Vasin could not give figures, he said it was a cause for concern for him, and he wrote a letter to the health ministry in 2008 when the trend started picking up. He requested The Namibian to ask for test results of an investigation conducted by the health ministry, together with the WHO, into the concerned children's vaccines.

The Namibian understands that after Dr Vasin's post-mortem results were given to the parents, they confronted the health ministry, and were told that the doctor was not qualified to make such a diagnosis.

"The mother was in the house preparing food. I was sitting with him outside under a tree. When she took him from me, I just heard her screaming. I saw blood coming out of the baby's nose and mouth."

Dr Vasin, however, denies this. "I have long experience in this field. The babies had identical symptoms before they all died soon after being vaccinated. We got concerned that this was more than a coincidence, and the numbers were increasing," he stressed.

The parents claim that they are not happy with the way the health ministry handled their cases, while the feedback was termed unsatisfactory.

Angelina Lazarus (23) took her son for the second vaccination on 9 April this year. When she returned home in the afternoon, the baby refused to be breastfed, and could not stop crying. After crying for a long time, she said, the baby eventually drank and went off to sleep.

"At around 16h30, I realised that he was not breathing. His tongue had turned black, and he was bleeding from the nose," she said, adding that they are still trying to cope with the loss.

Mwanyekange, whose son Paulus Jonas was vaccinated at the Okuryangava Clinic in Windhoek, said the boy also refused to be breastfed after the vaccination, and cried hysterically. The distraught father said he took the boy from the mother to help quiet him down. Mwanyekange also said he thought that everything was fine when the boy stopped crying.

"The mother was in the house preparing food. I was sitting with him outside under a tree. When she took him from me, I just heard her screaming. I saw blood coming out of the baby's nose and mouth," he stated. Paulus Jonas' post-mortem certificate shows that the infant's death was vaccine-related. His parents told The Namibian that they are finding it difficult to get over the death of their son because of the vague answers they got from the ministry.

"That is why we decided to go to the LAC. We want to know what caused the death of our son. Although the doctor who did the post-mortem said it was vaccine-related, the health ministry told us the doctor was not qualified."

"Why are they hiring unqualified people to determine the cause of death? Then maybe their nurses are also not qualified to administer vaccines. I will sue them to pay for my child," he stressed.

Victoria Kangala, whose three-month-old baby died after receiving a vaccination at the same clinic, said her baby was not sick. Kangala said although the death certificate says her son died from aspiration pneumonia, she knows that it's the vaccination that killed him.

Linus Festus told The Namibian that he lost his daughter Natasha Soetmelk in December 2014. A post-mortem report also shows that Natasha died from a vaccination related death. He said when the child returned after receiving the vaccine her temperature started rising and she was crying uncontrollably.

"Her mother and I went to get something from the shop and we returned and went to bed. At around five the following morning, Bernice (the mother) started screaming. When I woke up I saw blood coming out of Natasha's eyes and mouth and she had stopped breathing," Festus said.

Concordia professor condemns HPV vaccine after winning $270K federal grant to study it

TOM BLACKWELL
www.news.nationalpost.com/
October 8, 2015

A MONTREAL social scientist and the federal agency that awarded her almost $300,000 to study the HPV vaccine are facing criticism after the professor condemned the vaccine and called for a moratorium on its use.

Concordia University's Genevieve Rail also said there is no proof that the human papillomavirus directly causes cervical cancer, though a German scientist was awarded the Nobel Prize five years ago for discovering the link.

Experts say Rail's public attacks are seriously misinformed and risk undermining an important public-health program - and they question why the Canadian Institute for Health Research (CIHR) would fund her work.

The $270,000 that Rail - who has a doctorate in kinesiology - received is to examine HPV vaccination "discourses" and their effect on teenagers, using in part interviews and drawings.

HANDOUT

"This is akin to funding research that purports to show tobacco smoking does not cause lung cancer," charged Eduardo Franco, head of cancer epidemiology at McGill University. "And that tobacco cessation, rather than helping reduce risk, is actually causing harm … CIHR would not fund such a study, would it?"

Marc Steben, a Montreal family doctor and chair of the Canadian Network on HPV Prevention, was more blunt.

"I don't know who was on her (grant awarding) jury," he said. "Someone was really sleeping."

The uproar arose after Rail and co-author Abby Lippman, a McGill University professor emeritus, published an op-ed article in Le Devoir newspaper questioning the safety and benefits of human papillomavirus vaccines, and urging Quebec to halt HPV immunization until its alleged dangers are independently investigated.

There have been other critiques of the vaccine recently - from sources as diverse as Catholic boards of education to a now-discredited newspaper article - but Rail's assessment stands out

"I'm sort of raising a red flag, out of respect for what I've found in my own study, and for the despair of parents who had totally perfect 12-year-olds who are now in their beds, too tired to go to school"

because of her university faculty position and federal grant to examine the issue.

She and Lippman voiced similar views at the World Congress on Public Health in India last February, heading a workshop that encouraged participants to be "on the offensive against the vaccine," and suggesting that "politicians are paid off" to adopt the programs.

Rail said in an interview on Thursday that she has no regrets about her public commentary, and hopes her voice will help offset the "dominant discourse" on the vaccine. Among the 170 interviews that formed the core of her four-year study were some with parents who believed the shots had caused serious side effects.

Genevieve Rail

"I'm sort of raising a red flag, out of respect for what I've found in my own study, and for the despair of parents who had totally perfect 12-year-olds who are now in their beds, too tired to go to school," she said. "Yes, we're going against the grain, and we are going against those who are believed, i.e. doctors and nurses and people in public health."

The two types of HPV vaccine now on the market have been shown effective at preventing strains of the virus that cause 70% of cervical cancer, as well as some penis, anal, throat and vaginal cancers. About 1,500 Canadian women are diagnosed with cervical cancer annually, and 380 die from it.

Routine immunization of girls began in most provinces in the late 2000s.

Rail is described on the Concordia website as a feminist critic of "body-related institutions" like health industries, big pharma and the media, who favours "poststructuralist, de/postpolonial and queer approaches."

The summary of her 2012-16 CIHR grant says there are "serious concerns" about the safety and effectiveness of the vaccine but no research on how young Canadians "experience" HPV immunization.

"THERE IS NO SCIENTIFIC EVIDENCE THAT VACCINATIONS ARE OF ANY BENEFIT, BUT IT IS CLEAR THAT THEY CAUSE A GREAT DEAL OF HARM." – DR. GERHARD BUCHWALD, MD

CIRCULATING VACCINE-DERIVED POLIOVIRUS: Lao People's Democratic Republic

DISEASE OUTBREAK NEWS
http://www.who.int/csr/don/12-october-2015-polio/en/
12 October 2015

ON 8 OCTOBER 2015, the National IHR Focal Point of the Lao People's Democratic Republic (PDR) notified WHO of one confirmed type 1 vaccine-derived poliovirus (VDPV) case.

DETAILS OF THE CASE

In Lao PDR, one case of circulating vaccine-derived poliovirus type 1 (cVDPV1) was confirmed, with onset of paralysis on 7 September. The patient was 8 years old when he died on 11 September.

Genetic sequencing of the virus confirmed on 6 October that it is vaccine-derived and suggests that it has been circulating in the area for more than two years. The child was in the district of Bolikhan, in Bolikhamxay Province. The district has chronically low immunization rates: reported coverage with 3 doses of oral polio vaccine (OPV) was of 40% to 66% between 2009 and 2014; and 44% in 2015 to date.

Lao's last case of indigenous wild poliovirus was reported in 1993.

PUBLIC HEALTH RESPONSE

Comprehensive outbreak response activities are taking place in response to this outbreak, in line with the Global Polio Eradication Initiative Standard Operating Procedures for responding to a poliovirus outbreak. A joint team of the Ministry of Health, the World Health Organization, UNICEF and the Lao Office of US Centers for Disease Control and Prevention team travelled to the province for further assessment on 7 October. A rapid survey conducted in the affected village showed low vaccine coverage for OPV. Active case finding in the surroundings of the case's household is ongoing; stool specimens are being collected from healthy children in the case household and community.

Emergency Operations Centers (EOCs) at the national and province level have been activated to coordinate outbreak response activities. Preparations are under way for large-scale supplementary OPV immunization campaigns covering Bolikhamxay province and several adjacent provinces. The scope of additional campaigns will be ascertained following completion of the ongoing investigations.

"Ending polio for good requires eliminating both wild and vaccine-derived polio, and due to the risk of cVDPVs, use of OPV must be stopped to secure a lasting polio-free world."

WHO RISK ASSESSMENT

Circulating vaccine-derived polioviruses (cVDPVs) are rare but well-documented strains of poliovirus mutated from strains in oral polio vaccine (OPV). They can emerge in some populations that are inadequately immunized.

Ending polio for good requires eliminating both wild and vaccine-derived polio, and due to the risk of cVDPVs, use of OPV must be stopped to secure a lasting polio-free world. OPV will be withdrawn in a phased manner, beginning with the removal of type 2-containing OPV. The switch from trivalent to bivalent OPV, planned in April 2016, will reduce the risk of cVDPV substantially (as 90% of cVDPV is caused by type 2) and sets the stage to eventually stop using OPV altogether and transition to the inactivated polio vaccine (IPV), which cannot cause cVDPV.

Because of relatively limited travel to and from this area and the planned immunization activities , the World Health Organization (WHO) assesses the risk of international spread of the cVDPV1 from Lao to be low.

WHO ADVICE

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

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

Editor: As I commented back in Issue 3 2015 after a very similar article from the WHO about other vaccine-derived polio cases in the Ukraine.
I will say again "Why would the WHO hold the opinion that vaccine-derived polio cases are as a result of inadequate vaccination coverage? These cases are as a result of vaccination campaigns!

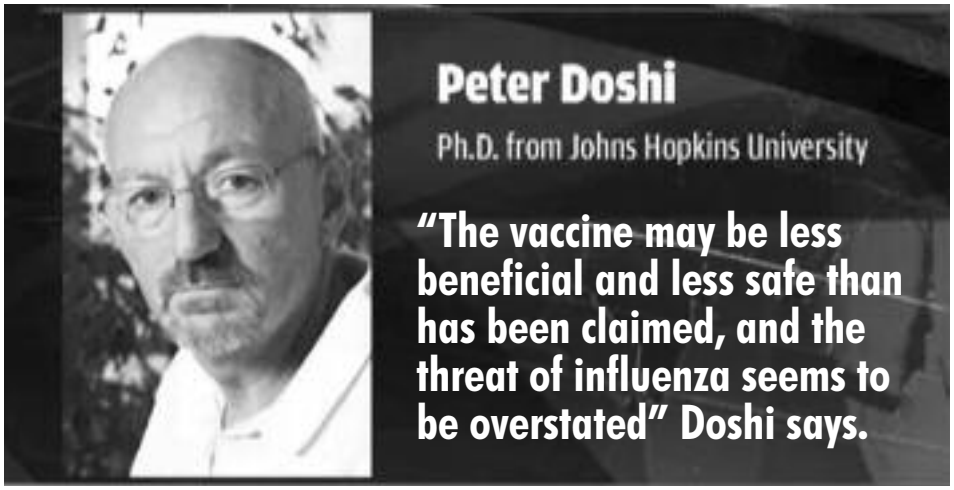
"THE MORE IT (VACCINATION) IS SUPPORTED BY PUBLIC AUTHORITIES, THE MORE WILL ITS DANGERS AND DISADVANTAGES BE CONCEALED OR DENIED"
~ M. BEDDOW BAYLY.

Johns Hopkins Scientist Reveals Shocking Report on Flu Vaccines

BY CAROL ADL

Posted on 2 December, 2015

http://yournewswire.com/johns-hopkins-scientist-reveals-shocking-report-on-flu-vaccines/



SCIENTIST Peter Doshi from the John Hopkins School of Medicine has issued a SCATHING report on the dangers of flu vaccines in the British Medical Journal (BMJ) that completely demolishes the established 'scientific' theory that flu vaccinations are safe and effective.

Peter Doshi, Ph.D., says that the CDC's policy of encouraging the public to get their yearly flu shot is based on low quality studies that fail to substantiate the claims that they prevent influenza, and that downplay the risks in taking the shots.

Promoting influenza vaccines is one of the most visible and aggressive public health policies in the United States, says Doshi of the Johns Hopkins School of Medicine. Drug companies and public officials press for widespread vaccination each fall, offering vaccinations in drugstores and supermarkets. The results have been phenomenal. Only 20 years ago, 32 million doses of influenza vaccine were available in the United States on an annual basis. Today, the total has skyrocketed to 135 million doses.

"The vaccine may be less beneficial and less safe than has been claimed, and the threat of influenza seems to be overstated," Doshi says. Mandatory vaccination polices have been enacted, often in healthcare facilities, forcing some people to take the vaccine under threat of losing their jobs.

The main assertion of the CDC that fuels the push for flu vaccines each year is that influenza comes with a risk of serious complications which can cause death, especially in senior citizens and those suffering from chronic illnesses. That's not the case, said Doshi.

When read carefully, the CDC acknowledges that studies finding any perceived reduction in death rates may be due to the "healthy-user effect" - the tendency for healthier people to be vaccinated more than less-healthy people. The only randomized trial of influenza vaccine in older people found no decrease in deaths. "This means that influenza vaccines are approved for use in older people despite any clinical trials demonstrating a reduction in serious outcomes," says Doshi.

"Not only is the vaccine not safe, Dr. Blaylock tells Newsmax Health, it doesn't even work. "The vaccine is completely worthless, and the government knows it," he says. "There are three reasons the government tells the elderly why they should get flu shots: secondary pneumonia, hospitalization, and death. Yet a study by the Cochrane group studied hundreds of thousands of people and found it offered zero protection for those three things in the general community."

Even when the vaccine is closely matched to the type of influenza that's prevalent, which doesn't happen every year, randomized, controlled trials of healthy adults found that vaccinating between 33 and 100 people resulted in one less case of influenza. In addition, says Doshi, no evidence exists to show that this reduction in the risk of influenza for a specific population - here in the United States, among healthy adults, for example - extrapolates into any reduced risk of serious complications from influenza, such as hospitalizations or deaths, among seniors.

"For most people, and possibly most doctors, officials need only claim that vaccines save lives, and it is assumed there must be solid research behind it," says Doshi. Unfortunately, that's not the case, he says.

Although the CDC implies that flu vaccines are safe and there's no need to weigh benefits against risk, Doshi disagrees. He points to an Australian study that found one in every 110 children under the age of five had convulsions following vaccinations in 2009 for H1N1 influenza. Additional investigations found that the H1N1 vaccine was also associated with a spike in cases of narcolepsy among adolescents.

Doshi's concerns echo those of Dr. Russell Blaylock, a neurosurgeon and author of "The Blaylock Wellness Report" who has deep concerns over the safety and efficacy of the flu vaccine.

Not only is the vaccine not safe, Dr. Blaylock tells Newsmax Health, it doesn't even work. "The vaccine is completely worthless, and the government knows it," he says. "There are three reasons the government tells the elderly why they should get flu shots: secondary pneumonia, hospitalization, and death. Yet a study by the Cochrane group studied

hundreds of thousands of people and found it offered zero protection for those three things in the general community. It offered people in nursing homes some immunity against the flu - at best one-third - but that was only if they picked the right vaccine."

A study released in February found that the flu shot was only 9 percent effective in protecting seniors against the 2012-2013 season's most virulent influenza bug.

What's even worse is that small children who are given the flu vaccine get no protection from the disease. "The government also says that every baby over the age of six months should have a vaccine, and they know it contains a dose of mercury that is toxic to the brain," says Dr. Blaylock. "They also know the studies have shown that the flu vaccine has zero - zero - effectiveness in children under five."

For most people, says Dr. Blaylock, flu vaccines don't prevent the flu but actually increase the odds of getting it. The mercury contained in vaccines is such a strong immune depressant that a flu shot suppresses immunity for several weeks. "This makes people highly susceptible to catching the flu," he says. "They may even think the vaccine gave them the flu, but that's not true - it depressed their immune system and then they caught the flu."

Mercury overstimulates the brain for several years, says Dr. Blaylock, and that activation is the cause of Alzheimer's and other degenerative diseases. One study found that those who get the flu vaccine for three to five years increase their risk of Alzheimer's disease 10-fold.

Doshi asserts that influenza is a case of "disease mongering" in an effort to expand markets. He points to the fact that deaths from flu declined sharply during the middle of the 20th century, long before the huge vaccine campaigns that kicked off the 21st century.

Why do drug companies push the flu vaccine? "It's all about money," says Dr. Blaylock. "Vaccines are a pharmaceutical company's dream. They have a product that both the government and the media will help them sell, and since vaccines are protected, they can't be sued if anyone has a complication."

Doshi's article "is a breath of fresh air," says Dr. Blaylock. "This article exposes in well-defined and articulate terms what has been known for a long time - the flu vaccine promotion is a fraud.

"Here's the bottom line," says Dr. Blaylock. "The vast number of people who get the flu vaccine aren't going to get any benefit, but they get all of the risks and complications."

HARVARD STUDENTS STILL SUFFER FROM MUMPS OUTBREAK DESPITE VACCINATION

BY FRANCES JEAN WILLIAMS, UNIVERSITY HERALD REPORTER

May 3 2016

http://www.universityherald.com/

DESPITE MEASURES such as vaccination, students from Harvard University still suffer the spread of the recent mumps outbreak. A major factor that contributes to this is reportedly the tightly-packed living spaces.

While mumps are fairly uncommon in the United States, there have already been 40 people from the university reported to have contracted the virus ever since its outbreak late last February. Discovery News reported that close-knit living, a characteristic of Harvard dorms, hampers the ability of the vaccine to protect students from the disease.

Dr. Amesh Adalja, a specialist in infectious disease and a senior associate at the University of Pittsburgh Medical Center, supports this statement. Adalja claimed that the very nature of these living conditions leads to a very high exposure to the disease. It "overcomes" whatever amount of protection the vaccines can afford. ***(Editor: I thought vaccines were supposed to protect in all kinds of conditions? Why is it that the 'medical professionals' vaccinate Third world children living in overcrowded conditions and expect them to work and yet in an overcrowded dorm at Harvard university the so-called experts claim that close-knit living hampers the vaccine's effectiveness?.?)***

On the other hand, it was revealed that even without this condition, mumps vaccines (part of a shot that protects against measles and rubella) do not really offer total and guaranteed protection. To illustrate: one shot of the vaccine offers up to 78% protection, and most people receive a second shot that ups that figure to about 88%, as noted by Forbes.

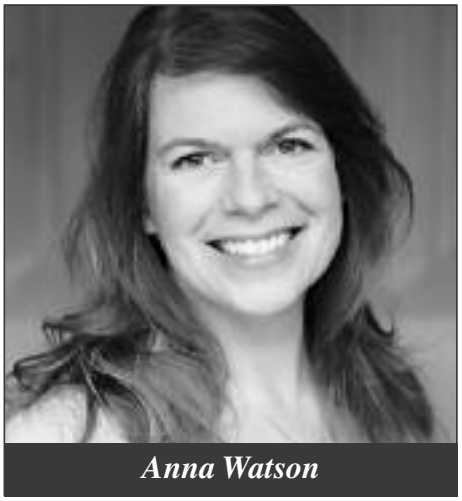
So even as it was reported that the students exposed to the outbreak received vaccinations prior, some people apparently were more susceptible than others. Meanwhile, the suggestion of administering vaccines after the fact was most likely dissuaded by Harvard, as they had not suggested for students to get a third shot.

This is not to downplay the help that the vaccine is doing, however. Ever since they were approved, mumps vaccines have drastically decreased cases of an outbreak over time. The current data places up to about two thousand reported cases per year. Prior to the vaccine that number could reach as high as 186,000. ***(Editor: I do not know what kind of reporting system the US had for notifying cases of mumps in the pre-vaccine era …in the UK it was not a notifiable disease until the MMR was introduced in 1988 – meaning a) the disease was not considered serious enough to even keep records, and b) there were no accurate details of number of mumps cases before the vaccine was introduced to assist judging how 'effective' the vaccine had been in reducing cases once the MMR came into the vaccine schedule.)***

Vaccines or not, authorities are already working on ways to try and prevent the spread. The Cambridge Public Health Department has already advised Harvard students that suffer from mumps to refrain from public activities. They told them to stay put for five days after they exhibit symptoms of exposure.

BETTER TO LIGHT A CANDLE THAN CURSE THE DARKNESS

BY ANNA WATSON



Anna Watson

I HAVE BEEN campaigning for nearly 10 years for vaccine awareness and 'Light a Candle for the Vaccine Injured' really struck a chord for me. An International Vaccine Awareness Day was a simple action for people to join ~ a candle to remember victims and remind others that vaccines have the risk of serious injury, long term conditions and even death, acknowledged in the vaccine inserts from the manufacturers and in the compensation awards of many countries.

Heart felt messages from Dr Kris Gaublomme, the EFVV chair, and from Ty Bollinger, Truth About Cancer, can be heard on YouTube and on the home page, and over 5,000 visitors lit a virtual candle on the website. A dozen countries around Europe took action and shared photos of their lighting candles in public places or at home. See the gallery page for inspirational photos from London outside the Houses of Parliament, Portugal, Columbia, Austria, Luxemburg, Czech Republic, Ireland, Italy, Poland and Slovakia!

The Association for Vaccine Injured Patients in the Czech Republic put this together in less than a month and we hope that next year we can make it even bigger, involving double the amount of countries and branching out to the rest of the world. June 3rd will be recognized as International Vaccine Awareness Day and the website 'Light a candle' will be the place to collect international stories and share events.

Read accounts of vaccine damage from the UK and Europe on the stories page and please like the page on facebook and join us next year to Light a Candle.
http://lightacandle.eu/main

For the first time a collection of You Tube Vaccine Videos have been put together all in one place. A dozen European countries have added videos and so far we have over 100 in English - please take a look and share the link. For updates on the latest videos added please register!
https://www.youtube.com/c/EfvvEu1/playlists

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!

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

Zoe Scanlan, mother, homeopath & Brighton Arnica volunteer.

ARNICA'S FIRST ONE-DAY CONFERENCE

DEBORAH PHETHEAN,
AN ARNICA MEMBER.

Like many of the Arnica members, I am grateful for the invention of the internet for bringing like-minded people together regardless of geographical boundaries. I have often sought refuge in the forums of Facebook with parents who I knew understood me, and some of these people have since become my friends. So when an opportunity to meet with them face-to-face became available, I jumped at the chance.

Arnica members on Facebook alone now total to around 15,000 people, from across this country and the world at large. So a conference of like-minded souls seemed like the natural progression and Kingston, the home of the first Arnica Group nearly ten years ago, the obvious choice for their first conference on 2nd May 2016.

There was a great mixture of people: Arnica leaders who I had never met, including the lovely Anna Watson, homeopaths who I know from several groups online but rarely get to see in person, some names I recognised from regular posting and some totally new names and faces who I met, and everyone had something unique to say.

If I am completely honest, I had little expectation of the speakers. I thought I might hear a few interesting facts or points of view but I certainly wasn't expecting the richness, both in variety and content that I heard during the day. I had been lucky enough to hear some of the speakers in the past so the choice was made easier for me. But still tricky: three talks, choosing between two talks in each slot.

I knew from the past that Dr Jayne Donegan was inspiring to hear. She's the kind of speaker whom makes you breathe a sigh of relief and say, "Yes, I was right. This IS a better way to do this". Anyone learning to nurse a sick child with natural approaches needs to hear Dr Donegan speak for reassurance. Her explanation of what happens to the body during a fever, or how disease can be rationalised is reassuring. The level of past scrutiny plus the determination that she projects to get the truth out makes her a passionate advocate of natural health.

Having nursed on the odd occasion a sick child, I gave Dr Donegan's talk a miss and chose to listen to Prof. Neil Ward, Professor of Chemistry at the University of Surrey. He gave us an account of his many years of working with behavioural issues, and how it can be affected by foods, chemicals, metals and dehydration. I was totally blown away by the huge impact diet can have on our behaviour.

In essence, his work with hyperactive children, and later with juvenile offenders showed a correlation with a lack of zinc in their diet and the presence of heavy metals. His 30+ years of research spanned both my years of parenting and my mother's too, so some of his early discoveries took me back to my mum restricting my intake of additives as a child. Arguments about orange squash came flooding back!

NEXT UP!

Next up were, husband and wife, Phil and Rosa Hughes. After Rosa discovered she had breast cancer she

chose to change her diet, use homeopathy, change her whole mind-set, and change her living environment that led to her recovery. Thermography proved a safe way to monitor her progress and Phil and Rosa then founded a thermal imaging company to extend the help to many more women all over the UK.

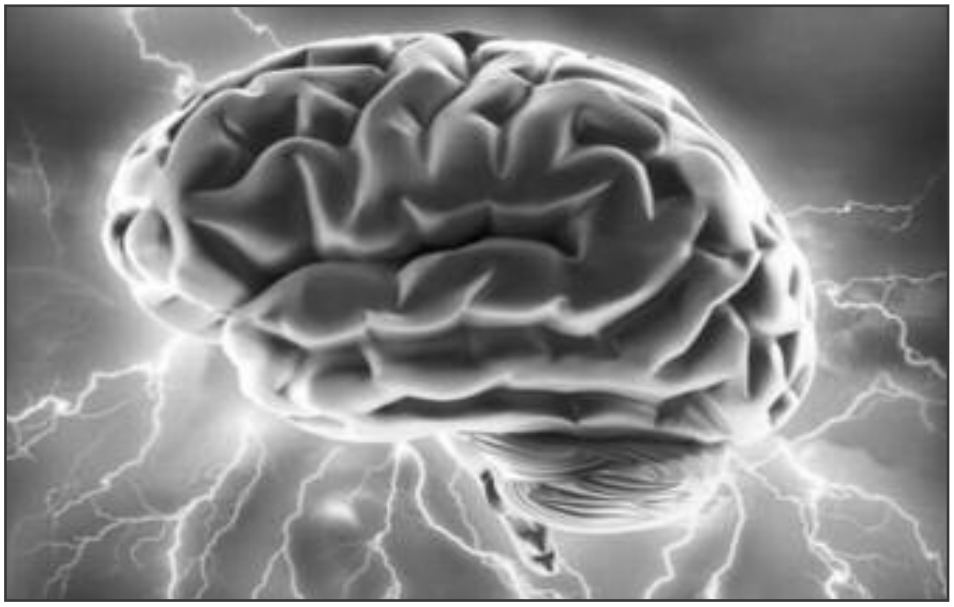
Phil, a homeopath, has since made an incredible documentary about breast cancer called "The Promise" which is really worth a watch. They have a story to tell, some of which is personal, about the misinformation and the injury surrounding mammograms and what the alternatives might be. More and more women are questioning the viability of mammograms so this talk was a brilliant addition to the schedule. But again, as I had past experience of thermal imaging I decided to attend the talk by Patrick Quanten MD.

Patrick Quanten talked about the origins of disease, and why antibiotics don't work. In choosing natural immunity, I believe part of the process is to overcome a fear of disease and Patrick's presentation really switches you on to a new way of looking at things. You could almost see light bulbs visibly appearing above people's heads as Patrick spoke and I think anyone making the shift from disease to wellbeing would benefit from hearing him.

Lunch. How do you make a lunch for the wheat-free, dairy- free, meat-free, health conscious and not willing to eat any old mass produced rubbish individual? Well, they did and it was yum!

AND STILL THERE WAS MORE...

Next up was a choice of Dr Elizabeth Evans co-founder of Stopsmartmeters.org.uk or Roy Riggs BSc. EMF Consultant & Master Dowser, International Institute of Building Biology & Ecology. Having heard Liz Evans on the Arnica Podcast (look in the podcast section of the Arnica website) I plumped for Roy Riggs. However, if you were wondering whether to raise the question of wi-fi in schools, or fight against Smartmeters, then Dr Liz Evans would be the person you would need to hear. Our children, who are the first to be exposed to electromagnetic frequency starting in utero, need our awareness to protect them. A former Arnica group co-ordinator, Liz has a wide range of knowledge to share with parents to help them become informed in this area.



"By the end of the day my brain was full. My notes were copious and my to-do list even longer. I had a renewed passion for the pursuit of better health choices , it was a truly inspirational day. The quality of the speakers exceeded expectations. I thought that vaccination would dominate the agenda but there was so much more on offer."

I had recently been told that I was suffering from Geopathic stress, so I wanted to hear more about what Roy Riggs had to say. Roy, an absolutely no-nonsense type of character with advice rooted in solid evidence–based research presented an interesting talk… although that doesn't mean that it wasn't a little quirky. (My husband came home one evening the following week to find me dragging a compass across my bedsprings).

He is a geobiologist, studying the relationship between life and the earth's physical and chemical environment. He measures these energy lines and will look at aspects of your home to see where there might be geopathic or electromagnetic stress. Our ability to withstand this is greater during the day than when we are at rest at night. So his focus is on restorative sleep being essential to well-being. Removing obstacles at nightime is very important. Grounding yourself, getting rid of your DECT landline, your baby monitor and if need be, protecting yourself with different bits of kit. In time geopathic stress can weaken you and your immune system and the key part of his talk were the possible triggers and signs to watch for.

By the end of the day my brain was full. My notes were copious and my to-do list even longer. I had a renewed passion for the pursuit of better health choices , it was a truly inspirational day. The quality of the speakers exceeded expectations. I thought that vaccination would dominate the agenda but there was so much more on offer. High quality, informative, authoritative, credible information about Natural Health. I can't wait for next year. I can't wait to see who is next. I'd be happy to see some of them again as I still have so many question. But I can imagine it being so much bigger next year, attracting all kinds of people beyond the scope of the Facebook forum.

The Quanten Theory

TESTING AND THE SCIENCE OF INTERFERENCE
by Patrick Quanten MD

OUR TIME is marked by an almost obsessive urge for testing and measuring in an effort to create "science". This results in statistics and conclusions that are then used as a proven tool to separate good from bad, right from wrong. Because we now believe we have got scientific proof, by way of measurement, about what is right and what is wrong, we can implement rules and laws to express that knowledge. We force everybody to accept our conclusions and we ensure that there is no room left for doubt. Beyond reasonable doubt is our standard for justice, so it has become our standard for life itself. We pretend.

The key to this sequence is the belief that once something has been measured, has been tested, it becomes an undeniable truth, which allows us to draw definite dividing lines between good and bad. The speed by which I drive my car is determined as "a good and responsible citizen" on one side of the dividing line, but when I overstep the agreed and measured line by even one mile per hour I become " a danger to my fellow humans" and consequently I need to be punished. No amount of pleading, arguing or giving explanatory reasons will alter the conclusion that I have behaved in an inappropriate manner. Once measured it becomes an established knowledge and rules flow forth from that knowledge, rules that then need to be obeyed under all circumstances.

From this point onwards the citizen has lost the freedom of choice. In the interest of the entire community the individual must obey the rule, which has been set as a result of the test done. All this in the name of science.

Humanity in its developing wisdom has always used tests to "prove" things. Even Jesus on the cross was told that if He truly was the Son of God He could prove it by removing Himself from the cross. Failing the test inevitably means that the statement is wrong. In order to prove heresy people were dropped in boiling fat. Failing to survive this test meant one was not protected by God and therefore deserved the punishment. Being unable to remove oneself from the stake was proof of witchcraft, a danger to the community. In today's, so much more wise and tolerant society, failure to prove one's innocence in the matter of Shaken Baby Syndrome makes one guilty, and therefore in need of punishment. Although our judiciary system states not guilty until proven otherwise, this adagio changes the moment an expert is called upon for his opinion. This expert will observe and measure until he reaches a conclusion which then becomes the undeniable truth, followed by necessary punishment. The individual has lost its freedom and power as society has deemed what is right and what is wrong in a measured and therefore scientific way.

CHOICES MADE BY THE OBSERVER.

Strangely enough, that particular "scientific" way has been superseded a century ago when scientists realised that nothing could be measured or observed and translated into an "objective" conclusion. In quantum mechanics, the observer and the system being observed became mysteriously linked so that the results of any observation seemed to be determined in part by actual choices made by the observer.

Let us ask a simple question: When you look up at night and see a star, how can we understand what is happening? The answer to this differs from your own point of view and knowledge. A Newtonian philosopher might answer that you are really seeing the star, since, in Newtonian physics, the speed of light is reckoned as being infinite. An Einsteinian philosopher, on the other hand, would answer that you are seeing the star as it was in a past epoch, since

Patrick Quanten MD

"In quantum mechanics, the observer and the system being observed became mysteriously linked so that the results of any observation seemed to be determined in part by actual choices made by the observer.."

light travels with finite velocity and therefore takes time to cross the gulf of space between the star and your eye. To see the star "as it is right now" has no meaning since there exists no means for making such an observation. A quantum philosopher would answer that you are not seeing the star at all! The star sets up a condition that extends throughout space and time, called an electromagnetic field. What you see as a star, is actually the result of a quantum interaction between the local field and the retina of your eye, and your interpretation of the resulting image. Energy is being absorbed from the field by your eye and the local field is being modified as a result. You can interpret your observation as pertaining to a distant object if you wish, or concentrate strictly on local field effects.

And who is "right"? In principle they all are. The answers all pertain to a specific field of understanding and they have no meaning outside of that field. In their descriptions these people may use the same words and concepts without those actually having the same meaning. Although they might talk to each other using those same words, they would actually not understand each other.

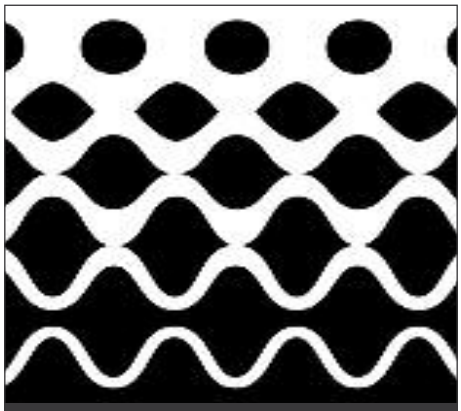
When a quantum observer is

watching quantum mechanics it is said that particles can also behave as waves. When behaving as waves, they can simultaneously pass through several openings in a barrier and then meet again at the other side of the barrier. This meeting is known as interference. Strange as it may sound, interference can only occur when no one is watching. Once an observer begins to watch the particles going through the openings the picture changes dramatically. If a particle can be seen going through one opening, then it's clear it didn't go through another. In other words, simply because they are being watched electrons are "forced" to behave like particles and not like waves. Thus the mere act of observation affects the experimental findings.

WEIZMANN INSTITUTE SCIENTISTS

To demonstrate this, Weizmann Institute researchers built a tiny device measuring less than one micron in size, which had a barrier with two openings. They then sent a current of electrons towards the barrier. The "observer" in this experiment wasn't human. Institute scientists used for this purpose a tiny but sophisticated electronic detector that can spot passing electrons. The quantum observer's capacity to detect electrons could be altered by changing its electrical conductivity, or the strength of the current passing through it. Apart from observing, or detecting, the electrons, the detector had no effect on the current itself. Yet the scientists found that the very presence of the detector/observer near one of the openings caused changes in the interference pattern of the electron waves passing through the openings of the barrier. In fact, this effect was dependent on the "amount" of the observation: when the observer's capacity to detect electrons increased, the interference (the wave pattern) weakened. In contrast, when its capacity to detect electrons was reduced, the interference increased. Thus, by controlling the properties of the quantum observer the scientists managed to control the extent of its influence on the electrons' behaviour.

Hence, the manner in which a test is set up influences the observed results of



Wave - particle - duality

the test. The way a laboratory "measures" a certain substance in the blood gives a result that relates to the chemical way the test is being performed. This result, which obviously can not be seen as objective, will then be interpreted by someone who believes it to have a particular significance. If he didn't he wouldn't do the test! This interpretation then leads to a conclusion about right or wrong, which in turn results in an action. Let's give an example.

- TEST: amount of immunoglobulins in the blood
- BELIEF: level is indication of high or low immunity
- RESULT: low level of immunoglobulins
- ACTION: vaccination
- BELIEF: creates protection against infection
- RESULT: higher level of immunoglobulins
- BELIEF: vaccination results in a high level of protection

Let's look at this briefly from a scientific point of view. Testing the level of blood immunoglobulins is no indication of the status of your immune system. Why not? Because immunity cannot be measured. Nothing can be objectively tested or measured! The action of vaccination in order to raise the protection level is scientific nonsense as infection occurs spontaneously from the inside and does not relate to an invasive process. Linking the observed change in the blood level to the action taken is also scientific nonsense as vaccination is not the only thing that has changed between the first and second blood test. Millions of things have changed, from the outside temperature, to my personal tiredness or stress level, to what I have been eating, thinking, feeling, hearing, reading, to the person and circumstances in which the blood is taken, and so on and on and on. Which of these can you "prove" has no influence on the test result? If you can't prove it to have a neutral influence you shouldn't scientifically dismiss it either. Everything changes constantly anyway, even if we did not vaccinate!

The conclusion has to be that testing only hands us a specific frozen picture in time, which was taken in a specific way with the purpose of showing something in a specific light. What it looked like moments before the picture was taken or a few precious moments later remains a mystery. What it would have looked like if we had frozen the moment in a different way, nobody will ever know. What we might have seen if we had been looking with a different purpose, is lost in time forever.

And yet, we test, we interpret, we conclude, we judge, and we act upon the judgment as if all these were steps into a true reality, although science, the very umbrella used in the cover-up, has clearly demonstrated a century ago that the reality we observe depends on the way we look at it.

Truthful science based medicine would apologize to the people it cares for and it would scrap its test-based medicine. Science is observation and, hence, science based medicine would observe and not interfere. It would observe the individual, as a whole. It would observe the pathway of health within the individual, as time passes by. It would observe the individual requirements for supporting the system. Its actions would remain limited to simple, individual and moment based changes in behaviour. It would mean the end of "the war"; war against cancer, war against dementia, war against super-bugs, war against obesity, and so on.

In Nature, nothing is intrinsically good or bad, which means that we need to accept that disease and death, in itself, are not good nor bad. It depends on how we look at it!
June 2016

VACCINES AND THE PEANUT ALLERGY EPIDEMIC

DR TIM O'SHEA
http://www.thedoctorwithin.com/

HAVE YOU EVER wondered why so many kids these days are allergic to peanuts? Where did this allergy come from all of a sudden?

Before 1900, reactions to peanuts were unheard of. Today almost a 1.5 million children in this country are allergic to peanuts.

WHAT HAPPENED? WHY IS EVERYBODY BUYING EPIPENS NOW?

Looking at all the problems with vaccines during the past decade, [2] just a superficial awareness is enough to raise the suspicion that vaccines might have some role in the appearance of any novel allergy among children.

But reactions to peanuts are not just another allergy. Peanut allergy has suddenly emerged as the #1 cause of death from food reactions, being in a category of allergens able to cause anaphylaxis. This condition brings the risk of asthma attack, shock, respiratory failure, and even death. Primarily among children.

Sources cited in Heather Fraser's 2011 book The Peanut Allergy Epidemic suggest a vaccine connection much more specifically. We learn that a class of vaccine adjuvants - excipients - is a likely suspect in what may accurately be termed an epidemic.

But let's back up a little. We have to look at both vaccines and antibiotics in recent history, and the physical changes the ingredients in these brand new medicines introduced into the blood of children.

ANAPHYLACTIC SHOCK AND ALLERGY

Before 1900, anaphylactic shock was virtually unknown. The syndrome of sudden fainting, respiratory distress, convulsions, and sometimes death did not exist until vaccinators switched from the lancet to the hypodermic needle. That transformation was essentially complete by the turn of the century in the western world.

Right at that time, a new disease called Serum Sickness began to afflict thousands of children. A variety of symptoms, including shock, fainting, and sometimes death, could suddenly result following an injection.

Instead of covering it up, the connection was well recognized and documented in the medical literature of the day. Dr Clemens Von Pirquet, who actually coined the word "allergy," was a leading researcher in characterizing the new disease. Serum Sickness was the first mass allergenic phenomenon in history. What had been required for its onset, apparently, was the advent of the hypodermic needle.

"When the needle replaced the lancet in the late 1800s, Serum Sickness soon became a frequent visitor to the child's bed. It was a known consequence of vaccinations."

When the needle replaced the lancet in the late 1800s, Serum Sickness soon became a frequent visitor to the child's bed. It was a known consequence of vaccinations. Indeed, the entire field of modern allergy has evolved from the early study of Serum Sickness coming from vaccines.

VACCINE HYPERSENSITIVITY

Von Pirquet recognized that vaccines had 2 primary effects: immunity and hypersensitivity. He said they were inseparable: the one was the price of the other.

In other words, if we were going to benefit from the effects of mass immunization, we must accept the downside of mass hypersensitivity as a necessary co-feature. Modern medicine has decided that this double effect should be kept secret, so they don't allow it to be brought up much.

Many doctors in the early 1900s were dead set against vaccines for this precise reason. The advertised benefit was not proven to be worth the risk. Doctors like Walter Hadwen MD, Wm. Howard Hay, and Alfred Russell Wallace saw how smallpox vaccines had actually increased the incidence of smallpox. Wallace was one of the principal epidemiologists of the age, and his charts showing the increase in smallpox death from vaccination are unassailable – meticulous primary sources.

Another landmark researcher of the early 1900s was Dr Charles Richet, the one who coined the term anaphylaxis. [4] Richet focused on the reactions that some people seemed to have to certain foods. He found that with food allergies, the reaction came on as the result of intact proteins in the food having bypassed the digestive system and making their way intact into the blood, via leaky gut.

Foreign protein in the blood, of course, is a universal trigger for allergic reaction, not just in man but in all animals.

But Richet noted that in the severe cases, food anaphylaxis did not happen just by eating a food. That would simply be food poisoning.

Food anaphylaxis is altogether different. This sudden, violent reaction requires an initial sensitization involving injection of some sort, followed by a later ingestion of the sensitized food. Get the shot, then later eat the food.

The initial exposure creates the hypersensitivity. The second exposure would be the violent, perhaps fatal, physical event.

Richet's early work around 1900 was primarily with eggs, meat, milk and diphtheria proteins. Not peanuts. The value of Richet's research with reactive foods was to teach us the sequence of allergic sensitivity leading to anaphylaxis, how that had to take place.

Soon other doctors began to notice striking similarities between food reactions and the serum sickness that was associated with vaccines. Same exact clinical presentation.

PENICILLIN

Next up was penicillin, which became popular in the 1940s. It was soon found that additives called excipients were necessary to prolong the effect of the antibiotic injected into the body. The excipients would act as carrier molecules. Without excipients, the penicillin would

only last about 2 hours. Refined oils worked best, acting as time-release capsules for the antibiotic.

Peanut oil became the favorite, because it worked well, and was available and inexpensive.

Allergy to penicillin became common, and was immediately recognized as a sensitivity to the excipient oils. To the present day, that's why they always ask if you're allergic to penicillin. The allergy is a sensitivity to the excipients.

By 1953 as many as 12% of the population was allergic to penicillin. [1] But considering the upside with life-threatening bacterial infections, it was still a good deal – a worthwhile risk.

By 1950 antibiotics were being given out like M&Ms. Soldiers, children, anybody with any illness, not just bacterial. Despite Alexander Fleming's severe warnings against prophylactic antibiotics, antibiotics were given indiscriminately as the new wonder drug. Just in case anything. [7] Only then, in the 1950s, did peanut allergy begin to occur, even though Americans had been eating peanuts for well over a century.

Remember – just eating peanuts cannot cause peanut allergy. Except if they are allowed to become moldy of course, in which case aflatoxins are released. But that's really not a peanut allergy.

When peanut allergy did appear, the numbers of cases were fairly small and initially it wasn't even considered worthy of study.

THE RISE OF VACCINES

The big change came with vaccines. Peanut oils were introduced as vaccine excipients in the mid 1960s. An article appeared in the NY Times on 18 Sept, 1964 that would never be printed today. [8] The author described how a newly patented ingredient containing peanut oil was added as an adjuvant to a new flu vaccine, in order to prolong the "immunity." The oil was reported to act as a time release capsule, and theoretically enhanced the vaccine's strength. Same mechanism as with penicillin.

That new excipient, though not approved in the US, became the model for subsequent vaccines.

By 1980 peanut oil had become the preferred excipient in vaccines, even though the dangers were well documented. It was considered an adjuvant – a substance able to increase reactivity to the vaccine. This reinforced the Adjuvant Myth: the illusion that immune response is the same as immunity.

The pretense here is that the stronger the allergic response to the vaccine, the greater will be the immunity that is conferred. This fundamental error is consistent throughout vaccine literature of the past century. Historically, researchers who challenged this Commandment of vaccine mythology did not advance their careers.

KEEPING PEANUT ADJUVANTS A SECRET

The first study of peanut allergies was not undertaken until 1973. It was a study of peanut excipients in vaccines. Soon afterwards, and as a result of the attention from that study, manufacturers were no longer required to disclose all the ingredients in vaccines.

What is listed in the Physicians Desk Reference in each vaccine section is not the full formula. Same with the inserts. Suddenly after 1973, that detailed information was proprietary: the manufacturers knew it must be protected. Intellectual property. So now they only were required to describe the formula in general.

WHY WAS PEANUT ALLERGY SO VIOLENT?

Adjuvant pioneer Maurice Hilleman claimed peanut oil adjuvants had all protein removed by refining. The FDA disagreed. They said some peanut protein traces would always persist - that even the most refined peanut oils still contained some traces of intact peanut proteins. This was the reason doctors were directed to inject vaccines intramuscular rather than intravenous – a greater chance of absorption of intact proteins, less chance of reaction.

But all their secret research obviously wasn't enough to prevent sensitivity. Mother Nature bats last: no intact proteins in the body. 60 million years of Natural Selection didn't create the mammalian immune system for nothing. Put intact proteins, peanut or whatever, for any imagined reason into the human

system and the inflammatory response will fire. And since the goal of oil emulsion adjuvants was to prolong reactivity in the first place – the notion of time-release – this led to sensitization.

PEANUT ALLERGY EPIDEMIC

Although peanut allergies became fairly common during the 1980s, it wasn't until the early 1990s when there was a sudden surge of children reacting to peanuts – the true epidemic appeared. What changed? The Mandated Schedule of vaccines for children doubled from the 80s to the 90s:

1980 – 20 vaccines
1995 – 40 vaccines
2011 – 68 vaccines

It would be imprudent enough to feed peanuts to a newborn, since the digestive system is largely unformed. But this is much worse – injecting intact proteins directly into the infant's body. In 36 vaccines before the age of 18 months.

A new kind of anaphylaxis appeared with peanut reactions: reverse anaphylaxis. The reaction was not only to the sensitizing antigen, but to the weird new antibodies that had just been introduced in the human species by the new antigen. Without the usual benefit of the evolutionary process. As vaccines doubled between the 1980s and the 1990s, hundreds of thousands of kids were now exhibiting peanut sensitivities, with frequent cases of anaphylaxis reactions, sometimes fatal. But nobody talked about it.

Following the next enormous increase in vaccines on the Mandated Schedule after 9/11, whereby the total shot up to 68 recommended vaccines, the peanut allergy soon reached epidemic proportions: a million children: 1.5% of them. These numbers fit the true definition of epidemic even though that word has never been used in mainstream literature with respect to peanut allergy, except in Fraser's odd little book.

Many researchers, not just Heather Fraser, could see very clearly that - "The peanut allergy epidemic in children was precipitated by childhood injections."

But with the newfound research, the medical profession will do what they always must do – bury it. Protect the companies. So no money will be ever allocated from NIH to study the obvious connection between vaccine excipients and peanut allergy. That cannot happen, primarily because it would require a control group – an unvaccinated population. And that is the Unspoken Forbidden.

Same line of reasoning that has prevented Wakefield's work from ever being replicated in a mainstream US clinical study. No unvaccinated populations. Which actually means no studies whose outcome could possibly implicate vaccines as a source of disease or immunosuppression. Vaccines as a cause of an allergy epidemic? Impossible. Let's definitely not study it. Instead let's spend the next 20 years looking for the Genetic Link to the childhood peanut allergy epidemic…

In such a flawed system, any pretense of true clinical science is revealed as fatally handicapped of course: we are looking for the truth, wherever our studies shall take us, except for this, and this, and oh yes, this.

Evidence for the connection between peanut excipients and vaccines is largely indirect today, because of the circling of the wagons by the manufacturers. It is very difficult to find peanut excipients listed in the inserts and PDR listings of vaccines. Simple liability.

FRAME OF REFERENCE

So in addition to all the other problems with vaccines delineated in our text, now we have a new one – peanut oil excipients. Which all by themselves can cause severe, even fatal, episodes of shock, as well as chronic allergy – irrespective of the mercury, aluminum, formaldehyde, ethylene glycol, and the attenuated pathogens which the manufacturers do admit to. Quite a toxic burden to saddle the unprotected newborn with. No wonder the US Supreme Court refers to vaccines as "unavoidably unsafe."

Childhood allergies doubled between 1980 and 2000, and have doubled again since that time. [11] Theories abound. Childhood vaccines doubled at the same time. Why is there a virtual blackout of viable discussion about this glaring fact?

The epidemic of peanut allergy is just one facet of this much broader social phenomenon. We have the sickest, most allergic kids of any country, industrialized or not, on Earth. A study of the standard literature of vaccines is identical to a study of the history of adjuvants – an exercise in cover-up and dissimulation. Unvaccinated children don't become autistic. And they don't go into shock from eating peanuts.

But there can never be a formal clinical study where the control group is unvaccinated. NIH would never do that. They cannot. They know the outcome.

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TIM O' SHEA.

http://www.thedoctorwithin.com/

WHAT SHALL I GIVE MY CHILD TO EAT?

BY DR JAYNE LM DONEGAN
GP & HOMOEOPATH

A LEADING CAUSE of worry and anxiety in parents, particularly of young children, is how to get food into them. Some parents have sleepless nights, not because they are woken up hourly by their babies, but because they are concerned about what they have been told is inadequate weight gain, usually in breast fed babies.The following are observations and opinions I have made from my experience of over thirty years of medical and holistic practice as well as extensive study and discussions with colleagues, patients, friends and family.

Regarding children and food: the first major point to be remembered is that children will eat. They need to eat to live, just like they need to breathe. Given access to nutritious food, this is what they will do.

A large percentage of the children in the world are sick because they do not have enough food to eat and would be delighted to be offered the food that is rejected by the over-fed children in industrialised countries.

Many other children are sick because they have too much food: often poor quality, over processed with empty calories. Even better off children who are given good quality food may have their innate signals of natural hunger, or satiety (feeling full) drowned out by having it thrust upon them when they do not need, want or ask for it. This leads to food rackets, partly as a form of self defence, and partly because the small person now discovers that they can command the attention of their whole family and all its emotional resources over the question of whether they will eat a tasty morsel of food now or on one of five or more subsequent attempts.

Food rackets are: food 'refusal' and food 'dawdling'- where they will eat what is on the plate but it will take two hours.

Know that eating is an inbuilt survival mechanism, akin to breathing. We don't praise children for breathing: we don't need to praise children for eating. I am not talking about the cute little baby who is learning to eat her first solids and is reflecting back the smiles and delight of her mother or father each basking in the other's admiration. But think about it, how many people do you hear saying, "What a clever boy you are, taking that nice breath…" (unless they have some serious medical condition where this is an issue), yet we bombard children, particularly the ones who have eating 'problems', with the message that eating is 'good', the more they eat the better and how much Mummy and Daddy will love them if they just take another bite. Why do you think there are so many overweight people in industrialised countries and why on a Saturday night do 25 year-olds who don't have a boyfriend, sit at home spooning down tubs of Haagen-Daas? Because it gives them that warm glow. As they shovel it down it reminds them of just how much Daddy and Mummy loved them when they ate!

All round the country there are mothers making chicken for one child, fish bites for another and pasta for another - in the same family – to cater for all their particular likes and dislikes, sometimes making several dishes for the same child, in the hopes that they might be tempted to eat something.

If you took these same meals to children in a poor shanty town where they are often left to fend for themselves, walking the streets on a daily basis searching for scraps of food, there would be no such problem. They would wolf it down in one go.

Children are self regulating when it comes to food intake. Given access to wholesome, unprocessed foods, they will eat when they need to, and not eat what they don't. As I say to people in my lectures, "If they don't eat - great - it saves you money!"

WHAT TO DO – THE STRATEGY

Ideally eat with your child, don't sit staring at them. If you want to eat later, sit at the table and read to them. Put out food or, even better, let your child help themselves to what and how much they want. If you are in a food racket situation, think of the smallest amount of food a child would need to survive, halve it, and give that to them. No meal takes more than 20 minutes to eat - unless it is a socialising meal. At the end of that time take the food away with no comment. Finish it off yourself or give it to the dog (not in front of the child or they will see it as a fun thing to do!). If they really don't want to eat go from three to two meals per day. Let them have constant access to water in a beaker and if they are hungry in between meals say, "Lovely, then you will be nice and ready for supper" (bright smile)

Don't ever spend more than 20 minutes cooking for a child, unless you want to. They didn't ask you to spend five hours grinding up buckwheat for pasta, so don't feel resentful about it if they don't want it. They are just as happy with good quality beans on toast, hummus, or tofu/bean sprouts and wholegrain rice, although I am not too keen on concentrated carbohydrates. These mixtures are all 'first class' proteins, as, of course, are meat, fish, dairy and eggs.

SO WHAT DO CHILDREN NEED TO EAT?

Well, the answer is, fat, fat, fat, fat, fat, fat and fat (saturated).

The brain is made up of 50%

DR JAYNE L.M. DONEGAN

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saturated fat and the nervous system – all the nerves, spinal cord and so on – are made up of 60% saturated fat. A baby and a child's brain and nervous system are expanding at a faster rate than they ever will at any other time in their lives, and they need fat to fuel this growth. That is why breast milk has such a high fat content – nature knows best.

So, obviously, the best food for a baby is mother's milk, not cow's or goat's. After all, we don't consider using a cow or a goat to gestate our babies (as surrogate mothers), well, not at the moment, everyone would be horrified at such an idea, however, we have no problem with thinking that their milk is OK to nurture our babies, when it is part of the same process. In days of yore, when women were sick, had died or chose not to breast feed their own babies, they were generally given to other women to feed, although some were undoubtedly fed with sheep or cow's milk, they fared less well. The practice of feeding babies with diluted, tinned, condensed milk in the early twentieth century undoubtedly also lead to many deaths.

So, breast feed if you can and for as long as you can – this does not mean feeding an 18 month old or a three year old, six times a day on demand, they have other food that they can eat and drink, but the extra top up of beneficial antibodies is always useful. Indeed, too much breast milk after the teeth have come through can actually lead to tooth decay as breast milk contains a lot of sugar.

What do you do if you cannot, or choose not to breast feed? Get a good quality organic, preferably goats milk – just consider a goat compared to a cow: the friskiness, independence and agility of the goat and the good-natured but undoubtedly herd-like mentality of the cow and ponder on which characteristics you would prefer in your child.

Then get them on to real food as soon as you can. The current recommendation is six months.

WHAT SHOULD YOU WEAN BABIES ON TO?

Not cereal, that is for sure. Cereals are just empty calories. Even the nice wholemeal ones that have roughage and B vitamins are still not so nutritious as vegetables.

Baby rice should be in your cupboard but not as a food. Many parents are told to mix baby rice with breast, or other milk as a first food, but I was always taught, "Milk is milk and food is food, don't mix them up!" This is not to say that milk is not food, but it is not of the solid variety. The place for baby rice is to thicken up any fruit pûrée that may have become too runny when you defrost it, eg pear, as the solid food you are giving your baby needs to be solid, not runny. If it is too runny, they will try to suck it rather than eat it.

Start your baby on pûréed root vegetables like carrots, swede, sweet potato. Initially, you baby will only eat about a teaspoon, once a day. I always suggest that they have the solids first and then the breast feed, but if your baby gets so excited about breast milk that he can't concentrate on eating, it is better to give them a bit of a breast feed first, and then try the solids. Pick the time of day that suits you best. Once they are OK with root vegetables, go on to tree fruit, leaving apples until later.

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I recommend using an immersion blender ('whizzer') in the saucepan in which the food was cooked rather than a free standing blender to pûrée fruit and vegetables as they are much easier to clean, and the food is sterile as it has just been boiled. If you have excess, you can put it into ice cube trays and freeze it. I used to have a bag of fruit and a bag of vegetable cubes in the freezer. When I was out and about, I would put a few cubes into a Tupperware container and by the time it was needed it would be ready. Other good foods on the move are mashed banana, and avocado or grated apple.

It is best to introduce one food at a time for a few days, just to check there is no intolerance.

Once one to two heaped teaspoons are being eaten readily, add another meal until you are eventually on three meals per day.

Go from root vegetables and tree fruit to different vegetables, each time seeing that they are tolerated before moving on. You should not add salt to a baby's food until they are over one year of age, and why add it even then? - Their kidneys are better off without it. Do use dried herbs though, these flavours help to widen the baby's palate to new tastes and flavours, and many of them have antioxidant and other health benefits. Avoid giving chilli pepper or hot spices as they inflame the mucous membranes.

At about this time start to put a teaspoon of good fat into the food, at a ratio of about one flat teaspoon of fat to four to five heaped teaspoons of other food. See how it is tolerated. Good fats are: coconut oil, butter, ghee - all unsaturated fats – and olive oil. Some people recommend avoiding olive oil because it has one unsaturated bond, but olive oil has been eaten for millennia by people in the Mediterranean who even now, in the world of processed food, enjoy a lower incidence of heart disease and strokes than those of more northern climes, although it is not the only reason. Do not use polyunsaturated oils: sunflower, rapeseed or any sort of corn oil unless they are cold pressed. Once you heat up the polyunsaturated bonds they burst open forming free oxide radicals which, amongst other things, are carcinogenic. Avoid at all costs margarine. It does not exist in nature. The body does not know how to process it, and it is bad for your health.

At about this time you may want to add potatoes, as a filler, but remember, concentrated carbohydrates such as those found in bread, potato, pasta and rice are mostly empty calories, contributing little in the way of vitamins, trace elements and minerals and should not make up the recommended one third of the plate. It is often insisted that babies have cereal for

breakfast – as if babies know what breakfast is! What they need is vegetable, fruit, fat and then protein. (as they get older, move fruit to the end of the list, it is better than granulated sugar but contains a lot of fruit sugar, nonetheless.

If you are a meat eater, introduce chicken. Be careful never to throw away any of the bones. Put them in the freezer until you have a good handful and then use them to make stock. It's easy: one handful of bones; one litre of water; one carrot; one onion; one piece of celery and ……. one tablespoon of vinegar – I use organic cider vinegar. The marrow of the bones is full of iron, and the vinegar leaches the calcium out. You can also do this with fish bones though you will only get calcium. Be sure to put fish bones in a little muslin bag so that they do not remain in the broth and get stuck in anyone's throat.

If you are not a meat eater, try introducing red lentils, these are also a good source of protein and iron.

When I was a child, an early weaning food and toddler supper was 'egg-in-a-cup', a soft boiled egg with a teaspoon of butter mashed up together in a cup and eaten with a spoon. This was a staple for years.

Some people think that making baby food themselves is too difficult, or they do not trust themselves to make food sufficiently nutritious for their own babies, as they have been lead to believe by the advertisers that only professionals can do this. As in every other field where this notion is promoted: it is wrong. Anything you make for your own children, even bacon and eggs in a blender, will be better that what you can buy, unless you buy the sooper-dooper organic 100% pure apple with nothing else added, when you could make the same at home, fresh, for less than 20p, added to the weight of the jars that you have to carry home. Chefs in most restaurants, however humble, are usually delighted to whizz up a few vegetables for you and for older babies you can just mash up some food with a bit of boiled potato when you are out or on a well earned holiday.

WHAT IS 'ENOUGH' WEIGHT GAIN?

What about, particularly, breast fed, babies who are not gaining 'enough' weight. What is enough?

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If you have a happy, contented (most of the time) baby who is responsive, developing well, has plenty of wet nappies, wet eyes when she cries, and a nice moist mouth, she may not be following the charts but she is gaining 'enough' weight. The weight gain charts for babies are all based on babies fed artificial formula milk which tends to stuff them up with lots of things they don't need and makes them deficient lots of things they do need: mother's antibodies, for one.

Obviously there are some babies who have medical problems that might make them 'fail to thrive', the medical term for it, but the commonest ones - which include hypothyroidism and cystic fibrosis – are screened for with the heel prick in the first few days of life, and stools (poo) that don't float on top of the water mean that there is no significant problem absorbing fat.

Remember also that how big your baby is depends, to an extent, on the size of the parents. Birth weight in normal babies at term is pretty standard. After this a significant weight loss occurs and how much is regained in the short term and later, does, in my experience, depend on parental size. If you are 5'3" and the baby's father is 5'6", don't expect your baby to gain as much weight as a child whose parents are both 6'.

The standard answer for any baby who is not gaining 'enough' weight, who doesn't seem to settle after 'just' a breast feed, or whose mother is, indeed, having problems with her milk supply, is to 'top it up' with artificial formula milk. This will get you a fatter baby and they may sleep longer at night as their tummy will still be full of the many indigestible ingredients of the formula milk. However, who wants to have a Michelin baby, wallowing in rolls of folds of fat – like those babies who used to win all the Bonny Baby competitions of the 1950's?

I have seen tearful young mothers at the end of their tether because they have been told that their babies are not getting 'enough' milk. I look at the baby. It is

happy, smiling, gurgling, responding to his mother appropriately for his age. The mouth is wet, there is saliva, lots of wet nappies, the fontanelle (soft patch of skull above forehead) is not sunken, the skin goes straight back to normal if you pinch a bit if it (if it stays pinched, it is a sign of severe dehydration). The baby is clearly getting 'enough' for happiness, growth and development.

One of my patients, a teenager; was looking after her baby very well on her own, until she was told at the baby clinic that her baby was 'underfed'. She came to me in tears. I said, "Come and see me instead of going to the baby clinic". Each week I would ask how they both were, would look at the evidently thriving baby and ask her to come back in a week. The first time she was a bit shocked, "Aren't you going to weigh her?" she said. "She is obviously fine." said I, "So what is the point?" After a few more weeks she had enough confidence to make decisions about her baby's feeding and weight herself.

If you are having problems with breast feeding, remember, it takes six weeks to properly establish breast feeding. 'Topping up' merely has the effect of reducing the milk flow. It is a supply and demand affair, or rather, demand and supply. The more your baby suckles, the more hormones will be released which will stimulate milk production. Up to the seventies, at three o'clock in the afternoon, in trundled the Guinness trolley with a bottle for each breast feeding Mum. It is said to supply iron, increase the quantity of milk and to help with the let-down reflex. I can vouch for the latter.

COMMON BREASTFEEDING MYTHS

Breast Feeding Myth #1: Some mothers are told by health professionals that their problem is having breasts that are too small or are not 'full' enough. Firstly. there is no relationship between size of breast and milk supply and secondly, think about going to a petrol station to fill up a car. The pumps are one size when you get there and the same size when you leave. You take your car to a big pump and then, when you are finished, it is not smaller: the petrol comes from a reservoir below the ground and it is the same with

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breast milk. Once your baby starts to suck, what is in the breast is taken and more comes in. Remember also, that if you can't get much from your breast when you squeeze, or even when you use a hand pump, this does not mean that your baby cannot. Babies are specially designed to get breast milk out of breasts and they do the job very well. If you want to express breast milk efficiently on a regular basis, you really need to get an electric pump.

Breast Feeding Myth #2: You must use one breast only per feed or your baby only gets the more watery initial milk and misses out on the more concentrated milk that comes later. If you want to feed from only one breast, that is your choice, but your baby will not be missing out if you empty both at each feed. Firstly, it is a good idea to stimulate both breasts each feed and secondly, babies need watery milky as well – they get thirsty! It is not usually necessary to give breast fed babies water even if it is hot as breast milk is sufficient for all their nutritional needs. Once you are giving solids, that is different.

Breast Feeding Myth #3: The milk you produce in the morning is more nutritious, that is why babies fail to settle in the evening and often get colic as well (obvious fallacy: so do babies fed artificial formula milk). An enterprising friend of mine decided to test this hypothesis by expressing milk in the morning and feeding that to her baby in the evening. Result: no difference.

WHEN SHOULD YOU INTRODUCE SOLIDS?

The current advice in the UK is six months. This is in a country where we have an abysmal rate of breast feeding, and doesn't help to encourage more mothers to persist at breastfeeding, even if they get as far as starting.

There are two reasons for not introducing solids early. One is food allergy and the other is infection. Well, if you feed them what you can buy off the shelves – unless we are talking about the super expensive ones discussed above – then, yes, you will get allergies as they contain citrus, nuts, wheat and other allergens that babies should not be eating before six months. However, if you make your own pûréed food - I have never met a baby who was allergic to carrot or swede. Regarding infections, so long as you are breast feeding, and you know how to wash up properly, breast milk is full of antibodies that protect from infection.

Some mothers have babies who are perfectly satisfied with breast milk for much longer than six months. Some don't. Some breastfed babies do seem to

want something more in their stomachs especially over night. Breast milk is such a perfectly adapted food that almost all of it is absorbed, unlike formula milk where large curds sit congealing in the gut. If you have one of those babies, rather than giving up on breast feeding, or topping up with formula milk, I think you are better off giving them solid food.

I am reminded of the case of a very long thin baby who was born after a tearful and difficult pregnancy. He cried constantly and failed to gain weight. His mother was exhausted and depressed. She cried constantly too. After six weeks, the young father could not stand it any more. He got a chicken, a whole lot of vegetables, threw them into the pressure cooker, cooked them for over an hour, pûréed the whole lot up and fed it to him. After that, the baby stopped crying, slept over night, put on weight, the mother stopped crying and everyone lived almost happily ever after.

© Dr Jayne LM Donegan
MBBS DRCOG DFFP DCG MRCGP MFHom
22 July 2016

RESOURCES

Nutrition Wallchart by Liz Cook
http://www.lizcookcharts.co.uk/nutrition-chart.php

Weston A. Price Foundation www.westonaprice.org/

Nourishing Traditions: The Cookbook That Challenges Politically Correct Nutrition and the Diet Dictocrats Paperback - 1 Sep 2009 by Sally Fallon

Healing with Whole Foods: Asian Traditions and Modern Nutrition Paperback - 13 Jun 2002 by Paul Pitchford

The Energetics of Food Paperback - 1 Apr 2006 by Steve Gagné

Be Your Own Nutritionist Paperback -3 Jan 2013 by George Cooper

UNINTENDED CONSEQUENCES OF INVOKING THE "NATURAL" IN BREASTFEEDING PROMOTION

PEDIATRICS
VOL 137 / ISSUE 4
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MEDICAL and public health organizations recommend that mothers exclusively breastfeed for at least 6 months. This recommendation is based on evidence of health benefits for mothers and babies, as well as developmental benefits for babies. A spate of recent work challenges the extent of these benefits, and ethical criticism of breastfeeding promotion as stigmatizing is also growing. Building on this critical work, we are concerned about breastfeeding promotion that praises breastfeeding as the "natural" way to feed infants. This messaging plays into a powerful perspective that "natural" approaches to health are better, a view examined in a recent report by the Nuffield Council on Bioethics. Promoting breastfeeding as "natural" may be ethically problematic, and, even more **troublingly**, it may bolster this belief that "natural" approaches are presumptively healthier. This may ultimately challenge public health's aims in other contexts, **particularly childhood vaccination**. (Our emphasis).

Editor: Something so obviously 'natural' … and the medical establishment want to muddy the waters in case it encourages people to lead a healthy life for themselves and their family instead of taking their medicines, treatments and vaccines!

Forthcoming Lectures by Dr Jayne Donegan

VACCINATION THE SCIENCE – DOES IT STAND UP TO SCRUTINY?
25 September 2016, Sunday afternoon, 1.45 for 2-4pm, Brighton, Sussex BN3

MEASLES, MUMPS, RUBELLA – WHICH IS BETTER? THE DISEASE OR THE VACCINE
08 September 2016, Thursday evening, 6.30pm – 8.30pm London W1W (Please aim to arrive by 6.15pm)

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

04 September 2016, Sunday afternoon, 1.45 for 2-4pm, North West London NW4
30 October 2016 Sunday afternoon, 1.45 for 2-4pm, North West London NW4

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

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 views expressed in this newsletter are not necessarily those of The Informed Parent Co. Ltd. We are simply bringing these various viewpoints to your attention. We neither recommend nor advise against vaccination. This organisation is non-profit making.

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