THE informed PARENT
ISSUE ONE 2017 A NEWSLETTER ON VACCINATION ISSUES AND HEALTH

THE INTRODUCTION OF DIPHTHERIA-TETANUS-PERTUSSIS AND ORAL POLIO VACCINE AMONG YOUNG INFANTS IN AN URBAN AFRICAN COMMUNITY: A Natural Experiment

MOGENSEN SW, ANDERSEN A, RODRIGUES A, BENN CS, AABY P

www.ebiomedicine.com 29/01/17

ABSTRACT

BACKGROUND: We examined the introduction of diphtheria-tetanus-pertussis (DTP) and oral polio vaccine (OPV) in an urban community in Guinea-Bissau in the early 1980s.

METHODS:

The child population had been followed with 3-monthly nutritional weighing sessions since 1978. From June 1981 DTP and OPV were offered from 3 months of age at these sessions. Due to the 3-monthly intervals between sessions, the children were allocated by birthday in a 'natural experiment' to receive vaccinations early or late between 3 and 5 months of age. We included children who were < 6 months of age when vaccinations started and children born until the end of December 1983. We compared mortality between 3 and 5 months of age of DTP-vaccinated and not-yet-DTP-vaccinated children in Cox proportional hazard models.

RESULTS:

Among 3–5-month-old children, having received DTP (±OPV) was associated with a mortality hazard ratio (HR) of 5.00 (95% CI 1.53–16.3) compared with not-yet-DTP-vaccinated children. Differences in background factors did not explain the effect. The negative effect was particularly strong for children who had received DTP- only and no OPV (HR = 10.0 (2.61–38.6)). All-cause infant mortality after 3 months of age increased after the introduction of these vaccines (HR = 2.12 (1.07–4.19)).

CONCLUSION:

DTP was associated with increased mortality; OPV may modify the effect of DTP. Also under the heading Discussion, the authors state: 4.1. Main Observations

DTP vaccinations were associated with **increased** infant mortality even though there was no vaccine-induced herd immunity. When unvaccinated controls were normal children who had not yet been eligible for vaccination, **mortality was 5 times higher** for DTP-vaccinated children.

EDITOR: These authors should be praised for their honesty in publishing this data! Not sure why they describe this study as a 'natural experiment' where vaccines are involved? It is simply an experiment - the use of the word natural is used to presumably make it sound more acceptable??

VIDEO INTERVIEWS: Do You Have a Story To Tell? Periscope

As you will have heard by now, we have Vaxxed VIPs planning to visit the UK and Ireland this Spring. The plan is to travel around each country, recording people's vaccine injury stories on Periscope.

We would love to get as many stories as possible. Please let us know if you're willing to share your story, either about yourself or your child. This isn't just about MMR, this is about all vaccine-caused tragedies. Please include your location, whether and how far you can travel, and a brief outline of your story (all information will be kept strictly confidential within the Vaxxed teams). Please note: if you do not wish to be identified in the Periscope video, please be sure to say so in your email.

The UK/Ireland Vaxxed Periscope Tour will be planned around the stories within the time frame available. Those families whose stories & locations can be fitted into the route will be contacted individually with a time and place for their interview. The route itself is not going to be publicised, as there have been several threats made towards the team. We all need to be mindful of this to ensure the tour is a safe, successful and fruitful trip for all involved.

VAXXED
FROM COVER-UP TO CATASTROPHE

Anyone wanting to tell their story please send an email ASAP to:
PeriscopeUK2017@hotmail.com
For Ireland, please use this email: VaxxedIreland2017@gmail.com

Editor's note

Magda Taylor

WELCOME TO THE 2017 SPRING EDITION OF THE INFORMED PARENT. Since the last edition of this publication much has been happening regarding the vaccination debate. I had an opportunity to be on BBC Radio London on the Vanessa Feltz show (3/2/17) to briefly discuss why a growing number of people are questioning and looking into vaccination and I managed to put a few points across despite the expected responses from Vanessa.

Lo and behold two weeks later I was invited back on the Jeremy Vine show, with Vanessa Feltz sitting in for Mr Vine, to discuss the UK premiere of Vaxxed in London on Feb 14. This time David Grimes, a 'scientist' from Oxford University, had been invited on also.

What an experience - very, very challenging to discuss anything as Grimes's had one main purpose - to dismiss everything I attempted to say, along with the usual character assassination of Andrew Wakefield. Grimes had already been quoted in a damning piece by The Times, and it sounded like he was reading from the same script: 'Wakefield is a long-debunked fear merchant whose attempt to paint himself as a Galileo-like figure is at once completely narcissistic and utterly dishonest'. Grimes also stated in the Times that: 'Giving him (AW) a platform was on a par with hosting a Holocaust denier'.

The radio discussion is available on You Tube – you can find the link if you type in 'Magda Taylor debates Professor Grimes Radio 2' and listen for yourself.

SHOCKED BY THE CENSORING OF THE FILM DOCUMENTARY VAXXED.

I have to say that, even though for many years now I have come to realise that so much of what we are told by the authorities and mainstream media is highly questionable, I was extremely shocked by the censoring of the film documentary Vaxxed.

Last summer I attended the premiere of a documentary entitled Man Made Epidemic at the Curzon, Soho, which mostly focused on the increase of autism and the possible role vaccines may play in this. So when it was announced that Vaxxed was to be shown at the same cinema on 14 February 2017 I booked to attend, as well as offering my assistance in anyway to those organising the event. This was a private screening – the cinema had been hired for the evening and the management were completely aware of the details of the documentary. The tickets sold very quickly and everything was going smoothly until the organisers, EFVV (European Forum for Vaccine Vigilance) learnt that the cinema had cancelled the booking due to complaints from certain members of the public. 'A Cinema In London Has Pulled A Documentary By A Disgraced Anti-Vaccine Activist' (26/1/17) by science writer, Tom Chivers was published on the Buzzfeed website. The usual biased and inaccurate stance! (https://www.buzzfeed.com/tomchivers/a-cinema-in-london-has-pulled-a-documentary-by-a-disgraced-a?utm_term=.lbR76xm5Z#.tur1YkG5X)

Fortunately for the organisers the principal of the College for Homeopathic Education (CHE) came forward and organised the booking of Tuke Hall, Regents College in order for the screening to still take place. (The CHE had been using Regents for 17 years for their courses and seminars. Sadly the day after the screening the contract was cancelled due to the screening.)

The venue was kept secret and even the ticket holders were not given full details until a few hours before the event. Ticket holders received a text mid-afternoon to make their way to Baker St. station and then had to wait to be updated again at 4.30pm with the final venue details. Yes, it felt like being part of a spy thriller! Unbelievable that these kind of measures had to be implemented in a so-called democratic country!! The screening went ahead, followed by a Q&A session with invited panellists, including Andrew Wakefield.

Critics of Wakefield, Vaxxed, or indeed anyone who dares to question vaccination, are so quick to say that there is no debate and that there is overwhelming evidence supporting both the MMR's safety and effectiveness. You might ask yourself why are they then so fearful of documentaries, such as, Vaxxed being shown?

As Wakefield stated after the screening:
'WE HAVE ACCUSED THESE 5 SCIENTISTS, RIGHT UP TO THE DIRECTOR OF THE CDC, JULIE GERBERDING OF THE WORSE HUMANITARIAN CRIME IN THE HISTORY OF THE WORLD. THESE PEOPLE WERE CHARGED WITH THE WELFARE AND SAFETY OF EVERY CHILD IN AMERICA – AND THEY PUT THEM AT RISK. SO IF THERE WERE ONE WORD OF A LIE IN THIS FILM THEY WOULD HAVE SUED US TO THE MOON AND BACK AGAIN. THERE HAS BEEN NOT A WHISPER. WHY? BECAUSE THEY KNOW THAT IT'S THE TRUTH.'

*Vaxxed is about CDC fraud and should be seen by everyone, especially doctors, nurses and health visitors. These health professionals rely, and have faith in, the information and guidelines government agencies, such as the CDC, present. Urge your health visitor and GP to watch it. Tell them you would value their opinion. Vaxxed is now available to watch via Amazon (*vaxxedthemovie.com/stream*). You can also organise a micro screening in your home or local venue. A few have already taken place since the London screening. So please get in touch for further details at:* info@vaxxedthemovie.com

NEW VIDEO DOCUMENTARIES
Apart from Vaxxed there is now a 10-episode series entitled 'Vaccines Revealed' available (this is free to watch on occasions if you register for updates) and another series entitled 'Truth About Vaccines' is out from 12 April.

Other recent films on this subject include 'Vaccine Syndrome' and 'Trace Amounts' - a busy time indeed. There is a flurry of activity and people are getting more pro-active on this subject - which is very important as we must preserve our freedom to choose before our rights are taken from us!

Now is a good time to start sowing seeds of doubt, organising talks or informal gatherings to discuss this subject and so on. Every little action can and will make a difference - please be part of that difference.

MAGDA TAYLOR, EDITOR, APRIL 2017

SIMULTANEOUS SUDDEN INFANT DEATH SYNDROME

BALCI Y1, TOK M, KOCATURK BK, YENILMEZ C, YIRULMAZ C.
J FORENSIC LEG MED.
2007 Feb;14(2):87-91.

ABSTRACT
The simultaneous sudden deaths of twins rarely occur and therefore it has received limited attention in the medical literature. When the deaths of the twins meet the defined criteria for sudden infant death syndrome (SIDS) independently and take place within the same 24 h range it can be called as simultaneous SIDS (SSIDS). The case(s): Twin girls (3.5-month-old) were found dead by their mother in their crib, both in supine position. The infants were identical twins and delivered at a hospital by cesarean section. Both infants were healthy and did not have any serious medical history. Two days prior to the incident, the twins had received the second dose of oral polio, DPT and the first dose of hepatitis B vaccines and they had fever on the first day of the vaccination and been given teaspoonful of acetaminophen. Death scene investigation, judicial investigation, parental assessment, macroscopic and microscopic autopsy findings and the toxicological analysis did not yield any specific cause of death. The case(s) were referred to a supreme board composed of multidisciplinary medical professionals at the Institute of Forensic Medicine, Ministry of Justice, in Istanbul. The Board decided that the available data was consistent with SIDS.

"Two days prior to the incident, the twins had received the second dose of oral polio, DPT and the first dose of hepatitis B vaccines and they had fever on the first day of the vaccination and been given teaspoonful of acetaminophen"

These SIDS case(s) are presented because twin SIDS are rare and this is the first time that a simultaneous twin SIDS have been reported in Turkey. Simultaneous SIDS cases have many implications regarding definition, diagnosis and medico-legal approach.
PMID: 17654772

DR. ANDREW WAKEFIELD AND THE MMR VACCINE: Time for the Truth

BY ISABELLA THOMAS
MOTHER OF TWO BOYS, WHO WERE PART OF THE LANCET STUDY.
April 2013

The Wakefields hug 17-year-old autism sufferer Josh Edwards

AS A PARENT of two children in the Lancet study, I have had to speak out about the vicious attacks on Dr. Andrew Wakefield by his own government, the US government and the media blaming him for the measles outbreak in Wales. The Lancet study was not paid for by the Legal Services Commission and our children were referred to the Royal Free Hospital because they were very sick and would still have had investigations done even if they were not part of the Lancet research as many more children have done after the Lancet study by other consultants at the Royal Free and other hospitals in London.

Dr. Andrew Wakefield listened to the concerns of many parents about their sick children suffering with bowel conditions and a form of Autism, a bowel condition and brain damage that was ignored by other professionals. These parents were demonstrably 'black listed' for saying their children became ill after the MMR vaccine.

Parents were speaking about this situation years before Dr. Wakefield came on the scene and our government also knew about these concerns years before the Lancet study yet they did nothing to investigate, leaving hundreds of other children at risk of side effects. Our government did not listen to parents but accused them of making the symptoms up and threatening to take their children away if they did not stop making a connection with MMR vaccine. As a result, these children and young adults live in a great deal of pain to this day (one doctor saying to my son 'we believe you believe you are in pain').

There is much more I could say about the experience of my family and others but I want to make it clear that the children's claims in relation to MMR were supported by many other experts in several disciplines all of whom provided reports for the court. I attach a list of them. These experts would all have given evidence at the Royal Courts of Justice on behalf of hundreds of children we claim were damaged by the MMR vaccine had the cases been allowed to continue.

"Dr. Andrew Wakefield listened to the concerns of many parents about their sick children suffering with bowel conditions and a form of Autism, a bowel condition and brain damage that was ignored by other professionals. These parents were demonstrably 'black listed' for saying their children became ill after the MMR vaccine"

In addition the solicitors representing the claimants were in touch with and drawing on the expertise from many more than these, but many did not want to be formal experts. I don't know how much the experts listed were paid, but they were all paid fees just as Dr. Wakefield was in the normal way that experts are paid in litigation cases (and probably much less than the defendants' experts were paid!).

MMR CLAIMANT EXPERTS (WHO PRODUCED REPORTS THAT WERE SERVED):

Professor M B Abou - Donia, professor of Pharmacology and Cancer Biology and a professor of Neurobiology Duke University medical centre Pharmacology and neurobiology

Dr Kenneth Aitken, K. Aitken Consultancy, Independent Consultant Child Clinical Neuropsychologist **Professor William Banks**, Professor in the Department of Pharmacology & Physiology, both departments at Saint Louis University School of Medicine Pharmacology and physiology **Dr. Edward Bilsky**, Associate Professor of Pharmacology University of New England College of Medicine Pharmacology **James Jeffrey Bradstreet, MD**, Fellow, AAFP International Child Development Resource Center Adjunct Professor of Neurosciences Department of Psychology Stetson University Celebration, Florida Child development **Vera S. Byers, M.D**., Ph.D, President of Immunology, Inc Immunologist **Professor Neal Castagnoli, Jr.,** Peters Professor of Chemistry Virginia Tech Blacksburg, VA Chemistry **Dr A Peter Fletcher** MB BS PhD FFPM (Dist) Former regulator Industry expert **Professor Noam Harpaz**, Associate Attending Pathologist, The Mount Sinai Hospital, Director, Division of Gastrointestinal Pathology, The Mount Sinai Hospital, and Associate Professor of Pathology, The Mount Sinai School of Medicine, Pathologist New York.

Professor Ronald C. Kennedy, Ph.D Professor and Chairman of the Department of Microbiology and Immunology at Texas Tech University Health Sciences Center located in

Lubbock, Texas Immunologist **Marcel Kinsbourne**, D.M. (OXON), M.R.C.P. (LOND). Research Professor of Cognitive Studies at Tufts University and Professor of Psychology at the New School University in New York Neurologist **Arthur Krigsman MD**, New York University Hospital Pediatric Gastroenterologist **Dr John March**, Head of Mycoplasmology at the Moredun Research Institute (MRI), Edinburgh Vaccine development; molecular biologist **Professor John J Marchalonis**, Professor and Chairman Department of Microbiology and Immunology, University of Arizona, College of Medicine Tucson, Arizona Microbiologist and immunologist **Professor Johnjoe McFadden**, Professor of Molecular Genetics at the School of Biomedical and Life Sciences, University of Surrey, Guildford Genetics **John H. Menkes, M.D.**, Professor Emeritus of Neurology and Pediatrics University of California, Los Angeles Director Emeritus of Pediatric Neurology Cedars-Sinai Medical Center Neurologist **Dr Scott M Montgomery**, Karolinska Institutet, Stockholm, Sweden Epidemiologist **Professor John J. O'Leary**, MD, DPhil, MSc, BSc, FRCPath, FFPathRCPI Professor of Pathology at Trinity College Dublin and Consultant Histopathologist, St. James's Hospital Dublin and the Coombe Women's Hospital Pathologist **Professor Samuel Shapiro,** MB, FRCP(E). Visiting Professor of Epidemiology. Mailman School of School of Public Health. Columbia University. Emeritus Director. Slone Epidemiology Center. Boston University School of Public Health. Epidemiologist **Dr Orla Sheils**, Senior Lecturer in Molecular Pathology University of Dublin, Trinity College (TCD). Molecular pathologist **Dr Fiona Scott**, BSc (Hons) PhD C.Psychol Chartered Psychologist University of Cambridge **Dr Carol Stott,** BSc (Hons) PhD (CANTAB) C.Psychol Chartered Psychologist University of Cambridge **Professor SAMY SUISSA**, Professor of Epidemiology and Biostatistics McGill University and Royal Victoria Hospital Montreal, Canada Statistician **Professor Richard Tedder**, Head of the Joint Department of Virology, University College London. Also Clinical Lead for the UCLH NHS Trust Department of Virology and Clinical Head of Microbiology Services UCLH NHS Trust Virologist **Professor Edward J Thompson**, Doctor of Medicine (MD, FRCP,FRCPath) and a Doctor of Science (DSc,PhD) Head of the Department of Neuroimmunology at the National Hospital for Neurology & Neurosurgery Neuroimmunologist **Professor John Walker- Smith**, Emeritus Professor of Paediatric Gastroenterology in the University of London Paediatric gastroenterologist **Dr. Troy D. Wood**, Associate Professor in Chemistry and Adjunct Faculty in Structural Biology at the University at Buffalo, State University of New York, Buffalo, NY, USA. The court case was not heard and parents did not lose.

"I know that it is officially denied that there is any link between the vaccine and any form of autism (even though American and Italian courts appear to have accepted the link). What is not denied is that the rate of autism had increased substantially since the 1990s (from about one in 2500 to as many as one in 50)"

Legal Aid decided to pull their funds for the sick children at the last minute. Legal Aid is government run and the government took out an indemnity to protect the drug companies from parents suing and we as parents had no idea that the litigation case was set up to fail right from the start. The government could not afford for the children to win and thus they could not afford for the statements from the experts to be read out in court. I have these reports and am told they are sealed and I am not allowed to produce them here, however tempted. Here follows a summing up by Justice Keith when a few of us parents tried to continue the case without the support of Legal Aid and spoke in front of a room full of drug company representatives about our sick children at the Royal Courts of Justice. I was very proud to be part of that group.

"It is important for the claimants' litigation friends to understand why their children's claims are not being allowed to proceed. It is not because the court thinks that the claims have no merit. Although this litigation has been going on for very many years, the question whether the claims have merit has never been addressed by the court. The reason why the claims have not been allowed to proceed is because everyone has realistically recognised for some time that it is just not practicable for the claims to proceed without public funding. With no realistic prospect of public funding being restored for any of the claims save for the two which are now to proceed as unitary actions, the dissolution of the litigation became inevitable.

Before leaving the litigation, I wish to express my thanks to the defendants' legal teams for the assistance they have given the court. Although at all times advancing the interests of their clients as is to be expected in adversarial litigation, they recognised the needs of the claimants' litigation friends, and provided them with all the information they needed, as well as affording them the occasional indulgence. The assembly of the various bundles of documents, and the preparation of the skeleton arguments, were of an exceptionally high order. But my final words must go to the claimants' litigation friends. As I said in an earlier judgement, no-one can fail to have enormous sympathy for the parents of the children to whom this litigation has related. They have spoken eloquently and with great feeling of the tragedies which befell them when their children became ill. They blame the vaccines produced by the defendants for damaging their children, and they are bitter over their inability to proceed with their claims. But when they came to court, they always expressed themselves in a measured and moderate tone, despite their disenchantment with the Legal Services Commission which they believe has let them down, and at all times they treated the court with courtesy and

respect. They made my difficult task less wearing that it might otherwise have been. I am grateful to them for that." - Justice Keith.

Dr Andrew Wakefield made front page news over the last few days in some of the national papers prompting an immediate reaction that it is lunacy to give him space, and that what he says is "balderdash". What is highly questionable (and vindictive) is to blame him for all the ills of MMR vaccine because he published a paper in the Lancet 15 years ago (which has neither been "discredited" nor did it claim that MMR causes autism) and because he suggested that children should be given the single measles vaccine.

The association between autism and MMR was never assessed by the UK courts because of the withdrawal of legal aid. In the USA and Italy the courts have awarded compensation for MMR vaccine damage. The USA also has an expert committee for assessing claims of vaccine damage and they have compensated other parents for damage caused by MMR which did not then need to go through the full legal process.

HOW LONG DOES IT TAKE THE UK GOVERNMENT TO LEARN THAT COVER-UP IS INVARIABLY A MORE SERIOUS MATTER THAN THE ORIGINAL CRIME OR MISTAKE?

It's time the spotlight was turned on Professor David Salisbury, who had little or no background in immunisation and had only been in post a short time when he reassured his committee that they did not need to worry about the adverse effects of Pluserix despite its withdrawal in Canada and serious reports from Japan. It's time to turn the spotlight on the process by which I believe Brian Deer was recruited by the Department of Health to help rescue their MMR programme. It is, of course, easy to conjecture and it needs a full enquiry which must come sooner or later, the results of which demand full media attention.

I am aware that in 1992 two of the three brands of MMR were withdrawn overnight on the safety ground that they caused viral meningitis and that when MMR was first introduced the Department of Health stated that the single vaccine would continue to be available. For their own reasons they changed their minds later. Had they not done so, those who had concerns could have continued to protect their children from measles and this present outbreak would not be happening.

Mum, Isabella Thomas with her two boys

"Instead of blaming Andrew Wakefield every time there is a measles outbreak why does the Government not put funding into finding the cause of this distressing condition?"

I know that it is officially denied that there is any link between the vaccine and any form of autism (even though American and Italian courts appear to have accepted the link). What is not denied is that the rate of autism had increased substantially since the 1990s (from about one in 2500 to as many as one in 50). Instead of blaming Andrew Wakefield every time there is a measles outbreak why does the Government not put funding into finding the cause of this distressing condition? If it can be shown that the cause of the increase in autism has absolutely nothing to do with vaccines, then that will remove the suspicion that it does and you can all forget that Andrew Wakefield ever existed.

Governments should be putting huge resources into finding out what is causing this disabling condition which is putting an immense strain on families and draining the welfare resources of the UK and other countries, not attacking doctors and accusing parents of telling lies. By not listening to the Experts, families and more importantly to the children then this in my opinion has to come into the category of **"child abuse"**.

Professor John Walker Smith, who was part of the Lancet team, was exonerated in March 2012 in the Autism MMR GMC Case. The GMC issued the following statement following the judgement: Mr Justice Mitting has made a number of criticisms about the inadequacy of the reasons given by the panel for the decisions they made on the charges facing Professor Walker-Smith. The panel of medical and non-medical members, having heard all the evidence, were required to set out very clearly why they reached the decisions they did. They failed to do that in relation to key questions, including whether Professor Walker-Smith's actions were undertaken for the purpose of medical practice or medical research and whether procedures performed on the children were clinically necessary. These were important points that needed to be addressed by the panel in the determination and the failure to do so was the major cause of Mr Justice Mitting allowing the appeal. (Extract of official GMC Statement.)

In my opinion, this also stands for Dr. Wakefield who did not have the funds to challenge the GMC as Professor Walker Smith did.

Published with Isabella Thomas' kind permission

ARNICA PARENTS' NATURAL IMMUNITY NETWORK CELEBRATES 10 YEARS!

MESSAGE FROM ANNA WATSON:

ARNICA started in my Kingston upon Thames home in 2007 when my children were very small and I was desperate to meet likeminded families who were interested in a natural health journey for their children ~ well it has never looked back! I remember how we all felt about the importance of creating safe places to inform and support each other. Through these meetings and wider networking I have been fortunate to have made some dear friends and been involved in some vital campaigns.

Arnica now has over 20,000 members on Facebook and over 100 local groups in the UK and some abroad and we have branched out with natural groups for animals, un-schooling, special needs, plants, buy & sell, breastfeeding, action and political change.

Please see the links on our main UK Facebook group and get involved!

Arnica would not have grown without the dedicated network of local co-ordinators and Facebook moderators, to whom I am ever thankful for shaping this movement, along with the investigative journalists, campaigners, professors and doctors who support us and speak out. Our network has bought so many people together and I hope we continue to grow over the next 10 years.

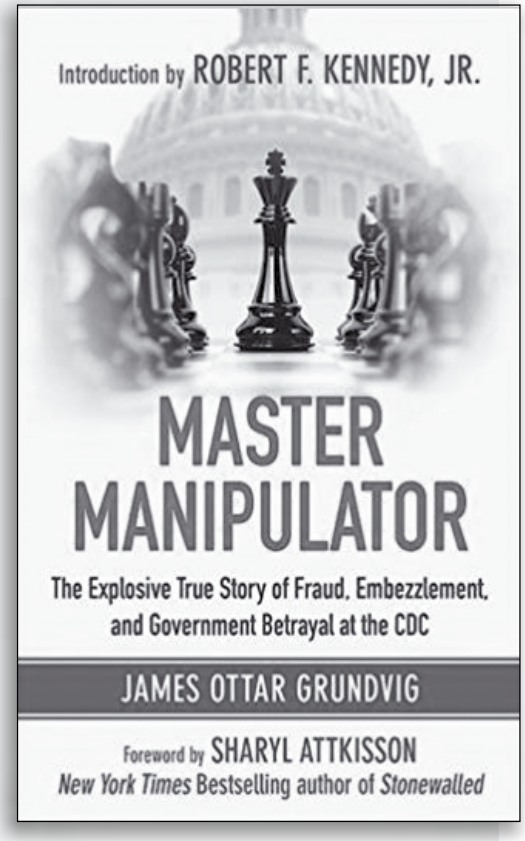
Anna Watson

Please visit the website: www.arnica.org.uk ***to find your local group, search the resources, sign up to our newsletters and/or join us on Facebook.We'd love to hear from you!***

BOOK NEWS:

MASTER MANIPULATOR: The Explosive True Story of Fraud, Embezzlement, and Government Betrayal at the CDC

By James Ottar Grundvig (2016)



MASTER MANIPULATOR is a true story of fraud and betrayal, and an insider's view of what takes place behind the closed doors of agencies and drug companies, and with the people tasked to protect the health of American children. It's a cautionary tale of the dangers of blind trust in the government and the health-care industry.

In 2000, the US Centers for Disease Control (CDC) carried out a secret mission to bury, skew, and manipulate data in six vaccine safety studies, in a coordinated effort to control the message that "vaccines do not cause autism." They did so via secret meetings and backtesting health-care data. The CDC invested tens of millions of dollars in a foreign health-care data analytics startup run by Danish scientist Poul Thorsen, a move to ensure that no link ever surfaced. But fate had other ideas. The agency soon learned it couldn't control Thorsen. In 2011, the US Justice Department indicted him for the theft of more than $1 million of CDC grant money.

Master Manipulator exposes the CDC's hidden agenda for the cover-up. Influenced by Big Pharma money, future high-paying jobs, and political lobbyists, CDC executives charted a course different than what the findings of earlier vaccine safety studies revealed. The CDC needed an outsider to "flatten" the results of the data, while building an exit strategy: a fall guy in case the secret plan was exposed. Thorsen fit the bill nicely, conducting studies overseas. But the CDC's plan backfired, as Thorsen took the money to the bank and the power went to his head. It would take years for his fraud scheme - funneling CDC grant money to a Danish university and then back to a CDC bank account he controlled - to play out.

The Quanten Theory

FREEDOM OF CHOICE
by Patrick Quanten MD

Life within a society, a community, seems difficult to organise. It appears as if there is a constant bullying going on for power and control over parts of such a community. Living together is about making compromises, as we all figure out sooner or later. Each having an equal slice of the pie seemingly ends up in a fight over who is having the largest of equal portions. Worse is, of course, when we already have established that the slices are not equal at all. And in order to have some sort of control over others one has to use tricks that ensure the loyalty of the people you control.

Creating fear about the "bad things" that might happen to you or about the fact that behaving differently is detrimental for the entire group are methods used frequently. Within the sphere of vaccination programmes we have come across lots of examples of authorities behaving in that way. Unification is another way of ensuring control. "It's the same for everyone" seems to justify unfair and unjust behaviour on the part of authorities. The sentence indicates that there is nothing an individual can do about it, except suffer it in silence, and that joining others in the same pain is a justification for inflicting that pain.

Modern Western society is quickly eroding the personal freedom that individuals, by law, have been granted. Since 1216, with the introduction of the Magna Carta, individuals have been given basic rights in every country's constitution in the Western world. At least, that is what we believe, but the reality is very different. The majority of Western countries do not guarantee any personal rights in their constitutions, and it is only the repeating of nice words that makes people believe it actually exists. Using words, often enough, convinces people of the content, as they have heard it said so many times and in so many places.

However, there is such a thing as an international Bill of Rights, in which our freedoms are defined too. People have a right of free choice, which means they have a right to exercise that freedom in any manner one may choose except where such acts may obstruct or prevent others from exercising their freedom, put oneself or others in danger, or exceeds a statutory limit. Very nicely put! Within the definition of exercising one's freedom lies the restriction of when you lose your right to freedom. You are not allowed your freedom when you endanger yourself, others or a pre-set standard.

Enters the question who has the power to decide when I endanger myself, others or the "law of the land"? Isn't that simply the opposite of having freedom of choice? I suggest they immediately ban mountaineering as these people definitely put themselves in danger and they endanger the lives of those that are sent out to rescue them. I suggest banning all knives, all weapons, matches and lighters, cars, and also the internet as it obviously is causing serious grief to many people. Are these things happening? No. I get the impression that my interpretation of personal harm, harm to others and danger to the structure of society is not quite the same as that of the powers that be. I am not allowed to make these decisions, but who then is? Somebody else decides on my behalf how my free choices endanger my own life or that of others, which in fact wipes out the freedom of choice they told me I had.

Article 9 (freedom of thought, conscience and religion) of the European Convention on Human Rights states that:

1. Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief and freedom, either alone or in community with others

Patrick Quanten MD

"The majority of Western countries do not guarantee any personal rights in their constitutions, and it is only the repeating of nice words that makes people believe it actually exists."

and in public or private, to manifest his religion or belief, in worship, teaching, practice and observance.

You have the right to think what you like, to believe what you like, even if you are the only one doing so. And you have the right to practise your belief.

HERE IS AN INTERESTING THING!

Medical authorities have always maintained that the positive effects one observes from treatment with homeopathic remedies are solely based on the placebo effect, which is the belief the person holds that this remedy is going to help him. As a person has the right to believe whatever he/she wants to and is entitled to practise that belief - without harming others – there is no authority in the civilised world that can deny you the right to make use of homeopathy as a practice of what you believe in. Whether others believe that homeopathy works or not is irrelevant in relation to your right to use it.

But have a look at what else this article in law has to say.

2. Freedom to manifest one's religion or beliefs shall be subject only to such limitations as are prescribed by law and are necessary in a democratic society in the interests of public safety, for the protection of public order, health

or morals, or for the protection of the rights and freedoms of others.

The freedom to manifest your belief is subject to law. It is, in fact, the law of a democratic society that determines whether you are allowed to practise your beliefs or your thoughts. The majority of the population, or put more accurately, the representation in government of a majority of voters determines what everybody else should believe and practise. The reasons given for this restriction of freedom are clear and include "health". The protection of public health is a reason to restrict you manifesting your beliefs. Again, who decides what is a threat to public health? The representation of the majority of voters. In other words, manipulate public opinion and you have the legal right to ban something like homeopathy, if you wish to do so. The only thing the law requires you to do is to portray it as a threat to public health. No need to prove this. It suffices to portray it in that way. This is the same democratic principle that allowed Tony Blair to go to war in Iraq on the grounds of protection of public freedom. He does not have to "prove" that the public is threatened; he simply has to portray it that way. By law, he has acted correctly, or as the media put it "in good faith". Whatever he believes, wherever his faith lies, is more important than truth.

So, how can we prove that homeopathy is not a threat to public health? In order to do this, you need to prepare to address the existing authorities, which are supported by a particular structure of justice and truth. Medical authorities do not use science as a support. They use statistics and disengaged details, blurring the whole picture, to make up a belief system that builds hope for the future and delivers economic growth in the moment. The shocking lack of science-based medicine - they emphasize "evidence-based medicine" - becomes clear once we begin to look at the basic belief system they use. Science taught us a century ago that all matter is energy and still western medicine is entirely built on chemistry and physical signals, thereby completely ignoring the energy field that manifests that physical element. It also wants to evaluate

everything on a very short-term scale, thereby completely ignoring the fact that nature shows us time and time again that everything moves in circles. What goes around comes around! If every winter we seriously believed the whole world would die from it never to regain life again and we acted accordingly, we would never see the new spring arrive. We would continue in our errand belief system because we have been prevented from seeing what could happen if we did not interfere. Essentially that is what happens when the medical profession tells you "if you don't do anything this will never get better". Science is based on observation, not just for a short while, but also observing things for a very long time. Only by studying information that is thousands of years old did we develop our understanding of what has happened to the world and how we got this far.

Maybe I also ought to point out that governments are at least some sort of representation of the electorate; medical authorities certainly are not. Medicine is a closed and self-protected group, which has its own justice system and all positions are filled with nominees. In other words, you will have to have served the system extremely well in order to be rewarded a highly respected job. Only true servants of the system get to become the authority. So, in the case of homeopathy it isn't even the democratically elected authority that decides what is or isn't a threat to the public; it is a self-serving authority that has that power.

This leads us to the conclusion that all that is, or becomes a threat to the medical establishment and authority will be deemed a danger to the public health.

There is but one way to effectively change this. Take the power away from the authority. View the institution of medicine no longer as the authority or as having any power over you. What is it that gives power to any organisation? The fact that you feel you need them. Your feeling that you can't do without them. When you empower yourself, when you take control over knowledge and practice of your own personal healthcare, you are no longer dependent upon them and upon what they offer you. You will have a choice! You do your own thinking and you make your own choice of treatment. You understand life and the issues surrounding health and ill-health. You will have the power, not them!

A good way to start is by learning what really is true or false within western medicine and understanding what science has to offer everyone of us.

If you are ever dreaming of freeing yourself from the shackles of dependency as far as your personal health is concerned.

- Take back power over your own life.
- Take back decision rights over your own health.
- Become your own expert on your own health and your own life.
- Freedom begins with knowledge.
- And knowledge about health begins right here.

www.pqliar.net
March 2017

ANDREW POLLARD NAMED IN LE MONDE OVER HPV VACCINE COVER UP AT THE EUROPEAN MEDICINES AGENCY

BY JOHN STONE,
AGE OF AUTISM
www.ageofautism.com
Dec 2016

A REPORT in the leading French newspaper Le Monde (followed by other news outlets) names Prof Andrew Pollard as a controversial figure in the activities of the European Medicines Agency (EMA). Echoing reports in AoA during the last year (and evidence presented by Angus Files and myself to the Scottish Parliament) that Prof Pollard chaired a British government committee which recommended for infant use Bexsero Men B vaccine of which he himself was the lead developer, Le Monde cites a complaint from the Nordic Cochrane Centre which has now been brought forward for further consideration by the European Ombudsman. Stephane Foucart, writes:

The complainants also questioned why the agency dismissed some experts from deliberations due to conflicts of interest, while the chairman of one of the EMA panels, Andrew Pollard from Oxford has been maintained. The latter has, in particular, conducted four studies financed by GlaxoSmithKline (GSK) or Sanofi, between 2010 and 2014. Moreover, according to our information, its declaration of interests at the EMA omits to mention certain financial support from manufacturers of some welknown at his institution. There was response to the enquiries of Le Monde over these interests. The complaint http://nordic.cochrane.org/sites/nordic.cochrane.org/files/public/uploads/ResearchHighlights/Complaint-to-ombudsman-over-EMA.pdf followed: "reports to the Danish health authorities [of] several dozen cases of girls who have been vaccinated against HPV and who, in the following months [developed] disorders, grouped under various names: "chronic fatigue syndrome", "complex regional pain syndrome", "postural orthostatic tachycardia syndrome" ..."

"Pharmaceutical companies are obliged to record in their databases reports of side effects of their medicines... But the same disorder is sometimes indexed in several ways, so how to query a database is important: depending on the keywords searched, the results can be very different"

A key issue is that EMA failed to conduct its own searches and simply requested that pharmaceutical companies GSK and Sanofi Pasteur MSD (who market Gardasil in Europe) consult their own databases. Anne Chailleu, president of Formindep, which campaigns in France for the independent training doctors explained to Foucart: "Pharmaceutical companies are obliged to record in their databases reports of side effects of their medicines... But the same disorder is sometimes indexed in several ways, so how to query a database is important: depending on the keywords searched, the results can be very different. "

Peter Gøtzsche, the lead author of the Nordic Cochrane Centre complaint had obtained a confidential EMA report which contrary to its public line that there was "unanimity among experts" admitted that some experts were "very critical of certain arguments". Secrecy was also an issue.

Another of Nordic Cochrane Centre's co-authors Tom Jefferson - also of the Centre for Evidence Based Medicine in Oxford - complained that there was no evidence of any independent investigation of the data. Other important issues Jefferson raised were that the vaccines were not trialled against genuine placebos but against other vaccines containing an aluminium adjuvant. He also complained that in conducting their review the EMA had excluded some studies without apparent reason.

The appointment of Prof Pollard to the United Kingdom Joint Committee on Vaccination and Immunisation followed on pressure from the Secretary of State for Health, Jeremy Hunt, to recommend the Bexsero Men B vaccine prior to their meeting in June 2013 but they failed to agree. The recommendation for infants was made at the second meeting chaired by Prof Pollard in February 2014 (a consensus decision in which no one recused themselves and no one voted). Very soon after the recommendation negotiations began for the transfer of Novartis's vaccine division (which manufactured Bexsero) to GSK, in turn finalised in January 2015 with the vaccine becoming window-dressing for the forthcoming election. Although Prof Pollard's committee only recommended the vaccine for infant use a campaign for the vaccine was started in the media for older children and young adults which drove up private sales.

Readers of AoA will be aware that patents for the two HPV vaccines are owned by the US government.
John Stone is UK Editor for Age of Autism.

"WHOEVER IS CARELESS WITH THE TRUTH IN SMALL MATTERS CANNOT BE TRUSTED WITH IMPORTANT MATTERS ~ *ALBERT EINSTEIN*"

INFLAMMATION EXPLAINED Part 1: The value of inflammation and how not to waste it

BY HOWARD BEARDMORE DO
FEBRUARY 2017

THERE is a common misconception that the only 'real' narrative on therapeutics is the medical one. Well it isn't! Hippocrates isn't the father of modern medicine either, which is a good job because the Hippocratic oath is now optional for doctors to take. It was the Egyptians who believed in pills and creams for disease and gods to administer them under some higher direction. Hippocrates believed we were born to be healthy and that there were no 'diseases', only obstructions to cleaning.

How, you may ask is a history lesson going to 'unpack' the value of inflammation? Well, history is full of clever people whose work is never 'out of date'.

When we move in to a 'new house', the first job is to clean up, remove all the dirty carpets and prepare for moving in. This is similar to how the body maintains it's health, first it cleans and then it repairs itself. The basic role of the 'real immune system' is to remove waste and repair us. An alternative understanding of the value of inflammation is to identify 'wasted inflammation' in the diet, lifestyle, posture and emotional environment so that inflammation can focus where it is needed and pave the way to healing.

WHAT ABOUT 'EVIDENCE BASED MEDICINE' OR FASHION BASED MEDICINE?

This mantra is supposed to be the corner stay of modern medicine and is based on another artificial construct called 'peer review'. The problem with these lovely ideas is that they amount to little more than the collective opinion of self-appointed experts with vested interests. EBM can be quite persuasive with regard to its dismissal of clinical evidence and common sense.

We all remember the 'Rest and ICE' mantra, commonly known as RICE, ie we are supposed to ice sprains

Howard Beardmore

"I always found heat reduced the swelling, you also didn't get a nasty bruise. More importantly to the patient - it was hugely good in pain relief"

and 'bumps' to get the inflammation down. For years this was supposed to be best practice because EBM told us so, to be good practitioners, we are all supposed to be following EBM?

Wrong, I have never put ice on a sprained ankle or a 'bump' because we want to increase the blood flow to the area of damage. I always found heat reduced the swelling, you also didn't get a nasty bruise. More importantly to the patient - it was hugely good in pain relief. If you have ever been unlucky enough to have a school nurse put an ice bag on a sprain or a thumb that got caught in a door you will know what pain is!

Imagine my amusement, when a while ago, I came across an article by Dr Mirkin, who coined the phrase RICE in his book Sports Medicine (1978) - he had retracted the advice after decades of coaches following it! Revisiting the subject and doing more 'tissue testing' they found that ice caused more damage, slowed the return to function and created more problems. On the back of this, every football team and more, has invested in ice bath machines to dump players in after a match! Has no one told them they are doing more harm?

Most clubs still seem to be following the fashion approach, maybe ice is just cooler! I wonder how many of those poor players are going to sue for chronic health problems when they retire early?

WHAT IS WRONG WITH COMMON SENSE & HISTORY?

If they had only had time to study Hippocrates, they would have found that heating it up was the way to go. 460BC is unfortunately a bit past the 10 year rule on quoting papers for a literary review and the establishment would probably only cite 'bad research methodology' and dismiss it.

This is another questionable requirement for medical peer review, if you cite anything older than 10 years old they will dismiss your work because you are not following the rules of engagement. You can only really revalidate established ideas if you have a lot of money to repeat and revalidate old ideas.

HOW DO WE TEST OLD IDEAS?

I always test ideas on myself, 20 years ago I had a very bad ankle sprain in a field and my ankle swelled up like a grapefruit. I couldn't stand on it and I headed for a herbalist that I knew and she offered hot water in a bucket. We did this for an hour, topping it up from a kettle gently poured down the side, the pain relief was immediate and sustainable.

An hour later, there was no discernible difference in size to my uninjured foot, no bruises and I could only feel the slightest 'ting' on the extreme range of movement in the direction of the initial fall. Yes, I had challenged the ligaments, but not broken anything. I walked away amazed at how effective that was and a couple of years later when I embarked on my new career as an osteopath, I took that experience with me and still use heat in daily practice, even on chronic injuries and get great results.

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SO WHY HAS MEDICINE GOT IT SO WRONG WITH INFLAMMATION?

Anti-inflammatory medication is handed out like smarties to 'treat' so many problems that patients go to doctors with, it is an entry level 'treatment'. I have never understood how doctors get away with this being science-based, I thought treatment meant sorting out the problem, not masking the symptom. There are many studies that have been done on how anti-inflammatory medications negatively affect the body and one alarming effect is that they inhibit collagen formation in damaged tissue. Collagen is the stuff that makes our skin elastic, these drugs effectively slow down the healing process, they will at least double the length of time of recovery and the quality of the 'repair' will be affected.

If my mechanic took out the oil warning light every time it lit up my car would stop. In medicine they would tell me it was genetic and going to happen anyway, buy a new car! 15,000 people die in the US each year from Ibuprofen alone, for prescribed opiates it's 47,500 a year!

SO WHAT DO WE DO INSTEAD?

First we need an alternative narrative on inflammation to see that it is not the enemy to be thwarted. Natural hygiene, the narrative of Hippocrates, understands that the body does not go wrong, it is doing the best it can with what it has.

WHY WE CANNOT USE MEDICAL PATHOLOGY AS A BASIS FOR THERAPEUTICS

We cannot use medical pathology as a narrative if we are going to understand that the body has an inherent ability to heal itself. All medical pathology does is describe the entropy of a process if we do nothing. It opens the doorway to doing nothing more than the palliation of symptoms. Palliation as 'treatment' robs the body of the right to fix itself and denies the patient the opportunity of self-recovery. A real alternative to modern medicine, with regard to understanding chronic and degenerative states of health, is an alternative narrative, not an alternative palliation.

MIXING PARADIGMS IS NOT A GOOD IDEA

So many modern 'natural medicine' courses have adopted medical pathology as a basis to attempt to treat 'diseases' using the same narrative as modern medicine. We cannot use medical pathology as a narrative if we are going to understand that the body has an inherent ability to heal itself. Doctors spend the first year of their training cutting up dead bodies to find out how the body 'works'. I follow 'practice based therapeutics' and study living people to find out what keeps them well. That is not the same as medical EBM. The Natural hygiene narrative from Hippocrates, Tilden, Shelton and Lindlahr not only makes sense, it makes common sense. I use their narratives on a daily basis in my clinic to 'unpack' the patient.

"We cannot use medical pathology as a narrative if we are going to understand that the body has an inherent ability to heal itself"

MODERN MEDICAL SUCCESSES

Modern medicines greatest contribution is acute combative trauma, the RTA, ruptured appendix, baby stuck in childbirth, dental numbing for extractions or being blown up, thankfully most of us don't need this input but are grateful when we do.

MODERN MEDICAL FAILURES

The reason we have an NHS buckling is because of failures in chronic health care management and the pathway to this being created by years of wasted palliation and doing nothing else. If doctors could read the acute 'oil warning lights' and direct their attention to causes, many of these chronic cases would never happen.

THE TRUE VALUE OF INFLAMMATION

I look at inflammation as the scaffolding on a building that is being repaired, we need the scaffold to get to the next stage ie reconstruction and repair. If we keep putting up and taking down the scaffold, not only are we wasting our reserves, we are not going to progress to healing.

THE ANALGESIC PATHWAY TO DEGENERATION

Imagine a scab forming on a cut and every time it did, you flicked it off. We would never get past that stage, eventually the tissue would start to degenerate. Arthritis is a good example, the reactions to the suppressive medication of anti-inflammatories, has become part of the medical disease narrative, the eventual joint replacement is the natural conclusion of that maintenance programme! I am not being puritanical about this, being able to replace joints in trauma and elderly people who have fractures has saved lives. I also don't mean patients have to suffer to recover either, but reducing wasted inflammation and teaching patients how to do this is a far better pain reliever and allows recovery.

People who start out with simple pains that are turned into nightmares by 'pulling the light bulbs out of the dashboard' when the oil is low, for years and years and are told this is scientific EBM need a lot of support.

Nothing but palliative treatment is like giving credit cards to people with no jobs, at some point payback has to come. This is because palliation of symptoms allows the patient to carry on storing waste until the body cannot carry on anymore.

In fact the natural hygiene diagnosis of the state of the patient can be summed up by addressing any maintaining factor that is keeping the patient in adrenal or sympathetic overdrive, and treatment is removing these obstructions.

Symptoms are the body struggling to clean, which are misunderstood as disease, and if properly supported, better health will follow.

Modern medicine seeks to prop up the mess by stimulating the adrenals into masking symptoms, this stops cleaning and paves the way to chronic ill health

'UNPACKING' THE PATIENT

What we need to do is support the body by removing obstructions to

healing and that is the basis of what I have learned to do. We also have to provide the 'proximate principles' to support what the body needs to repair. This will involve looking at the diet, posture, lifestyle and emotional environment as part of the 'fields of obstruction' to cleaning.

The natural hygiene approach means we may have to manage the 'healing crisis' as cleaning makes way for repair whilst the body off loads years of stored waste!

NEXT TIME, 28 THINGS YOU CAN DO TO 'FOCUS' INFLAMMATION WHERE IT IS NEEDED AND NOT WASTE THIS VALUABLE RESOURCE.

ABOUT THE AUTHOR:

Originally I trained as an architect. However, as a child my family knew the Latto family, natural hygienists based in Reading - somehow I have ended up making a career out of 'human architecture' which seems totally logical!

I have been an osteopath since graduating in 1996 from the Maidstone College of Osteopathy under the instruction of the late John Wernham, DO. I have lectured in the UK and abroad at undergraduate and post graduate level. I formed the British Institute of Osteopathy 15 years ago to set up training courses for osteopaths who wanted to rediscover the lost osteopathic narrative. We now have our own block insurance scheme, mentoring project and a healthy members group of BIO graduates.

http://www.british-institute-of-osteopathy.org/

NEXT OPEN EVENT:
12 NOVEMBER 2017

https://v1.bookwhen.com/72k3q

Managing the reactions to osteopathic treatment as a natural consequence with Howard Beardmore DO, Stephen Gamble and Dr Jayne Donegan. In Reading, Berkshire Celebrated Wild food chef Leon Lewis will provide hot buffet lunch. All refreshments provided by BIO. This will be a real case history based event and will focus on the myriad of ways that your patient might unpack on their road to their recovery. There are no 'adverse reactions' to a Natural Hygiene approach because we are not attempting to suppress the healing reactions with medication. Mentoring a case is about using the resources of the patient wisely and this narrative can be learned. Not based on the medical modern fallacy of 'treatment means suppression'.

ONTARIO TEACHER FACING PROFESSIONAL MISCONDUCT CHARGES FOR ANTI-VACCINE RHETORIC

CAROLINE ALPHONSO
EDUCATION REOPORTER

Feb 22 2017

theglobeandmail.com

AN Ontario high-school science teacher is facing charges of professional misconduct for telling students they could die if they got vaccinated, and also for suggesting public health nurses were withholding information from teenagers about the side effects.

Timothy Sullivan, a teacher in Waterford, Ont., told a three-member independent panel of the Ontario College of Teachers on Tuesday that he did nothing wrong by informing his students of the negative side effects of vaccines. He said he was concerned students were not being properly told about the extent of the side effects and were still required to give informed consent for the vaccines to be administered.

But a lawyer for the college said Mr. Sullivan showed a pattern of behaviour that indicated he was "fixated on the issue of vaccines" and was inappropriate and disruptive at the school.

Christine Wadsworth told the hearing Mr. Sullivan is entitled to his opinions on vaccines, even if they are controversial, but "a line must be drawn" when it affects his ability to do his job professionally.

"I'm pro-informed consent, pro-science, pro-asking questions."

"Mr. Sullivan's conduct and comments to both the public-health nurses and students were inappropriate," Ms. Wadsworth said. "He tried to tell the students not to get the vaccine … and that they could die if they did."

In recent years, a small number of parents have been vocal about their opposition to vaccines, saying they contain dangerous chemicals and that childhood illnesses are not as harmful as public-health officials make them out to be. Many of these beliefs are based on conspiracy theories and are rooted in scientific ignorance. The risk of complications, including death, from vaccines is low.

Ontario requires students to provide proof of immunization to attend school. Parents can get exemptions for their children on medical grounds, such as an allergy or a weakened immune system, or if they fill out a form stating they object to immunization.

Mr. Sullivan told reporters he was not against vaccines. He has been teaching for 17 years for the Grand Erie District School Board in Southwestern Ontario.

"I'm not an anti-vaxxer," he said. "I'm pro-informed consent, pro-science, pro-asking questions."

The incident occurred in March, 2015, when public health nurses were at Mr. Sullivan's school to run an immunization clinic in the cafeteria.

Angela Swick, a public-health nurse in the Haldimand-Norfolk Health Unit, told the hearing she and three other nurses were administering four types of vaccines at the clinic that morning.

She said Mr. Sullivan came by the clinic on three separate occasions. She said he questioned the contents of the vaccine and told her some of the components in the vaccines were deemed "toxic" in his science lab. Ms. Swick said the teacher's demeanour left her uncomfortable and nervous, and she contacted her supervisor and the school principal. One set of doors to the cafeteria was subsequently locked. ***At one point, Ms. Swick said, Mr. Sullivan asked students in line if they knew what was in the vaccines and "shouted at them not to get it." She said the situation at the school was "unsafe" for both students and the public-health nurses.***

VACCINE SAFETY – don't shut down the debate

BY JEROME BURNE
22 FEB 2017
www.hippocraticpost.com

I AM NOT an apologist for Andrew Wakefield, the doctor who proposed a link between the MMR vaccine and autism via the guts nearly 20 years ago. Since then Wakefield has had his licence to practice withdrawn and the link declared disproved.

But I do feel that we should not simply shut down the discussion about the safety of vaccines because of Wakefield's ruined reputation. He came to the UK recently to show a film - Vaxxed - that claimed there were reasons to investigate the repeated assertion that scientific research had proved there was no link between vaccines and autism.

He has been extensively attacked in the media using quotes from the General Medical Council hearing which revoked his licence. But none of this coverage has addressed any of the new issues around vaccine safety that are now public knowledge in the States.

These are totally independent of Wakefield. The hostility towards him, however, means that parents who are naturally concerned about issues of vaccine safety can feel attacked and besieged if they even raise the issue, never mind actually turn up to see the film, Vaxxed.

The BMJ made the same point earlier in the month.

'Many parents of children with developmental disorders who question the role of vaccines have been labelled as "anti-vaxxer",' wrote associate editor of journal Peter Doshi. 'This is a form of attack that stigmatises people for merely asking an open question.

'It is time to listen to patients' concerns - seriously and respectfully - not demonize them. While evidence matters, so too do the legitimate concerns of patients.'

Demonizing those questioning the safety of the MMR not only creates a damaging gulf between doctors and patients but requires putting a very high level of trust in the ethical standards and truthfulness of both the pharmaceutical industry and its regulatory authorities. A degree of trust I for one am not inclined to grant them.

"Wakefield is no longer the main story here. He set a ball rolling over a decade ago which has been picked up by many others. Since then a number of new concerns about MMR have come to light and require proper independent attention"

I have been writing about drugs - especially widely-used blockbusters - for over 20 years and the situation with the MMR vaccine is all too familiar. A best-selling drug is claimed by the company involved to be safe and effective; angry group of patients post details of damaging side effects on line; the company repeatedly denies any problems and points to large studies showing all is well; patients' claims dismissed as anecdotes.

This is what happened with anti-depressant SSRIs and children; the reports were of suicide and addiction. In 2002 a Panorama programme revealed that not only were studies showing a raised risk of suicide being hidden but that the problems with withdrawal were widely recognised within the industry.

There have been many similar cases, such as one involving a stroke drug and another with an anti-inflammatory; large scale studies which 'proved' safety were subsequently shown to be highly misleading or fraudulent. There is a large literature on this which anyone rushing to the defence of vaccines by claiming trials have shown all is well should be aware of.

Dismissing researchers and others who raise concerns about drugs as believing in pseudoscience and risking patients' lives is also familiar. Well-informed critics have consistently questioned the benefits and safety of statins; not least because the evidence said to support the drugs is hidden behind a wall of secrecy at an Oxford institute.

The country's senior statin researcher has claimed publically that those challenging the benefit of these drugs are not only as foolish as flat earthers but also directly responsible for the death of thousands who stop taking the drugs as a result of such unfounded claims.

The lesson from all this is the need for researchers with no links to the company involved to be able

to see the raw data from trials and to take patients' concerns seriously. Consequently Wakefield is no longer the main story here. He set a ball rolling over a decade ago which has been picked up by many others. Since then a number of new concerns about MMR have come to light and require proper independent attention.

One of these is the shocking claim at the heart of the Vaxxed documentary that the evidence relied on to declare the MMR vaccine unconnected with autism was obtained by extensive tampering with the results gathered in trials which originally showed precisely the opposite.

The evidence was gathered and analysed in 2002 by the American Centre for Disease Control (CDC), the government body responsible for regulating the vaccine program. The documentary and other sources have now raised serious questions about bias in its findings and its close links with the industry it is supposed to oversee.

Vaxxed contains testimony from a senior CDC scientist turned whistleblower - Dr William Thompson - who claims he was directly involved in the cover-up over research designed to disprove the autism link with MMR.

Thompson has now made public this claim that the initial results of this research showed that African American males who received the MMR were at significantly greater risk of developing autism. He and a few others were instructed to make this problem go away.

After the data had been worked on and the desired result obtained, says Thompson, he and the others had a meeting at which all the hard copy which documented the fraud was put in a large bin to be destroyed. Thompson, however, concerned he was doing something illegal, kept hard and digital copies of the documents.

The apparently doctored results were published in 2004 and have since been routinely used to deny any autism connection with the MMR vaccine.

"After the data had been worked on and the desired result obtained, says Thompson, he and the others had a meeting at which all the hard copy which documented the fraud was put in a large bin to be destroyed."

Thompson has of course come in for sustained and aggressive attack on social media since then. An example can be seen here.

This very active pro-vaccine blog portrays Thompson as a lone figure who was only complaining because his personal pet result had been ignored. This was described as an 'almost certainly spurious finding'. It was that in a sub-group of African American boys, vaccination was associated with an increase in autism.' The blogger than asserted that the 'increased risk was seen in no other subgroup and disappeared when proper correction for cofounders was made.'

So which account is true? I've no idea and more importantly nor does any parent trying to decide what to do. The web is full of sites making claim and counter claim and without any sort of heavyweight investigation with the power to summon witnesses and documents and cross-question people under oath, parents are never going to know with any degree of certainty. What is clear is that the matter is very far from settled and there are good reasons to ask hard questions.

OTHER OUTSTANDING ISSUES INCLUDE:

- The most basic form of testing a drug - comparing those getting the drug with a placebo group who don't – has never been done on the MMR vaccine.
- There are no long term studies to investigate the effects of getting multiple vaccinations.
- One reason the original research suggesting a link between gut bacteria and the brain was dismissed was because at the time no such connection was thought possible. The microbiome is now known to be extensively connected with brain development, the immune system and inflammation.

Parents are quite rightly desperate to know the truth about the risk of vaccination, especially since the number recommended for children has increased so dramatically. The policy of asserting that all is well in the face of mounting evidence of issues that need addressing has not proved reassuring. They deserve better treatment especially since, if the critics worst fears are realised, the consequences will be catastrophic.

NEW STUDY CONFIRMS THAT MERCURY IS LINKED TO AUTISM

BY ROBERT F. KENNEDY, JR.

Source: https://worldmercuryproject.org

TWO new studies by international teams, including Egyptian scientists, have validated the link between autism and mercury.

In an article published in the journal Metabolic Brain Disease, a team of nine scientists from leading Egyptian universities and medical schools confirmed the causal role of mercury in the onset of autism.

At least six American studies have linked autism presence or severity to mercury exposure as determined by measuring urinary porphyrins.

The scientists determined the extent of mercury poisoning in children by measuring urinary excretion of organic compounds called porphyrins, which act as biomarkers for mercury toxicity. The researchers also measured blood levels of mercury and lead. The researchers found a strong relationship between mercury toxicity and the presence of autism and a direct correlation between levels of mercury toxicity and the severity of autism symptoms.

The scientists studied 100 children; 40 with autism spectrum disorder (ASD), 40 healthy individuals and 20 healthy siblings of ASD children. The results showed that the children with ASD had significantly higher mercury levels than healthy children and healthy siblings. Children with the highest mercury levels had the most severe autism symptoms.

At least six American studies have linked autism presence or severity to mercury exposure as determined by measuring urinary porphyrins. The first study, completed by Heyer et al. in 2012 (Autism Res 5:84) showed a correlation between the presence of autism and specific urinary porphyrins associated with mercury toxicity. This affirmed an earlier study by Kern et al. (2011, Pediatr Int 53:147) where specific porphyrins associated with mercury toxicity were significantly higher in ASD children as compared to non-autistic controls. Woods et al. (2010, Environ Health Perspect 118:1450) also saw disordered porphyrin metabolism in autistic kids which was not observed in non-autistic control children. This again suggested increased mercury toxicity associated with autism and autism spectrum disorder.

"At least six American studies have linked autism presence or severity to mercury exposure as determined by measuring urinary porphyrins."

Autism severity has also been correlated to levels of specific porphyrins associated with mercury toxicity. Kern et al. in 2010 (Biometals 23:1043) showed a strong relationship between the level of autism severity as measured by the Autism Treatment Evaluation Checklist (ATEC) instrument and the amount of urinary porphyrins observed in ASD children. Geier et al. (2009, J Toxicol Environ Health A 72:1585) also correlated urinary porphyrins to autism severity in a blind study using the childhood autism rating scale (CARS). This study was further elucidated by Geier et al. (2009, J Neurol Sci 15:280) where children with severe autism showed significantly higher urinary porphyrins associated with mercury toxicity as compared to those children with mild autism and non-autistic controls. Other biomarkers measured in this study correlating mercury toxicity with autism severity include the presence of glutathione, cysteine and sulfate metabolites in plasma.

In a second study, by Mostafa et al., published in Metabolic Brain Disease in June 2016, an international team of Egyptian, Norwegian, Saudi Arabian and Chilean physicians and scientists used a different set of measurement protocols to find a direct correlation between mercury levels and autism diagnosis. The reasearchers measured levels of neurokinin A and B - pro-inflammatory neuro peptides that indicate the presence of mercury in the blood - in 84 children with ASD and 84 controls. The results showed a positive linear relationship between mercury levels and the severity of autism symptoms.

Many of the mothers of children in the first 2016 Egyptian study (Khaled et al.) had multiple dental amalgams which may have contributed to the children's body levels of mercury. The study does not examine the potential link between autism and the vaccine preservative, thimerosal, which is 50 percent ethyl mercury by weight. However, other studies indicate that the ethyl mercury in thimerosal is 50 times as toxic to human tissue as the methylmercury in amalgams and fish (Guzzi et al. 2012, Interdiscipl Toxicol 5:159) and at least twice as persistent in the brain (Burbacher et al. 2005, Environ Health Perspect 113:1015).

The 2016 Metabolic Brain Disease studies are only the latest in a series of important studies by leading Egyptian doctors and scientists linking mercury exposure to autism. A September 2015 paper published

in Behavioral Neurology (Mohamed et al. 2015, PMID 26508811) by a group of researchers from the faculty of Cairo's Ain Shams University and the National Institute of Standards studied 100 autistic children and 100 healthy children. The researchers found significantly high levels of mercury, lead and aluminum in the autistic children (probably from maternal fish consumptions, living near gas stations and usage of aluminum paints) and concluded that "environmental exposure to these toxic metals at key times in development may play a causal role in autism."

A November 2014 study published in Environmental Toxicology and Pharmacology (38:1016) by Heba Yassa of the Assuit University Medical School's Department of Forensic Medicine and Clinical Toxicology, looked at 45 children with autism and 45 controls. Using blood and hair samples, Dr. Yassa also found high levels of lead and mercury among the children with autism and not the controls. Using dimercaptosuccinic acid or DMSA as a chelating agent, Dr. Yassa was able to reduce blood mercury and lead levels in the autistic children. His study documents significant declines in autism symptoms with the decrease of metals in the children's blood. The study's concluded: "Lead and mercury are considered as one of the main causes of autism. Environmental exposure as well as genetic inability of certain individuals to excrete metals is responsible for the high levels of heavy metals. Detoxification by chelating agents had a great role in improving those kids."

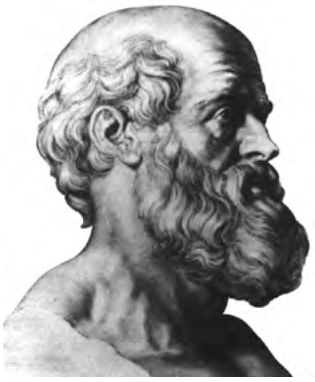
Dr. Yassa's study duplicated the results of numerous previous peer-reviewed papers and case studies. For example, Blaucok-Busch et al. 2012 Maedica 7:214 and Adams et al. 2009 BMC Clinical Pharmacol 9:17 documents improvements in autism symptoms and even loss of the autism diagnosis following mercury chelation.

"Lead and mercury are considered as one of the main causes of autism. Environmental exposure as well as genetic inability of certain individuals to excrete metals is responsible for the high levels of heavy metals."

Dr. Yassa's 2014 study supported earlier findings by a team of German and Egyptian government and university medical school scientists, which reported in a 2012 study published in Maedica, a Journal of Clinical Medicine (Blaucok-Busch et al. 7:214). The scientists studied the efficacy of DMSA chelation therapy in a sample of Arab children with autism spectrum disorder. That study found that oral DMSA chelation in 44 children with autism ages 3 to 9 reduced body burden of three metals - cadmium, mercury and lead - and that detoxification reduced their behavioral effects and neurological symptoms of autism.

These 2014 and 2012 Egyptian studies supported the findings of several other publications and case studies, suggesting that heavy metal chelation has a measurable therapeutic effect on autism. Other studies have reported significant improvement in the symptoms of autistic children following treatment with chelating drugs that remove metals from the body. In a 2002 study, 10 patients with autism were treated with a chelating agent. All but two of the patients showed improvement in their ATEC scores (Lonsdale et al., Neuro Endocrinol Lett 2002, 23:303). A study in 2003 by Jeff Bradstreet compared mercury excretion after three day treatment using the chelating agent, DMSA, and found that children with autism excreted three times the amount of mercury in their urine as the non-autistic control group (Bradstreet, et al., J Am Phys Surg 2003, 8:76).

These are only a sampling of the groundbreaking studies by Egyptian scientists, doctors and researchers on the etiology of autism. Impressive Egyptian studies beg a host of questions for public health officials and American citizens. Most prominently: why can a chaotic society in a war torn and relatively impoverished nation produce high quality science on the etiology and successful treatments of autism while the science on the environmental triggers of autism in the U.S. is stagnant despite the National Institutes of Health spending more than $1 billion on autism research since 2010?



"ANY MAN WHO IS INTELLIGENT MUST, ON CONSIDERING THAT HEALTH IS OF THE UTMOST VALUE TO HUMAN BEINGS, HAVE THE PERSONAL UNDERSTANDING NECESSARY TO HELP HIMSELF IN DISEASES, AND BE ABLE TO UNDERSTAND AND TO JUDGE WHAT PHYSICIANS SAY AND WHAT THEY ADMINISTER TO HIS BODY, BEING VERSED IN EACH OF THESE MATTERS TO A DEGREE REASONABLE FOR A LAYMAN."
~ HIPPOCRATES

JAPAN'S NATIONAL IMMUNISATION PROGRAM STILL TRAILS EUROPE

https://www.japantoday.com/category/health/view/japans-national-immunisation-program-still-trails-behind-europe
TOKYO 23 Jan 2016
(A pro-vaccine article highlighting Japan's vaccination programme)

IN 1993, Japan stopped using the combination vaccine for mumps, measles and rubella (MMR) in routine immunisations. The Health Ministry said the triple vaccine was linked to side effects, notably non-viral meningitis.

Of the 1.8 million children who were administered it, some had adverse reactions and three children reportedly died. Japan, as a result, remains the only developed country to have banned the MMR combination vaccine, and use separate jabs for measles and rubella.

The ban is controversial. In 2002, then-British Prime Minister Tony Blair cited Japan as an example of the dangers in scrapping the combination vaccine. He said the result was outbreaks of occasionally fatal measles. The vaccine has been the subject of scare stories linked to autism, but studies have failed to uncover any such connection. Indeed, the Japan ban has helped to disprove it - a 2005 study of 30,000 children found cases of autism rose despite the ban.

The MMR ban is not the only problem cited in regards to routine immunisation programs in Japan against potentially fatal diseases. While noting that the country is "catching up with" the European Union and the United States in the number of vaccines available to children, the 2014 European Business Council white paper warns: "Protection by vaccines remains insufficient."

The report's lead author is Dr Shunjiro Sugimoto, who chaired the Vaccine Subcommittee of the European Federation of Pharmaceutical Industries and Associations (EFPIA) Japan. He said the combination vaccine for diphtheria, tetanus and pertussis (inactivated polio vaccine) had only just been approved in Japan, "15 years behind Europe". Dr Sugimoto said that the 5-in-1 or 6-in-1 combination vaccines, produced by adding hepatitis B and/or polio vaccines, though widely used elsewhere, are still unavailable here.

In addition, some vaccines, such as for mumps and hepatitis B, are not part of the national immunisation programs. Regular vaccinations cover diphtheria, acute poliomyelitis, measles, rubella, Japanese encephalitis, tetanus and influenza.

"Some experts say the mumps vaccine in Japan may not be as safe as that from abroad," explains Jun Honda, current chairman of the Vaccine Subcommittee at the EFPIA. "The lack of combinations is an inconvenience, but the ones that are not available are a public health issue."

The result is that Japanese mothers have to make multiple trips to the doctor for shots. They must ask for vaccines that are not available on the public program and pay out of their own pockets. Perhaps most worrying of all is that stocks may run out during an emergency.

"There have been a number of occasions where there were shortages due to sporadic outbreaks," points out Simon Collier of the EFPIA.

The most prominent, says Collier, was the swine flu (H1N1) epidemic in 2009, which forced the Ministry of Health, Labor and Welfare to import "a huge amount of flu vaccines from outside Japan."

About 15 million Japanese had been vaccinated against the disease by the end of 2009. A string of side effects, and over 100 reported deaths, prompted the Health Ministry to launch a probe into the vaccines. In 2013, a rubella outbreak caused another temporary vaccine shortage.

All this underscores the enormous difficulties of keeping millions of people healthy using public programs. But Honda is among many experts who say Japan's sluggish bureaucracy is needlessly putting lives at risk.

"The Health Ministry takes a lot of time to make decisions and to put these vaccines into national vaccine programs," he laments. One reason, Honda says, is that Japan lacks vaccine expertise. The difference in the number of Health Ministry experts compared to the National Institute of Infectious Diseases in the United States is in the order of 1 to 10, he estimates.

Japan's Health Ministry says it "cannot deny" that its decisions take time, but counters that public safety comes first.

"In the case of MMR, we decided that we needed a newer, safer vaccine, and have asked the Japanese Association of Vaccine Industries to develop one," says Yoshihisa Ota, an industry spokesman. "Measles and rubella vaccines are currently given individually. Mumps is still voluntary."

While developing new drugs can take years, the Japanese government, in the meantime, sometimes shuns imports from Europe or elsewhere. Collier cites the case of the combination vaccines of diphtheria, tetanus and pertussis (DTP), which required the addition of the inactivated polio vaccine.

"It took time for the Japanese manufacturers to develop the polio vaccine," Collier continues, "and the ministry chose to wait for the local development, rather than rely on imported combination vaccines."

Furthermore, experts are worried by government decisions to withdraw approval for certain drugs, most recently the papillomavirus (HPV) vaccines for cervical cancer in girls. Over 8 million Japanese had received the drug by the time it was pulled in 2013. The Health Ministry reported about 106 cases of serious adverse effects, including convulsions. According to Medscape.com, the decision was "in stark contrast" to an announcement in the United States in the same week that vaccination rates in teenage girls "should be increased" because the effectiveness of the vaccine is "high."

Honda accepts the outlook that the problems in Japan's public immunisation programs have eased.

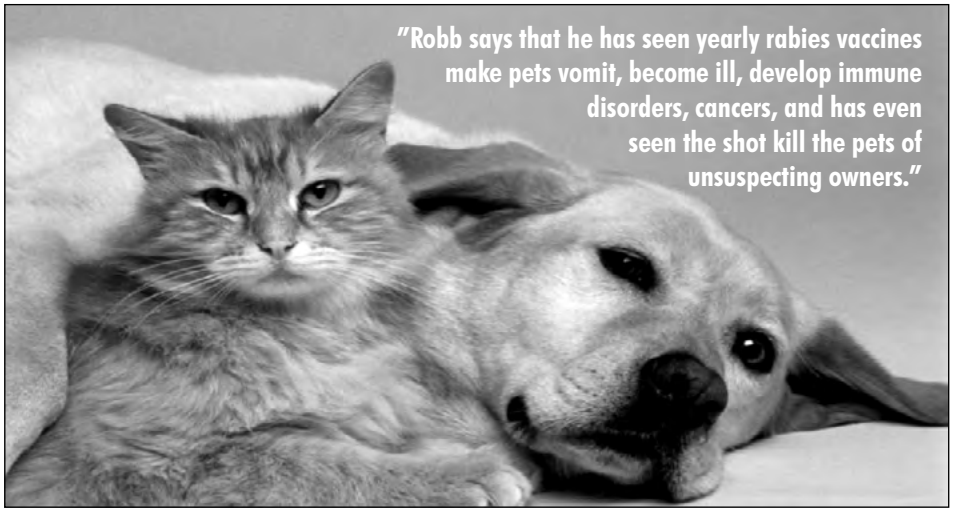
"There are more vaccines than ever before," Honda says. But there is still some way to go, he adds. "We have to make some noise that we need to have these vaccines

approved. The HPV vaccine has been suspended for nearly three years. That implies that more girls in Japan are susceptible to cervical cancer."

In his report, Dr Sugimoto says that the bottom line is that many pediatric combination vaccines necessary to protect Japanese infants from infections remain unapproved and are not in use, "even though infants represent the future of Japan." Congested immunisation schedules in other parts of the world have been eased thanks to the approval of a variety of combination vaccines that have now been in use for more than 10 years. *"Japan is undisputedly lagging behind in this area," the 2014 EBC report says.*

Veterinarian says pet deaths caused by over-vaccination

BY VICKI BATTS
Naturalnews.com
Sunday, March 05, 2017



HAILING from Connecticut, veterinarian Dr. John Robb has been in the business of saving animals and safeguarding their health for over 30 years. Robb has dedicated his life to saving pets, even if it means being ridiculed or being arrested. On one occasion, Robb even lost his clinic - all in the name of defending innocent pets from being victims of the pharma industry's biggest hoax: over-vaccination.

The rabies shot is what Dr. Robb is most concerned about. As he explains, vaccine manufacturers have convinced us all that rabies vaccines need to be given annually - thanks largely to their power and influence. But in reality, these vaccines typically confer lifetime immunity to the pets that receive them.

Robb says that he has seen yearly rabies vaccines make pets vomit, become ill, develop immune disorders, cancers, and has even seen the shot kill the pets of unsuspecting owners. One of the largest problems with veterinary vaccines is that these inoculations are of the one-size-fits-all variety. A 5-pound Chihuahua will receive the same dose of vaccine as a 100-pound bulldog. Does that seem logical to you?

This failure to adjust vaccine dosages to body sizes makes the rabies vaccine potentially lethal for smaller animals. Dr. Robb believes that vets should be able to give smaller pets a smaller dose of the vaccine, to reduce the risk of adverse effects.

On February 22, Dr. Robb spoke before Connecticut state officials to express his expert opinion and persuade them to at least consider changing the laws regarding pet vaccinations. He implored the state to listen to stories from other veterinarians and look at the research - but, as is always the case, he was ignored and ridiculed.

Robb presented the state officials with 45 different documents that showed vaccines are dose-dependent and that too large of a dose can prove lethal to animals. The research he gathered also showed that booster vaccines are often unnecessary and provide no additional protection to the receiving pet.

The rabies vaccine is generally first given to a pet when they are about 12 weeks old. It is then repeated at least every three years, though it is also often given on a yearly basis. And while vets may get away with giving smaller dogs partial doses of other vaccines, the law requires that every dog receive a full dose of the rabies vaccination - even if that dose could be lethal.

At one point, when Dr. Robb was speaking with the Connecticut veterinary board, things took a disturbing turn. Robb told News 12, "You're telling me that if there's a law that would force me to kill my patient I would have to do it? You know what the state board of Connecticut said? Yes. I said, 'You are crazy.'"

Can you believe it? They'd rather force veterinarians to kill innocent, beloved pets than listen to reason.

Robb was dismayed by their response and went on to add, "The way you get rid of a law like that is you break it."

Dr. Robb has said that while he is still allowed to practice veterinary medicine, he is no longer allowed to administer vaccines. Fortunately, Dr. Robb doesn't stand alone in his belief that vaccines should be tailored to fit the patient. One woman from Brazillian Pet Lovers, an animal rights advocacy group, named Monica Capozziello says that she supports Dr. Robb. Capozziello herself lost a small dog after her pet was given a dose of the rabies vaccine that was just too high.

While Robb may have been laughed at, it appears that not all was lost. Two state lawmakers, Pam Staneski and Fred Camillo, are reportedly sponsoring a bill that would change the law and ensure vets like Dr. Robb will never again be punished for practicing "common sense medicine." ***Isn't that what we all want - common sense medicine? The issues with vaccines do not effect just pets, but apply to humans as well. There are countless concerns, such as those about mercury in vaccines, that are readily and quickly discounted, even when evidence is presented, but why?***

JUDGE: LAWSUIT AGAINST MERCK'S MMR VACCINE FRAUD TO CONTINUE

HEALTH IMPACT NEWS EDITOR COMMENTS

www.healthimpactnews.com

Feb 26 2017

In a story late in 2014 that no mainstream media outlet reported, a Pennsylvania federal judge ruled in favor of whistleblowers who have accused Merck of lying about the efficacy of its mumps vaccine (currently only available in combo with MMR). We had to find this story posted on a couple of websites servicing attorneys.

This story did garner mainstream news coverage back in 2012, before Merck's attorneys appealed and tried to get the case thrown out of court. Here is a report Forbes wrote on it back in 2012.

SOME QUOTES:

Anyone who falls on either side of the debate about vaccines' alleged potential to cause harm is sure to have heard the big news this week - the unsealing of a whistleblower suit against Merck, filed back in 2010 by two former employees accusing the drugmaker of overstating the effectiveness of its mumps, measles, and rubella vaccine.

The scientists claim Merck defrauded the U.S. government by causing it to purchase an estimated four million doses of mislabeled and misbranded MMR vaccine per year for at least a decade, and helped ignite two recent mumps outbreaks that the allegedly ineffective vaccine was intended to prevent in the first place. ***"As the single largest purchaser of childhood vaccines (accounting for more than 50 percent of all vaccine purchasers), the United States is by far the largest financial victim of Merck's fraud. But the ultimate victims here are the millions of children who every year are being injected with a mumps vaccine that is not providing them with an adequate level of protection against mumps. And while this is a disease the CDC targeted to eradicate by now, the failure in Merck's vaccine has allowed this disease to linger with significant outbreaks continuing to occur," the suit alleges. (emphasis added.)***

The Wall Street Journal also covered the story back in 2012, but according to a report by Dr. Mercola, the Wall Street Journal's "elite" network of CFOs from the world's top corporations met 3 days later (including executives from Merck), and the story was removed from their website.

This week, U.S. District Judge

> *"U.S. District Judge C. Darnell Jones II ruled that the whistleblowers had sufficiently pled that Merck might have provided false statements to the government and that the direct purchasers had shown enough evidence to establish that these falsehoods could have helped the company gain a monopoly"*

C. Darnell Jones II ruled that the whistleblowers had sufficiently pled that Merck might have provided false statements to the government and that the direct purchasers had shown enough evidence to establish that these falsehoods could have helped the company gain a monopoly.

Most people in the U.S. do not even realize that U.S. law prevents anyone damaged by vaccines from suing the manufacturer. In 1986, Congress passed a law preventing legal liability to vaccine damages, because the drug companies manufacturing vaccines blackmailed them, by threatening to stop manufacturing vaccines without legal protection. There were so many lawsuits resulting from vaccine injuries and deaths prior to this time, that it was no longer profitable for them to continue marketing vaccines without legal protection. So instead of Congress requiring that drug companies manufacture safer vaccines, they complied with the drug companies' requests and passed legislation protecting the drug companies. In 2011 this law was upheld by the U.S. Supreme Court.

Therefore, any lawsuit against a pharmaceutical company for allegedly producing faulty vaccines is huge news. This current lawsuit is brought by two whistleblowers, virologists who worked for Merck and are accusing Merck of lying about the effectiveness of the mumps vaccine. There is also a class action suit related, brought by Alabama-based Chatom Primary Care and two individual doctors from New York and New Jersey who allege Merck's monopoly on the drug caused them to pay more for the drug.

More details from the whistleblower lawsuit claiming fraud:

Merck is the only manufacturer licensed by the FDA to sell the mumps vaccine in United States, and if it could not show that the vaccine was 95 percent effective, it risked losing its lucrative monopoly, according to the complaint.

That's why Merck found it critically important to keep claiming such a high efficacy rate, the complaint states.

And, Chatom claims, that's why Merck went to great lengths, including "manipulating its test procedures and falsifying the test results," to prop up the bogus figure, though it knew that the attenuated virus from which it created the vaccine had been altered over the years during the manufacturing process, and that the quality of the vaccine had degraded as a result.

Starting in the late 1990s, Merck set out on its sham testing program with the objective of "report[ing] efficacy of 95 percent or higher regardless of the vaccine's true efficacy," the complaint states.

Chatom says Merck initially called its testing program Protocol 007.

Under Protocol 007, Merck did not test the vaccine's ability to protect children against a "wild-type" mumps virus, which is "the type of real-life virus against which vaccines are generally tested," the complaint states.

Instead, Chatom says, Merck tested children's blood using its own attenuated strain of the virus.

"This was the same mumps strain with which the children were vaccinated," the complaint states.

"In 1986, Congress passed a law preventing legal liability to vaccine damages, because the drug companies manufacturing vaccines blackmailed them, by threatening to stop manufacturing vaccines without legal protection."

That "subverted" the purpose of the testing regime, "which was to measure the vaccine's ability to provide protection against a disease-causing mumps virus that a child would actually face in real life. The end result of this deviation … was that Merck's test overstated the vaccine's effectiveness," Chatom claims.

Merck also added animal antibodies to blood samples to achieve more favorable test results, though it knew that the human immune system would never produce such antibodies, and that the antibodies created a laboratory testing scenario that "did not in any way correspond to, correlate with, or represent real life … virus neutralization in vaccinated people," according to the complaint.

Chatom claims that the falsification of test results occurred "with the knowledge, authority and approval of Merck's senior management."

One can easily see why Merck has worked so hard the past two years to bury this story and try to get it thrown out of court. But now a federal judge has ruled the case will proceed.

It is certainly understandable why the mainstream media does not want to touch this story, given the fact that one of the lead authors on a CDC published study in 2004 has also become a whistleblower, stating that the CDC withheld data from the public linking the MMR vaccine to a higher rate of autism among some children, specifically African American boys. The fraud surrounding the MMR vaccine is becoming a story way too hot to handle, and to report it would be to admit the media has been wrong, and reporting the wrong data, for many years now.

"Even with inside testimony such as is provided by these whistleblowers from within Merck and the CDC itself, the mainstream media does not appear ready yet to come out and admit they are wrong and report this contrary news."

Dr. Andrew Wakefield is the world renowned gastro- intestinal surgeon and researcher who first proved that there were problems with mumps vaccine given in conjunction with two other vaccines, measles and rubella. But a massive smear campaign was waged against him and his license to practice was revoked in the U.K. With no trial or jury, the mainstream media simply went along with the trumped up charges, and to this day hold him up as a scapegoat to supposedly prove that there are no serious problems with the MMR vaccine or any link to autism.

The mainstream media seems united in their belief that vaccines do not cause harm, and that the rise of childhood diseases is due to unvaccinated children, rather than faulty vaccines. Even with inside testimony such as is provided by these whistleblowers from within Merck and the CDC itself, the mainstream media does not appear ready yet to come out and admit they are wrong and report this contrary news. Their credibility on reporting anything true in regards to vaccines is very quickly eroding.

SOURCES:

Antitrust, FCA Claims On Merck Mumps Vaccine To Advance, By Dan Packel https://www.law360.com/classaction/articles/574389

Qui Tam, Class Action Cases Against Merck Proceed, by Gina Passarella http://www.thelegalintelligencer.com/home/id=1202669116132/Qui-Tam-Class-Action-Cases-Against-Merck-Proceed?slreturn=20170126145017

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Crowded student lecture theatre

Rise in Mumps outbreaks prompts U.S. Officials to weigh third vaccine dose

BY LENA H SUN
THE WASHINGTON POST
23 Feb 2017

FEDERAL HEALTH officials are evaluating the benefit of an additional dose of the mumps vaccine because of the increasing number of mumps outbreaks since 2006. More than 5,000 cases of the contagious viral illness were reported last year in the United States, the most in a decade.

Among the outbreaks in recent years, 19 occurred last year on college campuses. Arkansas has been battling an outbreak that began in one community last summer and has since infected 2,815 people, the largest recorded in that state.

Unlike outbreaks of measles and whooping cough, which have taken place in populations with significant numbers of unvaccinated people, the mumps outbreaks have been occurring in communities with **high** rates of immunization and residents who often have received both recommended doses of the vaccine. ***(Editor's emphasis.)***

Federal officials said Thursday that they are looking into whether mumps immunity decreases over time and whether there would be benefits to a third dose. State and local health authorities are particularly interested in that additional shot as a preventive measure, Mona Marin told the Advisory Committee on Immunization Practices.

"Health officials say a major factor contributing to outbreaks is a crowded environment. College campuses, where large numbers of students circulate in classes, dormitories and on sports teams, are primed for spreading the virus."

"Although the disease has not been serious, the disruption and expense it has caused for local and state health officials has been significant," said Marin, a viral diseases expert with the Centers for Disease Control and Prevention.

Currently, the CDC recommends that children receive two doses of the MMR vaccine - for measles, mumps and rubella - with the first dose at 12 to 15 months of age and the second at 4 to 6 years.

The mumps component of the MMR vaccine is about 88 percent effective when a person gets two doses; one dose is about 78 percent effective. By comparison, two MMR doses are about 97 percent effective at preventing measles, and a single dose is about 97 percent effective at preventing rubella. ***(Editor: 88%, 78% and 97% effective? How do they arrive at these figures when there have never been any properly conducted trials comparing vaccinated v unvaccinated! They look at antibody levels, which are known to not be an accurate indication of 'immunity'. Also remind yourself that it is not automatic that every individual will develop all of these or even any of these illnesses. In other words some individuals whether vaccinated or not will not develop some diseases, and also whether they are exposed to the disease or not. From a holistic viewpoint developing viral diseases, such as mumps, is due to the body undergoing a spring clean due to the internal state of affairs ie a good clean up.)***

The country's mumps vaccination program began in 1967, a point when the virus represented a universal childhood disease and roughly 200,000 cases were reported annually. Even with the 2016 spike in outbreaks, there has been a 99 percent decline in mumps cases compared with the pre-vaccination era.

The advisory committee, established more than 50 years ago to provide expert advice to the CDC, meets regularly to discuss all aspects of

vaccine safety for children and adults. It has formed a mumps work group to review issues related to the outbreaks, including the duration of immunity after two doses and evidence on benefits of a third dose.

Data on both of those points are limited, Marin told the committee. Waning immunity also does not fully explain a higher incidence of disease among 18- and 19-year-olds but not older students during some college campus outbreaks.

Recommendations are not scheduled to be presented to the panel until next February. But its members said Thursday that they are moving as quickly as possible.

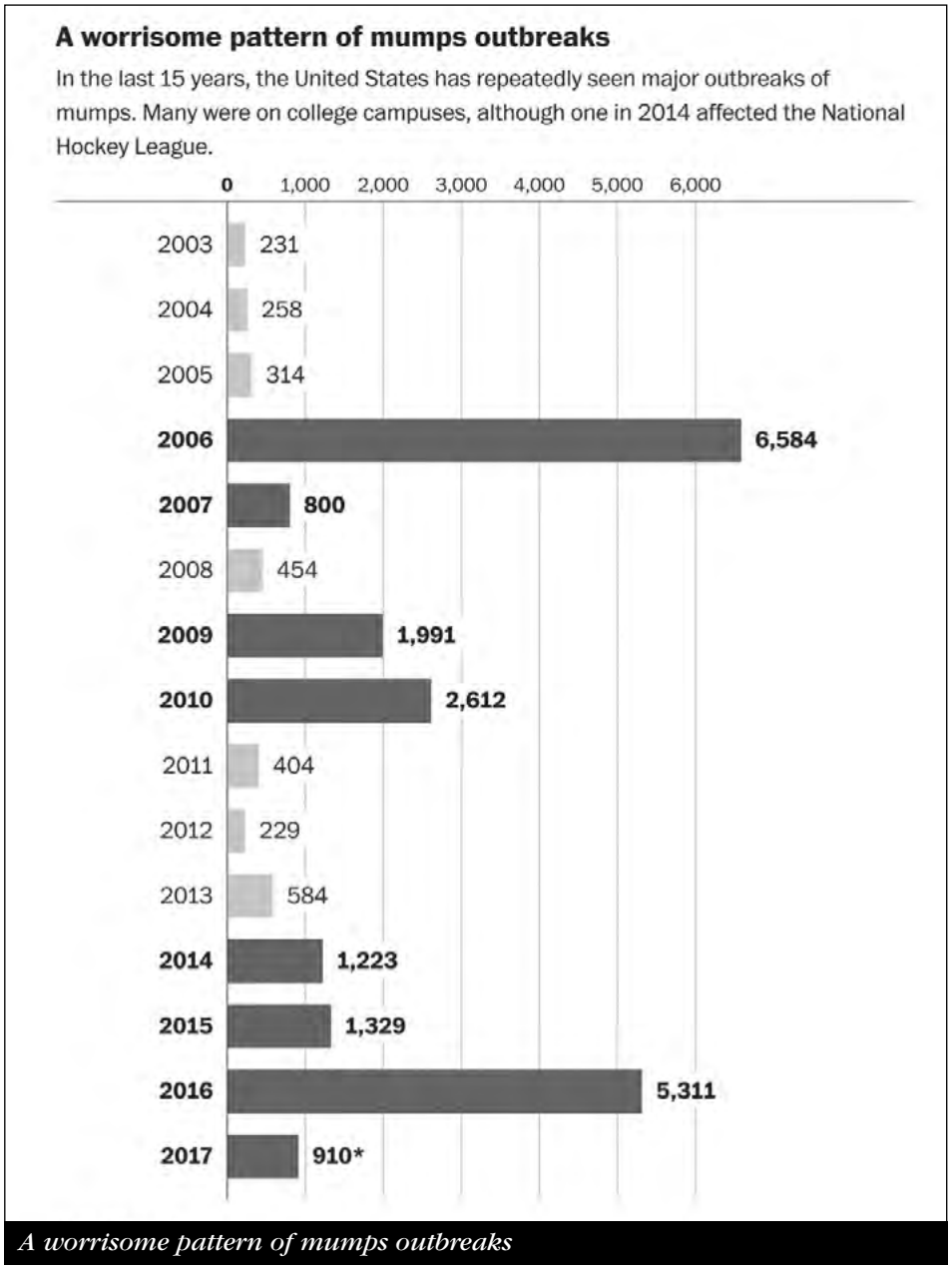
"Two universities just reported cases to me in the last three weeks, so I feel the urgency," said work group chair Kelly Moore, who directs the immunization program at the Tennessee Department of Health. "As soon as we have sufficient evidence, we will bring it to the committee post haste."

The mumps virus is found in saliva and respiratory droplets and is spread through coughing, sneezing, kissing or sharing drinks or utensils. Illness typically starts with fever, headache, muscle aches, fatigue and loss of appetite, followed for most people by swollen salivary glands. That swelling is what causes a sick person's puffy cheeks and tender jaw.

Complications from mumps infection can include encephalitis, meningitis, painful swelling of the testicles or the ovaries, pancreatitis and hearing loss. Pregnant women who become infected with mumps during the first three months of pregnancy are at risk of miscarriage.

Health officials say a major factor contributing to outbreaks is a crowded environment. College campuses, where large numbers of students circulate in classes, dormitories and on sports teams, are primed for spreading the virus.

In Arkansas, the ongoing outbreak started in a community of Marshall Islanders in the state's northwest. The Marshallese live in crowded housing conditions, often with 15 to 20 people in a home, state epidemiologist Dirk Haselow said in an interview. From



A worrisome pattern of mumps outbreaks

there, the outbreak quickly spread across the state to include broader communities and all age groups.

It is expected to wind down in the next two months, Haselow said. "At its height, we had 50 new cases a day. Now it's down to five or less cases a day."

Arkansas has used a third dose of the MMR vaccine in schools to control further transmission. "This booster dose has worked exceptionally well," he said.

Even with the large number of cases, the incidence of severe complications has been dramatically reduced, especially among vaccinated children and adults, he said. There have been only 17 cases of orchitis, or inflammation of the testicles, for example, instead of the 700 to 800 cases that would have likely occurred without vaccination.

"It's clear the vaccines make the disease milder than what would otherwise be seen," Haselow said.

EDITOR: 'Make the disease milder'?? Mumps is generally mild, it was not even a notifiable disease until the MMR was introduced in 1988. British National Formulary ('BNF') 1985 and 1986 "Since mumps and its complications are very rarely serious there is little indication for the routine use of mumps vaccine." Also they talk about severe complications being 'dramatically reduced in the vaccinated children and adults'…..where were all the adults with severe complications in the pre-mumps vaccine era? It was an acute childhood illness however the vaccine programme has pushed the disease into an older age group where it can be more problematic!

PERTUSSIS VACCINATION IN PREGNANCY : Lots of Questions but what we need are Answers

BY DR JAYNE LM DONEGAN, MBBS DRCOG DFFP DCH MRCGP MFHOM GP & HOMOEOPATH

DR Jayne L.M.Donegan

WHAT IS WHOOPING COUGH ANYWAY ?

What we call whooping cough is mostly caused by the bacterium Bordetella pertussis, but similar cough illnesses can be caused by B. parapertussis in young children and B. holmesii in adolescents and adults.[1] Cases of whooping cough without symptoms are 4-20 times more common than those with[2] and a distinction needs to be made between infection and clinical illness. Pertussis is primarily a toxin-mediated disease. Multiple toxins and one adhesin have roles in human B. pertussis infection, but only two cause clinical illness: a. Pertussis Toxin (PT - previously known as lymphocyte-promoting factor) and b. the toxin that causes the cough. Pertussis bacteria attach to the little hairs (cilia) of the respiratory cells lining the tubes in the lungs and produce toxins that paralyse the cilia so they can no longer beat mucus out of the lungs; in addition, they cause inflammation of the respiratory tract, which blocks clearance of lung secretions.[3] The toxins also induce a large number of white cells called lymphocytes to be produced (leucocytosis with lymphocytosis) but cleverly stop them from carrying out their immune function of migrating to the place where they are needed (chemotaxis) to do their job. It is this illness with leuco and lymphocytosis that is the cause of deaths in young infants. Once a person has had pertussis or been vaccinated they are said not to get the increase in white cells and associated symptoms as these do not occur in adult illness.[4]

Whooping cough is spread by droplets in coughs and sneezes. Classically, in cases of illness, there is an incubation period of two weeks (when one is infectious without symptoms); a catarrhal phase of two weeks; a paroxysmal or 'whooping' phase of two weeks; and a recovery phase of two weeks. These may all vary in length and severity, the more dangerous whooping phase may be absent altogether and it may just seem like a recurrent cough.

In the catarrhal phase there is mild fever, a runny nose and the start of a hacking cough that may keep the child awake at night.

In the paroxysmal phase, if present, the cough comes on fully. In severe cases there may be repeated coughing without drawing breath while mucus and saliva stream from the nose and mouth. The child may vomit their last meal while coughing. Young children and babies may become cyanosed (blue) with bloodshot eyes. When the coughing has ended there can be a long 'whoop' as the child breathes in, hence the name. After a series of such episodes they may fall asleep exhausted.

During the last fortnight the symptoms usually start to resolve. The whoops and the vomiting become less frequent so the child sleeps more at night and starts to regain weight.

Babies less than one year old, particularly under 3 months of age, tend to have the most severe forms of illness and it is in this age group that complications and death most often occur: Coughing spasms can be followed by convulsions and in rare cases these may cause a bleed in the brain which can cause temporary or permanent damage.

Areas of lung may collapse and if re-expansion with air does not take place this can lead to bronchiectases (dilated air tubes filled with mucus).

Pneumonia, more common in babies, is the leading cause of death in this age group.

Looking after someone during a severe whooping cough illness is tiring and time consuming. Keeping them calm and quiet is helpful as excitement and exertion may provoke the coughing attacks. During a spasm of coughing they should be held in the recovery position to avoid inhaling vomit. Some small babies may require suction and oxygen after a spasm has ended. It is important to make sure that babies get enough to drink – the best time to offer fluids or a breast feed is after an attack as they are most likely to keep it down.

After recovery, a cough or cold during the following year may start off a series of whoops as will exposure to cigarette smoke. Although it is difficult to diagnose whooping cough in the first week because it is so like an ordinary cough or cold, the standard advice is that antibiotics given at this time will reduce the severity and duration of the illness. Giving them to siblings who have no symptoms is said to reduce spread to others.[5] (For resources for effective management, see end of article)

DID PERTUSSIS VACCINE STOP PEOPLE DYING OF WHOOPING COUGH?

It is undoubtedly the case that whooping cough became a milder disease in this country over the course of the first half of the twentieth century. Looking at the graph on page 27, it can be seen that the death rate had fallen by over 99% before vaccination against pertussis was introduced in the 1957 in the UK.

After pertussis vaccine was introduced in the 1950s cases of whooping cough also reduced markedly. Some of these reductions were real and some were because vaccinated children would be assumed not to have whooping cough and so would not be notified. However cases started to rise again, especially in infants - the very ones most at risk in the 1980s. This lead to the vaccination age for the primary course of vaccinations being lowered from 3, 5 and 10 months to 2, 3 and 4 months-of-age in 1990. When this did not lead to a sustained improvement the pertussis vaccine was added to the pre-school booster in 2001, again

producing a short, non sustained effect but by 2012 cases were rising again, especially in babies below the age of two months. In response to this, the Joint Committee on Vaccination and Immunisation decided to introduce a programme of Whooping cough 4in1 vaccination for pregnant women.

WHY ARE PREGNANT WOMEN BEING VACCINATED WITH A WHOOPING COUGH VACCINE AT ALL, NEVER MIND A VACCINE THAT ALSO CONTAINS DIPHTHERIA, TETANUS AND POLIO VACCINES, AS WELL AS FORMALDEHYDE AND ALUMINIUM SALTS?

After the thalidomide and Diethylstilboestrol scares in the 1940s, 50s and 60s[7] , the use of any drug in a pregnant woman was regarded as very risky and to be avoided whenever possible. However, the taboo against this was broken in the UK in 2010 when 'flu vaccination was recommended as standard for pregnant women at any stage of pregnancy. The 4in1 pertussis containing vaccine added in 2012 is just one of many planned. Waiting round the corner is a Group B streptococcus (GBS) vaccine, and on it will go, just like children's vaccines, as manufacturers seek to cash in on this lucrative market.

WHY ARE SO MANY CASES OF WHOOPING COUGH BEING DIAGNOSED?

There are many reasons: **A new laboratory test** started being used regularly in the UK from 2006 - the 'polymerase chain reaction' (PCR) test to diagnose pertussis, This has resulted in between 9 and 91% more laboratory-confirmed cases being detected in the USA[8], UK[9], and Ireland[10], and has shown that as many as 16% of cases previously diagnosed as B. pertussis may due to B. parapertussis - which appear as vaccine failures when they are not, as protection is not to be expected against non B. pertussis species.[11]

Acellular (aP) vs wholecell vaccine (wP). The 'efficacy' of the vaccine - meaning its ability to make antibodies (the ability to stop you getting the disease is not usually tested) - wanes. There is clear evidence that all acellular Pertussis (aP) containing vaccines have less 'efficacy' than good whole cell (wP) vaccines as the whole-cell versions contains endotoxin. This, however, is associated with so many adverse reactions that whole-cell pertusss vaccine was replaced in the USA (1999), UK (2004) and most developed countries, by acellular vaccines[12], composed of purified bacterial proteins. In Canada, this lead to an 87% drop in admissions for seizures and a 75% decline in collapse (hypotonic-hyporeflexive episodes) in the 72 hours post-vaccination.[13]

The pertussis antigens used in aP vaccines are: Pertussis toxin (PT), Pertactin (PRN), Filamentous hemagglutnin (FHA), Fimbriae (FIM) types 2&3. The greater the number of antigens in the acellular vaccine, the greater the 'efficacy' is thought to be.[14,15] This was certainly the case in a head-to-head comparison of a 3-versus a 5-component aP vaccines carried out in Sweden and Italy in the 1990s[16]. Currently in the UK, Infanrix-IPV+Hib, Infanrix-IPV and Boostrix-IPV (GSK), contain three antigens (PT, FHA, PRN), and Pediacel and Repevax (Sanofi Pasteur) contain five (PT, FHA, PRN, FIM 2&3).

Antibody ≠ Immunity. It is always assumed that more antibody means more protection but this is not always the case; the balance of antibodies is crucial - along with a well functioning innate immune system - see my previous articles. aP vaccines produce high levels of antibodies to PT and FHA, wP vaccines produce low.[17] Immunity studies have shown PRN and FIM are the most important antigens for protection against pertussis illness,[18,19] PT correlates only modestly with efficacy and may actually antagonise the immune response to FIM and PRN (the most useful ones). FHA may not be important at all.[20] But immunity is complicated and a 1-component aP vaccine with PT alone is said to have successfully controlled B. pertussis infection in Denmark since 1997, apart from an epidemic in 2002 and the recent one in 2016 that is still being investigated.[21]

Genetic changes. Since the universal use of pertussis vaccines genetic changes have occurred in circulating B. pertussis strains. Since wP vaccines contain many more antigens than just PT, FHA, PRN, and FIM 2/3, this did not used to be such a problem. However, with acellular Pertussis vaccines this genetic change is a major concern regarding efficacy - will antibodies to antigens in the vaccines be able to neutralise those in the new circulating strains?[22]

Linked epitope (antigen) suppression. At first known as 'original antigenic sin', this occurs when children receive the acellular vaccine. They make a massive antibody response to the antigens in the vaccine - that is what vaccine manufacturers spend millions of dollars ensuring that they do. However, if the child subsequently gets whooping cough ('vaccine failure'), with the wild, entire pertussis bacterium, which contains all of the antigens, the child makes a massive immune response to those antigens from the vaccine and no or a very muted response to the rest of the antigens in the wild bacterium.[23] This means that even after infection with circulating whooping cough, they are still not immune to the real thing, presenting the worrying possibility that some children vaccinated with acellular vaccines might be perpetually unable to mount an effective immune response when exposed to B pertussis and will therefore keep the disease circulating.

IF YOU DON'T HAVE THE VACCINE, DOES THAT MEAN YOU'LL GET WHOOPING COUGH?

Again, immunity is complicated. People assume that if you are not vaccinated against a disease, you will definitely get it if you come in contact with it. However, after pertussis vaccination was discontinued in Sweden in 1979 due to worries about safety and ineffectiveness, the incidence of whooping cough illness increased, with outbreaks in 1983 and 1985. The cumulative incidence rate by the average age of 4 years was estimated at 16% of the unimmunised cohort born in 1980 compared with 5% for the immunized cohort born in 1978. looking at this another way: when exposed to circulating B. pertussis, 95% of vaccinated children did not get clinical illness, but then neither did 86% of the unvaccinated.[24]

HAS VACCINATING PREGNANT WOMEN WORKED?

According to the Public Health England Health Protection Report of March 2017,[25] pertussis cases were 33% higher in 2016 (n=233) than in 2015 (175) in infants under a year, but lower than the peak of 508 reported in 2012. Bearing in mind that 50-70% of pregnant women have been vaccinated in every pregnancy since 2012, it seems extraordinary that confirmed cases in babies aged 6-11 months and children aged 5-9 years were higher in 2016 than any year reported since the introduction of enhanced surveillance in 1994, while cases aged 1-4 years were higher than in any of the previous 18 years. Even in the very age group the pregnancy vaccination is supposed to protect, those less than 3 months-of-age: confirmed cases in infants in this age group increased by 18% in 2016 with 154 cases compared to 2015 which had only 130 cases, though this is 62% lower than the 407 cases seen in 2012 said to be due to the cyclical nature of the disease – but this is precisely what is supposed to be interrupted by vaccination.

WHAT WILL THE VACCINE ANTIBODIES FROM THE MOTHER DO TO THE BABIES' RESPONSE TO VACCINATION IN THEIR FIRST YEAR?

It will 'blunt' the response of the baby to its own vaccines.

Antenatal pertussis immunization results in high infant pre-immunization antibody concentrations, but blunts subsequent responses to pertussis vaccine and some CRM-conjugated antigens (like Hib).[26] A team at the University of Georgia using computer modelling to evaluate the long-term epidemiological effects of antenatal pertussis vaccination, predicted eventual population-level repercussions possibly leading to an overall increase in incidence in older age groups,[27] which is a problem we have with whooping cough already.

WILL BOOSTERS DO THE TRICK?

Based on the above, this is unlikely. Going down the vaccine route will mean having to develop new vaccines with correctly balanced combinations of antigens, possibly omitting FHA, using hydrogen peroxide inactivated PT as in the Danish model, and even a return to a less reactogenic version of the whole cell vaccine, such as the 'Plow' (low in endotoxicity) currently being developed in Brasil, as well as boosters for life.

IS THERE ANOTHER WAY?

We could stop vaccinating against whooping cough. The massive fall in deaths from this disease was occurring long before pertussis vaccination was introduced. Pertussis notification data from the pre-vaccine era provide indirect evidence that maternal antibodies provided short-lived protection against fatal pertussis as the rate of pertussis deaths in the first month of life was approximately one-third of that in the second and third months of life.[28] Since universal vaccination this is no longer the case. There is evidence from animal studies that maternal anti-PT immunoglobulin (Ig) A and IgG transferred via colostrum or breast milk can be protective.[29] During natural infection with pertussis IgG, IgM and IgA antibodies are produced. The IgA secretory antibodies are very important as they specifically stop the bacterium from sticking to the hairs (cilia) of the breathing passages and multiplying there. Vaccination against pertussis does not produce this IgA antibody which is so important in protecting against further infection.[30]

It seems ridiculous, in the twenty first century, to be attempting to vaccinate 700,000 pregnant women every year, in England and Wales alone, with a vaccine that does not work, may carry significant risk to the mother and the fetus,[31] blunts the infant's response to the first course of vaccines and increases the number of cases in older children and young adults, rather than having already found a successful way to manage the illness, which, along with standard medical management, at its peak in 2012, claimed the lives of 14 of the 3252 children below the age of one who died that year, It just shows how wrong our research priorities are.

HOW DO YOU TREAT WHOOPING COUGH THEN?

I cannot do better than to refer you to the excellent work of Dr Suzanne Humphreys MD who has been using a combination of vitamin C and wisdom to help people manage whooping cough successfully in even very young babies.

Her **Vitamin C treatment for Whooping Cough Protocol** pdf can be downloaded here: http://www.vaccinationcouncil.org/2012/09/07/vitamin-c-for-whooping-cough-updated-edition-suzanne-humphries-md/ It needs to be read thoroughly from beginning to end, several times.

Testimonials to the effectiveness of her protocol, as well as fascinating real life stories of people who have successfully used it to manage whooping cough in their children, can be accessed here: http://drsuzanne.net/suzanne-humphries-md-testimonials/

I have found the homoeopathic nosode, Pertussin, 30c given at 12 hourly intervals for three doses, as early as whooping cough is first suspected, to be very useful, as well as general measures[32] for treating all childhood and adult acute infectious diseases.

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For complete list of references please email Magda: m.taylor960@btinternet.com

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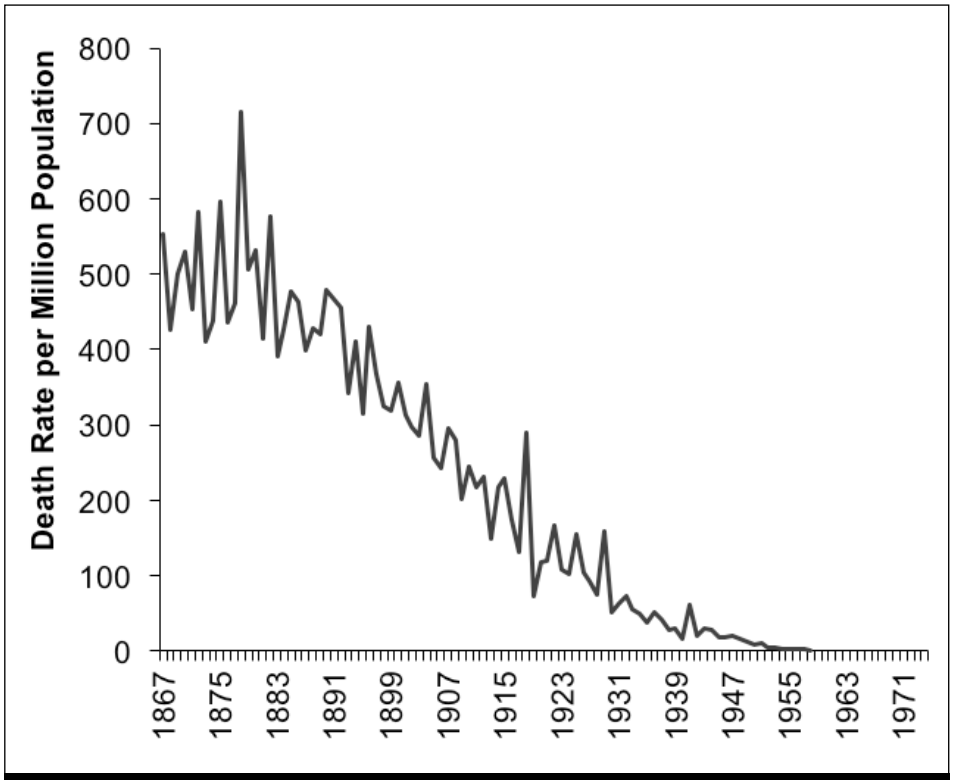

Pertussis Death Rates (England & Wales)

VACCINES RECOMMENDED: Worst outbreak of whooping cough in 50 years in U.S.

SOURCE: LOYOLA UNIVERSITY HEALTH SYSTEM

https://www.sciencedaily.com/releases/2012/08/120808121504.htm

Date: August 8, 2012

SUMMARY:
This year the U.S. has seen the worst outbreak of whooping cough in more than 50 years. In fact, it has reached epidemic levels in many states and the Centers for Disease Control and Prevention said the numbers of cases reported is already twice as many as last year. With kids getting ready to head back-to-school, the numbers of children impacted or killed by this disease could continue to rise if children aren't accurately vaccinated.

Editor: 'Worst outbreak for more than 50 years'... so after all these years of vaccinating against whooping cough, which started in the US at the end of the 1940s, why would the worst outbreak have occurred? Especially when so many babies started to receive the vaccine due to the mandatory laws introduced in 1980. Here is some text from the abstract of a medical paper from 1988 entitled 'Current epidemiology of pertussis in the United States.' The highlighted text is my emphasis - and note that the highest incidence were in infants less than 12 months.... in 1980 US babies received DTP vaccine at 2/4/6 months.

'As a result of immunization laws, vaccine coverage levels against pertussis at school entry have been **greater than 95% since 1980**. National surveillance for pertussis done by the Centers for Disease Control (CDC) consists of two parts: a weekly telephone reporting system and a written case report system providing more detailed demographic, clinical, and laboratory information. In addition, data on secondary spread of pertussis among household contacts of reported cases were available on a small proportion of reported cases during 1979-1983. During the period 1980-1986, a total of 17,396 cases of pertussis was reported to CDC by weekly telephone reports. The annual incidence of reported pertussis rose during this period from **0.5 cases per 100,000 population to 1.7/100,000.** Infants less than 12 months of age had the **highest average** annual incidence, estimated at 32 cases per 100,000. Children 1-4 years of age accounted for 25% of all cases but had an average annual incidence only 1/7th that of infants.

The incidence rates for all age groups **increased consistently** between 1982 and 1986. The most impressive relative increases occurred among older adolescents and persons 20 years of age and older. In 1986, 10% of reported cases were in this age group compared to only 5% in 1982. Rates of hospitalization and complications such as pneumonia, seizures, and encephalopathy associated with pertussis **were highest in children less than 6 months of age** and declined progressively with increasing age.'

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